

# **Citizens Report Card**

**Questionnaire for preparation of citizens report card of  
services provided by Grama Panchayats**

**Grama Panchayats:.....**

**District : .....**

**Kerala Institute of Local Administration (KILA)**

**Mulakunnathukavu (p.o), Thrissur- 680 581**

## Citizens Report Card

### A. Identification of household

**Speak to any adult (20years or older)**

A1	Name of the District	
A2	Name of Grama Panchayat	Kadaplamattam                      1 Avoly                                      2 Kolazhy                                  3 Keezhuparamba                      4
A21	Ward number	
A3	Name of the head of the household	.....
A4	Address of the household	..... ..... .....
A5	Gnder of the head of household	Male                                      1 Female                                      2
A6	Age of the head of the family	
A7	Name of interviewer and code number	.....
A8	Name of supervisor	.....
A9	Date of interview	Date                      Month                      Year

A10	Time of interview	Hour Minute	
A11	Spot checked	Yes No	1 2
A12	Name of spot checker	.....	
A13	Back cheked	Yes No	1 2
A14	Back checked by	.....	
A15	Scrutinized by	.....	

## Respondent details

### B. Demographic details

B1	Name of the respondent	.....	
B2	Age of the respondent		
B3	Gender of the respondent	Male Female	1 2
B4	Education level of the respondent (Completed)	Illiterate Literate without formal education Lower primary Upper primary S.S.L.C Pre degree/Plus Two Gradutate and above	1 2 3 4 5 6 7

B5	Occupation of the respondent	Agriculture (Cultivator)	1
		Agriculture labourer	2
		Non-agricultural labourer	3
		Maison/carpenter	4
		Other business	5
		Government employee	6
		Private employee	7
		Student	8
		Maid servant	9
		Unemployed	10
		Others	11
B6	Number of members in the family	Adults	1
		Childrens (Below 18 years)	2
B7	How long has been the family been residing in this panchayat	Less than 3 years	1
		Between 3 and 5 years	2
		Above 5 years	3
B8	Caste	General	1
		OBC	2
		SC/ST	3
		Others	4
B9	Type of dwelling	Temporary wall and top	1
		Permanent wall with temporary top	2
		Permanenent wall top	3
B10	Ownership of the house	Own	1
		Rented	2
		Others	3
B11	Do you have an LPG connection?	Yes	1
		No	2
B12	Does your household currently have electric supply?	Yes	1
		No	2

B13	Do you have telephone (land line) connection?	Yes No	1 2
B14	Do you have television	Yes No	1 2
B14	If yes	Color Black & white	1 2
B15	Is there any child in your house studying in govt. L P or U P school	Yes No If No, skip C-13 to C-6-4	1 2
B16	Have you been or any one from your house been to CHC/PHC/sub cebtre/Govt ayurveda hospital/Govt. homeo hospital or dispencery for treatment during the last one year	Yes No If No, skip D	1 2
B17	Is there any child goinh to anganwadi	Yes No If No, skip E	1 2
B18	Has any mumber in yur house use te services of panchayat office during the last one year for the following a. Issuance of certificate b. Paymenr of taxes c. Getting social welfare pension d. Geting licnce gor building/commercial establishments e. Any financial help f. Others	Yes No If No, skip F	1 2

## C. Primary school

Name of respondent : .....

Gender: Male 1

Female 2

Relation of respondent with the head of the family :.....

### C1: Usage pattern

C1.1	Details of childrens (between 5 and 14 years) attending school and not attending school	Section	Attending school	Not attending school		
		Boys	.....	.....		
		Girls	.....	.....		
		Total	.....	.....		
If none attends school, skip C1-1a						
C1.1a	In which school, are the childrens attending?	Section	Govt school	Aided school	Un-aided school	Total
		Boys	.....	.....	.....	.....
		Girls	.....	.....	.....	.....
		Total	.....	.....	.....	.....
C1.2	Reasons for not attending school	Going for outside work				1
		Household work				2
		Child not interested in studies				3
		Parent not interested in sending the child school				4
		Others				5

**C1.3 For the eldest child or any other child attending the Govt. LP or UP school give to the following particulars (All questions should relate to 2005-06 academic year)**

