## **Appendix A**

Questionnaire on "Economic and Environmental Costs and Benefits of paper mulberry: A Case Study of Islamabad".

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

| Date:  | O                          | ecupation:        |         |      |       |      | C    | Geno | der: |      |    |   |   |   |
|--------|----------------------------|-------------------|---------|------|-------|------|------|------|------|------|----|---|---|---|
| Age:   | <del>.</del>               |                   |         |      |       |      |      |      |      |      |    |   |   |   |
| 1)     | Total Household Income     | e per month       |         |      |       |      |      |      |      |      | _• |   |   |   |
| 2)     | Where do you live?         |                   |         |      |       |      |      |      |      |      |    |   |   |   |
|        | Urban Area                 | _ F               | Rural A | rea  |       |      |      | ]    |      |      |    |   |   |   |
| 3)     | How long you lived then    | e (years)?        |         |      |       |      |      |      |      | _    |    |   |   |   |
| 4)     | Have you ever been test    | ed for allergies? |         | Yes  |       | No   |      |      |      |      |    |   |   |   |
| 5)     | If yes, did the allergy ha | s been detected   |         | Yes  |       | No   |      |      |      |      |    |   |   |   |
| Ple    | ease provide the followin  | ng information's. |         |      |       |      |      |      |      |      |    |   |   |   |
| SYM    | PTOMS Have you ever        |                   |         |      |       |      |      |      |      |      |    |   |   |   |
| had th | ne following? If not,      |                   |         |      |       |      |      |      |      |      |    |   |   |   |
| leave  | blank.                     |                   |         |      |       |      |      |      |      |      |    |   |   |   |
|        |                            | How many days     | s       |      |       |      |      |      |      |      |    |   |   |   |
|        |                            | in the month      | Ci      | rcle | the N | Mont | hs M | lost | Se   | vere |    |   |   |   |
| Runn   | y or stuffy nose           |                   | J       | F    | M     | A    | M    | J    | J    | A    | S  | О | N | D |
| Itchy  | nose                       |                   | J       | F    | M     | A    | M    | J    | J    | A    | S  | О | N | D |
| Sneez  | zing                       |                   | J       | F    | M     | A    | M    | J    | J    | A    | S  | О | N | D |
| Itchy  | eyes                       |                   | J       | F    | M     | A    | M    | J    | J    | A    | S  | О | N | D |

Note (J F M A M J J A S O N D represent the first word of the months)

Wheezing Coughing

exercise

Skin problems

Wheezing or coughing with

J F M A M J J A S O N D

J F M A M J J A S O N D

J F M A M J J A S O N D

6) Age and Gender of the number of effectees (in years) in the family

| Age Group                 | Male Frequency   | Female Frequency |  |  |  |  |  |
|---------------------------|--|------------------|--|--|--|--|--|
| 0-5                       |  |                  |  |  |  |  |  |
| 6-10                      |  |                  |  |  |  |  |  |
| 11-15                     |  |                  |  |  |  |  |  |
| 16-20                     |  |                  |  |  |  |  |  |
| 21-25                     |  |                  |  |  |  |  |  |
| 26-40                     |  |                  |  |  |  |  |  |
| 41-45                     |  |                  |  |  |  |  |  |
| 46-50                     |  |                  |  |  |  |  |  |
| 51+                       |  |                  |  |  |  |  |  |
| Healthcare Services       |  |                  |  |  |  |  |  |
| 7) How much frequently    | y you visit for treatment  | (times).         |  |  |  |  |  |
| 8) How did you travel for | How did you travel for treatment?  |                  |  |  |  |  |  |
| Voluntary car □ Ta        | Voluntary car □ Taxi □ Own/family car □ other (please specify)             |                  |  |  |  |  |  |
| State the total travel    | State the total travel cost from home to hospital and vice versa per visit |                  |  |  |  |  |  |
| Welfare Cost              |  |                  |  |  |  |  |  |
| 9) Are you working as a   | a labor?   |                  |  |  |  |  |  |
| YES                       | NO 🗆   |                  |  |  |  |  |  |

If yes, how many working days you lost due to allergy \_\_\_\_\_ (also state in monetary

10) Are you working as a government servant?

term) Rs (per day) \_\_\_\_\_\_.

YES  $\square$  NO  $\square$ 

| If yes, how many working days loss from the office in Monetary terms    |
|---|
| 11) Are you a student?  |
| YES $\square$ NO $\square$  |
| If yes, how many days loss of School                                    |
| Personal expenditure on medication                                      |
| 12) The doctor suggest medicine.  |
| YES   NO  |
| If yes, who provide the medicine?                                       |
| Free of cost by the Govt   Self-paid                                    |
| If self-paid then give the following details.                           |
| i) Entry Fees of the hospital if have                                   |
| ii) Medicine cost   |
| iii) Laboratory Test fee  |
| iv) Other Test or cost related to Medicine Cost                         |
|   |
|   |
|   |
| Before starting the hospital treatment, did you get any home treatment? |
| YES   NO  |
| If yes, what is the total cost in Rs: per month?                        |
| If no go to next question   |
|   |
| 13) What types of adaptation strategies do you use against allergy?     |

Adaptation Strategies

Cost of Adaptation

i)

ii)

Total Cost (PKR's) \_\_\_\_\_

14) Do you have any other comments about the cost of your health care that you'd like me to record?

Thank You

If yes, please specify.