

APPENDIX - III

ASSESSMENT OF MICRO ENVIRONMENTAL
QUALITY OF HOUSEHOLD KITCHENS
IN BARODA CITY

Sr. No. () () ()

A. INTERVIEW SCHEDULE

SECTION - I SOCIO-ECO-DEMOGRAPHIC PROFILE

(a) Face Sheet Information :

(1) Name of the respondent _____

(2) Please give your complete
address. _____

(3) How old are you and your spouse at present ?
(age in actual years)

Respondent's age () () ()
spouse's age

(4) Please tell about your and your spouse's
education qualification.

Education level

1. Illiterate	Respondent's education-	
2. Primary	nal level	()
3. Secondary	spouse's educational	()
4. Below graduate level		
5. Graduate		
6. any other (specify)		

(5) Please tell about your and your spouse's
occupational status.

1. Unemployed	Respondent's occupato-	()
2. Employed	ional status	
	Spouse's occupational	()
	status	

(6) Which type of family system do you belong to ?

1. Joint 2. Nuclear ()

(7) How many members are there in your family ?
(family size in actual number)

Total number of family members () ()
Number of adult members () ()
Number of children () ()

(8) Kindly tell about your family's monthly income from all sources. () () () ()
(actual income in rupees)

b) General Information of Respondent's Work Environment

(9) Which of the following locality do you belong to ?

1. Industrial cum residential area ()
2. Commercial cum residential area
3. Residential area

(10) Which type of house do you live in ?

1. Kachcha house ()
2. Semi picca house
3. Pucca small house
4. Pucca big house
5. Any other (special)

(11) What is the immediate surrounding of your house ?

i	Street / Road	1. Yes	()
ii	Houses	2. No	()
iii	Religious place		()
iv	School		()
v	Bus stand		()
vi	Market / shops		()

Any other (specify)

vii ()
viii ()

(12) what type of kitchen do you have ?

1. Part of the room ()
2. Open back/front yard
3. Separate room

(13) How many persons are usually working in the kitchen ?

(acutal number) ()

(14) What are the daily cooking hours for morning and evening meals ?

M _____
E _____

(15) What is the total time spent in the kitchen per day ?

(hours / day)

1. 2 - 4 ()
2. 5 - 7
3. 8 - 10

**SECTION - II INTERVIEW CUM OBSERVATION SHEET
FOR RECORDING INFORMATION ON
QUALITY OF WORK ENVIRONMENT**

(16) Direction of the kitchen

1. South ()
2. West
3. North
4. East

(17) Orientation of the kitchen

1. Improper
2. Proper ()

(18) Size of the kitchen of cooking area
(total floor area in m²)

() () . () * () () . () m² () () . ()
= () () () . () m²

(19) Do you have provision of doors in your kitchen ?

1. No
2. Yes ()

(20) If yes, how many doors are there in your kitchen ?

(actual number) ()

- (21) Do you have provision of windows in your kitchen ?
 1. No 2. Yes ()
- (22) If yes, how many windows are there in your kitchen ?
 (actual number) ()
- (23) Size of the windows
 (size in m²)
1. () . () x () . () m () () . ()
 2. () . () x () . () m () () . ()
 3. () . () x () . () m () () . ()
- (24) Space availability in the kitchen
 1. Inadequate 2. Adequate ()
- (25) Direction of the windows
 1. Improper 2. Proper ()
- (26) Total open space in terms of windows and ventilators
 1. Inadequate 2. Adequate ()
- (27) Do you have provision for natural ventilators in the kitchen ?
 1. No 2. Yes ()
- (28) Do you have provision for mechanical ventilation in the kitchen?
 1. No 2. Yes ()
- (29) If yes, which of the following mode of mechanical ventilation is there in your kitchen ?
 0. Not Applicable ()
 1. Fan
 2. Exhaust fan
 3. Both

(30) What is the immediate surround facing the kitchen ?