C1.3	Gender of the child	Male Female	1 2
C1.4	Age of child		
C1.5	In which class (standard) is the child studying?		
C1.6	What is the type of school	Govt. LP school Govt. UP school	1 2
C1.7	What is the category of school?	Boys school Girls school Co-education	1 2 3
C1.8	What is the medium of instruction (multiple responses)	English Malayalam Others	1 2 3

**C2. Access to facilities**

C2.1	What is the distance to school	Less than 1 Km 1 to 3 Km Above 3 Km	1 2 3
C2.2	What is the mode of travel	Walk Cycle Bus Others	1 2 3 4
C2.3	Has your child attended the school regularly during 2005-2006 (Less than 50% absence to be ignored)	Yes No If yes skip C2-4	1 2

C2.4	If no, reason for irregularity	Household work	1
		Sickness	2
		Child not interested in studies	3
		Others	4
C2.5	What are the fees paid to school a. Donation b. Annual fee c. Monthly fee	Rs..... Rs ..... Rs.....	
C2.6	Whether receipts are given for the fees paid to school?	Always Sometimes Never	1 2 3

### C3. Services

C3.1	Is the school building in good condition?	Yes	1
		No	2
C3.2	Are there separate class room for each class	Yes	1
		No	2
C3.3	What is the nature of partition of class room?	Permanent	1
		Temporary	2
C3.4	Are benches and desks available for your child?	Yes	1
		No	2
C3.5	Is there a toilet in the school for the children?	Yes	1
		No	2
		If no, skip C3-5a,C3-6	
C3.5a	Has your child used the toilet?	Yes	1
		No	2
C3.6	Are there separate toilets for boys/girls?	Yes	1
		No	2
		Not applicable	3

C3.7	Is drinking water available in the school for children?	Yes	1	
		No If no, skip C3-8	2	
C3.8	Is the water clean?	Yes	1	
		No	2	
C3.9	Is there electricity in the school?	Yes	1	
		No	2	
C3.10	Is there a library in the school?	Yes	1	
		No	2	
C3.11	Is there a laboratory in the school?	Yes	1	
		No	2	
C3.12	Are computers use in the school for teaching or as a teaching aid?	Yes	1	
		No	2	
C3.13	Is there a playground in the school?	Yes	1	
		No	2	
C3.14	Are mid-day meald given in the school?	Yes	1	
		No	2	
C3.15	Whether medical checkup was conducted for the child at school, during 2005-2006	Yes	1	
		No	2	
C3.16	Are the following things given free by the school?	a. text books	Received	1
			Not received	2
		b. Note books	Received	1
			Not received	2
		c. Uniforms	Received	1
			Not received	2

C3.17	Are they given in time a. Text books	Received	1
		Not received	2
	b. Note books	Received	1
		Not received	2
	c. Uniforms	Received	1
		Not received	2
C3.18	Are the teachers regular?	Yes	1
		No	2
C3.19	Are monthly tests held?	Yes	1
		No	2
C3.20	Are progress card of child issued?	Yes	1
		No	2
C3.21	Is homework given	Yes	1
		No	2
C3.22	Is the home work checked and corrected?	Regularly	1
		Occassionaly	2
		Never	3
C3.23	Are the children happy about the teaching?	Yes	1
		No	2
C3.24	Are you satisfied with the activities of PTA	Yes	1
		No	2
		Never attended PTA meeting	3

#### **C4: Interaction with school**

C4.1	Have you visited your childs school during 2005-06?	Yes	1
		No	2
		If no, skip C4.2 to C4.8	
C4.2	Did you go to the school with a problem?	Yes	1
		No	2
		If no, skip C4.3 to C4.8	

C4.3	What was your problem/need		
C4.4	Did you know whom to contact in the school to solve your problem?	Yes No If yes, skip C4.5	1 2
C4.5	From whom did you find out whom to contact?	Friend/relative Attendant Teacher Students Notice board Others	1 2 3 4 5 6
C4.6	Was the problem attended immediately	Yes No	1 2
C4.7	Was the problem solved/need not	Yes No	1 2

