

Indoor Air Pollution Monitored Day Questionnaire

**Supplementary Questions for Households where PM monitors are used
(Interview should be conducted the day after. Answers should be
pertinent to the monitored day only)**

1. Any disturbances to the monitoring equipment? 1. Yes 0. No

1.1 If yes, please explain _____

2. Was that a typical day? 1. Yes 0. No

2.1 If no, what was unusual? _____

3. How many times did you cook? _____

Cooking session	Cooking start time (in 24h)	How long was it? (in minutes)	Number of people cooked for?	Who cooked?	Number of helpers? (excluding children)	How many children present?	How long was the fire on after cooking? (in minutes)
First							
Second							
Third							
Fourth							
Fifth							
Sixth							
Seventh							
Eight							
Ninth							
Tenth							

4. Estimate of all fuel used (on the monitored day):

Number	Fuel type	Current market value (in taka)	Quantity	Unit	Price
1	Firewood				
2	Sawdust				
3	Tree residue				
4	Straw				
5	Rice husk				
6	Jute stick				
7	Bagasse				
8	Other crop residue				
9	Animal residue				

10	Briquette				
11	Charcoal				
12	Kerosene				
13	Piped natural gas				
14	LPG/LNG				
15	Biogas				
16	Electricity from grid				
17	Others (specify)				

5. Please provide the following information:

Category	Did you light any lamps?			Fuel type used in the lamp	Did you burn incense?			Did you burn mosquito coils?		
	start time (in 24h)	How many	How long (in minutes)		start time (in 24h)	How many	How long (in minutes)	start time (in 24h)	How many	How long (in minutes)
Kitchen										
Living room (second monitoring site)										
Other room 1										
Other room 2										
Other room 3										

6. Did anyone smoke in your house? 1. Yes 0. No

6.1 If yes, please provide the following information:

Room	Smoke type (Pipe or hukka=1, Cigarette without filter=2, Cigarette with filter=3)	Start time (in 24h)	End time (in 24h)	Amount (number of sticks on that day)	Amount (grams on that day)
Kitchen					
Living room (second monitoring site)					
Other room 1					
Other room 2					
Other room 3					

7. Were kitchen windows/doors open when you cooked?

7.1 Main day-time meal 1. Yes 0. No

7.2 Main night-time meal 1. Yes 0. No

8. Were living rooms, windows/doors open when you cooked?

8.1 Main day-time meal 1. Yes 0. No

8.2 Main night-time meal 1. Yes 0. No

9. Were kitchen windows/doors open after cooking period?

9.1 Main day-time meal 1. Yes 0. No

9.2 Main night-time meal 1. Yes 0. No

10. Were living rooms, windows/doors open after cooking period?

10.1 Main day-time meal 1. Yes 0. No

10.2 Main night-time meal 1. Yes 0. No
