

## Indoor Air Pollution: Post-Monitoring Questionnaire

**Urban Community Development Association (UCODEA), Kampala, Uganda  
and  
Center for Entrepreneurship in International Health and Development (CEIHD),  
University of California-Berkeley**

**June 2005**

<b>Household ID on Master List</b>	
City	
Division (sub-county)	
Village	
Head of Household	
Main Cook/Relationship to HH	
Person Interviewed/Relationship to HH	
Interviewer Name	
Interview Date (dd/Mon/yyyy)	

### **Kitchen drawing (top view)**

Draw: -Stove(s)                   ▲  
       -Equipment position       X  
       -Windows                   ☒  
       -Doors                     ||

Note: Input Photo if possible

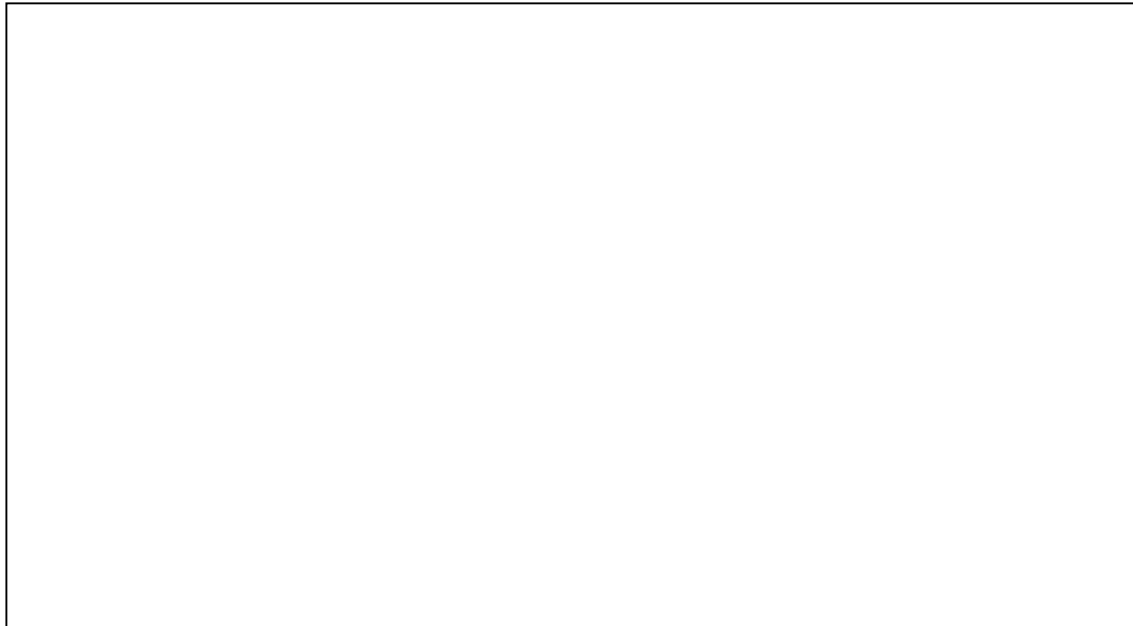
**House drawing (top view):**

Draw:

- Kitchen K
- Stove(s) ▲
- Dining Room DR
- Living Room LR
- Bedrooms BR

- Windows ☒
- Doors ||
- Other Areas (specify on the picture)

Note: Input Photo if possible



**INSTRUCTIONS:** Answer each question by circling and/or writing the appropriate number. **Questions 1-10** are general household (HH) observations and can be completed **before** the IAP monitoring is finished. **Questions 11-40** must be completed **after** the monitoring period is completed.

### Beginning of Pre-Monitoring Questions

1. (Observe) How many walls does the kitchen have?..... \_\_\_\_\_ **walls**

2. (Observe) What type of walls does the kitchen have?

brick	1
mud	2
sheet metal	3
other (specify):	4

3. (Observe) What type of roof does the kitchen have?

not applicable (no roof)	0
sheet metal	1
concrete (solid)	2
ceramic tiles	3
other (specify):	4

4. (Observe) Are there open eaves between the walls and roof of the kitchen?

no	1
yes, less than 30 cm	2
yes, more than 30 cm	3

5. (Observe) How many walls of the kitchen have eaves?..... \_\_\_\_\_ **walls**

6. (Observe) How many walls of the kitchen have pigeon holes or ventilators?... \_\_\_\_\_ **walls**

7. (Measure) What is the length (longer dimension) of the kitchen? \_\_\_\_\_ **meters**  
(0 if not applicable)

8. (Measure) What is the width (shorter dimension) of the kitchen? \_\_\_\_\_ **meters**  
(0 if not applicable)

9. (Measure) What is the height of the kitchen?..... \_\_\_\_\_ **meters**  
(0 if not applicable)

10. (Observe) By how much is the kitchen influenced by nearby traffic pollution?

none	0
low	1
medium	2
high	3

### End of Pre-Monitoring Questions

**Beginning of Post- Monitoring Questions**

11. (Ask) Who was the main cook during the monitoring period?