C4.8	Are you satisfied/dis-satisfied with the following aspects of the implementation to what extent are you satisfied (Round th appropriate answer go to level of satisfactions any whn satisfaction is rounded)				
				Level of satisfaction	
	Satisfie d	Dis satisfied	Neither satisfied or dis satisfied	Completely	Partially
a. Time taken to attend your problems	1	2	3	1	2
b. Time taken to solve your problem	1	2	3	1	2
c. Availability of teachers/other staff in their seat	1	2	3	1	2
d. Helpfulness of teachers and other staff	1	2	3	1	2

C4.8	Are you satisfied/dis-satisfied with the following aspects of the implementation to what extent are you satisfied (Round th appropriate answer go to level of satisfactions any whn satisfaction is rounded)				
	Satisfie d	Dis satisfied	Neither satisfied or dis satisfied	Level of satisfaction	
				Completely	Partially
e. Ability of staff in solving the problem	1	2	3	1	2
f. Overall satisfaction with the staff in your interaction	1	2	3	1	2

#### **C5. Satisfaction rating and suggestions**

**Are you satisfied /dis satisfied with the following indicators on the service of school to what extent are you satisfied. (Round the appropriate answer go to leel of satisfaction, only when satisfaction is rounded)**

	Satisfied	Dis satisfied	Neither satisfied or dis satisfied	Level of satisfaction	
				Completely	Partially
a. Study material	1	2	3	1	2
b. Quality of teaching	1	2	3	1	2
c. School building, furniture etc	1	2	3	1	2
d. Play ground (ask only if play ground is resent)	1	2	3	1	2
e. Toilets (ask only it for lets are present)	1	2	3	1	2
f. Behaviour of teachers	1	2	3	1	2
g. Talking all aspects of services are you satisfied with the overall quality of the school	1	2	3	1	2

	Satisfied	Dis satisfied	Neither satisfied or dis satisfied	Level of satisfaction						
				Completely			Partially			
h. Taking all aspects of services your level of satisfaction with the functioning of the school	1	2	3	4	5	6	7	8	9	10

C5.1	If dis-satisfaction is reported in 'g' place give the reasons for your dis satisfaction (maximum 3 reason)									
C5.2	Can you compare the situations of the school at present and four years ago?	<table border="1"> <tbody> <tr> <td>Better than before</td> <td>1</td> </tr> <tr> <td>Same as future</td> <td>2</td> </tr> <tr> <td>Worse than future</td> <td>3</td> </tr> <tr> <td>No comments</td> <td>4</td> </tr> </tbody> </table>	Better than before	1	Same as future	2	Worse than future	3	No comments	4
Better than before	1									
Same as future	2									
Worse than future	3									
No comments	4									
C5.3	What suggestion fo you hace for improving the quality of services provided by the school? (maximum 3 suggestion)	<p>.....</p> <p>.....</p> <p>.....</p>								

## D: Health

**For the latest illness of any family member treated at PHC or sub centre during last one year, questions shall be asked (Information may be collected either from the person undergone treatment or in the presence of the person treated.)**

**Respondent** \_\_\_\_\_

**Male or Female:** \_\_\_\_\_

**Relation of respondent with the head of the family** \_\_\_\_\_

### D1: Usage and access

D1.1	Gender of the patient	Male Female	1 2
D1.2	Age of the patient		
D1.3	What was the illness for which treatment was sought		
D1.4	Where was the treatment taken from	Primary health centre Sub centre Govt. ayurveda dispensary /hospital Govt. homeo dispensary/hospital Others	1 2 3 4 5
D1.5	Was the treatment taken as an inpatient or outpatient?	Outpatient Inpatient	1 2
D1.6	What is the distance from your house to the PHC/sub centre from where treatment was taken	Less than 1 Km 1 Km to 3 Km 3 Km to 5 Km Above 5 Km	1 2 3 4
D1.7	If this the nearest PHC/sub centre from your house?	Yes No	1 2

D1.8	Of no, why are you not using the nearest facility	Quality treatment is bad	1
		Doctor id irregular	2
		No lab testing facility	3
		Others	4

