



*ANNEXURE*

**ANNEXURE-1**

**PART I: Interview Schedule**

**GENERAL INFORMATION**

1. Name of the Respondent:
2. Address:
3. Profile of family members:

S. No.	Member	M/F	Relationship To respondent	Age (yrs)	Educational Qualification	Employment	Income (Rs.)

4. Location of the house
  - a. Hills
  - b. Plains
5. Type of the house
  - a. Kuccha
  - b. Pucca
  - c. Semi-pucca
  - d. Wooden
6. Age of the structure (Years)
  - a. 5 – 10
  - b. More than 10
7. Occupancy period (Years)
  - a. 5 – 10
  - b. More than 10
8. Type of fuel use for cooking
  - a. Wood and dung cakes
  - b. Kerosene
  - c. LPG
  - d. Electricity
  - e. Any other
9. Is anyone a smoker in the house?
  - a. Yes
  - b. No
10. Period of occupancy in house per day

S. No.	Member	Child / Adult	Period (min)

**CARE AND MAINTENANCE OF HOME**

1. Please, specify the details of cleaning and care in the home.

Room	Area	Person involved			Time taken (min)	Frequency of care	Cost involved (Rs.)
		Adult	Child	Servant			
Living Room	Roof						
	Floor						
	Walls						
	Doors, Windows & Ventilators						
	Cupboards						
Bed Room	Roof						
	Floor						
	Walls						
	Doors, Windows & Ventilators						
	Cupboards						
Kitchen	Roof						
	Floor						
	Walls						
	Doors, Windows & Ventilators						
	Cupboards						
	Sink						
	Working counters						

Store room	Roof						
	Floor						
	Walls						
	Doors, Windows & Ventilators						
	Cupboards & built in shelves						
Bath room	Roof and walls						
	Floor						
	Doors & ventilators						
	Bath tub & wash basin						
	Cupboards						
Angan	Floor						
	Walls						
	Doors						
	Pots						
Stair cases	Steps						
	Side support						
	Roof						

2. Please specify the details of repair in the home.

Room	Area	Type of repaired		Frequency of repair (months)	Cost involved (Rs.)
		Own	Hired		
Living Room	Roof				
	Floor				
	Walls				
	Doors, Windows & Ventilators				
	Cupboards				
	Electric fitting				
Bed Room	Roof				
	Floor				
	Walls				
	Doors, Windows & Ventilators				
	Cupboards				
	Electric fitting				
Kitchen	Roof				
	Floor				
	Walls				
	Doors, Windows & Ventilators				
	Cupboards				
	Sink				
	Working counters				

	Electric fitting				
	Plumbing				
	Drainage				
Store room	Roof				
	Floor				
	Walls				
	Doors, Windows & Ventilators				
	Cupboards & built in shelves				
	Electric fitting				
Bath room	Roof and walls				
	Floor				
	Doors & ventilators				
	Bath tub & wash basin				
	Cupboards				
	Electric fitting				
	Water fitting				
	Drainage				
Angan	Floor				
	Walls				
	Doors				
	Pots				
Stair cases	Steps				
	Side support				
	Roof				

3. Sources of building materials at the time of construction and during renovation.

Sr. No	Used in Area	Name of material		Name of the source		Year of Purchase		Cost (Rs.)	
		Constru ction	Renova tion	Constru ction	Renova tion	Constru ction	Renova tion	Constru ction	Renov ation
1	Floor								
2	Roof								
3	Walls								
4	Doors								
5	Windows								
6	Ventilator								
7	Cupboard s								
8	Plumbing								
9	Electric fitting								
10	Work counters								
11	Bath accessori es								

4. Please specify extent of use of following organic building materials in your home

S.No.	OBM	Extent of use					
		All areas		Most of areas		Some areas	
		Yes	No	Yes	No	Yes	No
1	Wood and its products						
2	Plastic products						