- | | | | | |
|------|---------------------|----|-----|-----|
| i. | Buildings | 1. | No | () |
| ii. | Road | 2. | Yes | () |
| iii. | Open space | | | () |
| iv. | Trees/plant | | | () |
| v. | Any other (specify) | | | () |

(31) Quality of ventilation in the kitchen
(Based on (a) adequacy of open space, (b) direction of windows, (c) provision of mechanical ventilation)

- | | | |
|----|---------------------|-----|
| 1. | poor ventilation | () |
| 2. | Average ventilation | |
| 3. | Good ventilation | |

(32) Which of the following types of fuels are used in your kitchen ?

- | <u>Types of fuel</u> | <u>Frequency of use</u> | |
|--------------------------|-------------------------|-----|
| i. Wood | 0. Not applicable | () |
| ii. Coal | 1. Daily | () |
| iii. Kerosene | 2. Occasionally | () |
| iv. Cowdung cake | | () |
| v. Crop residue | | () |
| vi. Wood scrap | | () |
| vii. Any other (specify) | | () |

(33) Which types of cook stoves are used in your kitchen ?

- | <u>Types of fuel</u> | <u>Frequency of use</u> | |
|------------------------|-------------------------|-----|
| i. Wood stove | 0. Not applicable | () |
| ii. Sigri | 1. Daily | () |
| iii. Pressure stove | 2. Occasionally | () |
| iv. Wick stove | | () |
| v. Any other (specify) | | () |

(34) where do you keep the cook stove ?

- | | | |
|----|-----------------|-----|
| 1. | On the floor | () |
| 2. | On the platform | |

(35) Location of the cook stove ?

- | | | |
|----|------------------------|-----|
| 1. | Corner of the kitchen | () |
| 2. | Near window/ventilator | |
| 3. | In the open area | |

(36) Do you have provision of smoke outlet in the kitchen ?

1. No 2. Yes ()

(37) If yes, what type of smoke outlet is there ?

1. Windows ()
 2. Ventilator
 3. Open roof
 4. Chimney

(38) Do you feel discomfort while working in the kitchen ?

1. Yes 2. NO ()

(39) If yes, which of the following discomfort feelings are realised by you ?

- | | | | | |
|------|--|----|----------------|-----|
| i. | Lack of enough work space | 0. | Not applicable | () |
| | | 1. | Yes | |
| ii. | Lack of enough Ventilation (III-Ventilation) | 2. | No | () |
| iii. | Heat stress | | | () |
| iv. | Humidity | | | () |
| v. | Presence of odours | | | () |
| vi. | Presence of fumes | | | () |
| vii. | Any other (specify) | | | () |

(40) which types of water supply systems are available in your house ?

I Municipal water supply

- | | | | | |
|------|-----------------------------------|----|-----|-----|
| i. | Directly through tap in the house | 1. | No | () |
| | | 2. | Yes | |
| ii. | Through over head tank | | | () |
| iii. | Through community tap | | | () |

II Other sources of water supply

- | | | |
|-------|------------------------|-----|
| iv. | Community hand pump | () |
| v. | Hand pump in the house | () |
| vi. | Bore well | () |
| vii. | Open well | () |
| viii. | Any other (specify) | () |

(41) What is the duration of drinking water supply in your house ?

1. Intermittent 2. Continuous ()

(42) In intermittent, what is the frequency of supply ?

- 1. Once a day ()
- 2. Twice a day
- 3. Thrice a day

(43) Do you store water for various uses ?

- 1. No 2. Yes ()

(44) If yes, for what purpose do you store water?

- i. Drinking 0. NO Applicable ()
- ii. Cooking 1. NO ()
- iii. Cleaning the house 2. Yes ()
- iv. Washing clothes ()
- v. Washing utensils ()
- vi. Bathing ()
- vii. Sanitation purpose ()
- viii. For cattles ()
- ix. For plants ()
- x. Any other (specify) ()

(45) What are the various material used for storage of drinking water ?

- i. Earthenware 0. No Applicable ()
- ii. Copper 1. No ()
- iii. Brass 2. Yes ()
- iv. Stainless steel ()
- v. Aluminum ()
- vi. Cement pots ()
- vii. Cement tanks ()
- viii. Plastic vessels ()
- ix. Plastic tanks ()
- x. Any other (specify) ()

(46) Where do you keep drinking water vessels ?