## D2. Service

D2.1	Was the doctor available when you went to the PHC/sub centr for the recent visi?	Yes	1
		No	2
		If yes, skip D2.1 a	
D2.1a	How long did you have to wait for the doctor to arrive for the recent visit	Less than 15 minute	1
		15 to 30 minute	2
		30 minute to 1 hour	3
		More than 1 hour	4
D2.2	If seating facility available outside when waiting for the doctor?	Yes	1
		No	2
D2.3	Is toilet facility available for patients, waiting for the doctor	Available	1
		Not available	2
D2.4	How long you had to wait for your turn before the counsultancy room, when doctor was there or after arrival of the doctor for the recent visit?	Less than 15 minute	1
		15 to 30 minute	2
		30 minute to 60 minute	3
		More than 1 hour	4
D2.5	Was the health centre clean?	Yes	1
		No	2
D2.6	Do you received prescribed medicines at the PHC/sub-centre during the course of treatment	All times	
		Occassionaly	
		Not at all	
		If no, skip D2.7 to D2.8	
D2.7	Have you notices any expired medicine being given at the hospital on any occasion?	Yes	1
		No	2

D2.8	Were the medicines given free?	Received all medicines Received some medicines Received nothing	1 2 3
D2.9	Have you paid any free or charges for the treatment	Paid Did not pay If no, skip D2.10	1 2
D2.10	What is the amount paid for the treatment	Rs .....	
D2.11	Was food given regularly? (for inpatient)	Yes No Not applicable	1 2 3
D2.12	Were bed sheets to changed every day? (for inpatient)	Yes No Not applicable	1 2 3
D2.13	Was the ward kept clean (for inpatient)	Yes No Not applicable	1 2 3
D2.14	Were you cured after taking the treatment at the PHC/sub centre	Yes No	1 2
D2.15	If not cured, what did you do?	Private hospital/visited doctor Visited another govt, health centres Didn't go any where Others	1 2 3 4

### D3: Interaction

D3.1	Have you had any problem during the course of treatment at the centre	Yes No If no, skip D3.9	1 2
D3.2	What is the nature of problem		
D3.3	Did you contact anybody in the centre to solve the problem	Yes No	1 2

D3.4	Did you know whom to contact when the problem first occurred	Yes No If no, skip D3.5	1 2
D3.5	From whom did you find out whom to contact?	Friends/relative Peon/attendant Staff Doctor Notice board Others	1 2 3 4 5 6
D3.6	Whom did you contact?	Doctor Nurse Compounder Others	1 2 3 4
D4.7	Was the problem attended to immediately	Yes No	1 2
D3.8	Was the problem solve?	Yes No	1 2

D3.9	Are you satisfied/dis-satisfied with the following aspects of the interaction and to what extent are you satisfied? Fill the grid below (Round the appropriate answer go to level of satisfaction only when satisfied is rounded)				
				Level of satisfaction	
	Satisfied	Dissatisfied	Neither satisfied nor dissatisfied	Completely	Partially
a. Time taken to attend your problem	1	2	3	1	2
b. Time taken to resolve your problem	1	2	3	1	2
c. Availability of staff in their seat	1	2	3	1	2

d. Helpfulness of staff	1	2	3	1	2
e. Availability of the staff to help	1	2	3	1	2
f. Overall satisfaction with the staff in your interaction	1	2	3	1	2

#### **D4. Speed money**

D4.1	Did you have to pay anything extra/as a bribe during the course of treatment	Yes No If no, skip D4.2 to D4.6	1 2
D4.2	Did you use any agent/middleman for paying extra	Yes No	1 2
D4.3	For what purpose did you pay extra Money? (multiple responses – maximum 3 response)	Treatment from doctor Services from nurse Compounder for medicine Others	1 2 3 4
D4.4	Did some one in the health centre demand the money or did you pay it in your own	It was demanded by someone Paid on my own	1 2
D4.5	How much did you pay in all?	..... Rs	
D4.6	Are you satisfied with the treatment after paying extra?	Yes No	1 2

**D5. Satisfaction with the quality of service.**

After you satisfied/dissatisfied with the following indicators of quality during the course of treatment and to what extent are you satisfied. Fill the grid below. (Round the appropriate answer go to level of satisfaction, only when satisfaction is rounded)

	Satisfied	Dissatisfied	Neither satisfied nor dissatisfied	Level of satisfaction	
				Completely	Partially
a. Time taken to attend your issue	1	2	3	1	2
b. Behavior of doctor	1	2	3	1	2
c. Behavior of componder	1	2	3	1	2
d. Behavior of nurse	1	2	3	1	2
e. Helpfulness of other staff		2	3		
f. Clealiness of PHC	1	2	3	1	2
g. Availability of medicines	1	2	3	1	2
h. Availability of food (impatient only)	1	2	3	1	2
i. Cleanliness of bed & linen (impatient only)	1	2	3	1	2
j. Taking all aspects of services are you satisfied with the over all quality of services?	1	2	3	1	2
k. Taking all aspects of health services, your level of satisfaction with the services	0 1 2 3 4 5 6 7 8 9 10				