3	Asphalt						
4	Bitumen						
5	Resins/adhesives						

5. Is there any finish / technique adopted in the home to withstand accidents?

Sr. No.	Area	Aspect					
		Termite	Fire	Earth quake	Electric shock	Moisture (Dampness)	Any other
1	Entire house						
2	Specific area						
i	Living room						
ii	Bed room						
iii	Kitchen						
iv	Store room						
v	Bathroom						
vi	Staircases						
vii	Verandah						
viii	Any other						

5. Do you observe following problems in the areas of home where OBM have been used?

Sr. No.	Problem	Area						Remarks
		Walls	Roof	Doors	Windows	Floor	Cupboard	
1	Deformity							
2	Smell							
3	Dampness							
4	Flaking off							

5	Shorter life							
6	Allergy							
7	Corrosion							
8	Vegetative growth							
9	Fire ignition							
10	Dust release							
11	Noise							
12	Fumes							
13	Termite							
14	Mold growth							
15	Reaction with water							
16	Reaction with food materials							
17	Heats up							

### **HEALTH PROBLEMS PERCEIVED BY THE RESIDENTS**

1. Do you feel any of the following health symptoms? if yes, how frequently?

Sr. No.	Problems	Often	Sometimes	Never
1	Sneezing			
2	Dizziness			
3	Cough			
4	Headache			
5	Nausea			
6	Fatigue			
7	Excitement			
8	Eye irritation			
9	Effect on hearing			
10	Skin irritation			

11	Effect on visibility			
12	Throat irritation			
13	Mental fatigue			
14	Chest tightness			
15	Shortness of breath			
16	Wheeze			
17	Nose bleeds			
18	Dry skin			
19	Skin rash			
20	Lethargy			
21	Symptoms of humidifier fever			

**Part II – Observation cum Interview Sheet**

1. Existing materials used in construction of the home

<b>Room</b>	<b>Area</b>	<b>Basic material</b>	<b>Other material</b>	<b>Finish</b>	<b>Material used</b>
Living Room	Roof				
	Floor				
	Walls				
	Doors, Windows & Ventilators				
	Cupboards				
	Electric fitting				
Bed Room	Roof				
	Floor				
	Walls				
	Doors, Windows & Ventilators				
	Cupboards				
	Electric fitting				
Kitchen	Roof				
	Floor				
	Walls				
	Doors, Windows & Ventilators				
	Cupboards				
	Sink				

2. State the illness affected by you in this home (last 5 years).

Sr. No.	Health problem	Major Problem	Minor Problem	No Problem
A.	<b>Sick building syndrome</b> <ul style="list-style-type: none"> <li>- Symptoms of eye irritation</li> <li>- Symptoms of throat irritation</li> <li>- Symptoms of nose irritation</li> <li>- Symptoms of mucosa of skin</li> <li>- Mental fatigue</li> <li>- Arythema</li> </ul>			
B.	<b>Building related illness</b> <ul style="list-style-type: none"> <li>- Asthama like symptoms</li> <li>- Legionnair's disease</li> <li>- Hyper sensitivity</li> <li>- Humidifier fever</li> </ul>			
C.	<b>Multiple chemical sensitivity</b> <ul style="list-style-type: none"> <li>- Extreme dust sensitivity</li> <li>- Chronic fatigue</li> <li>- Nausea</li> <li>- Headache</li> </ul>			
D.	Any other (specify)			

	Working counters				
	Electric fitting				
	Plumbing				
Store room	Roof				
	Floor				
	Walls				
	Doors, Windows & Ventilators				
	Cupboards & built in shelves				
	Electric fitting				
Bath room	Roof and walls				
	Floor				
	Doors & ventilators				
	Bath tub & wash basin				
	Cupboards				
	Electric fitting				
	Plumbing				
Angan	Floor				
	Walls				
	Doors				
	Pots				
Stair cases	Steps				
	Side support				
	Roof				

