

## Baseline Survey

IDENTIFICATION		
BLOCK NAME .....	_____	VILLAGE NUM. [ ] [ ]
VILLAGE NAME .....	_____	HOUSE NUM. [ ] [ ]
HEAD OF HOUSEHOLD NAME .....	_____	
MOTHER'S NAME .....	_____	

ENUMERATOR VISITS			
	1	2	FINAL VISIT
DATE / HOUR	_____	_____	DAY    [ ] [ ]
ENUMERATOR	_____	_____	MONTH [ ] [ ]
RESULT *	_____	_____	YEAR    2    0    0    [ ]
			RESULT [ ]

\* CODES FOR RESULT

1	COMPLETE	3	POSTPONED	5	PARTIALLY COMPLETED
2	CARETAKER NOT PRESENT	4	REFUSED	6	OTHER _____

(SPECIFY)

DATA PROCESSING			
SUPERVISED IN THE FIELD BY:	REVISED IN THE FIELD BY:	REVISED IN THE OFFICE BY:	ENTERED BY:
NAME _____ DATE _____	NAME _____ DATE _____	NAME _____ DATE _____	NAME _____ DATE _____
			NAME _____ DATE _____

## 1. Introduction

1. Start time for the interview: \_\_\_\_ hours \_\_\_\_ minutes

I'd like to start with some questions about how close you live to different things.

2. How far is your house from:

(Don't know: -99)

SN	Description	Time taken to walk one way (min.)
1	Center of the village	____ _
2	Nearest bus stop	____ _
3	Nearest all-weather road	____ _
4	Nearest surface water (stream/river/lake)	____ _
5	Nearest school	____ _
6	Health facility	____ _
7	Provision (corner) shop	____ _

3. How often do you usually go to [nearest commercial center]?

\_\_\_\_ trips

[ 1 ] per week

[ 2 ] per month

[ 3 ] per year

4. What is the most important improvement you would like to see over the next 10 years in this area? (**Circle only ONE answer. Spontaneous response first. If none, read answers**)

[ 0 ] No problem

[ 1 ] Roads

[ 2 ] Transportation

[ 3 ] Household water supply

[ 4 ] Household sanitation

[ 5 ] Schools and education

[ 6 ] Better wages

[ 7 ] Irrigation

[ 8 ] Electricity

[ 9 ] Better housing

[ 10 ] More employment

[ 11 ] Pollution

[ 12 ] Agricultural production and marketing

[ 13 ] Better health services / improved health

[ 95 ] Other (specify) \_\_\_\_\_

[-99 ] Don't know / not sure

FO COMMENTS:

## 1. Introduction [xx Reserved for Tamil translation]

1.

2.

1	____ _	
2	____ _	
3	____ _	
4	____ _	
5	____ _	
6	____ _	
7	____ _	

3.

\_\_\_\_ \_

[ 1 ]

[ 2 ]

[ 3 ]

4.

[ 0 ]

[ 1 ]

[ 2 ]

[ 3 ]

[ 4 ]

[ 5 ]

[ 6 ]

[ 7 ]

[ 8 ]

[ 9 ]

[ 10 ]

[ 11 ]

[ 12 ]

[ 13 ]

[ 95 ]

[-99 ]

5. What is the most important improvement **in the health care system** you would like to see over the next 10 years in this area?

**(Circle only ONE answer. Spontaneous response first. If none, read answers)**

- [ 0 ] No problem
- [ 1 ] New health facility in village
- [ 2 ] Improve existing health facility
- [ 3 ] Village pharmacy
- [ 4 ] Medical insurance / aid
- [ 5 ] Vaccination
- [ 6 ] Ambulance services / better transport to health facility
- [ 7 ] Free / cheaper medicine and treatment
- [ 8 ] Health education
- [ 9 ] Elderly care
- [ 10 ] Facility for women
- [ 11 ] Lower infant mortality
- [ 95 ] Other (specify) \_\_\_\_\_
- [-99 ] Don't know / not sure

5.

- [ 0 ]
- [ 1 ]
- [ 2 ]
- [ 3 ]
- [ 4 ]
- [ 5 ]
- [ 6 ]
- [ 7 ]
- [ 8 ]
- [ 9 ]
- [ 10 ]
- [ 11 ]
- [ 95 ]
- [-99 ]

6. What is the most important disease in this community?

**(Circle only ONE answer. Spontaneous response first. If none, read answers)**

- [ 0 ] No problem
- [ 1 ] Diarrhea
- [ 2 ] Typhoid
- [ 3 ] Cholera
- [ 4 ] Cough, cold, pneumonia (ARI)
- [ 5 ] Fever
- [ 6 ] Malaria
- [ 7 ] Tuberculosis (TB)
- [ 8 ] Skin disease
- [ 9 ] Jaundice (hepatitis)
- [ 10 ] Measles
- [ 11 ] HIV / AIDS
- [ 12 ] Reproductive health
- [ 95 ] Other (specify) \_\_\_\_\_
- [-99 ] Don't know / not sure

6.

- [ 0 ]
- [ 1 ]
- [ 2 ]
- [ 3 ]
- [ 4 ]
- [ 5 ]
- [ 6 ]
- [ 7 ]
- [ 8 ]
- [ 9 ]
- [ 10 ]
- [ 11 ]
- [ 12 ]
- [ 95 ]
- [-99 ]

PERCEPTIONS OF DIARRHEA

Remember, we just want to know what you think; there are no right or wrong answers.

7. In your opinion, what are the symptoms of diarrhea?



(Circle all that apply. Spontaneous response. Prompt 1-2 times.)

- [ 1 ] Frequent stools (3 or more in one day)
- [ 2 ] Loose or watery stool
- [ 3 ] Blood or mucus in stool
- [ 4 ] Abdominal pain
- [ 5 ] Nausea
- [ 6 ] Fontanel depression (soft part sunken)
- [ 7 ] Fever
- [ 8 ] Vomiting
- [ 9 ] Weakness (loss of weight, thinned/weakened limbs, not eating or drinking well)
- [10] Dehydration (marked thirst, absence of tears, dried lips, persistent skin fold)
- [ 11 ] Headache
- [ 95 ] Other (specify) \_\_\_\_\_
- [ -99 ] Don't know / not sure

8. Does [CAUSE] cause diarrhea?



SN	Cause	(1) Yes	(2) No	(-99) Don't know / not sure
1	Eating stale foods	1	2	-99
2	Eating food from street vendors	1	2	-99
3	Eating food touched by flies	1	2	-99
4	Unclean / smelly food	1	2	-99
5	Drinking dirty water	1	2	-99
6	Using dirty latrines / open defecation	1	2	-99
7	Not washing hands	1	2	-99
8	Bad weather / weather change	1	2	-99
9	Exposure to sun	1	2	-99
10	Teething / new teeth	1	2	-99
11	Some types of vaccines	1	2	-99
12	Household uncleanliness	1	2	-99
13	Village uncleanliness	1	2	-99

FO COMMENTS:

7.

- [ 1 ]
- [ 2 ]
- [ 3 ]
- [ 4 ]
- [ 5 ]
- [ 6 ]
- [ 7 ]
- [ 8 ]
- [ 9 ]
- [ 10 ]
- [ 11 ]
- [ 95 ]
- [ -99 ]

8.

