

Environmental Information System (ENVIS) Resource Partner Centre



Household Waste Management Questionnaire

North Eastern Hill University

Department of Biomedical Engineering

School of Technology

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Established by

**The Ministry of Environment and Forests (MoEF),
Government of India**



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Household Waste Management Questionnaire

Interviewer's Name:

Date:/...../..... Community:

Contact No:.....Email:

Are you the head of the household?

District Name:

Name of the village :.....

Name of the Panchayat :.....

Name of the Block/Taluka :.....

Urban Area

Address:

.....

1. Person who is in charge of making decisions about garbage disposal in your home.....
.....
2. Do you separate different types of waste at your home? Yes/ No.
Please mention if coloured bins are used.....
3. How do you dispose off your solid waste?
 - (a) A. Take it to the nearby secondary storage receptacle (Dustbin)
 - (b) B. Digging a hole around the house/in the village and bury or burn it
 - (c) C. Throw it on an open space or on the street
 - (d) D. Throw it in to the nearby river
 - (e) E. Private collectors take it
 - (f) F. Any other (specify).....
4. Any medical waste generated at home if health care is being provided? Yes/No
 - a) For medical waste, how are they collected and segregated?
.....
.....
5. Collection of garbage by Municipal? Yes/No
6. Whether door to door collection of solid waste is being done in the city/town/locality by Municipal authorities? Yes/No.
7. Is your household getting the services of solid waste collection or disposal from the Government? Yes/No
8. How many Kilograms (approximately) of solid waste are generated in your household per week?
9. Distance of dumpsite/landfill facility from city/town
10. Distance from water body.....

11. Health risk related to waste: Has anyone in your household suffered from any of these listed diseases? (Disease related to improper storage and disposal)
- (1) Diarrhea (2) Dysentery (3) Dengue (4) Typhoid (5) Ringworm (6) Scabies
 (7) Cholera (8) Malaria (9) Cough (11) Asthma (12) Skin disease
 (13) Others.....
12. Is drainage system available in your area? Yes/No
13. What is the state of drainage system within your house?

14. What kind of drainage system is it in your locality?
 (a) Open (b) Underground (c) Covered with steel grill
 (d) Mention if Others.....
15. Who maintain drainage system?
 (a) Municipal Committee (b) Self-maintained (c) Community
 (d) Mention if Others.....
16. What is the state of drainage system within your house?
 (a) Open (b) Underground (c) Covered with steel grill
 (d) Any other: specify:
17. Is toilet available at your home? Yes/No
18. Whether flush system is available in the toilet? Yes/No.
 Any Secondary Waste Storage facilities like Open waste storage sites Masonry Bins Cement concrete cylinder bins, compost etc. being used in your area? Yes/No
 (a) Please mention details if Yes.

 (b) Quantity of waste compost/generated each day.....
19. Willingness to Participate
- Composting? Yes/No
 - Recycling? Yes/No
 - Willingness to separate material for collection? Yes/No
 - Willingness to pay for pickup for recycling materials? Yes/No
 - Willingness to participate in composting programs? Yes/No
 - Willingness to return plastic bottles to stores? Yes/No
 - Willingness to purchase less throwaway products? Yes/No
 - Willingness to carry garbage to skiff? Yes/No
 - Willingness to build skiff for the community? Yes/No
20. Workshops / Trainings For Household Waste Management conducted:

| Sl.No. | Workshop/Training Title | Conducted By | Venue | Duration | Date |
|--------|-------------------------|--------------|-------|----------|------|
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