Place of keeping drinking water Vessels	on the floor	on the plat form	on the stand	
Kitchen	()	()	()	
Utility area	()	()	()	
Open yard	()	()	()	<---Data
Other room in the house	()	()	()	

* 0. Not applicable, 1. No 2. Yes

(47) you face any problem at the place where water vessels are kept ?

1. Yes 2. No ()

(48) If yes, what types of problems do you face?

i.	Water seepage & Collection	0.	Not applicable	()
		1.	Yes	()
ii.	Garbage	2.	No	()
iii.	Presence of moss			()
iv.	Foul smell			()
v.	Presence of mosquitoes			()
vi.	Any other (specify)			()

(49) Do you feel any change with the quality of water ?

1. Yes 2. No ()

(50) If yes, which of the following change do you realize with the quality of water ?

i.	Too much chlorination	0.	Not applicable	()
		1.	Yes	()
ii.	Foul smell	2.	No	()
iii.	Turbidity			()
iv.	Change in taste			()
v.	oily water			()
vi.	Any other (specify)			()

(51) Do you get enough natural light in the kitchen during day time ?

1. No 2. Yes ()

(52) If no, what are the reasons of unavailability of adequate natural light in the kitchen ?

i.	No windows	0.	Not applicable	()
ii.	Lack of enough number of windows	1.	Yes	()
		2.	No	()
iii.	Improper direction of windows			()
iv.	Any other (specify)			()

(53) Do you use artificial sources of light during day time ?

1. Yes 2. No ()

- (54) Which of the following sources of artificial light is used in your kitchen ?

Types of light sources	General	Local	Number of points	
Filament lamp	()	()	()	
Fluorescent lamp	()	()	()	
Oil lamps	()	()	()	<---Data
Any other (specify)	()	()	()	

* 0. Not applicable, 1. No 2. Yes

- (55) Quality of natural light in the kitchen (based on (a) adequacy of open area, (b) direction of windows (c) surrounding facing the windows)

1. Poor lighting ()
2. Fair lighting
3. Good lighting

- (56) Quality of artificial lighting in the kitchen (Based on (a) type of light sources, (b) number of light sources, (c) location of light points)

1. Poor lighting ()
2. Fair lighting
3. Good lighting

- (57) What are the sources of sound realised by you and what is the intensity of sound from various sources?

Sources of sound	Intensity of sound
I Equipments used in Kitchen	0. Not applicable
	1. Loud
	2. Moderate
(a) Non-electrical equipments	3. Soft
1. Pressure cooker	()
2. Stone grinder	()
3. Stove	()
4. Any other (specify)	()

(b) Electrical Equipments

- 5. Mixer and grinder ()
- 6. Fan ()
- 7. Exhaust fan ()
- 8. Any other (specify) ()

II Other sources in the house

- 9. Running water in the tap ()
- 10. Dish washing ()
- 11. Washing clothes ()
- 12. Talking of people ()
- 13. Moving thing/furniture ()
- 14. Banging of doors/windows ()
- 15. Children making noise ()
- 16. Refrigerator ()
- 17. Water pump / motor ()
- 18. Sewing machine ()
- 19. Alarm clock ()
- 20. Door bell ()
- 21. Radio ()
- 22. Television ()
- 23. Any other (specify) ()

III Sources of sound outside the house

(a) Vehicles

- 24. Light vehicles (scooters, moped) ()
- 25. Moderate vehicles (rickshaws, cars) ()
- 26. Heavy vehicles (buses, trucks) ()
- 27. Air crafts ()
- 28. Trains ()
- 29. Any other (specify) ()

(b) Other sources

- 30. Children playing in the streets ()
- 31. Music from neighbour's house ()
- 32. Neighbour's pets ()
- 33. Street animals ()
- 34. Vendors ()
- 35. Religious activities ()
- 36. Loudspeaker in the street ()
- 37. Siren from mills ()
- 38. Small scale industrial activities ()
- 39. Construction work ()
- 40. Any other (specify) ()

