APPENDIX I

Questionnaire on Health Impacts of Indoor Air Pollution from Household Energy Used in Aligarh City

I. General observation of the ward/area

1. Sampled ward
   (a) No……
   (b) Name……

2. Mohallas/colonies in ward
   No……
   Name.
   (a) ……………………
   (b) ……………………
   (c) ……………………
   (d) ……………………
   (e) ……………………
   (f) ……………………
   (g) ……………………
   (h) ……………………

3. Total no. of households in the ward………

4. Total population of the ward………
   (a) Male……
   (b) Female……

5. Location of the ward
   (a) Core area
   (b) Civil lines area
   (c) Fringe area
   (d) Any other

6. Religion wise domination
   (a) Hindu
   (b) Muslim
   (c) Mixed
   (d) others

7. Status of colony
   (a) Authorized
   (b) Unauthorized

8. Type of housing
   (a) New
   (b) Old
   (c) Planned
   (d) Mixed
   (e) Unplanned
   (f) Private
   (g) Government
   (h) Jhuggi/Jhopri
   (i) Industrial
   (j) Any other

9. Industrial unit/factory present in colony
   (a) Yes
   (b) No
   If yes, type………

10. Commercial/Market facility in the colony
    (a) Yes
    (b) No
    If yes, type………

11. Open space/green space in the mohalla
    (a) Yes
    (b) No
    If yes,
    (a) Park
    (b) Vacant land
    (c) Any other
12. General environment of the mohalla
(a) Clean Yes/No
(b) Congestion Yes/No
(c) Road facilities (a) Kutcha (b) Pucca
(c) Both

13. Intensity of traffic
(a) High (b) Medium
(c) Low (d) Any other

14. Drainage in the mohalla/ward
(a) Exist (b) Does not exist
If exist, type of drainage
(a) Open (b) Closed
(c) Any other

15. Water logging condition in the mohalla/ward
(a) Yes (b) No
If yes,
(a) Rain water (b) Waste water
(c) Both (d) Any other

II. Respondent Profile

1. Respondents place of residence..............

2. Name..............

3. Sex
(a) Male (b) Female

4. Age group
(a) 15-24 (b) 25-34
(c) 35-44 (d) 45&above

5. Religion
(a) Hindu (b) Muslim
(c) Any other

6. Caste
(a) General (a) Brahmns (b) Kshtriyas
(b) OBC (c) Vaishyas (d) Shudras
(c) Any other (e) Gaddi (d) Nai
(e) Teli (f) Kumhar
(g) Sakka (h) Khateeq
(i) Fakir (j) Kuthwal
(k) Gaddaria (l) Any other
(c) SC (e) Any other
(a) Jatav (b) Harijan
(b) Any other

7. Marital status
(a) Married (b) Unmarried
(c) Widow (d) Divorced

8. Educational status
(a) Educated (b) Uneducated
If educated,
9. Occupational status
(a) Employed
If employed,
(a) Advocate
(b) Doctor
(c) Engineer
(d) Teacher
(e) Labourer
(f) Midwife
(g) Business
(h) Any other
If unemployed,
(a) Housewife
(b) Any other

10. Income status (per month)
(a) < 3,000
(b) 3,001-10,000
(c) 10,001-20,000
(d) > 20,000

11. Head of the family
(a) Male
(b) Female

12. Type of family
(a) Joint
(b) Nuclear

13. No. of family living in a house
(a) 1
(b) 2
(c) 3
(d) > 3

14. Total no. of family members
(a) < 3
(b) 3-6
(c) 7-10
(d) > 10

15. Husband’s educational status
(a) Educated
If educated,
(a) Primary
(b) Middle
(c) High school
(d) Intermediate
(e) Graduate
(f) Post graduate
(g) Professional
(h) Any other

16. Husband’s Occupational status
(a) Employed
If employed,
(a) Advocate
(b) Doctor
(c) Engineer
(d) Teacher
(e) Labourer
(f) Midwife
(g) Business
(h) Any other

17. Family Income status (per month)
(a) < 5,000
(b) 5,000-15,000
(c) 15,001-25,000
(d) > 25,000

18. No. of children
(a) < 3
(b) 3-5
(c) 6-8
(d) > 8

19. No. of children less than 4 years age/ not going to school
(a) 1
(b) 2
(c) > 2
20. No. of school going children
   (a) < 3
   (b) 3-5
   (c) > 5

21. Any child working
   (a) Yes
   (b) No
   If working, income............

22. Total family income (per month)
   (a) < 5,000
   (b) 5,000-15,000
   (c) 15,001-25,000
   (d) > 25,000

23. Time spent by the respondent inside the house
   (a) < 7 hrs/day
   (b) 7-13 hrs/day
   (c) 14-20 hrs/day
   (d) > 20 hrs/day

24. Do you smoke cigarette/bidi inside the house
   (a) Yes
   (b) No
   If yes, how many per day?
   (a) < 5
   (b) 6-10
   (c) 11-15
   (d) > 15