2. Checklist of defective symptoms / problems in home.

Sr. No.	Area	Defective symptom	Yes	No
1	Roof	Rot Splits Granular surface Crumbled on surface Loosen pavings Dampness No grating Bubbles on surface Dirt Stains Infestation		
2	Walls	Cracks Rot Twisted / Curled Dirty Spots Fractured Dampness Dry dirty patch Sagging timber lining Damp rising on internal walls		
3	Floors & Staircases (Timber)	Rot Board crack underfoot White spongy under floor covering Bay dips outward Stains Long filament growth 1 <sup>st</sup> floor unstable under foot cracks Olive green or brown fruiting body on		

		surfaces Squeaks the staircases Tread fall away Small holes Dirt Saw dust.		
4	<b>Internal finishes</b> <b>A. plaster</b>	Crack Soft & Crumbly Dry & crumbly Dampness Bulging Pinholes in joinery Blister or small crater		
	<b>B. Painting</b>	Bittiness Blooming Cissing Drying trouble Grinning Mould Shriveling Bleeding Brush marks Crazing Efflorescence Loss of gloss Poor opacity Saponification Blistering Chalking Running		

		Flaking Misses Sheeriness		
5	Services	Leakage Noisy Encrustation Fungus Water stain Supply sluggish Lack of temp. Excessive joints Spots Smell of heating		

**Part III – Experiments for assessment of human performance**

**EXPERIMENT SHEET NO. 1**

**Experiment : Short term memory**

Name: \_\_\_\_\_

Subject: \_\_\_\_\_

Experimenter: \_\_\_\_\_

Answer	Stimulus	Interfering task	Answer	Stimulus	Interfering task
_____	1385	Fruit	_____	7278	Cities
_____	326579	Colors	_____	2563456	Colors
_____	54	Cities	_____	4	Animals
_____	83987	Animals	_____	643	Fruit
_____	445	Colors	_____	644523	Animals
_____	3	Fruit	_____	326	Cities
_____	7835882	Animals	_____	93	Colors
_____	965342	Cities	_____	3454572	Fruit
_____	24	Animals	_____	5	Colors
_____	272789	Fruit	_____	56391	Fruit
_____	9758	Colors	_____	12511	Cities
_____	7	Cities	_____	4678	Animals
_____	125	Animals	_____		
_____	76	Fruit	_____		
_____	4553245	Cities	_____		
_____	34521	Colors	_____		

**EXPERIMENT SHEET NO. 2**

**Experiment : Attention / concentration**

Subject: \_\_\_\_\_

Experimenter: \_\_\_\_\_

Individual	No. of times attention wanders	
	Series 1	Series 2



## KNOWLEDGE SCALE

Please put tick mark against each answer as yes, no or don't know.

S.No.	Item/Statement	Yes	No	Don't know
<b>A</b>	<b>Use of OBM in home dates back to</b>			
1	Period of Harappa and Mohan jodaro			
2	1800s			
3	1900s			
4	Very recent			
5	Not known			
<b>B</b>	<b>Do you know OBM is made up of:</b>			
1	Hydrocarbons			
2	Recycled matter			
3	Wastes			
4	Sulphur, nitrogen & O <sub>2</sub> derivatives			
5	All of the above			
<b>C</b>	<b>OBM are the materials which are always:</b>			
1	Eco-friendly			
2	Reusable			
3	Harmful to residents			
4	Not harmful to residents			
5	None of the above			
<b>D</b>	<b>OBM used in home, namely are:</b>			
1	Wood			
2	Clay			
3	Plastics			
4	Bitumen			
5	Paints			
6	All of the above			
<b>E</b>	<b>OBM originates from:</b>			
1	Animal origin			
2	Plant origin			
3	Wastes			
4	Chemicals			
5	All of the above			
<b>F</b>	<b>All OBM releases:</b>			
1	Fumes			
2	Odors			
3	Dust particles			
4	Volatile organic compounds			
5	None of the above			
<b>G</b>	<b>OBM are resistant to:</b>			
1	Fire			
2	Earthquakes			
3	Heat			

