APPENDIX – I

Questionnaire for Indoor Air Quality Assessment

Date: ...................  No.: 

1. Name & Address of the respondent: .................................................................

2. No. of Family Members: ........................................................................

3. Monthly Income (per head): ................................................................

4. Where is the kitchen located: Indoor ( ) / Outdoor ( )

5. Is the ventilation in the house: Good ( ) / Moderate ( ) / Bad ( )

6. Is the kitchen well separated from other rooms in the house: Y/N

7. Description of the household: .................................................................

8. How many hours do you spend in the kitchen for cooking: ............ Hours

9. Type and quantity of fuel used every month:

<table>
<thead>
<tr>
<th>Type of fuel used</th>
<th>Quantity per month</th>
<th>Unit cost</th>
<th>Total cost per month</th>
</tr>
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10. Is cooking smoke a problem in your house: Y/N

11. Are there any smokers in your house: Y/N. (If yes, no of smoking members ...)

12. Do you have any Pet/ Animal in your home: Y/N. (If yes, Details .................)

13. How wide is the road adjacent to your household: ......................... m

14. How would you rate the vehicular traffic outside your residence

    Heavy / Moderate / Light

15. Are there windows facing roadside? Yes ( )/No ( )

16. Is there industry close to your residence: Yes ( )/No ( )

17. If yes, Specify type of Industry: .........................................................

A-I