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## APPENDICES

## QUESTIONNAIRE

**Effect of households and environment on the health of children and their mothers in the communities of Khmer Kampuchea Khrom, Samaki and Sen Sok in Phnom Penh, Cambodia.**

Dear Parents,

This questionnaire is part of a study to assess the effects of households and the environment in the communities of Khmer Kampuchea Khrom, Samaki and Sen Sok in Phnom Penh, Cambodia among children (10 years old and below) and their mothers. We hope to identify the specific aspects of housing that are most closely associated with housing-related differences in children's and mothers' health. Such specific aspects include Type of house, ventilation, protection from rain and dampness, sanitary facilities, and indoor air pollution.

Whenever possible, this questionnaire should be answered by the mother or female caregiver. If there are no children, the questions should be answered by the woman of the house. We will ask you questions about:

1. Basic family Information
2. Health Information about the mother or female care giver
3. Health Information about the children given by the mother or female caregiver
4. General questions about the housing conditions

All questionnaire answers will be strictly confidential. Answers will be used only for research purposes, and no individual person will be identified by name in any research report.

If you agree to participate in this study, we will ask to complete this questionnaire. We would also like to observe and record some characteristics of your home, such as building materials and water store methods. We will also ask you to agree to have someone collect a small amount of drinking water from your home in the next few days. Nothing else will be asked of you in this study.

If you agree to participate in the health study described above, please sign on the line below. Either the child's father or mother may sign.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you very much for your help in this important study

Serial Number \_\_\_\_\_ Interviewer's Code: \_\_\_\_\_

Interview Date \_\_\_\_\_ Interviewer's Name \_\_\_\_\_

Habitat for Humanity Homeowner (Yes or No): \_\_\_\_\_

Community Name \_\_\_\_\_

Respondent's status in the family (e.g., mother, grandmother) \_\_\_\_\_

### Questionnaire Introduction

#### Section 1: Family Information

Study Home address: \_\_\_\_\_

Name of respondent: \_\_\_\_\_

- 1.1. What is the total number of people now living in this household? \_\_\_\_
- 1.2. How many hours a day do you spend with the children of this house \_\_\_\_
- 1.3. In the table below, please write the name, age, sex, of every person living in this household. Please start with the oldest person and work to the youngest person living in the household.

NAME	AGE	SEX
1.		
2.		
3.		
4.		
5.		
6.		

**1.4 What is the highest educational level attained by the father and mother (Please check)**

	(0)No Schooling	(1) Some Primary	(2) Some Secondary	(3)Graduate from Secondary	(4) Some College and above
Father					
Mother					

**1.5 What is your average Household Income In US \$ (Please choose only one)**

Daily \_\_\_\_\_

Weekly \_\_\_\_\_

Monthly \_\_\_\_\_

**1.6 What is your main occupation? Please check only one choice.**

	Father	Mother
Agriculture/farming		
Commercial shopkeeper		
Government or public institutions employee		
Private company employee (e.g., garment factory, private clinic/hospital, bank, etc.)		
Housewife		

Self-employed (e.g., small business, informal vending, animal raising, etc.)		
Laborer (e.g., construction, port, etc.)		
Unemployed		
Other (specify)		

**1.7 How long have you lived in this Community? (Please check only one)**

Years \_\_\_\_\_ Month \_\_\_\_\_

**1.8 How long have you live in this house**

Years \_\_\_\_\_ Month \_\_\_\_\_

**1.9 Smoking**

	(0)No	(1) Yes
Has the father ever smoked?		
Does the father smoke now?		
Has the mother or female caregiver ever smoked?		
Does the mother or female caregiver smoke now?		

**1.10 Does the Father consume alcohol?**

(0) No	(1) Once a week or less	(2) 2-3 times per week	(3) 4 more times per week

**1.11 Does the Mother consume alcohol?**

(0) No	(1) Once a week or less	(2) 2-3 times per week	(3) 4 more times per week



1.12 On the average, about how many Kilometers do you walk or run each day?

\_\_\_\_\_ Km

1.13 What mode of transportation do you usually use? Please choose only one.

Own Car		Own Motorbike Public Transport (specify)	Own Bicycle	Other

## Section 2: Health Information:

### 2.1 Mother

Have you had any of the following symptoms?

#### 2.1.1 Respiratory

Symptoms	Last 2 weeks		Last 4 weeks	
	Yes	No	yes	No
Cough				
Phlegm				
Difficulty Breathing				
Wheezing				
Running Nose				
Cold				
Fever				
Bronchitis				
Sore Throat				
Nosebleed				
Impaired Sense of Smell				

**2.1.2 Gastrointestinal**

Symptoms	Last 2 weeks		Last 4 weeks	
	YES	NO	YES	NO
Diarrhea				
Stomach Pain				
Vomiting				
Nausea				
Constipation				
Bloating				
Heart Burn				

**2.1.3 Skin Disease**

Symptoms	Last 2 weeks		Last 4 weeks	
	YES	NO	YES	NO
Rash				
Itching				
Swelling				
Red Skin				
Dry skin, peeling skin				
Ring Worm				

**2.1.4 Have you visited a medical clinic or health center?**

**2.1.4.a If yes, when was the last visit and reason?**

Last 2 Weeks		Last 4 Weeks	
Yes	No	Yes	No

**2.1.4.b Reasons for visiting Health Center or clinic**

- 1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

**2.1.5**

This question refers only to medical conditions that have been diagnosed by a doctor. For each condition listed in the table below, please check whether a doctor has ever said that the mother had the condition.

CONDITION	Has a doctor ever diagnosed this condition? (mother) Check yes or no.	
	Yes	No
Asthma		
Bronchitis		
Pneumonia		
Tuberculosis		
Any Allergy		
Skin Infection		

## 2.2 Children

Answer the following questions for each child ages 10 years and younger.

Name of the child \_\_\_\_\_ age \_\_\_\_\_

Does the child have any of the following symptoms?

### 2.2.1 Respiratory

Symptoms	Last 2 weeks		Last 4 weeks	
	Yes	No	yes	No
Cough				
Phlegm				
Difficulty Breathing				
Wheezing				
Running Nose				
Cold				
Fever				
Bronchitis				
Sore Throat				
Nosebleed				
Impaired Sense of Smell				

**2.2.2 Gastrointestinal**

Symptoms	Last 2 weeks		Last 4 Weeks	
	YES	NO	YES	NO
Diarrhea				
Stomach Pain				
Vomiting				
Nausea				
Constipation				
Bloating				
Heartburn				

**2.2.3 Skin Disease**

Symptoms	Last 2 weeks		Last 4 weeks	
	YES	NO	YES	NO
Rash				
Itching				
Swelling				
Red Skin				
Dry skin, peeling skin				
Ring Worm				

**2.2.3.a If yes, when was the last visit and reason?**

Last 2 Weeks		Last 4 Weeks	
Yes	No	Yes	No

**2.2.3.b Reasons for visiting Health Center or clinic**

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_

**2.2.4 This question refers only to medical conditions that have been diagnosed by a doctor. For each condition listed in the table below, please check whether a doctor has ever said that the child had the condition.**

CONDITION	Has a doctor ever diagnosed this condition? Check yes or no.	
	Yes	No
Asthma		
Bronchitis		
Pneumonia		
Tuberculosis		
Any allergy		
Skin Infections		
Others		



### 3. HOUSING CONDITION

#### 3.1 How would you describe your housing condition?

Inadequate	Adequate	Better than adequate

#### 3.2 How do you categorize the size of the house relative to the size of your family?

Inadequate	Adequate	More than adequate

#### 3.3 Do you have toilet facilities? Yes \_\_\_\_\_ No \_\_\_\_\_

4.3.a. If "Yes", where?

Inside the house	Outside the house but used only by the family	Communal

#### 3.3.1 What type?

Open Pit Latrine	Dry Sanitary Latrine	Water Closet with septic Tank	Water Closet connect to public sewer system	(specify)	Other (Soak pit) I

#### 3.4 What is the source of your drinking water

Tap water from public system	Deep well	Rain Water	Open Well	Bottle water

#### 3.4.1 Do you boil Your drinking Water?

Yes \_\_\_\_\_ No \_\_\_\_\_

#### 3.5 Other Characteristics of the home

What is the total number of rooms in the home? (Do not count bathrooms or closets.)

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### 3.6 Cooking Methods

Is food usually cooked inside or outside the home? Check only one.		What is the main fuel used to cook the family's meals? Check only one.				
Inside	Outside	Electric	Charcoal	Gas	Wood	Other

#### 3.6.1

How smoky does the home usually become during cooking? Check only one.				When you cook food, how often do your eyes get irritated. Check only one.			
Not at all	Only a little	In a medium way	Very smoky	Never	Rarely	some-times (10%-50% of the time)	often (more than 50% of the time)

### 3.7 During Rainy Season does the house experience puddles on the following?

Flooded	Wet from Roof or walls and floors Leaking Puddles	Dampness on the Wall and/or Floor but not puddles	Remain Dry

### 3.8 During Dry Season does the house have the following conditions?

Dusty	Extreme Heat	Remain Cool	Other

**3.9 When insects get inside your house how do you repel them? (you may check more than one)**

Mosquito/insect net	Mosquito/insects Coils	Burn banana leaves or coconut leaves	other

**3.10 What is your garbage disposal system?**

Burning	Truck collection	Open pit within 20mt from house	Open pit more than 20 mt from house	Bury	Community land fill	other

#### 4. Observational checklist: Check only one description.

##### 4.1 Floor:

1)Dirt floor and exposed to effects of natural elements, e.g. Water sifts through when it rains or become dusty when the weather is dry	Observation:
2)Dirt floor but with sound foundation and protected from effects of natural elements	Observation:
3) Concrete floor but badly laid and exposed to effects of natural elements	Observation:
4)Raised Wooden floor but not to high that allow insects to enter	Observation:
5)Concrete floor that is properly laid and gives adequate protection from natural elements.	Observation:
6)Raised or wooden Floor that is properly built and gives adequate protection	Observation:
7)Tiled concrete floor or equivalent standard raised wooden floor	Observation:

#### 4.2 Walls

1) Built with temporary materials that do not give minimum protection against natural elements (e.g., plastic sheet, leaves, etc.)	Observation:
2) Built with temporary materials and gives minimum protection against natural elements but do not give proper insulation or are fire hazards	Observation:
3) Built with semi-permanent or permanent materials but do not give good insulation to occupants, do not prevent breeding of insects and other elements (e.g. molds) and give adequate security for occupants from break ins.	Observation:
4) Semi-permanent or permanent materials that give protection to occupants from natural elements and other external threats and insulates occupants from extreme weather conditions	Observation:

#### 4.3 Roof

1) Built with temporary materials that do not give protection against effects of natural elements	Observation:
2) Built with temporary materials that give minimum protection against natural elements but do not give proper insulation from varying weather conditions or are fire hazards	Observation:
3) Built with permanent or semi-permanent materials but do not give proper insulation from varying weather conditions	Observation:
4) Built with durable permanent materials and built to give proper insulation and protection to inhabitants	Observation:

#### 4.4 Privacy

1) No private sleeping room (Single Common Area)	Observation:
2) Has 1 private sleeping room for all members of the family	Observation:
3) Has separate private sleeping room but do not separate space for children of different sexes	Observation:
4) Has separate private room for children of different sexes	Observation:

#### 4.5 Toilet Facilities (Individual or Communal)

1) No latrine or toilet facilities	Observation:
2) Pit dry latrine that do not meet minimum sanitary conditions	Observation:
3) Water closet but do not have proper sanitary conditions and detached from main house (e.g. no proper drainage and/or septic tank)	Observation:
4) Pit dry sanitary latrine that is properly installed and maintained	Observation:
5) Water Closet with adequate water supply, meet proper sanitary condition and maintenance and attached to the main house	Observation:

**4.6 Drainage for waste Water (Waste/Used)**

1) No drainage	Observation:
2) Open drainage for gray water	Observation:
3) Closed drainage that directs waste water to septic tank	Observation:
4) Closed drainage that directs waste water to public sewer system	Observation:

**Carmen Aurora Garcia**  
**141/2 Sawang Apts. 3A, Sathorn Soi 7**  
**Bangkok, Thailand 10120**  
**Email: [auroragarcia77@gmail.com](mailto:auroragarcia77@gmail.com); [auragarcia77@yahoo.co.uk](mailto:auragarcia77@yahoo.co.uk)**

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### Education

- **Alliant International University, San Diego, CA (Mexico City Campus)**  
*BA in Psychology, Minor in International Relations*

### Other Training

**Save the Children-UK, Khao Lak, Pang Nga, Thailand**

- *Training in Child Protection Awareness (December 2005)*

**World Vision International and Critical Incident Stress Management Australia**

### **Foundation**

- *Critical Incident Stress Management (January 2005)*

**Alliant International University, Mexico City Campus**

- *Certificate in group facilitation and dynamics, (March 2004)*

### Work Experience

- **Social Entrepreneur, Bangkok Thailand (June 2005 to Present)**

- **DKT International Mexico (2004)**

*Consultant, Community Health Development*

- **Alliant International University (August 2002 to December 2004)**

*Internship and Community Service Coordinator*

- **Habitat for Humanity International, Latin America and Caribbean Regional Office, Costa Rica**

*Accounting Assistant*

### Volunteer Experience

- **Habitat for Humanity International (1998-Present)**