



*Project C04*

## **Survey: Food consumption practices of middle class consumers**

*Oct/Nov 2016*

### **Panel Identification**

Date	
No.	
Strata	
Interviewer	
Translator	
Adress	
Floor/Apt.	
Longitude	
Latitude	

*Selection of interviewee: female head of household, wife of head of household*

*For introduction share the following information:*

- Introduce yourself
- Survey for Indo-German project “Sustainable food consumption practices of middle class consumers”
- Collaboration of the University of Agricultural Science in Bangalore and Georg-August-University in Göttingen, Germany
- Our research is aimed at getting an overview over food consumption practices in Bangaluru and how they might change. I am interested in your consumption behavior and your beliefs and attitudes concerning food. The information you may give will help me to assess modern nutrition habits as well as problems and opportunities which might occur with them.
- Outcome of the survey will result in several international publications
- Of course, I will treat your information confidentially and it will not be shared with other people. The data will only be used aggregate and your name will not be mentioned in any stage of the study.
- I would like to start the interview now. If there are any questions which you feel are to personal or you feel uncomfortable answering, feel free to refuse answering. I very much appreciate the time you take to assist me in the research.

# 1 General information

## 1.1 Household composition

First of all I would like to know more about your household and its members.

1.1.1 Please tell me, considering all people who live in this household (including men, women and children), how many members are there in your household? Just to make sure we still use the same definition of household: By household I mean all the people who permanently live in this house and eat from the same kitchen as you do.

No.	Gender	Age group	Number
a	Men	< 15 years	
b		15-60 years	
c		>60 years	
d	Women	< 15 years	
e		15-60 years	
f		>60 years	
g	<i>Enter total number of household members</i>		

1.1.2 What religious affiliation do the members of your household have?

Hindu	<input type="checkbox"/>
Muslim	<input type="checkbox"/>
Christian	<input type="checkbox"/>
Sikh	<input type="checkbox"/>
Jain	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>

## 1.2 SEC assessment

*By household I mean all the people who permanently live in this house and eat from the same kitchen.*

1.2.1 Which of these items (in working condition) do you own?

*Explain if necessary:*

This is a standard list of items that is used all over India. So don't worry if an item appears irrelevant for you, or too ordinary-just go ahead and tell me which items you do have. I need this information just for survey purpose only.

Electricity connection	<input type="checkbox"/>
Ceiling fan	<input type="checkbox"/>
LPG Stove	<input type="checkbox"/>
Two Wheeler	<input type="checkbox"/>
Color TV	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>
Washing Machine	<input type="checkbox"/>
Personal Computer/Laptop	<input type="checkbox"/>
Car/Jeep/Van	<input type="checkbox"/>
Air Conditioner	<input type="checkbox"/>
Agricultural land	<input type="checkbox"/>
<i>Enter number of items owned</i>	

*Only ask 1.2.2 if household owns agricultural land*

1.2.2 How many acres of land do you use for calculation?

	acres
--	-------

1.2.3 Who provides the biggest income to this household?

You	<input type="checkbox"/>
Your spouse	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>

1.2.4 To what level has he/she studied? *Cross educational level and circle correct SEC*

No. of Durables (TRANSFER FROM Q1)	<input type="checkbox"/> Illiterate	<input type="checkbox"/> Literate but no formal schooling/ School - up to 4 years	<input type="checkbox"/> School – 5 to 9 years	<input type="checkbox"/> SSC/H SC	<input type="checkbox"/> Some College (incl a Diploma) but no Grad	<input type="checkbox"/> Graduate / Post Graduate : General	<input type="checkbox"/> Graduate/ Post Graduate: Professional
	1	2	3	4	5	6	7
1	E3	E2	E2	E2	E2	E1	D2
2	E2	E1	E1	E1	D2	D2	D2
3	E1	E1	D2	D2	D1	D1	D1
4	D1	C2	C2	C1	C1	B2	B2
5	C2	C1	C1	B2	B1	B1	B1
6	C1	B2	B2	B1	A3	A3	A3
7	C1	B1	B1	A3	A3	A2	A2
8	B1	A3	A3	A3	A2	A2	A2
9+	B1	A3	A3	A2	A2	A1	A1

**1.3 Household characteristics**

1.3.1 Please tell me the birthplace of the household head?

From Bengaluru (rural)	<input type="checkbox"/>
From Bengaluru (urban)	<input type="checkbox"/>
From other place in India (rural)	<input type="checkbox"/>
From other place in India (urban)	<input type="checkbox"/>
From other country	<input type="checkbox"/>