25. Does anyone else in family smoke cigarette/bidi
   (a) Yes
   (b) No
   If yes, how many per day?
   (a) < 5
   (b) 6-10
   (c) 11-15
   (d) > 15

26. Details of family members

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III. Housing condition

1. Status of house
   (a) Own house
   (b) Rented house
   (c) Government house
   (d) Any other

2. Use of house
   (a) Residential only
   (b) Residential & commercial
   (c) Residential & Industrial
   (d) Mixed activity

3. Type of house
   (a) Kutcha
   (b) Pucca
   (c) Semi- Pucca
   (d) Any other
   If kutcha,
   (a) Mud/thatched
   (b) Mud/brick
   (c) Jhuggi/Jhopri
   (d) Any other
   If Pucca,
   (a) Brick/concrete
   (b) Brick/concrete/tiles
   (c) Brick/asbestos
   (d) any other

4. Total no. of rooms inside the house
   (a) 1
   (b) 2-3
   (c) 4-5
   (d) > 5

5. Average no. of persons in a room
   (a) 1
   (b) 2-3
   (c) 4-5
   (d) > 5

6. Sleeping place
   (a) Inside room
   (b) Verandah
   (c) Courtyard
   (d) Roof
   (e) Any other

7. Ventilation in house
   (a) Yes
   (b) No

8. Electric facility
   (a) Yes
   (b) No

9. Water supply conditions
   (a) Inside the premises
   (b) Outside premises
   If inside premises,
   (a) Hand pump
   (b) Municipal tap water
   (c) Submeresible/ Jet pump
   (d) Any other
   If outside premises,
   (a) Hand pump
   (b) Municipal tap water
   (c) Tube well
   (d) Any other

10. Duration of water supply
    (a) 24 hrs
    (b) 1-2 hrs
    (c) ½ hrs

11. State of water
    (a) Regular
    (b) Irregular

12. Quality of water
    (a) Satisfactory
    (b) Unsatisfactory

13. Storage of water
    (a) Yes
    (b) No
    If yes, mode of storage
    (a) Open container
    (b) Close container
14. Toilet/ Bathroom facility
   (a) Yes                                                              (b) No
   If yes,
   (a) Inside the house                                               (b) In the *verandah*
   (c) In the courtyard                                                (d) Any other
   If no,
   (a) Public toilet                                                  (b) Open defecation-field/
   (b) Any other                                                    roads/railway/canal

15. Type of latrine
   Inside the house,
   (a) Flush                                                           (b) Manual
   Outside the house,
   (a) Flush                                                           (b) Manual

16. Disposal of faecal matter from manual latrine
   (a) With garbage                                                  (b) In open drains
   (c) In the field                                                   (d) Along roads
   (e) Any other

17. Drainage condition
   (a) Exist                                                          (b) Does not exist
   If exist,
   (a) *Kutcha nali*                                                  (b) *Pucca nali*

18. Disposal of household waste water
   (a) Into the *nali*                                                (b) On the roads
   (c) Around house                                                   (d) Open fields
   (e) Any other

19. Mode of storage of garbage inside the house
   (a) Yes                                                             (b) No
   If yes, mode of storage
   (a) Open container                                                (b) Close container
   (c) Any other

20. Mode of disposal of household waste water
   (a) Collection points                                             (b) Road side
   (c) Open fields                                                   (d) Any other

21. Garbage collected
   (a) Municipality                                                  (b) Private

22. Water logging condition
   (a) Yes                                                            (b) No
   If yes,
   (a) Rain water                                                   (b) Household waste water
   (c) Both                                                         (d) Any other

23. Place of water logging
   (a) Around the house                                             (b) On the roads
   (c) Open space                                                   (d) Any other
IV. Household energy used

1. Kitchen facility
   (a) Yes                  (b) No

2. Place of cooking food
   (a) Verandah            (b) Multipurpose room
   (c) Separate kitchen    (d) Open space
   (e) Any other

3. Ventilation in the kitchen
   (a) Yes                  (b) No
   If yes, type
   (a) Chimney             (b) Exhaust
   (c) Window              (d) Exhaust & window both
   (d) Any other

4. Type of household energy used for cooking
   (a) Traditional fuel    (b) Modern fuel
   (c) Both
   If traditional,
   (a) Dry leaves          (b) Farm waste
   (c) Wood                (d) Dung cake
   (e) Coal                (f) Kerosene
   (g) Any other
   If modern
   (a) LPG                  (b) Electricity

5. Reason for choice of particular fuel for cooking
   (a) Cost                 (b) Convenience
   (c) Preferences          (d) Availability
   (e) Any other

6. Source of fuel
   (a) Purchased            (b) Collec.from gardens/roads
   (c) Animal dung          (d) Any other
   If purchased, then through
   (a) LPG Pass book        (b) Govt. ration card
   (c) Without ration card  (d) Any other
   If collected, method of collecting fuel
   (a) Head load            (b) Hard shoulder
   (c) Vehicle load         (d) Any other

