

This form should be conducted 14 days after birth (range 7-21 days) at the house where the respondent is currently residing. Where needed, put X next to correct response, otherwise complete answers as indicated.

DATE OF DELIVERY: DATE     /     /      
                                  D   D   M   M   Y   Y

**A. HOUSEHOLD CHARACTERISTICS**

1. How many total persons usually live in your household, including the most recent birth if child is alive? **Total persons:** \_\_\_\_\_
2. How many persons that usually live in your household are children under age 5, including the most recent birth if child is alive? **Persons under 5:** \_\_\_\_\_
3. How many rooms are in your house? **Total rooms:** \_\_\_\_\_
4. Does anyone, not including yourself, smoke cigarettes/bidis or tobacco from a chillum pipe inside your house? (select ONE)  
1 |Yes, daily      2 |Yes, occasionally (less than daily)      3 |No, never

*Observe or ask:*

5. What is the main material of the floor of your house? (select ONE)  
1 |Natural floor  
2 |Rudimentary floor  
3 |Finished floor
6. What is the main material of the roof of your house? (select ONE)  
1 |Natural roof  
2 |Rudimentary roof  
3 |Finished roof
7. What is the main material of the exterior walls of your house? (select ONE)  
1 |Natural walls  
2 |Rudimentary walls  
3 |Finished walls

- |  |                            |                            |
|--|----------------------------|----------------------------|
| 8. Does any member of your household have: | <b>YES</b>                 | <b>NO</b>                  |
| a. A bicycle?                              | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. A motorcycle or motorscooter?           | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. A car or truck?                         | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

- |                              |                            |                            |  |            |           |
|------------------------------|----------------------------|----------------------------|--|------------|-----------|
| 9. Does your household have: | <b>YES</b>                 | <b>NO</b>                  |  | <b>YES</b> | <b>NO</b> |
| a. Electricity?              | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |  |            |           |
| b. A radio?                  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |  |            |           |
| c. A television?             | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |  |            |           |
| d. A non-mobile telephone?   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |  |            |           |
| e. A refrigerator?           | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |  |            |           |
| f. A mattress?               | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |  |            |           |
|                              |                            |                            |  |            |           |
|                              |                            |                            |  |            |           |
|                              |                            |                            |  |            |           |
|                              |                            |                            |  |            |           |
|                              |                            |                            |  |            |           |
|                              |                            |                            |  |            |           |

10. How many mobile phones do members of your household own? **Total mobile phones:** \_\_\_\_\_

11. What kind of toilet facility do members of your household usually use? (select ONE)
- |   |   |
|---|---|
| 1 <input type="checkbox"/> Flush/pour flush to sewer system, septic tank, or pit latrine  | 2 <input type="checkbox"/> Flush/pour flush to somewhere else |
| 3 <input type="checkbox"/> Pit latrine with slab or ventilated improved pit latrine (VIP) | 4 <input type="checkbox"/> Pit latrine without slab/open pit  |
| 5 <input type="checkbox"/> Bucket   | 6 <input type="checkbox"/> No facility, bush, field           |
| 7 <input type="checkbox"/> Other (specify) _____  |   |

12. What is the permanent source of drinking water for members of your household? (select ONE)
- |   |  |
|---|--|
| 1 <input type="checkbox"/> Piped into dwelling, yard, or plot     | 2 <input type="checkbox"/> Public tap or standpipe                   |
| 3 <input type="checkbox"/> Tubewell or borehole                   | 4 <input type="checkbox"/> Protected well or protected spring        |
| 5 <input type="checkbox"/> Unprotected well or unprotected spring | 6 <input type="checkbox"/> Surface water (river, pond, stream, etc.) |
| 7 <input type="checkbox"/> Tanker truck                           | 8 <input type="checkbox"/> Other (specify) _____                     |

13. Does any member of your household own agricultural land? (if NO skip to A15) **YES NO**  
1  2

14. How many hectares of agricultural land do members of your household own? **Hectares:** \_\_\_\_\_ . \_\_\_\_\_

15. Does your household own any livestock, herds, other farm animals, or poultry? **YES NO**  
1  2

16. What is the annual income of your household (in Rs)?

Annual income: \_\_\_\_\_

**B. MATERNAL CHARACTERISTICS**

1. How many months during your pregnancy did you live at another residence? (If 0 or NA skip to B3) Months: \_\_\_\_\_ NA 99|\_\_|  
*If more than 0 months, fill out HAP02 form AND complete this survey*

2. During which trimesters of pregnancy did you live at another residence? (select ALL THAT APPLY)

1 |\_\_|First trimester    2 |\_\_|Second trimester    3 |\_\_|Third trimester

*Select answer from past observations of mother's smoking habits*

3. How often during pregnancy did you smoke cigarettes/bidis or tobacco from a chillum pipe? (select ONE)

1 |\_\_|Daily                      2 |\_\_|Occasionally (less than daily)                      3 |\_\_|Never