1.3.2 How many people are working in this household?

- Single income hh   
 Double income hh   
 Triple income hh  
 more than three incomes

1.3.3 How much money does this household have per annum?

Rs.
-----

1.3.4 Does this household have debts? And if yes how high?

Rs.
-----

1.3.5 What fields do the income contributors of this household work in?

Agriculture	<input type="checkbox"/>
Services formal	<input type="checkbox"/>
Services informal	<input type="checkbox"/>
Trade	<input type="checkbox"/>
Office	<input type="checkbox"/>
Education	<input type="checkbox"/>
Industry	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>

1.3.6 Are there other sources of income for your household like remittances of family member living abroad or in (another) city, agriculture, pension etc. or did you sell land in the last ten years? If yes please name source, frequency and extend. *If the respondent does not know exactly ask him/her to estimate.*

Source	Frequency	Rs.

#### 1.4 Personal data

The last few questions of this part are about your person and your everyday life.

1.4.1 How old are you?

1.4.2 Do you have children?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

*Questions 1.4.3 and 1.4.4 only if respondent does not make the biggest household contribution*

### 1.4.3 What field do you work in

Agriculture	<input type="checkbox"/>
Services	<input type="checkbox"/>
Trade	<input type="checkbox"/>
Office	<input type="checkbox"/>
Education	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>

### 1.4.4 To what level have you studied?

Illiterate	<input type="checkbox"/>
Literate but no formal schooling/ School - up to 4 years	<input type="checkbox"/>
School – 5 to 9 years	<input type="checkbox"/>
SSC/HSC	<input type="checkbox"/>
Some College (incl a Diploma) but no Grad	<input type="checkbox"/>
Graduate/ Post Graduate: General	<input type="checkbox"/>
Graduate/ Post Graduate: Professional	<input type="checkbox"/>

## 2 Opinion

### 2.1 Food system

On a scale from 1 (not concerned) to 5 (extremely concerned) please tell me how concerned you are with the following problems of the Indian food system?

No.	Problem	1	2	3	4	5
1	Contaminated water and ice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Health risks of tobacco products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Monosodium glutamate in noodles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Potassium bromate and alloxan in bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Pesticide residues on fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Artificial ripening of fruit e.g. with Calcium Carbide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Adulteration of food products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Expired food in shops and hotels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Food products leading to health problems e.g. obesity and diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Lack of hygiene and freshness of food retailers or caterers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 2.2 Retailers

On a scale from 1 (not important) to 5 (very important) how important are the following aspects when choosing a food retailer?

No.	Aspects	1	2	3	4	5
1	Proximity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Low Prices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Quality of products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Product variety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Service and advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Meeting point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Knowing the retailer/ seller personally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Image of shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Freshness of products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Ambience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 2.3 Lifestyle

Please pick three of the following adjectives which best describe your household's diet.

- Healthy    Comfortable    Religious    Indian  
 Traditional    Varied    Seasonal    Vegetarian    Light  
 Ayurvedic    Modern    Home made    Fresh    International

## 3 Consumption

The next few questions are about your everyday behaviour and consumption.

### 3.1 Everyday behaviour

3.1.1 Does this household follow a religious diet.

- None    Halal    Vegetarian  
 Meat only on \_\_\_ days per week    Other, please specify:

3.1.2 How often do you cook?

per  Day    Week    Month    Year

### 3.2 Water consumption

3.2.1 I will name different sources of water. Do you use ...?

For food preparation? For Drinking? *Several answers are possible*

3.2.2 Compared with ten years ago did your consumption of ... increase, decrease or stay the same?

No.	Source of water	Food preparation	Drinking	No use	No.	Increased	Decreased	The same
2.1.1.1	Borewell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1.1.1	Tab water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.1.2.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1.1.2	Filtered tab water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.1.2.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1.1.4	Mineral water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.1.2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Unprocessed foods

- Please name the three ... you use most often.
- Would you say you use ... daily, weekly, monthly or yearly?
- Compared with 10 years ago: Did your consumption of ... increase, decrease or stay the same?