7. Time taken in fuel collection
   (a) < 1hr/day            (b) 1-2 hrs/day
   (c) 2-3 hrs/day          (d) > 3 hrs/day

8. Amount of cooking/heating fuel used in one month
   (a) LPG
   (b) Wood
   (c) Coal
   (d) Kerosene
   (e) Dung cake
   (f) Electricity
   (g) Any other

9. Amount of money spent for purchasing fuel in one month
   (a) < 300
   (b) 301-600
10. Do you purchase the cooking fuel in bulk?
   (a) Yes  (b) No
   If yes, reason
   (a) Cost  (b) Convenience
   (c) to save time  (d) Any other

11. Place of keeping fuel in bulk
   (a) Kitchen  (b) Store room
   (c) Verandah  (d) Any other

12. Type of stove used for cooking
   (a) Traditional stove  (b) Modern stove
   If traditional stove,
   (a) Mud/brick chulha  (b) Improved chulha
   (c) Kerosene stove  (d) Any other
   If modern stove,
   (a) Gas stove
   (b) Electric appliances
   (c) All of these
   (d) Any other

13. While cooking on chulha does it need regular blowing?
   (a) Yes  (b) No
   If yes, then method of blowing
   (a) Direct through mouth  (b) By blowing pipe
   (c) Any other

   (a) Yes  (b) No

15. Does gas stove produces smoke
   (a) Yes  (b) No
   If yes, reason
   (a) Poor maintenance  (b) Not known
   (c) Any other

16. Do you feel problem of leaky gas cylinder and poor maintenance of stove (gas stove, chulha, oven etc.)
   (a) Yes  (b) No
   If yes, did you follow inspection of installed equipment & stoves?
   (a) Yes  (b) No
   If yes, by
   (a) Professional experts  (b) Self
   (c) Any other

17. No. of times meal is cooked
   (a) 1-2  (b) 3-4
   (c) >4

18. Time taken for cooking per day
   (a) 1-2 hrs  (b) 3-5 hrs
   (c) >5 hrs

19. Intensity of exposure to smoke while cooking per day
   (a) < ½ 1hr  (b) ½ - 1 hrs
   (c) 1-2 hrs  (d) > 2 hrs
20. Intensity of exposure to fire while cooking/heating per day
   (a) < 2 hrs            (b) 2-4 hrs
   (c) >4 hrs

21. Time taken in exit of smoke
   (a) <½ hr                           (b) ½- 1 hr
   (c) 1-2 hrs                        (d) > 2 hrs

22. Use of lids on pots while cooking
   (a) Yes                     (b) No

23. Do you prefer the smell of smoke in your food?
   (a) Yes                                                                (b) No

24. Do you carry child/child is around you while cooking
   (a) Yes                     (b) No

25. Do you warm your house in winter?
   (a) Yes                     (b) No
   If yes, fuel used
   (a) Wood                          (b) Coal
   (c) Electric appliances          (d) Any other

26. If using traditional fuel and given opportunity would you prefer some other fuel
   (a) Yes                     (b) No
   If yes, what fuel would you prefer?
   (a) LPG                         (b) Electricity
   (c) Any other

27. Whether increasing high energy price may put nutrition or hygiene at risk?
   (a) Yes                     (b) No

28. Other sources of indoor air pollution
   (a) Smoking                    (b) Sprays
   (c) Burning mosquito coil       (d) Pesticides/Insecticides
   (e) Generator                  (f) Outdoor smoke
   (g) Any other

V. Health impacts

1. Did you suffer from instant problems due to smoke emitted by fuel used during cooking/heating?
   (a) Yes                     (b) No
   If yes,
   (a) Coughing               (b) Eye irritation
   (c) Skin burns             (d) Any other

2. Did you suffer from short term problems due to indoor air pollution?
   (a) Yes                     (b) No
   If yes,
   (a) Headache             (b) Shoulder ache
   (c) Backache              (d) Skin irritation
   (d) Dizziness            (e) Wheezing
   (f) Problems with mood   (g) Any other

3. Did you suffer from specific diseases related with indoor air pollution?
   (a) Yes                     (b) No
If yes, then diseases
(a) Acute lower respiratory infection
(b) Acute lower respiratory infection
(c) Chronic Pulmonary disease
(d) Asthma
(e) Pulmonary tuberculosis
(f) Low birth weight
(g) Perinatal Mortality
(h) Eye irritation and cataract

9. Health care facilities in the premises
   (a) Yes
   (b) No
   If yes, then health care facilities preferable availed by you
   (a) Govt. hospitals
   (b) Private doctors
   (c) RMP’s
   (d) Quack
   (e) Medical college
   (f) Tibbya college
   (g) Any other

APPENDIX II

Ward-wise population, number of households and income dominance in Aligarh city

<table>
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<th>Ward no.</th>
<th>Name of the wards</th>
<th>Population</th>
<th>No. of households</th>
<th>Income-wise dominance</th>
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Source: Municipal Corporation, Aligarh City, 2007
## APPENDIX III

### Ward-wise area (in sq. km) of Aligarh city

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Source: Municipal Corporation, Aligarh City, 2007