

## Indoor Air Pollution Trials of Improved Practices

### Household behaviour summary sheet



*[Interviewers, please re-introduce yourself to the participant, remind her that you are here as part of a MRC study of child health and that the purpose of your visit is to ask her a few questions about her daily activities. Tell her that it will take approximately 40 minutes to complete. Explain that the research is looking to design a program to improve child health, so her participation will ensure that her input is included in the program.]*

Do you still agree to let me ask you a few questions today, and return to talk with you again? *[If no, thank her and end the visit. If yes, continue. If yes, but not today, arrange for another day]*

DATE: \_\_\_\_\_

START TIME: \_\_\_\_\_

HOUSEHOLD ID NUMBER: \_\_\_\_\_

COMMUNITY: \_\_\_\_\_

INTERVIEWER ID NUMBER: \_\_\_\_\_

**A. STOVES**

FOR ALL STOVES				FOR WOOD/COAL STOVES											
TYPES	In use? Y/N	Visible smoke when burning? Y/N	If yes, how severe? [Little (L) Moderate (M) Very smoky (V)]	Does chimney need repair? Y/N	Does door need repair? Y/N	Is the door left open during burning?	If yes, approximately what percentage of the burning time?	Is there a missing plate? Y/N	Is there anything else broken? Y/N	If yes, please specify.	Is the stove cleaned out after each burning? Y/N	If yes, please describe how.	Is the ash used for anything? Y/N	If yes, how is the ash used?	
Wood/coal															
Paraffin															
Brazier (Mbawula)															
Gas															

- Is this the stove(s) you normally use? (Y/N) \_\_\_\_\_
- If no, what other stoves do you use during winter? \_\_\_\_\_
- If you use a brazier in evening hours, do you take it inside to burn? (Y/N) \_\_\_\_\_
  - If yes, when do you take it inside? \_\_\_\_\_
  - For how long does it stay inside? \_\_\_\_\_
  - Where in the home is the brazier put? \_\_\_\_\_

**B. DURATION OF BURNING**

TIME OF DAY	DURATION OF BURNING	
	Paraffin	Solid [wood (W), cow dung (C), mielie cobs (M)]
Morning Burning	Start time: End time: Length:	Start time: Fuels used: End time: Length:
Afternoon Burning	Start time: End time: Length:	Start time: Fuels used: End time: Length:
Evening Burning	Start time: End time: Length:	Start time: Fuels used: End time: Length:

**C. FIRE EXTINGUISHING (SOLID FUEL ONLY)**

METHOD (Please tick)	IF FIRE WAS USED FOR COOKING, HOW LONG AFTER COOKING IS COMPLETED (IN MINUTES) WAS FIRE EXTINGUISHED		
	Morning	Afternoon	Evening
Let fire burn out			
Extinguish by closing stove doors			
Extinguish by sealing off using a tin can			
Extinguish by putting leftover 'pap' on the fire.			
Extinguish by putting water on the fire.			
Extinguish other: _____			

**C. VENTILATION**

*[Please tick or complete as necessary]*

Morning burning/s

	Opened at all during burning	Opened during ignition and then closed for the rest of burning.	Closed during ignition and then opened for the rest of burning.	Opened throughout burning.	Opened and closed at various stages of burning.	Who opens it?	Who closes it?	How much open? full (F), half (H), less than half (LH), more than half (MH), closed (C).
Window closest to stove								
Other window (1) in burning room								
Other window (2) in burning room								
Other window (1) in the house								
Other window (2) in the house								
Inter-leading door 1								
Inter-leading door 2								
Door leading to outside								

Afternoon burning/s

	Opened at all during burning	Opened during ignition and then closed for the rest of burning.	Closed during ignition and then opened for the rest of burning.	Opened throughout burning.	Opened and closed at various stages of burning.	Who opens it?	Who closes it?	How much open? full (F), half (H), less than half (LH), more than half (MH), closed (C).
Window closest to stove								
Other window (1) in burning room								
Other window (2) in burning room								
Other window (1) in the house								
Other window (2) in the								

house								
Inter-leading door 1								
Inter-leading door 2								
Door leading to outside								

Evening burning/s

	Opened at all during burning	Opened during ignition and then closed for the rest of burning.	Closed during ignition and then opened for the rest of burning.	Opened throughout burning.	Opened and closed at various stages of burning.	Who opens it?	Who closes it?	How much open? full (F), half (H), less than half (LH), more than half (MH), closed (C).
Window closest to stove								
Other window (1) in burning room								
Other window (2) in burning room								
Other window (1) in the house								
Other window (2) in the house								
Inter-leading door 1								
Inter-leading door 2								
Door leading to outside								

**D. CHILD LOCATION**

*[In your estimation, what percentage of the time are individuals in various locations].*

	MORNING					OTHER BURNINGS				
	<1 metre of the stove	Within burning room but >1 metre of the stove.	In another room	Outside		<1 metre of the stove	Within burning room but >1 metre of the stove.	In another room	Outside	
Location of child at ignition					=100%					=100%
Location of child during burning					=100%					=100%
Location of mother during burning					=100%					=100%
Location of caregiver if not mother					=100%					=100%
Specify who caregiver is:										

**E. SUPPORTING CONDITIONS**

*[Please tick or complete the appropriate boxes]*

	Is the child wearing a hat?	Socks?	Jacket?	Long pants?	Other warm clothes?	Covered in blankets?	Is s/he in a playpen/box?	Toys present.	If yes, please specify	Are there extra blankets that you can see?	Are there extra clothes for child?
Morning burning											
Afternoon burning											
Evening burning											

Thanks for letting me into your home and seeing what you do. Can we set a day and time to meet again next week to discuss some health issues?  
Thank you and good-bye.

Counselling visit arranged for: \_\_\_\_\_

