

ES02	Select two of the most important methods that household consequently use to dispose waste?	<input type="checkbox"/> First <input type="checkbox"/> Second	1. Thrown in the nearest container 2. Burning 3. Throwing into a dump 4. Throwing randomly 5. Using to specific purposes (animal food, fertilizer or other) 6. Other (specify)
ES03	How many times wastes disposed last week ?	<input type="checkbox"/>	
ES04	What is your estimations to the quantities of disposed wastes last time ?	<input type="checkbox"/>	Kg
ES05	What is the distance between the nearest waste collection place and the house (dump or big container)	<input type="checkbox"/>	1. Less than or equal 500 meter 2. More than 500 meter
ES06	Consequently select two of the most important components of wastes (the first indicate to the more quantity)	<input type="checkbox"/> First <input type="checkbox"/> Second	1. Baby's nabs 2. Food wastes 3. Paper and carton 4. Rubber 5. Agricultural wastes 6. Plastic 7. Other (specify)

	EA01	EA02	EA03
	Is any of the following considered as serious problem around household 1.No go to the next row 1.Seldom go to the next row 2.Sometimes go to EA02 3.Very often go to EA03	Duration of the most exposing to this problem 1. 6 am – 12 pm 2. 12 pm – 8 pm 3. 8 pm – 6am 4. There is no specified time	Insert the figures 1,2 consequently for two most important sources to the problem (when there are no two sources You can select one)
Noise (1)	<input type="checkbox"/>	<input type="checkbox"/>	1. Traffic 2. Planes 3. Queries and stone cutting 4. Construction 5. Industrial activities 6. Other (specify)..... First <input type="checkbox"/> Second <input type="checkbox"/>
Smells (2)	<input type="checkbox"/>	<input type="checkbox"/>	1. Wastewater 2. Dumping site 3. Public restrooms 4. Transportation 5. Agricultural wastes 6. Industrial activities 7. Other (specify)..... First <input type="checkbox"/> Second <input type="checkbox"/>
Dust (3)	<input type="checkbox"/>	<input type="checkbox"/>	1. Unpaved roads 2. Queries and stone cutting 3. Construction 4. Industrial activities 5. Other (specify)..... First <input type="checkbox"/> Second <input type="checkbox"/>
Smoke (4)	<input type="checkbox"/>	<input type="checkbox"/>	1. Industrial activities 2. Waste burning 3. Transportation 4. Construction 5. Other (specify)..... First <input type="checkbox"/> Second <input type="checkbox"/>