- (58) Do you use dust bin for the collection of kitchen garbage ?
 1. No 2. Yes ()
- (59) If yes, where do you keep the dust bin ?
 0. Not applicable ()
 1. Near cooking area
 2. Under the sink
 3. In the utility area
 4. In the open yard
 5. Any other (specify)
- (60) Do you face any problem near the place where the dust bin is kept ?
 0. Not applicable ()
 1. Yes 2. No
- (61) If yes, what types of problems do you face near dust bin ?
 i. Dirt around the bin 0. Not applicable ()
 ii. Pressence of insect 1. Yes ()
 iii. Foul smell 2. No ()
 iv. Any other (specify) ()
- (61a) How much quantity (gms) of kitchen waste is generated per day ? () () () ()
- (62) Do you have problem of insects / pest in your kitchen ?
 1. Yes 2. No ()
- (63) If yes, which types of insects /pest are found in your kitchen ?
 i. Houseflies 0. Not applicable ()
 ii. Cockroaches 1. Yes ()
 iii. Mosquitoes 2. No ()
 iv. Ants ()
 v. Rats ()
 vi. Any other (specify) ()
- (64) Do you have drainage facility in the kitchen ?
 1. No 2. Yes ()
- (65) Do you have drainage facility in the utility area ?
 1. No 2. Yes ()

(66) If yes, what is the condition of drainage system ?

1. Open ()
2. Rusted
3. Leaking
4. Broken
5. Good

(67) Materials used for kitchen walls

1. Galvanized tin sheets
2. Mud and cowdung ()
3. Bricks
4. Bricks and mud plaster
5. Bricks and cement plaster
6. Any other (specify)

(68) Material used for kitchen floor

1. Mud and cowdung ()
2. Stones
3. Tiles
4. Any other (specify)

(69) Materials used for ceiling

1. Corrugated iron sheets
2. R.C.C.
3. Thatch ()
4. Bamboo
5. Clay tiles
6. Asbestos sheets
7. Any other (specify)

(70) Material used of door

0. Not applicable ()
1. Metal sheets
2. Wood and Metal
3. Wood
4. Any other (specify)

(71) Material used of window's panes

0. Not applicable ()
1. Wood
2. Glass
3. Wood and glass
4. Wire mesh
5. Metal frame
6. Any other (specify)

(72) Materials used for work surface / centre

- | | |
|------------------------|-----|
| 1. Mud and dung | () |
| 2. Bricks | |
| 3. Wood | |
| 4. Stone | |
| 5. Cement slab | |
| 6. Tiles | |
| 7. Any other (specify) | |

(73) Do you have provision for sink centre or wash area ?

- | | | |
|-------|--------|-----|
| 1. No | 2. Yes | () |
|-------|--------|-----|

(74) If yes, materials used for sink center or wash area

- | | | |
|------------------------|-------------------|-----|
| i. Stone | 0. Not applicable | () |
| ii. R.C.C. | 1. Yes | () |
| iii. Metal | 2. No | () |
| iv. Tiles | | () |
| v. Any other (specify) | | () |

(75) Do you have provision of storage facilities in the kitchen ?

- | | | |
|-------|--------|-----|
| 1. No | 2. Yes | () |
|-------|--------|-----|

(76) If yes, what type of storage units are there in your kitchen ?

- | | | |
|----------------------------|-------------------|-----|
| i. Wall cabinets | 0. Not applicable | () |
| ii. Base cabinets | 1. Yes | () |
| iii. Open shelves on walls | 2. No | () |
| iv. Portable shelves/racks | | () |
| v. Cupboards | | () |
| vi. Any other (specify) | | () |

(77) Material used for storage unit

- | | | |
|--------------------------|-------------------|-----|
| i. Cement slab | 0. Not applicable | () |
| ii. Stones | 1. Yes | () |
| iii. Wood | 2. No | () |
| iv. Metal | | () |
| v. Wiremesh | | () |
| vi. Plastic | | () |
| vii. Any other (specify) | | () |

