

MAIN QUESTIONNAIRE

A. GENERAL INFORMATION –

A1. Family ID: _____

A2. Locality: _____

A3. Socioeconomic status: High/Medium/Low

A4. Religion: _____

A5. Total income of the family: _____

B. COOKING PRACTICES

B1. Where do you cook usually?

- a) In a room used for living or sleeping (with partition)
- b) In a room used for living or sleeping (without partition)
- c) In a separate room used as kitchen
- d) In a separate building used as kitchen
- e) Outdoors

B2. Describe the use of each stove in the house

Purpose-Currently used	Most importantly used stove *	Second most commonly used stove *	Average hours of use (most important stove)	Average hours of use (Second most important stove)
Cooking for home				
Cooking food/drink for selling outside				
Heating water				
Cooking animal feed				

- * a) Biomass portable open stoves without chimney
 b) Biomass fixed open stove without chimney
 c) Biomass portable stove with chimney
 d) Biomass fixed stove with chimney
 e) Kerosene Stove
 f) LPG stove
 g) others

B3. How long does it take to cook one meal?

- a) Breakfast _____
- b) Lunch _____
- c) Dinner _____
- d) Others (Specify) _____

C FUEL USE

C1. What type of fuel do you use for the following purposes?

Purpose	Fuel used *		Duration of usage in years		Average use in hours		Reason for using the fuel**	
	Fuel1	Fuel2	Fuel1	Fuel2	Fuel1	Fuel2	Fuel1	Fuel2
Cooking for home								
Cooking food/drink for selling outside								
Heating water								
Cooking animal feed								

- *a) Wood (logs) b) Crop Residues c) Dung Cakes d) Coal
 e) Charcoal f) Kerosene g) LPG h) Bio-Gas
 i) Electricity j) Solar cooker k) Others _____

- **a) More affordable b) Easily available c) The fuel is of better quality
 d) The fuel produces less smoke e) Takes lesser time to cook
 f) Others _____

C2a. Do you use kerosene lamps? Yes/No

C2b. For how long have you been using kerosene lamps? _____

C3. After use of biomass, what is the method of disposal preferred?

- a) Dumping
- b) Controlled tipping or sanitary land fill
- c) Incineration
- d) Composting
- e) Burial
- f) Municipality bins

C4. Does the household ever changed its fuel use pattern? Yes/ No

C5. If yes the fuel changed from _____ to _____.

C6. The reason for change : _____

D. HABITS

D1a. Does anyone smoke in your household? Yes / No

D1b. List the people who smoke in the family, the number of cigarettes/bidis and for how many years

Sl.no	Household member	Number of cigarettes/day	Duration (Years)	Number of bidis/day	Duration
1					
2					
3					
4					
5					
6					

D2. Where do you and/or other family members (if any) primarily smoke?

- a) Inside the house
- b) Outside the house
- c) Both inside and outside the house
- d) Other _____

D3a. Do you burn incense sticks in your house? Yes /No

D3b. How many incense sticks do you burn per day? _____

D4a. Do you burn mosquito coils in your house? Yes/No

D4b. How many mosquito coils do you burn per day? _____

E. HOUSING CHARACTERISTICS

E1. Type of house

- a) Kucha
- b) Pucca
- c) Mixed

E2. Is there overcrowding present in the household? Yes/No

E3. How is the ventilation of the house?

- a) Adequate
- b) Inadequate

E4. How is the lighting of the house?

- a) Adequate
- b) Inadequate

F. KITCHEN / COOKING AREA CHARACTERISTICS

F1. Kitchen/cooking area dimensions:

- a) Length: _____ feet
- b) Width: _____ feet
- c) Height: _____ feet

F2. How is the ventilation of the kitchen?

- a) Adequate
- b) Inadequate

F3. How is the lighting of the kitchen?

- a) Adequate
- b) Inadequate

F4. Type of permanent ventilation present in the cooking area/kitchen?