D5.1	If dissatisfied factions is reported in 'j' please give your dissatisfaction (Maximum 3 reason)	..... ..... ..... .....	
D5.2	How does the quality of halth services you are receiving now compared with the services 4 years ago?	Better than before Same as before Worse than before Not commanting	1 2 3 4
D5.3	What suggestions do you have for improving the quality of services provided by government health centres? (maximum 3 suggestion)	..... ..... ..... .....	

**E: ICDS**

**Name of respondent:** \_\_\_\_\_

**Gener: Male 2**

**Female 2**

**Relation of reposndent with head of the household** \_\_\_\_\_

**E1: Usage of access**

		Age 3-6	Attending	Not attending
E1.1	How many childrens in your household are attending anganawadi?	Boys	.....	.....
		Girls	.....	.....
		Total	.....	.....
		If all children go to anganawadi, skip E1.2		
E1.2	If any child in the age group 3-6 is not attending the anganawadi, reason for not attending			

E1.3	Has any member of your family delivered a child during the last years	Yes No If no, skip E1.4 to E1.5	1 2
E1.4	Whether availed antenatal care provided by anganawado worker	Yes No If yes , skip E1.5	1 2
E1.4 a	Whether availed post natal care provided by anganawadi worker	Yes No If yes , skip E1.5	1 2
E1.5	Reasons for not using services of anganwadi worker		
E1.6	Where from is the anganawadi operated?	Own building Rented building Youth club/Mahila samajam Suncentre Others	1 2 3 4 5
E1.7	What is the distance to the anganawadi from your house?	Less than 1 Km 1 to 3 Kms 3 to 5 Kms Above 5 Km	1 2 3 4
E1.8	Nature of anganawadi building	Temporary Permanente	1 2

## E2. Services

E2.1	Whether anganawadi teacher attends anganawadi everyday	All times Some times Not at all	1 2 3
E2.2	Whether anganawadi worker stays in village or neighbourhood village	Yes No	1 2

E2.3	Who recommended you to send the children to anganawadi	Own Neighbours Anganawadi teacher Others	1 2 3 4
E2.4	If there sufficient space into anganawadi for childrens activities	Yes No	1 2
E2.5	Whether supplementary nutrition given to the childrens at anganawadi	Yes No	1 2
E2.6	What is the food generally given to children		
E2.7	Whether play materials are available at anganawadi	Yes No	1 2
E2.8	Whether growth chart of the child is maintained by anganawadi?	Yes No Don't know	1 2 3
E2.8a	Whether quarterly health check is carried for the child by anganawadi?	Yes No Don't know	1 2 3
E2.9	What are the antenatal services provided by anganawadi worker? (multiple answers)	Wieght checkup T T Injection Supplementary nutrition Others- specify	1 2 3 4
E2.10	what were the posrnatal services provided by anganawadi worker (multiple answers)	Information on hygiene Breast feeding practice Urine & bloos test are ... Quaeterly health check Others	1 2 3 4 5

E2.11	what all immunizational were given to anganawadi worker to the children (multiple answers)	B C G	1
		D P T	2
		Polio	3
		Hepatitis B	4
		None	5

### E3: Interaction

E3.1	Have you had any problem with the services provided by anganawadi worker?	Yes No If no, skip E3.2 to E3.3	1 2
E3.2	Waht is the nature of the problem and what is the problems		
E3.3	Did you contact anybody to solve the problem	Apprached No If no, skip E3.4 to E3.7	1 2
E3.4	Did you know whom to contact when the problem first occurred	Know Din't know If no, skip E3.5	1 2
E3.5	From whom did you find our whom to contact?	Relative Neighbour Friends Govt. official Others	1 2 3 4 5
E3.6	Whom did you contact for solution of the problem	Panchayat member Panchayat president CDPO Other specify	1 2 3 4
E3.7	Was the problem attended immediatly	Yes No	1 2
E3.8	Was the problem solves	Yes No	1 2

