

Pathways to sustainable smoke alleviation

This questionnaire is the round 1 health questionnaire for DFID-funded project 'Researching pathways to scaling up sustainable and effective kitchen smoke alleviation' 2003-2007

Day 1

Health questionnaire

ID. Identifying household and cook			
ID1	Household number		
ID2	Name of interviewer		
ID3	Identifier for interviewee (NOT her name)		
ID4	Date of interview		
ID5	Age of interviewee		
ID6	Height of interviewee		
A. Cough			
A1	Over the last 12 months, have you usually had a cough first thing in the morning, or at other times of the day?	No (go to B1) Yes	1 2
A2	Do you usually cough like this on most days?	No Yes	1 2
A3	For how many months, in total, in the last year have you coughed like this?	9 or more months 5 - 8 months 3 - 4 months 1 - 2 months less than 1 month	1 2 3 4 5
A4	For how many years have you coughed like this?	Years:	
B. Phlegm			
B1	Over the last 12 months, have you usually brought up phlegm from your chest (deep down in your lungs) first thing in the morning, or at other times of the day?	No (go to C1) Yes	1 2
B2	Do you usually bring up phlegm like this on most days?	No Yes	1 2
B3	What colour is the phlegm usually?	Clear or white Yellow or green Brown or black Red (streaked)	1 2 3 4
B4	For how many months, in total, in the last year have you brought up phlegm like this?	9 or more months 5 - 8 months 3 - 4 months 1 - 2 months less than 1 month	1 2 3 4 5
B5	For how many years have you brought up phlegm like this?	Years:	
C. Episodes of cough and phlegm			
C1	Over the last 12 months, have you had episodes of both (increased*) cough and phlegm together lasting for 3 weeks or more? <i>*Increased if already have cough and/or phlegm</i>	No (go to section WH1) Yes	1 2

C2	How many such episodes did you have in the last year?	Number:	
C3	For how many years have you had at least one episode per year like this?	Years:	
WH: Wheezing			
WH1	Over the last 12 months, has your chest (your lungs) sounded wheezy or whistling	No (go to H1) Yes	1 2
WH2	Has this happened when you have a cold?	No Yes	1 2
WH3	Has this happened at other times when you do not have a cold?	No Yes	1 2
WH4	For how many years has this wheeze been present (whether or not when you have a cold)?	Years: (Put '1' if less than one year)	
H. Headaches			
H1	Over the last 12 months, have you tended to get headaches ?	No (go to D1) Yes	1 2
H2	How often do you have headaches ?	Every day Most days Few days per week Once per week Less often	1 2 3 4 5
H3	How strong are the headaches usually?	Very strong Fairly strong Mild	1 2 3
H4	What do you think usually causes these headaches ? Do not prompt!	Smoke Having a cold Weakness of sight Other	1 2 3 4
H5	If 'other' please specify		
D: Respiratory health of under-five children as rated by mother			
<i>Please ensure that the mother understands what is meant by 'respiratory health'.</i>			
<i>Respiratory health problems to include all upper (coughs, colds, etc) and more severe respiratory problems including coughs going onto chest, with fever, etc.</i>			
D1	How many children under five years of age do you have? If none, insert '0' and go to TM1)	Number of children under 5	
D2	Have any of your under-five children had an illness with a cough at any time in the last two weeks?	No (go to D6) Yes	1 2
D3	If yes, did they breathe very noticeably faster than usual with short, rapid breaths? <i>(if more than one child with cough, discuss youngest)</i>	No Yes	1 2
D4	How old is the child with the cough ? <i>(if more than one child with cough, discuss youngest)</i>	Years	
D5		Months	
D6	What (other) respiratory health problems, if any, have your under-five children experienced in the last year? Do not prompt!	None (go to D8) Coughs and colds More serious illness with difficulty breathing Other (specify)	1 2 3 4

D7	If 'other' please describe			
D8	How many times have burns or scalds occurred to any of your under-five children in the last year? (if none, insert '0' and go to next section)	Number of times:		
D9	What was age of that child at the time?	Years		
D10	<i>If more than one child – discuss youngest</i>	Months		
D11	For the most severe occasion in the last year, how severe was this burn ? Insert locally appropriate coin about 2 cm across – then delete this sentence.	No scar (go to next section) Small scar (≤ 2 Rs coin) Large scar (> 2 Rs coin)	1 2 3	
D12	Where did this burn or scald occur?	Your kitchen Not in your kitchen	1 2	
D13	How did this burn or scald occur? Do not prompt!	Fell into fire Touched hot object Scalded when pot fell over Clothes caught fire Other (describe)	1 2 3 4 5	
D14	If 'other' please describe –			
D15	What concerns, if any, do you have about burns and scalds to you children at the present time? – continue over page if needed			
D16	Is there anything else you would you like to say about the health of your children under 5 at the present time? – continue over page if needed			
TM: Treatment for respiratory health problems				
<i>In the last 12 months have you or your family visited any of the following health providers for respiratory health problems?</i>				
	Health provider (put '0' for no visits)	Number of visits in last year for yourself or other adult in household	Number of visits in last year for your children	Approx total cost in last year
TM1 TM2 TM3	Health post	TM1	TM2	TM3
TM4 TM5 TM6	Traditional healer	TM4	TM5	TM6
TM7 TM8 TM9	Other health provider	TM7	TM8	TM9
TM10	If 'other health provider' please describe who this is			TM10

IN. Inhaling pollutant (this is needed for analysing breath-CO tests)			
IN1	How long ago (in hours) did you last cook using your stove?	Hours ago	
IN2	Over the last day, have you sat close to your own or a neighbours fire, when the fire was burning brightly?	No (go to IN4) Yes	1 2
IN3	How many hours ago did this happen?	Hours ago	
IN4	Do you smoke, or have you ever smoked, cigarettes? Answer 1: Go to IN8 Answers 2 & 3: Go to IN7	Never Gave up more than year ago Gave up during last year Yes	1 2 3 4
IN5	Average smoked per day	Less than 5 per day 5 – 9 per day 10-19 per day 20 or more per day	1 2 3 4
IN6	How many hours since you smoked your last cigarette?	Hours ago	
IN7	[Current and ex-smokers] For how many years have you smoked (or did you smoke) cigarettes?	Years:	
IN8	Have you, in the last 24 hours, spent more than about half an hour in the same room as someone smoking cigarettes?	No (end interview) Yes	1 2
IN9	how many hours ago?	Hours ago =	

Annex 4 –Health questionnaire

Day 2

IN10	How long ago (in hours) did you last cook using your stove?	Hours ago	
IN11	Over the last day, have you sat close to your own or a neighbours fire, when the fire was burning brightly?	No (go to IN13) Yes	1 2
IN12	How many hours ago did this happen?	Hours ago	
IN13	Do you smoke, or have you ever smoked, cigarettes? Answer 1: Go to IN17 Answers 2 & 3: Go to IN16	Never Gave up more than year ago Gave up last year Yes	1 2 3 4
IN14	Average smoked per day	Less than 5 per day 5 – 9 per day 10-19 per day 20 or more per day	1 2 3 4
IN15	How many hours since you smoked your last cigarette?	Hours ago	
IN16	[Current and ex-smokers] For how many years have you smoked (or did you smoke) cigarettes?	Years:	
IN17	Have you, in the last 24 hours, spent more than about half an hour in the same room as someone smoking cigarettes?	No (end interview) Yes	1 2
IN18	About how many hours ago?	Hours ago =	