(78) Colour of the kitchen walls

- | | |
|-----------|-----|
| 1. Dark | () |
| 2. Medium | |
| 3. Light | |

(79) Texture of the kitchen walls

- | | |
|--------------------|-----|
| 1. Very rough | () |
| 2. Slightly rough | |
| 3. Medium | |
| 4. Slightly smooth | |
| 5. Very smooth | |

(80) Appearance of the kitchen in general

- | | | |
|----------------------|-------------------|-----|
| i. Walls | 0. Not applicable | () |
| ii. Floor | 1. Dirty | () |
| iii. Ceiling | 2. Fairly clean | () |
| iv. Work center | 3. Clean | () |
| v. Cook stove | | () |
| vi. Sink / wash area | | () |
| vii. Storage units | | () |

(81) Overall appearance of the kitchen

- | | |
|-----------------|-----|
| 1. Dirty | () |
| 2. Fairly clean | |
| 3. Clean | |

(82) Overall appearance of surrounding of the house

- | | |
|-----------------|-----|
| 1. Dirty | () |
| 2. Fairly clean | |
| 3. Clean | |

SECTION III RESPONDENT'S EXPOSURE TO MEDIA

(83) Which of the following media are you exposed to and to what extent ?

- | <u>Media</u> | <u>Exposure / day</u> | |
|-------------------------|------------------------------|-----|
| I. Audio visual media | 0. Not applicable | |
| i. Television | 1. Less than half an hour | () |
| ii. Cinema | | () |
| iii. Avertisement films | 2. Half an hours to one hour | () |
| | 3. More than one hour | |

- II Audio media ()
iv. Radio
- III Paint media
v. News paper ()
vi. Magazines ()
vii Poster & booklets ()
viii Books ()
- IV Other
ix. Relatives ()
x. Friends ()
xi. Any other (specify) ()
- (84) Have you come across any information on environment in above media ?
1. No 2 Yes ()
- (85) If yes, on the following aspect from which media did you get the information ?
1. Importance of sanitation and hygiene ()
2. Sources of pollution ()
3. Effects of pollution ()
4. Preventive measures ()
5. Conservation of resources ()
6. Governmental laws ()
7. Need for education on environment ()
8. Any other (specify) ()
0. Not applicable
Media code No. as (83)

**SECTION IV KNOWLEDGE TEST TO MEASURE
RESPONDENT'S LEVEL OF KNOWLEDGE
ON QUALITY OF ENVIRONMENT**

- (86) Below are given some statements pertaining to quality of environment. Please state whether you know a statement is correct or incorrect.
- (1) Technological advancement leads to more environmental problems. ()
- (2) Problems of air pollution occurs only in industrial areas. ()

- (3) Small and congested areas have more pollution problems. ()
- (4) Motor driven appliances in the home do not have any impact on hearing mechanism. ()
- (5) Polluted air does not have any effect on human health. ()
- (6) Placement of exhaust fan in the kitchen helps to keep the kitchen cool. ()
- (7) Direction in which kitchen is placed in the house is of least importance. ()
- (8) Fluorescent tube is better for eyes than incandescent light. ()
- (9) Changes in environmental temperature does not have any effect on body temperature. ()
- (10) Level of environmental pollution throughout the year remains the same. ()
- (11) Poor visibility is often an indicator of polluted air. ()
- (12) Cross ventilation is not so much essential in the kitchen. ()
- (13) Sunlight and fresh air in a dwelling prevent damp and destroy micro organisms, e.g. near sink area. ()
- (14) Lighting does not have any impact on visual comfort. ()
- (15) Excessive noise raises blood pressure. ()
- (16) Frequent collection and disposal of kitchen waste is important for hygienic environment. ()
- (17) Cleaning and appearance of wall is affected by the texture and finish of the wall surface. ()
- (18) Insecticides are used in the house to control air pollution. ()

