Code		1.Date of Birth		2.Gender	
3.Child school grading	□Non educated □ 1st grade □ 2nd grade □3rd grade □4th grade □5th grade				
4.Phone number			5.Residence		
6.Mother occupation		7.Mother education level	□ Illiterate □ High school □ Bachelor		
8.Father occupation		9.Father education level	□ Illiterate □ High school □ Bachelor		
10.Number of children in house		11.Kitchen type	□Closed kitchen □Open kitchen		
12.NUMBER OF ROOMS IN HOUSE					
13.VENTILATION IN HOUSE	□AIR CONDITION □FAN □NATURAL VENTILATION				
14.CHILD COMPLAIN					
Health problems suffered by child □ Sneezing □ Coughing □ Asthmatic attacks □ Recurrent respiratory infections NO of respiratory tract infections /year…… □ Otitis media □ Cardiovasular problems…… □ Gastrointestinal problems……. □ Gentiurinary disorders…… □ Neuropshycatric disordes…… □ Others …….. If any state disorder beside it----------					
15.Father smokes	□ Yes □ No	□ Cigg smoker □ Hubble bubble smoker	17.No of cigg /day □ <10cig/d □10-20cig/d □ >20cig/d If hubble bubble, No of stones/day…..		
18.FATHER SMOKES SINCE					
19.Mother smokes	□ Yes □ no	□ Cigg smoker □ Hubble bubble smoker	21.No of cigg /day □ <10cig/d □10-20cig/d □ >20cig/d If hubble bubble, No of stones/day……		
22.MOTHER SMOKES SINCE					
23.Smoking outside the house	□YES □NO				
24.Smoking inside the house	□YES □NO				
25.Smoking anywhere in the house	□YES □NO				
26.Smoking in a specified room	□YES □NO				