1	1	2 -99
2	1	2 -99
3	1	2 -99
4	1	2 -99
5	1	2 -99
6	1	2 -99
7	1	2 -99
8	1	2 -99
9	1	2 -99
10	1	2 -99
11	1	2 -99
12	1	2 -99
13	1	2 -99

9. Do you think diarrhea can be prevented?  
[ 1 ] Yes  
[ 2 ] No (skip to Section 2)  
[-99 ] Don't know / not sure (skip to Section 2)

10. Do you think [PREVENTION] prevents diarrhea? 

SN	Prevention	(1) Yes	(2) No	(-99) Don't know / not sure
1	Washing food before eating	1	2	-99
2	Covering food while stored	1	2	-99
3	Washing hands	1	2	-99
4	Boiling water	1	2	-99
5	Keeping children out of the rain	1	2	-99
6	Using a latrine	1	2	-99
7	Breastfeeding infants	1	2	-99
8	Bathing children	1	2	-99
9	Keeping children out of the heat / sun	1	2	-99
10	Clean house and yard	1	2	-99

9.  
[ 1 ]  
[ 2 ]  
[-99 ]

10.

1	1	2 -99
2	1	2 -99
3	1	2 -99
4	1	2 -99
5	1	2 -99
6	1	2 -99
7	1	2 -99
8	1	2 -99
9	1	2 -99
10	1	2 -99

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## 2. Family Roster and Demographics

SN	1 Family ID  (Use codes 1, 2, 3 to list members from the 1 <sup>st</sup> , 2 <sup>nd</sup> and 3 <sup>rd</sup> subfamily)	2 Name  List all family members living in the household  List in order of family from oldest to youngest	3 Circle the family member who is answering the general household questions  (1) Yes	4 Sex  (1) Male (2) Female	5 Relationship to head:  (1) Head (2) Wife/husband (3) Child /adopted child (4) Grandchild (5) Niece / nephew (6) Father / mother (7) Sister / brother (8) Grandparent (9) Son/daughter In law (10) Brother/sister In law (11) Father/mother In law (13) Housekeeper (14) Great grandchild (95) Other (specify) _____	6 How old is [NAME]?  Record age in years  If < 1 year old record age in months.  If < 1 month old record age in days.  (-99) Don't know			7 Ask if woman aged 15 – 45 years: Is [NAME] pregnant or breastfeeding?  (1) No (2) Yes, breastfeed (3) Yes, pregnant (4) Yes, both (-99) Don't know	8 Ask if UNDER 5 YEARS OLD: When was [NAME] born?  What is [NAME'S] birthday?  Year should be 2002 or later.	9 For each child < 5 years old, identify their biological mother and father, if they live in the home.  Record the SN of the biological mother and father  -66 Don't live here -77 Orphaned -88 Fostered		10 Ask if UNDER 5 YEARS OLD: Who is [NAME'S] primary care giver?  Record the SN. Make sure that this person <u>can</u> be available for health questions.	S N
						Y	M	D		Month / 2 0 __ __	Mother	Father		
1	__		1	1 2					1 2 3 4 -99	__ / __				1
2	__		1	1 2					1 2 3 4 -99	__ / __				2
3	__		1	1 2					1 2 3 4 -99	__ / __				3
4	__		1	1 2					1 2 3 4 -99	__ / __				4
5	__		1	1 2					1 2 3 4 -99	__ / __				5
6	__		1	1 2					1 2 3 4 -99	__ / __				6
7	__		1	1 2					1 2 3 4 -99	__ / __				7
8	__		1	1 2					1 2 3 4 -99	__ / __				8
9	__		1	1 2					1 2 3 4 -99	__ / __				9
10	__		1	1 2					1 2 3 4 -99	__ / __				10

2. Family Roster and Demographics [xx Reserved for Tamil translation]

SN	1	2	3	4	5	6			7	8	9		10	S N
						Y	M	D		Month / 2 0 __ __	Mother	Father		
1	—		1	1 2					1 2 3 4 -99	__ __ / __ __				1
2	—		1	1 2					1 2 3 4 -99	__ __ / __ __				2
3	—		1	1 2					1 2 3 4 -99	__ __ / __ __				3
4	—		1	1 2					1 2 3 4 -99	__ __ / __ __				4
5	—		1	1 2					1 2 3 4 -99	__ __ / __ __				5
6	—		1	1 2					1 2 3 4 -99	__ __ / __ __				6
7	—		1	1 2					1 2 3 4 -99	__ __ / __ __				7
8	—		1	1 2					1 2 3 4 -99	__ __ / __ __				8
9	—		1	1 2					1 2 3 4 -99	__ __ / __ __				9
10	—		1	1 2					1 2 3 4 -99	__ __ / __ __				10



## Family Employment and Education

SN	Record the name of each individual from Q 2	11 What is [NAME]'s main work? <i>Note, work is described as an activity that earns an income and maintains livelihood.</i>  ( 1 ) Not working and not looking for work ( 2 ) Looking for work ( 3 ) Work on own farm only ( 4 ) Work on own farm and other's farm ( 5 ) Work on other's farm as wage labor ( 6 ) Work on other's farm as share cropper ( 7 ) Construction ( 8 ) Skilled artisan ( 9 ) Factory worker (10) Self-employed business (11) Help in hotel (12) Shop assistance (13) Government service (14) Teacher / lecturer / professor (15) Nurse (16) Student (17) Housework (18) Driver (19) Too old / retired (20) Too young to work (95) Other (specify) _____ (-99) Don't know / not sure	12 Can [NAME] read newspapers?  (1) Not at all (2) Yes, easily (3) Yes, with difficulty (-99) Don't know	13 <b>Ask if older than 5 years old:</b>  What is the highest level of education [NAME] has <u>completed</u> ?  <b>(Do not include kindergarten / Aanganwadi)</b>  (1) No education (2) Primary school (3) Middle school (4) High school (5) Higher secondary (6) College (7) Graduate school  (-99) Don't know / not sure	SN
	Name				
1		___ _	1 2 3 -99	1 2 3 4 5 6 7 -99	1
2		___ _	1 2 3 -99	1 2 3 4 5 6 7 -99	2
3		___ _	1 2 3 -99	1 2 3 4 5 6 7 -99	3
4		___ _	1 2 3 -99	1 2 3 4 5 6 7 -99	4
5		___ _	1 2 3 -99	1 2 3 4 5 6 7 -99	5
6		___ _	1 2 3 -99	1 2 3 4 5 6 7 -99	6
7		___ _	1 2 3 -99	1 2 3 4 5 6 7 -99	7
8		___ _	1 2 3 -99	1 2 3 4 5 6 7 -99	8
9		___ _	1 2 3 -99	1 2 3 4 5 6 7 -99	9
10		___ _	1 2 3 -99	1 2 3 4 5 6 7 -99	10

FO COMMENTS:

Family Employment and Education [xx Reserved for Tamil Trasnlation]

SN		11	12	13	SN
1		___	1 2 3 -99	1 2 3 4 5 6 7 -99	1
2		___	1 2 3 -99	1 2 3 4 5 6 7 -99	2
3		___	1 2 3 -99	1 2 3 4 5 6 7 -99	3
4		___	1 2 3 -99	1 2 3 4 5 6 7 -99	4
5		___	1 2 3 -99	1 2 3 4 5 6 7 -99	5
6		___	1 2 3 -99	1 2 3 4 5 6 7 -99	6
7		___	1 2 3 -99	1 2 3 4 5 6 7 -99	7
8		___	1 2 3 -99	1 2 3 4 5 6 7 -99	8
9		___	1 2 3 -99	1 2 3 4 5 6 7 -99	9
10		___	1 2 3 -99	1 2 3 4 5 6 7 -99	10