- a) Gaps in between roof and the wall
- b) Windows
- c) No ventilation

F5. Are the windows open while cooking? Yes/No

F6. Are the doors open while cooking? Yes/No

F7. Is there a smoke outlet /exhaust fan present in the kitchen? Yes/No

F8. Is the open air kitchen enclosed on all sides? Yes/No

G. HEALTH STATUS

G1. Does anyone in the family suffer from tuberculosis? Yes/No

G2. Have they received medical treatment for tuberculosis? Yes/No

G3. If yes, what was the outcome?

- a) Declared cured
- b) Failure
- c) Incomplete treatment
- d) Relapse

QUESTIONNAIRE

A.GENERAL INFORMATION

A1.Individual ID _____

A2.Age:_____

A3.Literacy status:_____

A4.Occupation:_____

A5. Cooking status:

- a) Involved in cooking at present
- b) Not involved in cooking at present but at past have been involved in cooking
- c) Exposed to cooking fuel use but never involved in cooking

A6. At what age did you start cooking? _____

A7.For how long have you been cooking? _____

A8.Which type of fuel you have been using since the time you started cooking?

Purpose	Fuel used *		Duration of usage in years		Average use in hours		Reason for using the fuel**	
	Fuel1	Fuel2	Fuel1	Fuel2	Fuel1	Fuel2	Fuel1	Fuel2
Cooking for home								
Cooking food/drink for selling outside								
Heating water								
Cooking animal feed								

- *a) Wood (logs) b) Crop Residues c) Dung Cakes d) Coal
 e) Charcoal f) Kerosene g) LPG h) Bio-Gas
 i) Electricity j) Solar cooker k) Others _____

- **a) More affordable b) Easily available c) The fuel is of better quality
 d) The fuel produces less smoke e) Takes lesser time to cook
 f) Others _____

A9a.Do you use kerosene lamps?

Yes/No

A9b.For how long have you been using kerosene lamps?

B.HEALTH STATUS

Sl. no	Disease/ Symptom	Have you experienced the disease /symptoms ?	Frequency of episodes per year	Duration	Received treatment	Was hospitalization required any time?
1	Diminished vision	Yes/No			Yes/No	Yes/No
2	Cataract	Yes/No			Yes/No	Yes/No
3	Throat irritation	Yes/No			Yes/No	Yes/No
4	Eye irritation	Yes/No			Yes/No	Yes/No
5	Watering of eyes	Yes/No			Yes/No	Yes/No
6	Skin Burns/Blisters	Yes/No			Yes/No	Yes/No
7	Skin irritation	Yes/No			Yes/No	Yes/No
8	Ear pain	Yes/No			Yes/No	Yes/No
9	Cardiovascular diseases	Yes/No			Yes/No	Yes/No
10	Hypertension	Yes/No			Yes/No	Yes/No
11	Asthma	Yes/No			Yes/No	Yes/No
12	Chronic bronchitis	Yes/No			Yes/No	Yes/No
13	Cough without phlegm	Yes/No			Yes/No	Yes/No
14	Cough with phlegm	Yes/No			Yes/No	Yes/No
15	Nasal Stuffiness/ Running nose	Yes/No			Yes/No	Yes/No
16	Others _____	Yes/No			Yes/No	Yes/No
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B19a. Do/ Did you suffer from tuberculosis?	Yes/No
B19b. If yes, have you received medical treatment for tuberculosis?	Yes/No
B19c. If yes, what was the outcome?	
a) Declared cured	
b) Failure	
c) Incomplete treatment	
d) Relapse	
 B20. How many children do you have?	 _____
 B21a. Do you have a history of miscarriages?	 Yes/No
B21b. How many miscarriages did you have?	_____
B21c. At which month did you have the miscarriage?	_____
 B22a. Do you have a history of still births?	 Yes/No
B22b. How many stillbirths did you have?	_____
B22c. At what month did you have stillbirth?	_____
 B23a. Did your children have a history of IUGR at time of pregnancy?	 Yes/No
B23b. How many children had a history of IUGR?	_____
 B24a. Did your children have a history of low birth weight at time of delivery? Yes/No	
B24b. How many children had a history of low birth weight?	_____
B24c. What was the birth weight of the child?	_____
 B25a. Did you have a preterm delivery?	 Yes/No
B25b. How many children were born preterm?	_____
B25c. At what month was your child born preterm?	_____