4	Sound			
5	Termite			
6	Moisture			
7	Not necessarily from the above			
<b>H</b>	<b>OBM can only be used in</b>			
1	Homes			
2	Offices			
3	Schools			
4	Very modern and sophisticated homes			
5	All of the above			
<b>I</b>	<b>OBM in construction may be used for purpose of:</b>			
1	Cost effectiveness			
2	Ease of care and maintenance			
3	Safety standards			
4	Aesthetic value			
5	Better health aspects			
6	All of the above			
<b>J</b>	<b>OBM availability is resumed with:</b>			
1	Research institutions			
2	Big cities			
3	Innovative builders			
4	All hardware shops			
<b>K</b>	<b>Area(s) of OBM use in constructions are/is:</b>			
1	Plinth			
2	Main structure			
3	Plumbing			
4	Electric fittings			
5	Built-in-cupboards and counters			
6	Paints and finishes			
7	All of the above			
<b>L</b>	<b>Energy used in temperature regulation in buildings of OBM is:</b>			
1	Increased			
2	Decreased			
3	Depends on requirement			
<b>M</b>	<b>All OBM used creates:</b>			
1	Deformity on doors			
2	Flakes on walls and doors			
3	Generation of fumes			
4	Allergic agents			
5	None of the above			
<b>N</b>	<b>OBM used in homes could add to:</b>			
1	Air pollution			
2	Water pollution			
3	Thermal pollution			
4	Noise pollution			

5	All of the above			
<b>O</b>	<b>OBM could be improved to:</b>			
1	Earthquake resistance			
2	Fire resistance			
3	Electric shock resistance			
4	Damp proofing			
5	Termite resistance			
6	All of the above			
7	None of the above			
<b>P</b>	<b>Building related illness is:</b>			
1	Asthma like symptoms			
2	Legionnaire's disease			
3	Hypersensitivity			
4	Humidifier fever			
5	Cancer			
6	All of the above			
<b>Q</b>	<b>Sick building syndrome aroused from building materials may lead to:</b>			
1	Change in biological status of residents			
2	Change in psychological status of residents			
3	Change in mental level			
4	All of the above			
5	None of the above			
<b>R</b>	<b>Organic polymers include:</b>			
1	Plastics, fibers and natural and synthetic rubber			
2	Ceramic and glasses			
3	Metal and alloys			
4	Wood only			
5	1 and 4			
6	2 and 3			
<b>S</b>	<b>Housing environment indicating building materials affects the residents in terms of:</b>			
1	Mental performance			
2	Physiological performance			
3	Physical performance			
4	All of the above			
5	None of the above			

## SATISFACTION SCALE

Please put a tick mark against each statement as per your perception

S.No.	Item/Statement	Highly Satisfactory	Satisfactory	Not Satisfactory
<b>A</b>	<b>COST</b>			
1	Cost of OBM at initial construction			
2	Cost of OBM at time of renovation/repair			
3	Cost involved in cleaning			
4	Cost involved in heating of home			
5	Cost involved in cooling of home			
6	Cost involved in transportation of products			
<b>B</b>	<b>CARE AND MAINTENANCE</b>			
1	Number of persons needed to be involved while cleaning			
2	Frequency of care to be done			
3	Time involved in cleaning			
4	Time involved in repair			
<b>C</b>	<b>FUNCTION/PURPOSE</b>			
1	Heating in winters			
2	Cooling in summers			
3	Noise control			
4	Durability			
5	Strength			

6	Damp proofing			
7	Light in weight			
8	Aestheticity			
9	Fire proofing			
10	Dust control			
<b>D</b>	<b>SAFETY</b>			
1	Electric shock proof			
2	Damp proof			
3	Earth quake resistant			
4	Fire proof			
5	Termite proof			
6	Allergy level			
7	Chemical reactions			
<b>E</b>	<b>HEALTH EFFECTS</b>			
	Respondents experienced no effect regarding:			
1	Skin allergies			
2	Bad odors			
3	Eye irritation			
4	Respiratory problems			
5	Fatigue or activeness			
6	Throat infection			
7	Head ache			
8	Hypersensitivity			
9	Chemical reactions			