FO COMMENTS:

# School absenteeism

SN	Record the name of each individual from last page or Q 2	<b>14</b> Ask if <u>older</u> than 5 years old:  Is [NAME] currently enrolled in school?  ( 1 ) Yes ( 2 ) No ( <b>SKIP</b> to next person) (-99) Don't Know ( <b>SKIP</b> to next person)	<b>15</b> How long does it take [NAME] to travel to school?   Time one way		<b>16</b> Is [NAME] currently on seasonal break or vacation?  (1) Yes ( <b>SKIP</b> to next person) (2) No (-99) Don't know	<b>17</b> Last [DAY] did [NAME] attend school?  <b>Record code for each day:</b> ( 1 ) Yes ( 2 ) No, due to illness ( 3 ) No, due to caring for sick relative ( 4 ) No, due to school closure or teacher absence ( 5 ) No, did not want to go ( 6 ) No, other reason ( 7 ) No, unknown reason (-99) Don't know / not sure				
	Name		Hours	Minutes		MON	TUES	WED	THUR	FRI
1		1 2 -99			1 2 -99					
2		1 2 -99			1 2 -99					
3		1 2 -99			1 2 -99					
4		1 2 -99			1 2 -99					
5		1 2 -99			1 2 -99					
6		1 2 -99			1 2 -99					
7		1 2 -99			1 2 -99					
8		1 2 -99			1 2 -99					
9		1 2 -99			1 2 -99					
10		1 2 -99			1 2 -99					


School absenteeism [xx Reserved for Tamil Translation]

SN		14	15		16	17				
	Name		Hours	Minutes		MON	TUES	WED	THUR	FRI
1		1 2 -99			1 2 -99					
2		1 2 -99			1 2 -99					
3		1 2 -99			1 2 -99					
4		1 2 -99			1 2 -99					
5		1 2 -99			1 2 -99					
6		1 2 -99			1 2 -99					
7		1 2 -99			1 2 -99					
8		1 2 -99			1 2 -99					
9		1 2 -99			1 2 -99					
10		1 2 -99			1 2 -99					

### 3. Child Health (children < 5 only)

Questions in section 3 need to be answered by the child's primary caretaker!


#### Observations

CID	1 Name  <i>Using Roster (page 6):</i>  <i>List all children &lt; 5 years in the household</i>  <i>List children in order of family from <u>oldest to youngest</u></i>	2 <b>IMPORTANT!</b>  <i>List [NAME]'s SN from the household Roster</i>	3 <i>Is [NAME]'s primary care giver available to answer health questions?</i>  (1) Yes → (2) No ↓ <b>Schedule a time to return to complete the child health module.</b>	4 Is [NAME] present?  (1) Yes (2) No (>> Q6)	5  <i>Does the child have:</i>  (1) Yes (2) No (-99) Cannot evaluate(specify)  _____							CID
	Name	SN			Dirty Hands	Soil / mud in nails	Dirty Face	Dirty Clothes	No Clothes	Shoes	Pot Belly	
1			1 2	1 2	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1
2			1 2	1 2	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	2
3			1 2	1 2	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	3
4			1 2	1 2	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	4
5			1 2	1 2	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	5
6			1 2	1 2	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	6

FO COMMENTS:

3. Child Health (children < 5 only) [xx Reserved for Tamil translation]

Observations [xx Reserved for Tamil translation]

CID	1	2	3  (1) → (2) ↓ <i>Schedule a time to return to complete the child health module.</i>	4  (1) (2)	5    (1) (2) (-99)							CID
	Name	SN			Dirty Hands	Soil / mud in nails	Dirty Face	Dirty Clothes	No Clothes	Shoes	Pot Belly	
1			1 2	1 2	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1
2			1 2	1 2	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	2
3			1 2	1 2	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	3
4			1 2	1 2	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	4
5			1 2	1 2	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	5
6			1 2	1 2	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	1 2 -99	6

# Breastfeeding, Vaccinations and Major Illnesses

CID	Name	6 Was / is [NAME] breastfed after birth?  (1) Yes, current (2) Yes, previous (3) No (>> Q9) (-99) Don't know	7 For how many months was / has [NAME] breastfed?  years months 1 12 1.5 18 2 24	8 At what age did you start giving [NAME] food?  (95) No food yet  years months 1 12 1.5 18 2 24	9 Are [NAME]'s vaccinations current?  (1) Yes (2) No (>> Q11) (-99) Don't know (>> Q11)	10 Do you have a vaccination card for [NAME]? Can you show me?  (1) Yes (2) No (-99) Don't know	11 Has [NAME] had any major illnesses in the previous month?  (1) Yes (2) No (-99) Don't know (>> Q14)	12 <b>If had major illness:</b>  What major illnesses did (does) [NAME] have? <b>(Spontaneous response. Circle all that apply.)</b> (1) Diarrhea (2) Pneumonia (3) TB (4) Malaria (5) Typhoid (6) Cholera (7) HIV /AIDS (8) Measles (9) Fever (10) Jaundice (95) Other (specify) _____ (-99) Don't know	13 <b>If had major illness:</b>  Did you take [NAME] to the hospital?  (1) Yes (2) No (-99) Don't know	CID
			Total Months Breastfed	Age Started Food Months				Circle all that apply		
1		1 2 3 -99			1 2 -99	1 2 -99	1 2 -99	1 2 3 4 5 6 7 8 9 95 -99	1 2 -99	1
2		1 2 3 -99			1 2 -99	1 2 -99	1 2 -99	1 2 3 4 5 6 7 8 9 95 -99	1 2 -99	2
3		1 2 3 -99			1 2 -99	1 2 -99	1 2 -99	1 2 3 4 5 6 7 8 9 95 -99	1 2 -99	3
4		1 2 3 -99			1 2 -99	1 2 -99	1 2 -99	1 2 3 4 5 6 7 8 9 95 -99	1 2 -99	4
5		1 2 3 -99			1 2 -99	1 2 -99	1 2 -99	1 2 3 4 5 6 7 8 9 95 -99	1 2 -99	5
6		1 2 3 -99			1 2 -99	1 2 -99	1 2 -99	1 2 3 4 5 6 7 8 9 95 -99	1 2 -99	6

**Breastfeeding. Vaccinations and Major Illness [xx Reserved for Tamil translation]**

CID	Name	6	7	8	9	10	11	12	13	CID
			Total Months Breastfed	Month Started Food				Circle all that apply		
1		1 2 3 -99			1 2 -99	1 2 -99	1 2 -99	1 2 3 4 5 6 7 95 -99	1 2 -99	1
2		1 2 3 -99			1 2 -99	1 2 -99	1 2 -99	1 2 3 4 5 6 7 95 -99	1 2 -99	2
3		1 2 3 -99			1 2 -99	1 2 -99	1 2 -99	1 2 3 4 5 6 7 95 -99	1 2 -99	3
4		1 2 3 -99			1 2 -99	1 2 -99	1 2 -99	1 2 3 4 5 6 7 95 -99	1 2 -99	4
5		1 2 3 -99			1 2 -99	1 2 -99	1 2 -99	1 2 3 4 5 6 7 95 -99	1 2 -99	5
6		1 2 3 -99			1 2 -99	1 2 -99	1 2 -99	1 2 3 4 5 6 7 95 -99	1 2 -99	6



# Child Health Calendar (ARI, Diarrhea, and HCGI)

(REPEAT FOR EACH CHILD < 5 YEARS OLD)

CID : [ ] NAME \_\_\_\_\_

Now I would like to ask about the health of [NAME] in the last 14 days.