No. (is to be filled in later)	Food	Daily	Weekly	Monthly	Yearly	Increased	Decreased	The same
<b>3.3 Cereal</b>								
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.4 Pulses</b>								
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.5 Vegetables</b>								
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



3.6 Fruits and nuts								
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.7 Milk and milk products								
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.8 Oils and fats								
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.9 Meat, fish and eggs								
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.10 Sugar and jaggery								
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.11 Spices								
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.12 Considering all vegetables your household consumes. How many servings of vegetables do you eat a day?

kg per day
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3.13 Considering all fruit your household consumes. How many servings of fruit do you eat a day?

kg per day
------------

### 3.14 Semi processed food

3.14.1 Do you consume ...? *If yes continue with 2.12.2, if no continue with 2.12.3*

3.14.2 Would you say you use ... daily, weekly, monthly or yearly?

3.14.3 Compared with 10 years ago: Did your consumption of ... increase, decrease or stay the same?

No	Food	Never	No	Daily	Weekly	Monthly	Yearly	No	Increased	Decreased	The same
2.12.1	1 Frozen food	<input type="checkbox"/>	2.12.2	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.12.3	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 Pickles	<input type="checkbox"/>		2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3 Dried food (e.g. dried fruit)	<input type="checkbox"/>		3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Processed foods

- Please name the three pastries you use most often.
- Would you say you use ... daily, weekly, monthly or yearly?
- Compared with 10 years ago: Did your consumption of ... increase, decrease or stay the same?

No. (is to be filled in later)	Food	Daily	Weekly	Monthly	Yearly	Increased	Decreased	The same
<b>3.15 Bakery foods</b>								
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.16 Sweets</b>								
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.17 Ready-made meals (e.g. frozen pizza)</b>								
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>3.18 Bottled beverages (e.g. juices, sodas)</b>								
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.19 Alcoholic drinks and tobacco</b>								
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.20 Light products (foods reduced in fat, sugar or calories)</b>								
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Only ask 3.20.1 if interviewee stated to consume light products*

3.20.1 For what reasons do you consume those products?

- weight loss   
 general health   
 diabetes runs in the family  
 to be able to eat more of the product   
 Other, please specify:

### 3.21 Breakfast

3.21.1 Please tell me three food products a typical breakfast of this household consists of. If a product was mentioned before in the interview do not hesitate to repeat it here.

3.21.2 Would you say you use ... daily, weekly, monthly or yearly?

3.21.3 Compared with 10 years ago: Did your consumption of ... increase, decrease or stay the same?

No. (is to be filled in later)	Product	Daily	Weekly	Monthly	Yearly	Increased	Decreased	The same
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 3.22 Food and drinks away from home

3.22.1 Please name the five places (restaurants, MDM, canteens etc.) you use most often.

3.22.2 Which household member uses ...

3.22.3 Would you say ... use ... daily, weekly, monthly or yearly?

3.22.4 Compared with 10 years ago: Did your consumption of ... increase, decrease or remain constant?

No. (is to be filled in later)	Caterer	Which household member	Daily	Weekly	Monthly	Yearly	Increased	Decreased	The same
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 3.23 Overall food and water consumption

3.23.1 How much of the household's disposable income do you spend on food per month? *If the respondent does not know exactly ask him/her to estimate.*

Rs.
-----

3.23.2 How much of the household's disposable income do you spend on eating out per month? *If the respondent does not know exactly ask him/her to estimate.*

Rs.
-----

3.23.3 How much of the household's disposable income do you spend on drinking water per month? *If the respondent does not know exactly ask him/her to estimate.*

Rs.
-----

3.23.4 How much of the household's disposable income do you spend on alcohol and tobacco per month? *If the respondent does not know exactly ask him/her to estimate.*

Rs.
-----

## 4 Procurement of food

### 4.1 Use of Retailer

4.1.1 Does your household hold a ration card? And if yes what kind?

No       White       Yellow       Red       Green       Blue

4.1.2 Do you purchase food at the ...?

4.1.3 Would you say you use ... daily, weekly, monthly or yearly?

4.1.4 Compared with 10 years ago: Did your consumption of ... increase, decrease or remain constant? *Do also ask if interviewee stated to never use this retailer!!!*

No.	Retailer	Never	No.	Daily	Weekly	Monthly	Yearly	No.	Increased	Decreased	The same
3.1.1	1 Supermarket	<input type="checkbox"/>	3.1.2	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.1.3	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 Hypermarket (e.g. Walmart)	<input type="checkbox"/>		2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3 Delivery scheme	<input type="checkbox"/>		3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4 Kirana shop/ corner shop/ convenience store	<input type="checkbox"/>		4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5 Producer Market	<input type="checkbox"/>		5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6 Street food vendor	<input type="checkbox"/>		6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7 Ration shop (only ask in case hh has a ration card)	<input type="checkbox"/>		7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8 Bakery	<input type="checkbox"/>		8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9 Speciality store (fruit-, vegetable-shop, butcher etc.)	<input type="checkbox"/>		9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10 Other (please specify):	<input type="checkbox"/>		10 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		10 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 4.2 Choice of retailer

