

**Ministry of Child Development & Women's Affairs**  
**Data collection form on Widows/ Female headed Household**  
(Please circle the relevent code or write down the answers where necessary)

For office use only

1 District : \_\_\_\_\_

2 Divisional Secretariat : \_\_\_\_\_

3 Name of the Grama Niladhari Division & Number : \_\_\_\_\_

4 N I C Number

5 Name with initials : \_\_\_\_\_

- 6 Ethnicity
- |                  |   |
|------------------|---|
| Sinhalese        | 1 |
| Sri Lankan Tamil | 2 |
| Indial Tamil     | 3 |
| Sri Lanka Moor   | 4 |
| Burgher          | 5 |
| Malay            | 6 |
| Other (Specify)  | 7 |
| .....            |   |

7 Date of birth                      Year         Month        Date    
(If does not know estimate only the year)

8 Permanent address

Number	.....
Street	.....
Village	.....
Town	.....

- 9 Highest educational attainment :
- |                       |   |
|-----------------------|---|
| Never attended school | 1 |
| Passed Year 1-5       | 2 |
| Passed Year 6-10      | 3 |
| Passed GCE O/L        | 4 |
| Passed GCE A/L        | 5 |
| Degree & above        | 6 |

- 10 Marital Status :
- |               |   |
|---------------|---|
| Never Married | 1 |
| Married       | 2 |
| Widowed       | 3 |
| Divorced      | 4 |
| Seperated     | 5 |

11 If the marital status is widow , the year of became widow

12 Reason for becoming a widow : War 1  
 Natural Death 2  
 Other (specify) 3  
 .....

13 Main activity status : Employed (government) 1  
 Employed (Private) 2  
 Self Employed 3  
 Unemployed 4  
 Pensioner 5  
 Income recipient 6  
 Other Specify..... 7

14 The main source of income : Salary 1  
 (Circle the relevant **codes**) Pension 2  
 Samurdhi 3  
 Mahajanaadhara 4  
 Jeewanaadhara 5  
 No income 6  
 Other(Specify) 7  
 .....

15 Monthly Income (Gross amount) : RS .....

16 During last 5 years did you get any financial or material support for a house?  
 Name of the institution  
 Government .....  
 Non Government .....  
 House  
 Materials (Specify) .....  
 .....  
 Financial Rs.....

17 Nature of the house : Permanent house 1  
 Hut/Shanty 2  
 Row house/line room 3  
 Other(Specify) 4  
 .....

18 Tenure of the House Owner 1  
 Owned by a household member 2  
 Rent/Lease-government owned 3  
 Rent/Lease-Privately owned 4  
 Occupied free of rent 5  
 Encroached 6  
 Other (specify)..... 7

- 19 Main source of supplying water : Own well 1  
 Common well 2  
 Pipe water 3  
 Tube well 4  
 Rain water 5  
 Spring water 6  
 Other(Specify) ..... 7

- 20 Toilet facility : Water seal 1  
 Not water seal 2  
 No toilet facility 3

- 21 The status of women in the household : Head of the household 1  
 Member of the household 2

- 22 Do you have any disability? Yes 1  
 No 2

- 23 What are the reasons making your life difficulty? Economical Problem 1  
 (Circle the relevent **codes**) Housing problem 2  
 Family problem 3  
 Other 4  
 Health Problem 5  
 Cannot inform 6  
 No Problem 7

Brief discription of the problem .....

- 24 What kind of aid that you expecting from the government? Financial support 1  
 (Circle the relevent **codes**) Educational support 2  
 Health support 3  
 Support for build a house 4  
 Legal advise 5  
 Support for self employment 6  
 Not needed 7  
 Other (Specify) ..... 8

25 Brief discription of the aid that you are expecting .....

26 Special remarks of the enumerator .....

27 Do you have any children alive? Yes 1  
No 2

If any

Name	Date of birth			Disability status		Marital Status		Highest level passed	Living with		
	Year	Month	Date	Yes 1	No 2	Yes 1	No 2		Mother 1	Father 2	Other relatives 3 .....
1				Yes 1	No 2	Yes 1	No 2		Mother 1	Father 2	Other relatives 3 .....
2				Yes 1	No 2	Yes 1	No 2		Mother 1	Father 2	Other relatives 3 .....
3				Yes 1	No 2	Yes 1	No 2		Mother 1	Father 2	Other relatives 3 .....
4				Yes 1	No 2	Yes 1	No 2		Mother 1	Father 2	Other relatives 3 .....
5				Yes 1	No 2	Yes 1	No 2		Mother 1	Father 2	Other relatives 3 .....
6				Yes 1	No 2	Yes 1	No 2		Mother 1	Father 2	Other relatives 3 .....
7				Yes 1	No 2	Yes 1	No 2		Mother 1	Father 2	Other relatives 3 .....

28 Do you have any other dependants living with you? Yes 1 No 2

29 If yes please specify.

mother	1
father	2
sister	3
brother	4
other (specify) -----	5

**Report of the Grama Niladhari**

I certify the above information is true and accurate.

Signature ..... Date .....

Stamp

**Report of the WDO/CRPO/ECCDA**

I certify the above information is true and accurate.

Signature ..... Date .....

Stamp

**Recommendation of the Divisional Secretary**

I recommend/not recommend the above information is true and accurate.

.....  
Signature of Divisional Secretary Date