**E4. Satisfaction with the quality of service. Are a satisfied/dissatisfied with the following indicators of quality in anganawadi services to what extent are you satisfied.**

**(Round the appropriate answer, go to level of satisfaction only when satisfaction is rounded)**

	Satisfied	Dissatisfied	Neither satisfied nor dissatisfied	Level of satisfaction	
				Completely	Partially
a. Behaviour of anganawadi teacher	1	2	3	1	2
B Behaviour of anganawadi helper	1	2	3	1	2
c. Supplementary nutrition given to the children	1	2	3	1	2
d. Play materials	1	2	3	1	2
e. Antenatal care	1	2	3	1	2
f. Postnatal care	1	2	3	1	2
g Immunisation	1	2	3	1	2
h Taking all aspects of service are you satisfied with the overall quality of service	1	2	3	1	2
j. Taking all aspects of anganawadi services, your level of satisfaction	0 1 2 3 4 5 6 7 8 9 10				

E5.1	<b>If dissatisfaction is reported in ‘h’ please give reasons for your dissatisfaction (maximum 3 reason)</b>	..... ..... ..... .....	
E5.2	How do you compare the quality of service of anganawadi 3 years ago & now	Better than before Same ad before Worse than before Not responding	1 2 3 4
E5.3	What suggestions do you have for improving the quality of services provided by the anganawadi centre (Maximum 3 suggestion)	..... ..... ..... .....	

## F. Panchayat office services

Name of repositent: \_\_\_\_\_

Male /Female : \_\_\_\_\_

Relation of repositent with the head of the household: \_\_\_\_\_

F1. For what purposes did you visit the panchayat office during the last one year

F1.a	For issuance of certificate	01
F1.b	Forgetting a licence for building	02
F1.c	For getting a licence for commercial establishment	03
F1.d	For payment of property tax	04
F1.e	For payment of professional tax	05
F1.f	For getting ownership certificate	06
F1.g	Allotment of number of new building	07
F1.h	For social security pension	08
F1.i	Other	09
F1.j	Note down the code number of the purpose of your last visit to panchayat office	

**All questions that follow should relate to the last visit**

F2	Did you directly go to the panchayat office or did you use an intermediary (agent)?	Yes, I went directly Help of intermediary If went directly, skip F2.1 to F2.2	
F2.1	Why did you use the intermediary?	Faster To lessen trouble Did not have time Do not know when to go Did not know the procedures Other specify	1 2 3 4 5 6
F2.2	Who was the intermediate person	Panchayat member Panchayat staff Persons who had experience in similar work Friends/relatives Others	1 2 3 4 5 6

F2.3	Extra expense for using the service of intermediary	Rs.....
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**If you had approaches the office directly World like to talk to you about your experience in using the panchayat office**

F3.	How long did you have to wait to complete your work at the panchayat office	Minute Hour	
F4.	How many visits to did you make to get your most recent work done at the panchayat office		
F4a.	Did you lose any days wages, while getting your work done at the panchayat office	Yes No If no, skip F4.b	1 2
F4b.	If yes, how many days and what was the wage loss	.....day (one day's wage .....Rupees)	
F5.	Did you face any problem while getting your work done at the panchayat office?	Yes No If no, skip F6.to F6.4	1 2
F6.1	If yes, what was the nature of problem? (multiple reason)	1. .... 2. .... 3.....	
F6.2	Did you complain about the problem to any one?	Yes No If yes, skip F6.3	1 2
F6.3	If no, state the reason	Don't know whom to complain No point in complain Others	1 2 3
F6.4	If yes, to whom	.....	
F6.5	Was your problem solves	Yes No	1 2

F7	Did you pay any speed money or bribe to get your work done	Yes No	1 2
F7.1	If yes, how much	_____Rs	
F7.2	For what purpose did you pay the speed money?	..... ..... .....	