	14	15	16	17	18	19	20	21	22	23	24	25	26	27
In the last 14 days, did he/she have:	Fever?	Constant Cough?	Congestion?	Panting/ wheezing/ difficulty breathing?	Stomach pain or cramps?	Nausea?	Vomit?	3 or more bowel movements in one day and one night?	Watery or soft stool?	Mucus or Blood in the stool?	Refuse to feed / eat?	Abrasion, scrapes or bruising?	Skin itching on the body or scalp?	Do you think that [Symptoms] are / were serious?
DK : -99	-99	-99	-99	-99	-99	-99	-99	-99	-99	-99	-99	-99	-99	-99
YES : 1	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
NO : 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
When did (SYMPTOM) begin?	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	
days ago 1	1	1	1	1	1	1	1	1	1	1	1	1	1	
OR	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]	
weeks ago 2	2	2	2	2	2	2	2	2	2	2	2	2	2	
	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]	
How many days did (SYMPTOM) last?	↓	↓	MARK AN "X" ON THE FIRST AND LAST DAY AND CONNECT THEM WITH A LINE										↓	
days ago														14
14														14
13														13
12														12
11														11
10														10
9														9
8														8
7														7
6														6
5														5
4														4
3														3
2														2
Yester. 1														1
Today 0														0

HAS CHILD HAD CONSTANT COUGH (YES IN Q 15)?



28. Measure the number of chest rises for child over 30 seconds:

A) Breaths: \_ \_ \_

B) Result of breathing rate measurement (circle code)

- [ 1 ] Measured
- [ 2 ] Not present
- [ 3 ] Refused

[ 95 ] Other (specify) \_\_\_\_\_

29. Do you observe lower chest wall indrawing?

- [ 1 ] Yes
- [ 2 ] No
- [-99] Could not evaluate (specify) \_\_\_\_\_

30. Do you hear the child wheezing or whistling upon inhalation or exhalation?

- [ 1 ] Yes
- [ 2 ] No
- [-99] Could not evaluate (specify) \_\_\_\_\_

FO COMMENTS:

# Child Health Calendar (ARI, Diarrhea, and HCGI) [xx Reserved for Tamil Translation]

(REPEAT FOR EACH CHILD < 5 YEARS OLD)

CID : [ ] NAME \_\_\_\_\_

Now I would like to ask about the health of [NAME] in the last 14 days.

	14	15	16	17	18	19	20	21	22	23	24	25	26	27
In the last 14 days, did he/she have:	Fever?	Constant Cough?	Congestion?	Panting/ wheezing/ difficulty breathing?	Stomach pain or cramps?	Nausea?	Vomit?	3 or more bowel movements in one day and one night?	Watery or soft stool?	Mucus or Blood in the stool?	Refuse to feed / eat?	Abrasion, scrapes or bruising?	Skin itching on the body or scalp?	Do you think that [Symptoms] are / were serious?
DK : -99	-99	-99	-99	-99	-99	-99	-99	-99	-99	-99	-99	-99	-99	-99
YES : 1	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
NO : 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
When did (SYMPTOM) begin?	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	
days ago 1	1	1	1	1	1	1	1	1	1	1	1	1	1	
OR	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]	
weeks ago 2	2	2	2	2	2	2	2	2	2	2	2	2	2	
	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]	
How many days did (SYMPTOM) last?	↓	↓	MARK AN "X" ON THE FIRST AND LAST DAY AND CONNECT THEM WITH A LINE										↓	
days ago														14
14														14
13														13
12														12
11														11
10														10
9														9
8														8
7														7
6														6
5														5
4														4
3														3
2														2
Yester. 1														Yestr.
Today 0														Today

HAS CHILD HAD CONSTANT COUGH (YES IN Q 15)? 

28. Measure the number of chest rises for child over 30 seconds:

A) Breaths: \_ \_ \_

B) Result of breathing rate measurement (circle code)

- [ 1 ] Measured
- [ 2 ] Not present
- [ 3 ] Refused
- [ 5 ] Other (specify) \_\_\_\_\_

29. Do you observe lower chest wall indrawing?

- [ 1 ] Yes
- [ 2 ] No
- [-99] Could not evaluate (specify) \_\_\_\_\_

30. Do you hear the child wheezing or whistling upon inhalation?

- [ 1 ] Yes
- [ 2 ] No
- [-99] Could not evaluate (specify) \_\_\_\_\_

FO COMMENTS:

## Treatment and Non-Health Impacts

CID	Name	<b>31a</b> <i>If child had any illness symptoms (YES in Q14 – Q26):</i>  Did you seek medical advice for [NAME]?  1 Yes 2 No (>> Q33) -99 Don't know / not sure (>> Q33)	<b>31b</b> <i>If child had any illness symptoms (YES in Q14 – Q26):</i>  What type of medical advice did you seek for [NAME]?  If so, what type? <i>Circle all that apply</i> 1 Outpatient 2 Inpatient 3 House visit 95 Other (specify) _____ -99 Don't know / not sure	<b>32</b> YES in Q31?  How much did you pay for all the treatments and advice you sought for [NAME]?	<b>33</b> <i>If child had any illness symptoms (YES in Q14 – Q26) :</i>  Were household members unable to work because they were caring for [NAME]?  Days = 0 – 14  <i>Record SN number of individual and number of days missed.</i>  <i>Record up to two people.</i>		<b>34</b> <i>If child had any illness symptoms (YES in Q14 – Q26):</i>  Did any family members miss school because they were caring for [NAME]?  Days = 0 – 14  <i>Record SN number of sibling and number of days missed</i>  <i>Record up to two people.</i>		CID
	Name		<i>Circle all that apply</i>	Rupees	SN	Days	SN	Days	
1		1 2 -99	1 2 3 95 -99		1 2	1 2	1 2	1 2	1
2		1 2 -99	1 2 3 95 -99		1 2	1 2	1 2	1 2	2
3		1 2 -99	1 2 3 95 -99		1 2	1 2	1 2	1 2	3
4		1 2 -99	1 2 3 95 -99		1 2	1 2	1 2	1 2	4
5		1 2 -99	1 2 3 95 -99		1 2	1 2	1 2	1 2	5
6		1 2 -99	1 2 3 95 -99		1 2	1 2	1 2	1 2	6

**Treatment and Non-Health Impacts [xx Reserved for Tamil translation]**

CID		31a	31b	32	33		34		CID
	Name		<i>Circle all that apply</i>	Rupees	SN	Days	SN	Days	
1		1 2 -99	1 2 95 -99						1
2		1 2 -99	1 2 95 -99						2
3		1 2 -99	1 2 95 -99						3
4		1 2 -99	1 2 95 -99						4
5		1 2 -99	1 2 95 -99						5
6		1 2 -99	1 2 95 -99						6

## 4. Handwashing

Questions in section 4 should preferably be answered by the child's primary caretaker!