<b>Role</b>	<b>(circle)</b>	<b>Name:</b>
maid	1	
wife of HH head	2	
daughter of HH head	3	
other:	4	

12. (Ask) What was the **primary stove** used during the monitoring period in the kitchen?

three stones	1
metal charcoal stove	2
metal ring stand	3
improved charcoal stove	4
kerosene stove (China)	5
pressurized kerosene stove	6
gas stove (LPG, biogas)	7
other (specify):	8

13. (Ask) What was the **primary fuel** used during the monitoring in the kitchen?

**(Circle only one fuel)**

firewood	1
charcoal	2
kerosene	3
LPG, biogas	4
charcoal briquettes	5
other (specify):	6

14. (Ask) What was the **secondary stove** used during the monitoring period in the kitchen?

no secondary stove	0
three stones	1
metal charcoal stove	2
metal ring stand	3
improved charcoal stove	4
kerosene stove (China)	5
pressurized kerosene stove	6
gas stove (LPG, biogas)	7
other (specify):	8

15. (Ask) What was the **secondary fuel** used during the monitoring period in the kitchen?

**(Circle only one fuel)**

no secondary fuel	0
firewood	1
charcoal	2
kerosene	3
LPG, biogas	4
charcoal briquettes	5
other (specify):	6

- 16a & b. (Ask) How much **firewood** did you use during the monitoring period in the kitchen?

<b>a. pieces:</b>	
<b>b. total cost:</b>	

- 17a & b. (Ask) How much **charcoal** did you use during the monitoring period in the kitchen?

<b>a. tins:</b>	
<b>b. total cost:</b>	

18. (Ask) Please comment on the quality of the **firewood** you used during the monitoring period.

no firewood was used	0
dry	1
semi-dry	2
other (specify):	3

### Cooking pattern questions.

19. (Ask) During the MP, how many **people** were cooked for in the kitchen (on average)?

<b>people</b>	
---------------	--

20. (Ask) During the MP, how long was the **primary stove** lit in the kitchen?

<b>hours</b>	
--------------	--

21. (Ask) During the MP, how long was the **secondary stove** lit in the kitchen? 

<b>hours</b>	
--------------	--

22. (Ask) During the monitoring period, was there anything unusual about your stove use pattern?

no, nothing unusual	0
yes, cooked for more people than usual	1
yes, cooked for fewer people than usual	2
yes, other (specify):	3

### Questions about other combustion in and nearby the house

23. (Ask) Did you light any **non-electric lamps** in the kitchen?.....

no	1
yes	2

24. (Ask) What kind of **lamp** did you use in the kitchen?

not applicable (no lamps used)	0
kerosene	1
candle wax	2
other (specify):	3

25. (Ask) How long were the **lamps** lit in the kitchen? .....

<b>hours</b>	
--------------	--

26. (Ask) Was **garbage** burned nearby, with the smoke entering your kitchen?

no	1
yes	2

27. (Ask) What was the duration of **garbage** burning?.....

<b>hours</b>	
--------------	--

28. (Ask) Were any **cigarettes** smoked in the kitchen?.....

no	1
yes	2

29. (Ask) How many **cigarettes** were smoked in the kitchen?.....

<b>number</b>	
---------------	--

30. (Ask) Did anyone burn **incense** in the kitchen?.....

no	1
yes	2

31. (Ask) For how long was **incense** burned in the kitchen?

<b>hours</b>	
--------------	--

32. (Ask) Was there any **other combustion** inside or nearby the kitchen, which added smoke to the kitchen?

no	1
yes	2

33. (Ask) How long did this **other combustion** last?.....

hours	
-------	--

### Questions related to household ventilation

34. (Observe) How many **doors** are there in kitchen?.....

number	
--------	--

35. (Ask) Were the **doors** in the kitchen open during the monitoring period?

not applicable (no doors)	0
no, not open at all	1
yes, about half of the time	2
yes, open almost all of the time	3

36. (Observe) How many **windows** are there in the kitchen?

number	
--------	--

37. (Observe) How many **ventilators** are there in the kitchen?  
(\* note: do not include doors, eaves, pigeon holes in this count \*)

number	
--------	--

38. (Ask) Were the **windows** in the kitchen open during the monitoring period?

not applicable (no windows)	0
no, not open at all	1
yes, about half of the time	2
yes, open almost all of the time	3

39. (Observe) How is the **ventilation** in the main kitchen?

very good	1
good	2
fair	3
poor	4
very poor	5

### Questions about special conditions

39. (Ask & Observe) Did any of the following weather conditions occur during the monitoring period?

no rain	0
drizzle (light rain)	1
rain	2
other (specify):	3

40. (Ask & Observe) Were there any disturbances to the monitoring equipment?

no	1
yes	2
describe:	

### End of Post- Monitoring Questions

**Supervisor Check:****Name** \_\_\_\_\_**Date (dd/Mon/yyyy)** \_\_\_\_\_**Comments** \_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_