- (19) Clear appearance of water is one of the physical test to identify quality of water. ()
- (20) Pollution is any direct or indirect addition or alternation in the original nature of any part of environment that may affect the life. ()
- (21) Water stored in matka is always fit for drinking. ()
- (22) L.P.G. (gas) never creates pollution while combustion. ()
- (23) Warm colours should be used in the kitchen for more light. ()
- (24) Exposure to persistent noise even if low, may cause hearing problems. ()
- (25) Best practice to control outside noise is to keep the doors and windows closed. ()
- (26) Boiling of water kills all germs and bacteria. ()
- (27) Smoke on the wall surface has no effect on reflection of light in the kitchen. ()
- (28) Cooking, cleaning and heating activities in the house generate air pollutants. ()
- (29) Jaundice is caused by drinking polluted water. ()
- (30) Kitchen garbage if properly disposed of or collected in a pit can be used for producing energy and as manure. ()
- (31) Alum and chlorine are used in water to make its taste better. ()
- (32) High level of noise pollution causes failure of hearing mechanism. ()
- (33) Use of sound proof materials helps to control the level of sound. ()
- (34) Dark colours reflect maximum amount of light. ()
- (35) Colour and finish of walls and ceiling affect the quantity of light available in a room. ()

- (36) Smoke caused by kerosene and wood leads to many health hazards. ()
- (37) Kitchen does not require much of light. ()
- (38) High volume of T.V., radio, etc. does not have any effect on human beings. ()
- (39) One of the ways to identify polluted air is by its smell. ()
- (40) Increase in population is one of the main causes of environmental pollution. ()
- (41) Automobile exhaust gives off dust, fumes, gases and toxic substances. ()
- (42) Sewage water can be recycled for reuse. ()

**SECTION V PRACTICES FOLLOWED BY THE RESPONDENTS
WHICH AFFECT THE QUALITY OF
ENVIRONMENT IN THE KITCHEN.**

- (87) Which of the following practices are followed by you?
- (1) Change water in vessels - ()
 - 1. Once a day
 - 2. Twice a day
 - 3. Thrice a day
- (2) Clean the water vessels - ()
 - 1. Alternate day
 - 2. Once a day
 - 3. Twice day
- (3) Clean the place where stored water is kept- ()
 - 1. Once a week
 - 2. Alternate day
 - 3. Every day
- (4) Keep drinking water vessels - ()
 - 1. Uncovered
 - 2. Improperly covered
 - 3. Properly covered

- (5) Take out water from vessels - ()
1. Directly with the glass used for drinking
 2. With the use of tumbler or glass
 3. By pouring the water from the vessel
 4. With the use of long handled glass
 5. With the use of tap provided with water vessels
- (6) Wash hands before filling water in the vessels - ()
1. Do not wash
 2. With just water
 3. With use of mud (any other material)
 4. With soap
- (7) Boil drinking water - ()
1. Do not boil
 2. During epidemic period
 3. During rainy season only
 4. Every day
- (8) Filter water before filling it in the vessels with the use of - ()
1. Do not filter
 2. Cloth filter / plastic strainer
 3. Water filter
- (9) Use purifier for drinking water - ()
1. Do not use anything
 2. Alum / potassium permanganate / chlorine tablets
- (10) Clean over head tank if any - ()
0. Not applicable
 1. Do not clean
 2. Once a year
 3. Half yearly
- (11) Shift the things or furniture - ()
1. By pushing it
 2. By dragging it
 3. By lifting it

- (12) Converse with people ()
1. With loud voice
 2. With moderate voice
 3. With soft voice
- (13) Close / open the doors or windows - ()
1. With a bang
 2. Without bang
- (14) When noise is produced in the kitchen,
Keep the doors and windows open ()
1. Never
 2. Sometimes
 3. Always
- (15) While using sound producing equipments make
use of pads to absorb noise - ()
1. Never
 2. Sometimes
 3. Always
- (16) To avoid outside noise, keep the doors and
windows closed - ()
1. Never
 2. Sometimes
 3. Always
- (17) When cooking is going on, keep the windows
and doors open - ()
1. Never
 2. Sometimes
 3. Always
- (18) Keep the food items - ()
1. Uncovered
 2. Improperly covered
 3. Properly covered
- (19) Wash utensils - ()
1. In the open area outside the house
 2. In the kitchen area
 3. In the utility area

