

Household Impact Survey

State	[Pre-printed]	District	[Pre-printed]	Block	[Pre-printed]
--------------	---------------	-----------------	---------------	--------------	---------------

Form Number										Interviewer's Name					Date	Gram Panchayat	Village	Hamlet	
Block code [Pre-printed]		/	Village code			/	Serial number												

A. Household Details						
A1	Full Name of respondent		A3	Full Name of head of household		
			A4	Sex of head of household	<input type="radio"/> Male	<input type="radio"/> Female
A2	Relation of the respondent to the beneficiary		A5	Mobile Number		

B. Children's Details (Irrespective of receipt of SoUL lamp, applicable to all children from 5 to 17 years or up to 12th Class)									
	B1	B2	B3	B4	B5	B6	B7	B8	B9
S. No.	Full Name	Age	Sex (M/F)	Does he/she go to school? (Yes/ No)	Class	Has he/she received SoUL lamp? (Yes/ No)	If "Yes" for B6, specify the lamp code here*	Which devices** do you use for studying (Specify all the devices, else specify the reason for not studying in the dark hours)	If, for B8, one of the devices is SoUL lamp, specify time of study using SoUL lamp . If, for B8, none of the devices is SoUL lamp, specify the reason for not using SoUL lamp for studying
1									
2									
3									
4									
5									
6									

*If unable to obtain the lamp code, state the reason in B7

** If studying in street light or community light (in temple) etc. then specify in B8

C. Performance of SoUL lamp (Interviewers can themselves check SoUL lamp for following details)											
	C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	C11
S. No.	Lamp Code	Is the SoUL lamp working? (Yes/ No) If "Yes" go to C4	If No, for how much time did it work? (days/weeks/months) Specify and go to E1	Is the Switch working? (Yes / No)	Is LED working? (Yes / No)	Is red light in indicator working properly? (Yes/ No)	Is green light in indicator working properly? (Yes/ No)	After one day of charging, for how much time SoUL lamp works?	Is there any loose connection? (Yes/ No)	Is the panel broken? (Yes/ No)	State other problem, if any
1											
2											
3											
4											

D. Usage of SoUL lamp								
D1 Lamp code	D2 Do you charge SoUL lamp with mobile charger? (Yes/ No)	D3 What is the usage of SoUL in hours per day for purposes other than Studies ?	D4 For what other purposes other than Studies SoUL lamp is used & used by whom (Relation to the beneficiary)					
			Other purpose 1	Used by whom	Other purpose 2	Used by whom	Other purpose 3	Used by whom

E. Repair and Maintenance of SoUL										
S. No	E1 Lamp code(Repeat the lamp code again if R&M availed more than once)	E2 Have you availed R&M service?# (Yes/ No) If Yes, Go to E4	E3 If E2 is "No", & SoUL lamp is not working then why service is not availed? Specify and go to E11	E4 If E2 is "Yes", what was the problem in the SoUL lamp before repair?	E5 Was it repaired at SoUL R&M centre? (Yes / No)	E6 Where was it repaired? (Shop name, Village name, Gram Panchayat name)	E7 When did you avail R&M? (Month & year)	E8 In how many days was SoUL lamp repaired?	E9 How much did you pay for it? (Rs.)	E10 Are you satisfied with R&M service? (Yes/ No)
A										
B										
C										
D										
E										
F										

E11 If any of the SoUL lamps have been repaired at home (yourself), was it successful? (Yes/ No):

E12 Specify which component was not working before repair at home (yourself):

F1 Kerosene Purchased					
S. No.		Litre/s per month	Avg. Price per litre	Frequency (Number of trips for purchase per month)	Generally collected by whom? (specify whether Adult woman/Adult man/ Girl child/boy child)
1	Purchased from Govt. Ration shop - PDS				
2	Purchased from Market				

F2 Kerosene Used				
	Lighting	Cooking	Heating water	Other (Please specify)*
Consumption (litre/s per month)				

*Other use may also include resale, in vehicles, etc.

F3 Usage of other oil for lighting (For example, if used for lighting purpose, any of the cooking oils like groundnut, mustard, sunflower, etc.)			
Name of oil	Consumption (litre/s per month)	Avg. Price per litre	Device/s used

F4 Devices using kerosene/ other oil					
S. No.	Device	Do you use the device? (Yes/ No)	Quantity used*	Number of hours per day	Number of days per month
1	Chimni (Simple wick lamp)				
2	Hurricane lamp				
3	Wick stove				
4	Other (Please specify)				

*By "Quantity used" we mean number of devices they are actually using for lighting purpose and NOT the number of devices they possess.