1. Is the children's primary caretaker answering the questions?


[ 1 ] Yes

[ 2 ] No


2. When do you and your children under 5 years old usually wash your hands?

Any other times?

**(DO NOT READ. Spontaneous response. First ask the question to the respondent, then ask about her children.)**

SN	 Occasion	a. You (1) Yes	b. Children < 5 (1) Yes
1	Before preparing food or cooking	1	
2	After preparing food or cooking	1	
3	Before eating	1	1
4	After eating	1	1
5	Before serving food	1	
6	After serving food	1	
7	Before feeding children	1	
8	After changing baby / handing baby's feces	1	
9	After defecation	1	1
10	After attending cattle or other animals	1	
11	After cleaning house / cattle shed	1	
12	After returning from work / outside visit	1	1
95	Other (specify) _____	1	1
-99	NO RESPONSE / DON'T KNOW	1	1

3. Could I please see the area where you usually wash your hands?

SN	 Do you observe in the handwashing area?	(1) Yes (2) No
1	Flies	1 2
2	Water from tap or container	1 2
3	Soap or detergent	1 2
4	Ash	1 2
5	Towel or cloth	1 2
6	Basin or sink	1 2

4. Did you wash your hands in the past 24 hours (since this time yesterday)?

[ 1 ] Yes

[ 2 ] No (>> Q 6)

[-99] Don't know (>> Q 6)

FO COMMENTS:


## 4. Handwashing [xx Reserved for Tamil translation]

1.


[ 1 ]

[ 2 ]

2.

SN			
1		1	
2		1	
3		1	1
4		1	1
5		1	
6		1	
7		1	
8		1	
9		1	1
10		1	
11		1	
12		1	1
95		1	1
-99		1	1

3.

SN		
1		1 2
2		1 2
3		1 2
4		1 2
5		1 2
6		1 2


4.

[ 1 ]

[ 2 ]

[-99]

5. If YES (washed hands), when and how did you wash your hands? Any other times? (**DO NOT PROMPT. Spontaneous response. Circle all that apply.**)

SN	 Occasion	Water only (1) Yes	Water & soap (1) Yes	Water & soil (1) Yes	Water & ash (1) Yes	Water & hay (1) Yes	Other (1) Yes
1	Before preparing food or cooking	1	1	1	1	1	1
2	After preparing food or cooking	1	1	1	1	1	1
3	Before eating	1	1	1	1	1	1
4	After eating	1	1	1	1	1	1
5	Before serving food	1	1	1	1	1	1
6	After serving food	1	1	1	1	1	1
7	Before feeding children	1	1	1	1	1	1
8	After changing baby / handing baby's feces	1	1	1	1	1	1
9	After defecation	1	1	1	1	1	1
10	After attending cattle	1	1	1	1	1	1
11	After cleaning house / cattle shed	1	1	1	1	1	1
12	After returning from work / outside visit	1	1	1	1	1	1
95	Other (specify) _____	1	1	1	1	1	1


6. Do you think that washing your hands with just water is just as good as washing your hands with water and soap?

[ 1 ] Water without soap is as good

[ 2 ] Water with soap is better

[-99] Don't know / not sure

5. [xx Reserved for Tamil translation]

SN							
1		1	1	1	1	1	1
2		1	1	1	1	1	1
3		1	1	1	1	1	1
4		1	1	1	1	1	1
5		1	1	1	1	1	1
6		1	1	1	1	1	1
7		1	1	1	1	1	1
8		1	1	1	1	1	1
9		1	1	1	1	1	1
10		1	1	1	1	1	1
11		1	1	1	1	1	1
12		1	1	1	1	1	1
95		1	1	1	1	1	1

6.

[ 1 ]

[ 2 ]

[-99]

FO COMMENTS:

## 5. Water Sources

Ask Questions 1, 2, and (3) for every water source, in order.

Proceed with Questions 5 through 15, one source at a time for sources that are used (Q2 = 1)

SN	Sources of water in this neighborhood or locality	1 Is it possible for households in this village to get water from [SOURCE]?  (1) Yes (>> Q2) (2) No (>> next) (-99) Don't know (>> next)  ↓	2 Does your household use water from [SOURCE]?  (1) Yes (>> Q3) (2) No (>> Q3) (-99) Don't know	3 Could you please tell me why your household does not get water from [SOURCE]? <i>(Circle all that apply. Spontaneous response. Prompt 1-2 times.)</i>  (1) Not safe / contaminated (2) Inconvenient (3) Bad smell, taste or color (4) Expensive, pay much (5) Insufficient supply of water (6) Unreliable / irregular supply (7) Other alternative (95) Other (specify) (-99) Don't know / not sure	4 Which is your main source?  <i>(Circle only one SN)</i>	5 Could you please tell me why you use water from [SOURCE]? <i>(Circle all that apply. Spontaneous response. Prompt 1-2 times.)</i>  (1) Safe for drinking / cooking (2) Convenient (3) Good smell, taste or color (4) Cheap – don't pay much (5) Sufficient supply of water (6) Reliable supply of water (7) No other alternative (95) Other (specify) (-99) Don't know / not sure	6 Could you please provide more detail about your water source.  <i>(Read the answers. Circle all that apply.)</i>	7 What is your opinion about the <b>taste</b> of the water from [SOURCE] (before any treatment)?  <i>(Read the answers) Circle only ONE</i>  (1) Excellent (2) Good (3) Poor (4) Bad (-99) Don't know	8 How would you judge the <b>color</b> of the water from [SOURCE] (before any treatment)?  <i>(Read the answers) Circle only ONE</i>  (1) Very Clean (2) Clean (3) Dirty (4) Very Dirty (-99) Don't know
				Circle all that apply		Circle all that apply			
1	Private water connection	1 2 -99	1 2 -99	1 2 3 4 5 6 7 95 -99	1	1 2 3 4 5 6 7 95 -99	[ 1 ] Yard tap [ 2 ] In-house	1 2 3 4 -99	1 2 3 4 -99
2	Public tap	1 2 -99	1 2 -99	1 2 3 4 5 6 7 95 -99	1	1 2 3 4 5 6 7 95 -99	[ 3 ] Stand post	1 2 3 4 -99	1 2 3 4 -99
3	Private well (tube well / bore well / dug well etc.)	1 2 -99	1 2 -99	1 2 3 4 5 6 7 95 -99	1	1 2 3 4 5 6 7 95 -99	[ 4 ] Tube/bore [ 5 ] Dug well	1 2 3 4 -99	1 2 3 4 -99
4	Public well (tube well / bore well / dug well etc.)	1 2 -99	1 2 -99	1 2 3 4 5 6 7 95 -99	1	1 2 3 4 5 6 7 95 -99	[ 4 ] Tube/bore [ 5 ] Dug well	1 2 3 4 -99	1 2 3 4 -99
5	Neighbors (that give water away)	1 2 -99	1 2 -99	1 2 3 4 5 6 7 95 -99	1	1 2 3 4 5 6 7 95 -99	[ 6 ] Private tap [ 7 ] Private well	1 2 3 4 -99	1 2 3 4 -99
6	Surface water (river / stream / spring / lake / pond / dam)	1 2 -99	1 2 -99	1 2 3 4 5 6 7 95 -99	1	1 2 3 4 5 6 7 95 -99	[ 8 ] River/stream [ 9 ] Lake/pond [10] Dam	1 2 3 4 -99	1 2 3 4 -99
7	Tanker / vender	1 2 -99	1 2 -99	1 2 3 4 5 6 7 95 -99	1	1 2 3 4 5 6 7 95 -99		1 2 3 4 -99	1 2 3 4 -99
8	Rainwater	1 2 -99	1 2 -99	1 2 3 4 5 6 7 95 -99	1	1 2 3 4 5 6 7 95 -99	[11] Barrel [12] Soak pit	1 2 3 4 -99	1 2 3 4 -99

