



*This questionnaire must be completed once for each household where household contacts have been enrolled into the study. The purpose of this evaluation is to describe the household environment in which transmission of TB is likely to have occurred. These questions should be answered by the most knowledgeable household member.*

Index case ID: **SUBJID**

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Family ID: **FID**

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Date of evaluation: **EE\_VISDAT**

		/			/				
Day			Month			Year			

I need to ask some questions about your household: what it is made of, cooking and other such questions. Who could best answer these questions? Can you get him/her? *(If not available, start questionnaire)*

### HOUSEHOLD MEMBER COMPOSITION

I will start by asking you some questions about the number of people who live here.

**1. How many people, in total, have lived in this household for most of the time during the past 3 months?** **EE\_TOTHHC**

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**2. Does the number of people living in this household correspond to the number on the Index Case Screening Form?** **EE\_NUMHHC**

☐ Yes

☐ No (Inform Study Coord.)

**3. How many people are new residents in this household in the past 3 months?** **EE\_NEWRES**

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**4. How many people have left the household in the past 3 months?** **EE\_LEFTHSE**

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**5. Did any members of this household die in the past 12 months?** **EE\_DIED**

☐ Yes (Go to 5a-b)

☐ No

I am so sorry to hear that.

5a. How many members of this household died during the past 12 months? **EE\_NUMDIED**

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5b. Did they die from tuberculosis-related problems? **EE\_DIEDTB**

☐ Yes

☐ No

☐ Unknown

### HOUSEHOLD STRUCTURE

Now I will ask you some about how your home is set-up.

**6. Are there doors or windows that directly connect this home to another home?** **EE\_AIRFLOW**

☐ Yes (Go to 6a)

6a. Number of doors: **EE\_DOORS**

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☐ No

Number of windows: **EE\_WINDOWS**

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**7. How many exterior windows are there on the outside of your home?**

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**EE\_EXWND**

*If there are no exterior windows, skip to question 8. Otherwise answer questions 7a and 7b.*

7a. How many windows in this household are usually opened to the air each day: **EE\_OPENWND**

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7b. What types of window(s) are in this household *(Check all that apply. Observe or ask.)*: **EE\_WNDTYP**

☐ Windows with cement lattice

☐ Windows with glass

☐ Windows with wood

☐ Windows with no glass or wooden frame

**8. How many doors are there that go to the outside of your home?** **EE\_EXDOOR**

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**9. How many of these doors are usually left open during the day?** **EE\_OPENDOOR**

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**10. How many rooms in your household are only for people, not animals to live in?** **EE\_ROOMS**

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## 11. How many rooms of the following type are there?

- a) Bedroom only ☐ **EE\_BEDRM** e) Bathroom only ☐ **EE\_BATH**
- b) Living room only ☐ **EE\_LIVRM** f) Multi-purpose ☐ **EE\_MULTIP**  
(combination of bedroom/  
living room/dining room/  
kitchen)
- c) Dining room only ☐ **EE\_DINRM** g) Other ☐ **EE\_OTHM**
- d) Kitchen only ☐ **EE\_KITCHN**

## 12. How many beds or sleeping mats are in the home?

**EE\_BEDS**

## 13. What is the main source of lighting for your household?

- ☐ Electricity **2 EE\_LIGHT**
- ☐ Kerosine, gas, or oil **1**
- ☐ Other source of lighting **0**

14. What is the main source of drinking water for members of your household? **EE\_WATER**

- ☐ Pipe, hand pump, or well in residence/yard/plot **2**
- ☐ Public tap, hand pump, or well **1**
- ☐ Other water sources **0**

15. What kind of toilet facility does your household have? **EE\_TOILET**

- ☐ Own flush toilet **4**
- ☐ Public/shared flush toilet or own pit toilet **2**
- ☐ Shared/public pit toilet **1**
- ☐ No facility **0**

16. Which of the following best describes the rules about smoking inside of your home: **EE\_SMKHOME**

- ☐ Smoking is allowed inside of your home. **Allowed**
- ☐ Smoking is generally not allowed inside of your home but there are exceptions **Exeptions**
- ☐ Smoking is never allowed inside of your home. **Never Allowed**
- ☐ There are no rules about smoking in your home. **No Rules**

17. Among all the people who smoke inside your home, including household members and visitors, how often in general do people smoke inside your house? **EE\_SMKREQ**

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Sometimes but not every month
- ☐ Never

## 18. I would like to know what cooking fuel you use most commonly as well as any other cooking fuels you use at your home:

- Primary fuel EE\_FUEL1**
- ☐ Electricity
- ☐ LPG/Natural Gas
- ☐ Biogas
- ☐ Kerosene
- ☐ Coal/Lignite
- ☐ Charcoal
- ☐ Wood
- ☐ Straw/Shrubs/Grass
- ☐ Agricultural crop waste
- ☐ Dung cakes
- ☐ Other **EE\_FUEL1SP**  
Please specify
- Secondary fuel EE\_FUEL2**
- ☐ Electricity
- ☐ LPG/Natural Gas
- ☐ Biogas
- ☐ Kerosene
- ☐ Coal/Lignite
- ☐ Charcoal
- ☐ Wood
- ☐ Straw/Shrubs/Grass
- ☐ Agricultural crop waste
- ☐ Dung cakes
- ☐ Other **EE\_FUEL2SP**  
Please specify
- ☐ None