F8. How will you evaluate the following aspects of panchayat office by filling the grid below. Round appropriate number and go to the level of satisfaction only when satisfaction as rounded)

		Satisfied	Dissatisfied	Neither satisfied nor dissatisfied	Not applicable	Level of satisfaction	
						Completely	Partially
F8.1	Information on days and hours of working of the office	1	2	3	4	1	2
F8.2	Waiting time and seating facilities in the office	1	2	3	4	1	2
F8.3	Information given on procedures and time taken to process documents	1	2	3	4	1	2
F8.4	Ease of filing up off application forms and other papers	1	2	3	4	1	2
F8.5	Attitude to officials	1	2	3	4	1	2
F8.6	Spaces of processing all paper work after submitting all necessary documents	1	2	3	4	1	2
F8.7	Transparency in fixing fees of other charges	1	2	3	4	1	2

		Satisfied	Dissatisfied	Neither satisfied nor dissatisfied	Not applicable	Level of satisfaction						
						Completely	Partially					
F8.8	Taking all aspects, your level of satisfaction with the functioning of panchayat	0	1	2	3	4	5	6	7	8	9	10

F9	If dissatisfaction to reported in F8.8, give reasons for your dissatisfaction	1. .... 2..... 3.....										
F10	Can you compare the services of panchayats 4 years ago and no	Better than before Same as before Worse tha before Not responding										1 2 3 4
F11	What suggestions do you hace to improve the quality of services of panchayats (maximum 3 suggestion)	1. .... 2..... 3.....										
F12	Do you know whether your panchayat had punished a citizens charter	Know Don't know										1 2
F13	Have you seen the citizen charter of your panchayat	Yes No										1 2

## G: Sanitary services

To be asked to all households

G1	What are the sanitary services provided by your grama panchayat (multiple answer)	Waste collection from houses	1
		Cleaning of roads	2
		Cleaning waste drainages	3
		Organising public latrines	4
		Others	5
		Nothing	6
G2	Have you got latrine in your house?	Yes	1
		No	2
		If no, skip G3 to G5	

G3	Does your family members use latrine	Yes No If no, skip G4	1 2
G4	What type of latrine are you using?	Open Pit Closed with colset Others	1 2 3 4
G5	What is the reason for not using latrine? (those, whose answer is no to G3)	Not accustomed Non availability of water Others	1 2 3
G6	Did you contract the latrine with yours money, or with government aid	Own money Own money and goernment aid With goernment aid only	1 2 3
G7	How is the latrine of your family members met?	Open space Public latrine Others	1 2 3
G8	what is the reason for not having latrine	No money Others	1 2
G9	Did you approach any government agency for financial aid for latrine contractors	Yes No If no, skip G10	1 2
G10	Why was your application rejected?	Found not eligible Incomplete application Bribe demanded No explanation provided Others	1 2 3 4 5
G11	Have you received any information advice on sanitation during the last year	Grama panchayat NGO Others None	1 2 3 4
G12	When does the waste water from your kitchen and bath room go	Drain outside the house Pit in side the compound Others	1 2 3

G13	How do you dispose of household waste	Open disposal inside the house	1
		Open disposal outside the house	2
		Dump it in the compost pit	3
		Other (specify)	4

**G14.** Taking the following fuels into consideration are you satisfied or dissatisfied with the quality of sanitation services you are receiving

	Satisfied	Dissatisfied	Neither satisfied nor dissatisfied	Not applicable	Level of satisfaction	
					Completely	Partially
a. Claning of roads	1	2	3	4	1	2
b. Cleaning of drains	1	2	3	4	1	2
c. Managing public latrines	1	2	3	4	1	2
d. Providing latrines to indivudals beneficiaries	1	2	3	4	1	2
e. Total satisfaction	1	2	3	4	1	2
f. Considering all aspects of sanitation, what is the level of satisfaction	0 1 2 3 4 5 6 7 8 9 10					

G15	If dissatisfaction is reported to G.14-f, give reasons for you dissatisfaction (maximum 3 reasons)	.....
		.....
		.....
		.....
		.....
		.....

G16	what suggestions do you have to improve the quality- of sanitary services you receive (maximum 3 suggestions)	..... ..... ..... ..... .....
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## H. Panchayat Services

To be asked to any adult memers

H1	During last year, how many times you visited panchayat office		
H2	Do you get grama sabha notice?	Getting	1
		Not getting	2
H3	How many grama sabhas you attended last year?		
H4	Is any member of the family a member of kudumbashree (neighbourhood groups)	Yes	1
		No	2
H5	How much marks will you awarded for panchayat service	0 1 2 3 4 5 6 7 8 9 10	