## 5. Water Sources [xx Reserved for Tamil translation]

Ask Question 1, for every water source, in order.  
Ask Q2, Q3 as instructed by skip patterns

Proceed with Questions 5 through 15, one source at a time for  
sources that are used (Q2 = 1)

SN		1 (1) (2) (-99)  ↓	2 (1) (2) (-99)	3 (1) (2) (3) (4) (5) (6) (7) (95) (-99)	4	5 (1) (2) (3) (4) (5) (6) (7) (95) (-99)	6	7 (1) (2) (3) (4) (-99)	8 (1) (2) (3) (4) (-99)
				Circle all that apply		Circle all that apply			
1	Private water connection	1 2 -99	1 2 -99	1 2 3 4 5 6 7 95 -99	1	1 2 3 4 5 6 7 95 -99	[ 1 ] [ 2 ]	1 2 3 4 -99	1 2 3 4 -99
2	Public tap	1 2 -99	1 2 -99	1 2 3 4 5 6 7 95 -99	1	1 2 3 4 5 6 7 95 -99	[ 3 ]	1 2 3 4 -99	1 2 3 4 -99
3	Private well (tube well / bore well / dug well etc.)	1 2 -99	1 2 -99	1 2 3 4 5 6 7 95 -99	1	1 2 3 4 5 6 7 95 -99	[ 4 ] [ 5 ]	1 2 3 4 -99	1 2 3 4 -99
4	Public well (tube well / bore well / dug well etc.)	1 2 -99	1 2 -99	1 2 3 4 5 6 7 95 -99	1	1 2 3 4 5 6 7 95 -99	[ 4 ] [ 5 ]	1 2 3 4 -99	1 2 3 4 -99
5	Neighbors (that give water away)	1 2 -99	1 2 -99	1 2 3 4 5 6 7 95 -99	1	1 2 3 4 5 6 7 95 -99	[ 6 ] [ 7 ]	1 2 3 4 -99	1 2 3 4 -99
6	Surface water (river / stream / spring / lake / pond / dam)	1 2 -99	1 2 -99	1 2 3 4 5 6 7 95 -99	1	1 2 3 4 5 6 7 95 -99	[ 8 ] [ 9 ] [10]	1 2 3 4 -99	1 2 3 4 -99
7	Tanker / vender	1 2 -99	1 2 -99	1 2 3 4 5 6 7 95 -99	1	1 2 3 4 5 6 7 95 -99		1 2 3 4 -99	1 2 3 4 -99
8	Rainwater	1 2 -99	1 2 -99	1 2 3 4 5 6 7 95 -99	1	1 2 3 4 5 6 7 95 -99	[11] [12]	1 2 3 4 -99	1 2 3 4 -99



## Water sources (continued)

SN	Sources of water in this neighborhood or locality	<b>9</b> How would you judge the <b>safety</b> of the water from [SOURCE] (before any treatment)?  <i>(Read the answers)</i> <b>Circle only ONE</b>  (1) No risk (2) Little risk (3) Some risk (4) Serious risk (-99) Don't know	<b>10</b> How would you judge the <b>reliability</b> of the water from [SOURCE] (before any treatment)?  <i>(Read the answers)</i> <b>Circle only ONE</b>  (1) Very regular (2) Regular (3) Irregular (4) Unreliable (-99) Don't know	<b>11</b> How would you judge the <b>smell</b> of the water from [SOURCE] (before any treatment)?  <i>(Read the answers)</i> <b>Circle only ONE</b>  (1) No smell (2) Little smell (3) Serious smell (-99) Don't know	<b>12</b> How many times per day does your household collect water from [SOURCE]?  (-99) Don't Know	<b>13</b> How long does it take to walk to the nearest [SOURCE], get water, and return?  (-99) Don't Know	<b>14</b> Who mainly collects the water from [SOURCE]?  <b>(Circle only ONE)</b> (1) Mother (2) Father (3) Girl < 15 yrs (4) Boy < 15 yrs (5) Servant (95) Other (specify) _____ (-99) Don't know	<b>15</b> Do you use water from [SOURCE] for the following activities?  (1) Yes (2) No				
					Trips / day	Minutes		Drinking	Cooking	Bathing	Washing	Other
1	Private water connection	1 2 3 4 -99	1 2 3 4 -99	1 2 3 4 -99	_____	_____	1 2 3 4 5 95 -99	1 2	1 2	1 2	1 2	1 2
2	Public tap	1 2 3 4 -99	1 2 3 4 -99	1 2 3 4 -99	_____	_____	1 2 3 4 5 95 -99	1 2	1 2	1 2	1 2	1 2
3	Private well (tube well / bore well / dug well etc.)	1 2 3 4 -99	1 2 3 4 -99	1 2 3 4 -99	_____	_____	1 2 3 4 5 95 -99	1 2	1 2	1 2	1 2	1 2
4	Public well (tube well / bore well / dug well etc.)	1 2 3 4 -99	1 2 3 4 -99	1 2 3 4 -99	_____	_____	1 2 3 4 5 95 -99	1 2	1 2	1 2	1 2	1 2
5	Neighbors (that give water away)	1 2 3 4 -99	1 2 3 4 -99	1 2 3 4 -99	_____	_____	1 2 3 4 5 95 -99	1 2	1 2	1 2	1 2	1 2
6	Surface water (river / stream / spring / lake / pond / dam)	1 2 3 4 -99	1 2 3 4 -99	1 2 3 4 -99	_____	_____	1 2 3 4 5 95 -99	1 2	1 2	1 2	1 2	1 2
7	Tanker / vender	1 2 3 4 -99	1 2 3 4 -99	1 2 3 4 -99	_____	_____	1 2 3 4 5 95 -99	1 2	1 2	1 2	1 2	1 2
8	Rainwater	1 2 3 4 -99	1 2 3 4 -99	1 2 3 4 -99	_____	_____	1 2 3 4 5 95 -99	1 2	1 2	1 2	1 2	1 2