**C. COOKING PRACTICES – ask of the household where the interview is being held (where woman currently resides)**

1. In this household, for cooking and other purposes such as boiling water, which types of stoves do you currently use?  
(select ALL THAT APPLY)

1 |\_\_|LPG stove    2 |\_\_|Kerosene stove    3 |\_\_|Electric stove    4 |\_\_|Chullah    5 |\_\_|Open fire    6 |\_\_|Other (specify) \_\_\_\_\_

2. Of these types of stoves which one is used most often for cooking? (select ONE) (If LPG, Kerosene, or Electric skip to C4)

1 |\_\_|LPG stove    2 |\_\_|Kerosene stove    3 |\_\_|Electric stove    4 |\_\_|Chullah    5 |\_\_|Open fire    6 |\_\_|Other (specify) \_\_\_\_\_

3. For this stove, what type of fuel does your household mainly use while cooking? (select ALL THAT APPLY)

1 |\_\_|Wood                      2 |\_\_|Straw/shrubs/grass    3 |\_\_|Agricultural crop                      4 |\_\_|Animal dung    5 |\_\_|Coal, lignite  
6 |\_\_|Charcoal                      7 |\_\_|Other (specify) \_\_\_\_\_

4. Where is the cooking on this stove usually done? (select ONE) (If 'Outdoors' skip to C6)

1 |\_\_|In the house but in a separate room used as a kitchen    2 |\_\_|In the house with no separate room used as a kitchen  
3 |\_\_|In a separate building or room outside of the main house    4 |\_\_|Outdoors

5. Observe the ventilation in the cooking area for this stove. Which are present? (Show pictures and select ALL THAT APPLY)

1 |\_\_|Chimney    2 |\_\_|Window    3 |\_\_|Vent    4 |\_\_|Door to outside    5 |\_\_|Other (specify) \_\_\_\_\_

6. How many years have you been using this type of stove as your main cooking stove? **Years:** \_\_\_\_\_

7. How many hours and minutes per day do you spend in front of this stove for cooking purposes while it is lit, smoldering, or on? **Hours:** \_\_\_\_\_ **Minutes:** \_\_\_\_\_

**NOTE:** In front of the stove is within one meter of the stove

8. Does your household have a stove separate from the stove used for cooking that is used for other household purposes such as boiling water? (If YES skip to C10) **YES NO**  
1 |\_\_| 2 |\_\_|

9. How many hours and minutes per day do you spend in front of the stove for other household purposes (not cooking) while it is lit, smoldering, or on? (Skip to end) **Hours:** \_\_\_\_\_ **Minutes:** \_\_\_\_\_

**NOTE:** In front of the stove is within one meter of the stove

10. Which type of stove is used most often for household purposes other than cooking, such as boiling water? (select ONE)  
(If LPG, Kerosene, or Electric skip to C12)  
1 |\_\_|LPG stove 2 |\_\_|Kerosene stove 3 |\_\_|Electric stove 4 |\_\_|Chullah 5 |\_\_|Open fire 6 |\_\_|Other (specify) \_\_\_\_\_

11. For this stove, what type of fuel does your household mainly use? (select ALL THAT APPLY)  
1 |\_\_|Wood 2 |\_\_|Straw/shrubs/grass 3 |\_\_|Agricultural crop 4 |\_\_|Animal dung 5 |\_\_|Coal, lignite  
6 |\_\_|Charcoal 7 |\_\_|Other (specify) \_\_\_\_\_

12. Where is this stove usually used? (If 'Outdoors' skip to C14)  
1 |\_\_|In the house but in a separate room used as a kitchen 2 |\_\_|In the house with no separate room used as a kitchen  
3 |\_\_|In a separate building or room outside of the main house 4 |\_\_|Outdoors

13. Observe the ventilation in the area where the stove is used. Which are present? (select ALL THAT APPLY)  
1 |\_\_|Chimney 2 |\_\_|Window 3 |\_\_|Vent 4 |\_\_|Door to outside 5 |\_\_|Other (specify) \_\_\_\_\_

14. How many years have you been using this type of stove as your main stove for household purposes other than cooking? **Years:** \_\_\_\_\_

15. How many hours and minutes per day do you spend in front of this stove while it is lit, smoldering, or on? **Hours:** \_\_\_\_ **Minutes:** \_\_\_\_

**NOTE:** In front of the stove is within one meter of the stove

**D. FORM COMPLETION**

1. Date of form completion

DATE         /         /          
          D   D   /   M   M   /   Y   Y

2. Person completing form

Name: \_\_\_\_\_

3. ID of person completing form

ID \_\_\_\_\_