

**Indoor Air Pollution Trials of Improved Practices
Screening Guide**



Date: _____ Village: _____

Household ID number: _____ Address: _____

Interviewer ID number _____ Closest land mark: _____

Questions

1. Age, sex and location of children under 5 during the day.

| Child | Age | Sex (M/F) | At home during the day <i>[tick for yes, leave blank for no].</i> |
|-------------|-----|-----------|---|
| Youngest | | | |
| Next oldest | | | |
| Next oldest | | | |
| Next oldest | | | |

[If no children are at home during the day, thank her, discontinue and move on to the next house]

2. Do you have a wood/coal stove in the house?

| | |
|-----|----|
| Yes | No |
|-----|----|

3. Have you used this stove during the past month for cooking or heating?

| | |
|-----|----|
| Yes | No |
|-----|----|

4. Is there anyone, other than yourself, who is available to watch your child during the early morning and evening while you do your household chores?

| | |
|-----|----|
| Yes | No |
|-----|----|

[Thank you!]

[For each village, complete the form below by ticking the relevant columns to summarize each household you have visited.]

Village:

| House number | Address | Child 1 to <5 at home during day | Child <1 at home during day | Used wood-burning stove indoors in last month | Do not have or not used wood-burning stove last month | Have another person 5+ years old to watch child. | Do not have another person 5+ years old to watch child. |
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