**Water sources (continued) [xx Reserved for Tamil translation]**

SN		9	10	11	12	13	14	15				
		(1) (2) (3) (4) (-99)	(1) (2) (3) (4) (-99)	(1) (2) (3) (4) (-99)			(1) (2) (3) (4) (5) (95) (-99)	(1) (2)				
					Minutes	Trips / day		Drinking	Cooking	Bathing	Washing	Other
1	Private water connection	1 2 3 4 -99	1 2 3 4 -99	1 2 3 4 -99	_____	_____	1 2 3 4 5 95 -99	1 2	1 2	1 2	1 2	1 2
2	Public tap	1 2 3 4 -99	1 2 3 4 -99	1 2 3 4 -99	_____	_____	1 2 3 4 5 95 -99	1 2	1 2	1 2	1 2	1 2
3	Private well (tube well / bore well / dug well etc.)	1 2 3 4 -99	1 2 3 4 -99	1 2 3 4 -99	_____	_____	1 2 3 4 5 95 -99	1 2	1 2	1 2	1 2	1 2
4	Public well (tube well / bore well / dug well etc.)	1 2 3 4 -99	1 2 3 4 -99	1 2 3 4 -99	_____	_____	1 2 3 4 5 95 -99	1 2	1 2	1 2	1 2	1 2
5	Neighbors (that give water away)	1 2 3 4 -99	1 2 3 4 -99	1 2 3 4 -99	_____	_____	1 2 3 4 5 95 -99	1 2	1 2	1 2	1 2	1 2
6	Surface water (river / stream / spring / lake / pond / dam)	1 2 3 4 -99	1 2 3 4 -99	1 2 3 4 -99	_____	_____	1 2 3 4 5 95 -99	1 2	1 2	1 2	1 2	1 2
7	Tanker / vender	1 2 3 4 -99	1 2 3 4 -99	1 2 3 4 -99	_____	_____	1 2 3 4 5 95 -99	1 2	1 2	1 2	1 2	1 2
8	Rainwater	1 2 3 4 -99	1 2 3 4 -99	1 2 3 4 -99	_____	_____	1 2 3 4 5 95 -99	1 2	1 2	1 2	1 2	1 2

## Primary Water Source

The following questions apply *only* to the household's primary water source (Q4).

16. Does your household pay for water from [SOURCE]?

- [ 1 ] Yes  
[ 2 ] No (>> Q 18)  
[-99] Don't know / not sure (>> Q 18)

17. How much do you pay for water?

\_\_\_\_ Rupees

- [ 1 ] Per 1 month  
[ 2 ] Per 3 months  
[ 3 ] Per 6 months  
[ 4 ] Per year  
[ 95] Other (specify) \_\_\_\_\_  
[-99] Don't know / not sure

18. How do you draw water from this source?

**(Read options. Circle ONE.)**

- [ 1 ] Manually  
[ 2 ] Electrically  
[ 3 ] Animal / draught power  
[ 95] Other (specify) \_\_\_\_\_  
[-99] Don't know / not sure

19. **If household does NOT have a water source IN THEIR HOUSE/YARD:**

What container(s) do you use to carry water back to the house? Can I see it (them)?  
Estimate number of Liters of the container (s) \_\_\_\_\_

20. When did you begin to use [SOURCE] as your primary water source?

- \_\_\_\_ [ 1 ] Years ago  
[ 2 ] Months ago  
[ 3 ] Days ago  
[ 95] Always had the same primary source (>> Q 26)

21. Do you spend a different amount of time collecting water from [SOURCE] than you did collecting water from the source you used previously?

- [ 1 ] Less time  
[ 2 ] Same  
[ 3 ] More time  
[-99] Don't know / not sure

22. Have the chores in the family changed because of the new water source?

- [ 1 ] Yes  
[ 2 ] No  
[-99] Don't know / not sure

23. Has the new water source allowed you to make more money (increase household income)?

- [ 1 ] Yes  
[ 2 ] No (>> Q 25)  
[-99] Don't know / not sure (>> Q 25)

## Primary Water Source [xx Reserved for Tamil translation]

16.

- [ 1 ]  
[ 2 ]  
[-99]

17.

- \_\_\_\_  
[ 1 ]  
[ 2 ]  
[ 3 ]  
[ 4 ]  
[ 5 ]  
[ 95]  
[-99]

18.

- [ 1 ]  
[ 2 ]  
[ 3 ]  
[ 95]  
[-99]

19.

20.

- \_\_\_\_ [ 1 ]  
[ 2 ]  
[ 3 ]  
[ 95 ]

21.

22.

23.

24. How much more income is your family making per month as a result of this new water source? **(Record -99 if don't know / refused)**  
Rupees \_\_\_\_\_

25. Has the new water source freed up enough time to allow anybody in your household to obtain an extra income-earning job?

- [ 1 ] No
- [ 2 ] New job inside the household (specify) \_\_\_\_\_
- [ 3 ] New job outside the household (specify) \_\_\_\_\_
- [ 95 ] Other (specify) \_\_\_\_\_
- [-99] Don't know / not sure

26. Overall, how satisfied are you with the quantity of the water from this source?  
**(Read the answers. Circle only ONE.)**

- [ 1 ] Very satisfied
- [ 2 ] Somewhat satisfied
- [ 3 ] Less than satisfied / somewhat dissatisfied
- [ 4 ] Completely dissatisfied
- [-99] Don't know / not sure

27. Overall, how satisfied are you with the quality of the water from this source?  
**(Read the answers. Circle only ONE.)**

- [ 1 ] Very satisfied
- [ 2 ] Somewhat satisfied
- [ 3 ] Less than satisfied / somewhat dissatisfied
- [ 4 ] Completely dissatisfied
- [-99] Don't know / not sure

28. **If not "very satisfied" in Q26 and Q27:**

What would you like to change about your current water situation?

- [ 1 ] Help build a new community pump
- [ 2 ] Connect a yard / in-house tap
- [ 3 ] Have central water treatment
- [ 4 ] Request government or outside assistance for improving the water
- [ 95 ] Other (specify) \_\_\_\_\_
- [-99] Don't know / not sure

24.

25.

- [ 1 ]
- [ 2 ]
- [ 3 ]
- [ 4 ]
- [ 5 ]
- [-99]

26.

- [ 1 ]
- [ 2 ]
- [ 3 ]
- [ 4 ]
- [-99]

27.

- [ 1 ]
- [ 2 ]
- [ 3 ]
- [ 4 ]
- [-99]

28.

- [ 1 ]
- [ 2 ]
- [ 3 ]
- [ 4 ]
- [ 95 ]
- [-99]


## 6. Water Treatment

1a. Do you treat or filter your water in any way before you drink it?

- [ 1 ] Yes  
[ 2 ] No (>> Q6)  
[-99] Don't know / not sure (>> Q6)

1b. Who consumes the treated water? (*Circle all that apply*)

- [ 1 ] Children < 5 years  
[ 2 ] Children 5 – 15 years  
[ 3 ] Adults > 15 years  
[-99] Don't know


2. How do you treat your drinking water? 

**(DO NOT PROMPT. Spontaneous response.**

**Circle all that apply. Then ask follow-up questions.)**


SN	Description	(1) Yes	Go to Question:
1	Boil	1	<b>Q 3, 7</b>
2	Filter	1	<b>Q 4, 7</b>
3	Chemicals (bleach/chlorine/alum/potash)	1	<b>Q 5, 7</b>
95	Other (specify) _____	1	<b>Q 7</b>
99	Don't know / not sure	1	<b>Q 7</b>

3. **BOIL**

3a. How often does somebody in your household boil your drinking water? 

**(DO NOT PROMPT. Spontaneous response. Circle ONE answer.)**

- [ 1 ] Multiple times per day  
[ 2 ] Once a day  
[ 3 ] Once a week  
[ 4 ] Only when family member is sick  
[ 5 ] Other special occasion (e.g., during monsoon season, only when cooking)  
[ 6 ] Rarely or never  
[ 95] Other (specify) \_\_\_\_\_  
[-99] Don't know / not sure

3b. How do you know the water is ready (boiled)? 