19. With regard to heating food or water over the past 7 days, on average, for how long each day does the person that does most of the cooking use [primary fuel] and [secondary fuel]? **EE\_FUELTIME1**

- Primary fuel**
- ☐ Less than 2 hours
- ☐ 2-4 hours
- ☐ 4-6 hours
- ☐ More than 6 hours
- ☐ Don't know
- Secondary fuel EE\_FUELTIME2**
- ☐ Less than 2 hours
- ☐ 2-4 hours
- ☐ 4-6 hours
- ☐ More than 6 hours
- ☐ Not applicable
- ☐ Don't know

20. Where is cooking or heating of food or water primarily done at your home using [primary fuel] and [secondary fuel]? EE\_CKPLCE1

**Primary fuel**

☐ Outside the house

☐ Separate building

☐ Indoor kitchen without partition (Go to 20a)

☐ Indoor kitchen with partition (Go to 20a and b)

Interviewer can look or ask

EE\_CKCHIM1 20a. Is cooking done under a chimney?

☐ Yes

☐ No

EE\_CKPART1 20b. Does the partition extend to the ceiling?

☐ Yes

☐ No

**Secondary fuel** EE\_CKPLCE2

☐ Not applicable

☐ Outside the house

☐ Separate building

☐ Indoor kitchen without partition (Go to 20c)

☐ Indoor kitchen with partition (Go to 20c and d)

Interviewer can look or ask

EE\_CKCHIM2 20c. Is cooking done under a chimney?

☐ Yes

☐ No

EE\_CKPART2 20d. Does the partition extend to the ceiling?

☐ Yes

☐ No

21. Does your family own this home? EE\_OWNHME

☐ Yes<sup>1</sup>

☐ No<sup>0</sup>

22. Does the household own any of the following:

	Yes	No
Car EE_CAR	<sup>4</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
Bullock cart EE_BULLCART	<sup>2</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
Tractor EE_TRACTOR	<sup>4</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
Moped EE_MOPED	<sup>3</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
Scooter EE_SCOOTER	<sup>3</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
Motorcycle EE_MOTORCYCLE	<sup>3</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
Bicycle EE_BICYCLE	<sup>2</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
Refrigerator EE_FRIDGE	<sup>3</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
Pressure cooker EE_COOKER	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
Telephone/Mobile phone EE_PHONE	<sup>3</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
Electric fan EE_EFAN	<sup>2</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
Radio/transistor EE_RADIO	<sup>2</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
Sewing machine EE_SEWMACH	<sup>2</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
Black and white television EE_BWTV	<sup>2</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
Color Television EE_COLORTV	<sup>3</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
Thresher EE_THRESHER	<sup>2</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
Mattress EE_MATTRESS	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
Cot/bed EE_COTBED	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
Chair EE_CHAIR	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
Table EE_TABLE	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
Water pump EE_PUMP	<sup>2</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>
Clock/watch EE_CLOCK	<sup>1</sup> <input type="checkbox"/>	<sup>0</sup> <input type="checkbox"/>



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**OBSERVED CHARACTERISTICS OF DWELLING**

Observe and record answers to the following questions. If more than one material is observed, choose the most common/main material used. If you cant determine by observation then ask.

**23. Type of residence: EE\_RESTYPE**

- ☐ Apartment
- ☐ Free standing house not in a compound
- ☐ Free standing house in a compound
- ☐ Shack
- ☐ Other, specify: EE\_RESTYPESP

**24. Main material of the floor: EE\_FLOOR**

- ☐ Cement
- ☐ Earth/sand
- ☐ Dung
- ☐ Ceramic tiles
- ☐ Other, specify: EE\_FLOORSP

**25. Main material of the external walls: EE\_EXWALL**

- ☐ Cement/Brick
- ☐ Mud
- ☐ Polythene
- ☐ Thatch
- ☐ Other, specify: EE\_EXWALLSP

**26. Main material of the roof: EE\_ROOF**

- ☐ Asbestos sheets
- ☐ Brick
- ☐ Metal/Galvanised Iron
- ☐ Mud
- ☐ Plastic/Polythene Sheeting
- ☐ Thatch/Palm leaf/Reed/Grass
- ☐ Tile
- ☐ Tin sheets
- ☐ Wood
- ☐ Other, specify: EE\_ROOFSP

**27. Overall, the type of house is: EE\_TYPHSE**

- ☐ Pucca <sup>4</sup>
- ☐ Semi-Pucca <sup>2</sup>
- ☐ Kutcha <sup>0</sup>

**28. The location is: (Refer to PHC Population List) EE\_LOC**

- ☐ Large city (over 10 lakh people)
- ☐ Small city (50,000 to 10 lakh people)
- ☐ Town (other urban area)
- ☐ Rural (countryside)

Use the scale below for estimating the size of each window/opening in the kitchen and external windows.

Small: less than half of a survey page (A4 sheet)  
Medium: half to full size of survey page (A4 sheet)  
Large: larger than survey page (A4 sheet)

**Kitchen window(s) Other external window(s)**

EE_SMLWND	<input type="text"/>	EE_SMLWNDOTH	<input type="text"/>
Number of small windows:			
EE_MDWND	<input type="text"/>	EE_MDWNDOTH	<input type="text"/>
Number of medium windows:			
EE_LRGWND	<input type="text"/>	EE_LRGWNDOTH	<input type="text"/>
Number of large windows:			

Signature of Data Collector: EE\_SIGN

Initials: EE\_INIT

Date Completed:  /  /  EE\_COMPDAT

Day Month Year