4.2.1 Where do you buy ... most often? At the ... or ... ?

No.	Category	Street vendor	Producer market	PDS	Kirana Shop	Supermarket	Hypermarket	Delivery scheme	Bakery	Speciality store	neighbours	Cooperation	Other (please specify):
1	Cereals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Pulses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Fruits and nuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Milk and milk products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Oils and fats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Meat, fish and eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Sugar and jiggery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Spices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Bakery foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Sweets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Ready-made meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Bottled beverages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Alcoholic drinks and tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Light products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 4.3 Transport

*Only ask those retailers they actually use*

4.3.1 When you go to the ... do you go by ...?

No	Retailer	Transport				
		Foot	Public transport	Bicycle	Motorized two-wheeler	Car
1	Street food vendor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Producer market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	PDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Kirana shop/ convenience store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Supermarket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Hypermarket (e.g. Walmart)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Bakery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Speciality store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.3.2 What is the distance you usually cover to purchase food?

>1 km	>2 km	>4 km	>6 km	>8 km	>10 km	>14 km	>18 km	>20 km
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.3.3 In your opinion: Is there a retailer missing in reasonable distance to your home?

- Street food vendor                       Producer market                       Ration shop  
 Kirana shop/convenience store                       Supermarket                       Hypermarket  
 Other, please specify:

### 4.4 Self-subsistence

4.4.1 Are there any other food sources?

No	Food source	Percentage of food consumption covered by the source			
			Increased	Decreased	The same
1	Agriculture		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Animal keeping		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 5 Beliefs and attitudes

### 5.1 Favourite foods

5.1.1 Please name your family's three favourite foods or cuisines.

5.1.2 Would you say you eat ... daily, weekly, monthly or yearly?

5.1.3 Compared with 10 years ago: Did your consumption of ... increase, decrease or stay the same?

No. (is to be filled in later)	Food	Daily	Weekly	Monthly	Yearly	Increased	Decreased	The same
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 5.2 Avoided foods

5.2.1 Are there any food products or food groups you generally avoid?

5.2.2 For what reason do you avoid these foods?

No. (is to be filled in later)	Avoided food	Reason

### 5.3 Information

5.3.1 Please name your three main types of media you use to inform yourself about food.

5.3.2 Would you say you use ... daily, weekly, monthly or yearly?

No. (is to be filled in later)	Media	Daily	Weekly	Monthly	Yearly
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



5.3.3 What are in your opinion the three most important things to ensure a healthy diet?

1	
2	
3	

## 5.4 Organic food

5.4.1 Did you hear about organic food?

Yes       No

*Only ask 4.5.2 if answer was yes*

5.4.2 Please tell me if the following five statements about organic food are true or false:

No.	Organic food is...	Yes	No
1	...produced chemical free.	<input type="checkbox"/>	<input type="checkbox"/>
2	...vegetarian.	<input type="checkbox"/>	<input type="checkbox"/>
3	...produced under environmentally friendly conditions.	<input type="checkbox"/>	<input type="checkbox"/>
4	...distributed at the PDS.	<input type="checkbox"/>	<input type="checkbox"/>
5	...ayurvedic.	<input type="checkbox"/>	<input type="checkbox"/>

5.4.3 Do members of this household exercise/ are physically active regularly? Please tell me whom, the kind of sport and how often the person exercises it.

Household member	Activity	Frequency

5.4.4 How much time do you have for yourself per day?

Minutes
---------

5.4.5 What are your favorite activities during that time (e.g. chatting with friends, watching TV, yoga)?

1	
2	
3	

This was the last question. After the evaluation of this survey I might have some further questions to you. I would therefore be very thankful if you would agree that I may contact you again next year to do another interview. For that reason I would like to note down your contact information. Of course, I will treat your data confidential and neither your name nor your contact information will be published together with your answers. Please note that you are absolutely free to refuse another interview in case I will contact you again.

agree       disagree

Name:

Phone/ mobile phone:

E-Mail:

Thank you very much for your cooperation!