- (20) Dispose solid waste - ()
1. By dumping it outside the house
 2. By burning it away from the house
 3. By throwing it in municipal garbage carriage
- (21) Dispose liquid waste and left over food in dishes - ()
1. In the open space outside the house
 2. In sewer
 3. In municipal garbage carriage
- (22) Dispose waste water - ()
1. By throwing it outside the kitchen
 2. Through the drain in kitchen / utility area
- (23) Clean the dust bin - ()
0. Not applicable
 1. Once a week
 2. Alternate day
 3. Everyday
- (24) Keep the dust bin - ()
0. Not applicable
 1. Uncovered
 2. Covered
- (25) Use insecticides / pesticides to control insects/ pests - ()
0. Not applicable
 1. Never
 2. Sometimes
 3. Always
- (26) Use rat traps to control rats - ()
0. Not applicable
 1. Never
 2. Sometimes
 3. Always
- (27) Make use of fumigation to avoid insects - ()
0. Not applicable
 1. Never
 2. Sometimes
 3. Always

- (28) Do thorough cleaning to prevent growth of insects - ()
1. Never
 2. Sometimes
 3. Always
- (29) Sweep the floor area in the kitchen - ()
1. Once a day
 2. Twice a day
 3. Thrice a day
- (30) Mop the floor area in the kitchen - ()
0. Not applicable
 1. Once a day
 2. Twice a day
 3. Thrice a day
- (31) Use disinfectants while moping the floor - ()
0. Not applicable
 1. Never
 2. Sometimes
 3. Always
- (32) In case of mud / cowdung floor, smear it with mud / cowdung - ()
0. Not applicable
 1. Once in a year
 2. Half yearly
 3. Monthly
- (33) Clean the kitchen - ()
0. Once in a year
 1. Half yearly
 3. 2-3 months
 4. Monthly
- (34) Clean the work centre - ()
1. Once a day
 2. Twice a day
 3. Thrice a day
- (35) Clean the cook stove - ()
1. Alternate day
 2. Once a day
 3. Twice a day

(36) Clean the storage units in the kitchen -- or utility area - ()

- 0. Not applicable
- 1. Once in a year
- 2. Half yearly
- 3. Monthly

(37) Clean the sink / wash area in the kitchen or utility area - ()

- 0. Not applicable
- 1. Once a week
- 2. Alternate day
- 3. Everyday

SECTION VI HEALTH PROBLEMS EXPERIENCED BY THE RESPONDENT AND FAMILY MEMBERS.

(88) Do you feel any health problems while working in your kitchen ?

- 1. Yes 2. No ()

(89) If yes, which of the following health problems do you face while working in the kitchen ?

<u>Health problem</u>	<u>Frequency of facing</u>	
i. Sneezing		()
ii. Cough	1. Most of the time	()
iii. Headache	2. Sometimes	()
vi. Nausea	3. Never	()
v. Fatigue		()
iv. Excitement		()
vii. Eye irritation		()
viii. Effect on visibility		()
ix. Skin irritation		()
x. Any other (specify)		()

(90) How often do your family members fall sick of the following diseases ?

Diseases		Adults	Childrens*	
1.	Cold	()	()	
2.	Bronchitis	()	()	
3.	Fever	()	()	
4.	Diarrhea	()	()	
5.	Vomiting	()	()	
6.	Dymitting	()	()	
7.	Malaria	()	()	
8.	Typhoid	()	()	
9.	Influenza	()	()	<--Data
10.	Jaundice	()	()	
11.	Cholera	()	()	
12.	Jaundice	()	()	
13.	Guinea worms	()	()	
14.	Ringworms	()	()	
15.	Eczema	()	()	
16.	Asthama	()	()	
17.	Any other (specify)	()	()	

*1. Most of the times 2. Sometime 3. Never

(91) Have hou ever suffered from following diseases ?

i.	Blood pressure	1.	Yes	[]
ii.	T.B.	2.	No	[]
iii.	Cancer			[]
iv.	Any other (specify)			[]