F5 Do you have electricity at home? If "No" go to F10			<input type="radio"/> Yes	<input type="radio"/> No
F6 Do you have electric meter/ one point connection/ shared connection?			<input type="radio"/> Yes	<input type="radio"/> No
F7 Interval of electricity bill receipt				
<input type="radio"/> Not applicable		<input type="radio"/> Every month	<input type="radio"/> Every 3 months	
<input type="radio"/> Every 6 months		<input type="radio"/> Every year	<input type="radio"/> Other (Please specify)	
F8	Electricity bill amount paid as per the above mentioned interval (Rs)			

F9 Features of electric lighting devices (bulbs/ tubes) used at home				
S. No.	Type of device	Number of devices	How much period (days/weeks/ months/ years) does this device last for?	Avg. price of device (Rs per unit)
1	Incandescent bulb			
2	CFL			
3	Tubes			
4	LED			
5	Chargeable torch			
6	Other (Please Specify)*			

* If using torch in mobile phone specify that also as other electric lighting device.

F10 Features of candle		
Number consumed/ month (Specify candle or pack)	Usage in hours per day	Avg. price of candle or pack (Rs per unit)

F11 Features of battery torch at home (non-rechargeable)				
	Number of cells	Number of times cells replaced per month	Avg. price of torch (Rs per unit)	Maintenance Cost (Rs per unit)**
Torch 1				
Torch 2				
Torch 3				

** If use-and-throw (Chinese) torch, then in 'Maintenance Cost' write **not applicable**

F12 Features of renewable energy devices other than SoUL used at home								
S. No.	Name of device	Purchase inspired by SoUL lamp (Yes/ No)	Number	Capacity	Initial investment (Rs)*	Working (Yes/ No)	Maintenance Cost (Rs per unit)	Year of purchase
1								
2								
3								

* If no investment has been made (grant/ donation), then in 'Initial investment' write **not applicable**

G. Willingness to pay for other Solar Products (Please tick in the appropriate circle)

G3	What are the solar energy related needs of the household?	Energy Needs	As you are aware, actual cost of SoUL lamp is Rs 500 but due to subsidy it is available for students at Rs 120. Keeping this in mind, how much you are willing to invest for the following uses?
		<input type="radio"/> Lighting	
		<input type="radio"/> Cooking	
		<input type="radio"/> Irrigation	
		<input type="radio"/> Others (Please specify)	
<input type="radio"/> None			

H. Community Details (Please tick in the appropriate circle)

H1	Type of Card Holder (Please tick in the appropriate circle)		
<input type="radio"/> Below Poverty Line (BPL)	<input type="radio"/> Antyoday	<input type="radio"/> Other (Please specify)	
<input type="radio"/> Above Poverty Line (APL)	<input type="radio"/> No card		

H2 Primary Source of Income (Please tick only one)

<input type="radio"/> Agriculture	<input type="radio"/> Labor	<input type="radio"/> Agriculture + Labor
<input type="radio"/> Service	<input type="radio"/> Dairy	<input type="radio"/> Skill-based occupation (carpentry, pottery, etc.)
<input type="radio"/> MGNREGS	<input type="radio"/> Remittance	<input type="radio"/> Other (Please specify)

H3 Religion (Please tick only one)

<input type="radio"/> Hindu	<input type="radio"/> Muslim	<input type="radio"/> Christian
<input type="radio"/> Sikh	<input type="radio"/> Buddhist	<input type="radio"/> Jain
<input type="radio"/> Other (Please specify)		

H4 Social Group (Please tick only one)

<input type="radio"/> Scheduled Tribe (ST)	<input type="radio"/> Scheduled Caste (SC)
<input type="radio"/> Other Backward Caste (OBC)	<input type="radio"/> Nomadic/ Denotified Nomadic Tribe/ Vimukta Jati Nomadic Tribe (NT/ DNT/ VJNT)
<input type="radio"/> Open (General)	<input type="radio"/> Other (Please specify)

H5 Name of caste/ tribe you belong to

Signature of the respondent		Signature of the interviewer	
-----------------------------	--	------------------------------	--

Please note the suggestions and complaints by the respondent below.

Interviewer's Notes: