



<b>Skin diseases</b>	>60	40-60	21-40	<21		
<b>Eye problems</b>	>60	40-60	21-40	<21		
<b>Others</b>	>60	40-60	21-40	<21		

3. **Any recent epidemics/common diseases diagnosed within your community?** Yes/No

<b>Type</b>	<b>Period</b>

4. **Do you have availability of health care facilities nearby?**

<b>Facility</b>	<b>Distance</b>

5. **What are the sources and uses of water in your home?**

<b>Sources</b>	<b>Uses</b>

6. **What changes have you noticed in the quality of water being used?**

Colour Taste Odour Appearance None Others:

**If any, why do you think it has happened?**

7. **What changes have you observed in the level of water in your well/bore-well/pond ?**

Increase Decrease More or less same Others:

**If any, why do you think it has happened?**

**8. What have you noticed about the air you breathe?**

Dust particles          Odour          None          Others:

**9. Whether dust settles inside (over objects) or outside the house (garden) quite often? Yes/No**

If yes, remarks:

**10. Do you own agricultural/horticultural land? Yes/No**

If yes:

Crops	Area	Expected yield per annum

**What changes have you observed in the annual yield of crops?**

Increase          Decrease          More of less same          Others:

**11. Do you own livestock? Yes/No**

Livestock type	Purpose	Remark on health
	Consumption/ Sale/Others:	
	Consumption/ Sale/Others:	
	Consumption/ Sale/Others:	

**12. Any changes observed in living organisms around? Yes/No**

Organism	Remark
Birds	
Earthworms/other soil organisms	
Fishes/crabs/frogs	
Others:	

**13. Are you prone to noise disturbances from the surroundings? Yes/No**

If yes,

Source	Frequency of occurrence	Impact

14. Any previous environmental surveys performed in the community? Yes/No

Organization	Period

15. Any previous analyses of soil/water/air performed in the community? Yes/No

Material	Organization responsible

16. Any significant problems faced by the family in the past few years?