- [ 1 ] It is too hot to touch  
[ 2 ] There are bubbles on the bottom of the pot  
[ 3 ] The water is bubbling or rolling  
[-99] Don't know / not sure

3c. How many minutes do you usually boil your water after you see bubbles? \_\_\_\_ minutes

3d. Do you have boiled water in your house right now? Can you show me?

**(Does the family have boiled water ready to drink?)**

- [ 1 ] Yes  
[ 2 ] No

**(Go to Q2 and check. Or go to Q7.)**

FO COMMENTS:

## 6. Water Treatment [xx reserved for Tamil translation]

1a.

- [ 1 ]  
[ 2 ]  
[-99]

1b.

2.

SN	(1)	
1	1	<b>Q 3, 7</b>
2	1	<b>Q 4, 7</b>
3	1	<b>Q 5, 7</b>
95	1	<b>Q 7</b>
99	1	<b>Q 7</b>

3.

3a.

- [ 1 ]  
[ 2 ]  
[ 3 ]  
[ 4 ]  
[ 5 ]  
[ 6 ]  
[ 95]  
[-99]

3b.

- [ 1 ]  
[ 2 ]  
[ 3 ]  
[-99]

3c.

\_\_\_\_ minutes

3d.

- [ 1 ]  
[ 2 ]

4. **FILTER**

4a. What type of filter do you use?

- [ 1 ] Cloth  
[ 2 ] Ceramic  
[ 3 ] Electric  
[ 4 ] Nylon mesh  
[ 95] Other (specify) \_\_\_\_\_

4b. Do you have filtered water in your house right now? Can you show me?  
**(Does the family have filtered water ready to drink?)**

- [ 1 ] Yes  
[ 2 ] No

**(Go to Q2 and check. Or go to Q7.)**

5. **CHEMICALS**

5a. What type of chemical do you use to treat your water?

- [ 1 ] Chlorine / bleach  
[ 2 ] Alum / potash  
[ 95] Other (specify) \_\_\_\_\_

5b. Do you have [CHEMICAL] in your house right now? Can you show me?  
**(Does the family have the chemical disinfectant in their house?)**

- [ 1 ] Yes  
[ 2 ] No

5c. Do you have treated water in your house right now? Can you show me?  
**(Does the family have treated water ready to drink?)**

- [ 1 ] Yes  
[ 2 ] No

**(Go to Q2 and check. Or go to Q7.)**

4.

4a.

- [ 1 ]  
[ 2 ]  
[ 3 ]  
[ 4 ]  
[ 95]

4b.

- [ 1 ]  
[ 2 ]

5.

5a.

- [ 1 ]  
[ 2 ]  
[ 3 ]  
[ 95]

5b.

- [ 1 ]  
[ 2 ]

5c.

- [ 1 ]  
[ 2 ]

Ben Arnold 12/5/07 4:12 AM

**Comment:** Eliminated PUR

FO COMMENTS:

6. Ask only if respondent said they do not treat or filter their drinking water.



Do you have any specific reasons for not treating your water before you drink it?

(DO NOT PROMPT. Spontaneous response. Circle all that apply. )

- [ 1 ] Water is already clean
- [ 2 ] Treatment does not help
- [ 3 ] Cleaning water is unnecessary
- [ 4 ] Too expensive
- [ 5 ] No time
- [ 6 ] Bad taste
- [ 95] Other (specify) \_\_\_\_\_
- [-99] Don't know / no response / no specific reason

6.

- [ 1 ]
- [ 2 ]
- [ 3 ]
- [ 4 ]
- [ 5 ]
- [ 6 ]
- [ 95]
- [-99]

7. Do you know about [METHOD] that some people use to clean their water?



SN	Method	(1) Yes	(2) No
1	Boiling	1	2
2	Filters	1	2
3	Chlorine / bleach	1	2
4	Alum / potash	1	2
5	Solar disinfection (SODIS)	1	2

7.

SN		
1		1 2
2		1 2
3		1 2
4		1 2
5		1 2

Ben Arnold 12/5/07 4:13 AM  
Comment: Eliminated PUR






## 7. Water Storage


1. May I please see the containers you use to store your drinking water?

[ 1 ] Yes

[ 2 ] No (skip to Section 8)

[ 3 ] Don't own a storage container (skip to Section 8)

SN	Types of storage for drinking water	2 Do you own any of the following types of storage containers?  (1) Yes (2) No (>> next) (-99) Don't know (>> next) 	3 How many of each material?					4  What is the mouth type of [STORAGE]?  (1) Narrow (no hands) (2) Wide (hands fit) (3) Both (1) and (2) (-99) Don't know	5  Is [STORAGE] covered?  (1) Covered (2) Partially Covered (3) Not covered (-99) Don't know	6  Where located?  (1) On floor (2) Elevated, below 1 m (3) Elevated, above 1 m (-99) Don't know	7  Do you observe flies near the container?  (1) Yes (2) No (-99) Don't know
			(a) Clay	(b) Plastic	(c) Aluminum / steel	(d) Brass / copper	(e) Other (specify)				
1	Pot	1 2 -99						1 2 3 -99	1 2 3 -99	1 2 3 -99	1 2 -99
2	Bucket	1 2 -99						1 2 3 -99	1 2 3 -99	1 2 3 -99	1 2 -99
3	Drums	1 2 -99						1 2 3 -99	1 2 3 -99	1 2 3 -99	1 2 -99
4	Water can	1 2 -99						1 2 3 -99	1 2 3 -99	1 2 3 -99	1 2 -99

SN	Types of storage for drinking water	8  Estimate the storage capacity in liters for ONE UNIT of this type.  (-99) Don't know / not sure	9 How do you use the water from [STORAGE]?  (1) Pouring (2) Dipping with ladle (3) Dipping with hands (4) Both pouring & dipping (5) Spigot or tap (95) Other (specify) _____ (-99) Don't know / not sure	10 How often do you clean [STORAGE]?  (1) At least once per day (2) At least once every week (3) At least once every 2 weeks (4) At least once every month (5) Rarely (> 1 month) (6) Never (-99) Don't know / not sure	11 What do you use to clean [STORAGE]?  (1) Water only (2) Soap / detergent (3) Mud (4) Ash (5) Tamarind (95) Other (specify) _____ (-99) Don't know
1	Pot		1 2 3 4 5 95 -99	1 2 3 4 5 6 -99	1 2 3 4 5 95 -99
2	Bucket		1 2 3 4 5 95 -99	1 2 3 4 5 6 -99	1 2 3 4 5 95 -99
3	Drums		1 2 3 4 5 95 -99	1 2 3 4 5 6 -99	1 2 3 4 5 95 -99
4	Water can		1 2 3 4 5 95 -99	1 2 3 4 5 6 -99	1 2 3 4 5 95 -99

FO COMMENTS:







## 6. Water Storage [xx Reserved for Tamil translation]


1.

[ 1 ]

[ 2 ]

[ 3 ]

SN		2	3					4 	5 	6 	7 
			(1) Clay	(2) Plastic	(3) Aluminum / steel	(4) Brass / copper	(95) Other (specify)				
1	Pot	1 2 -99						1 2 3 -99	1 2 3 -99	1 2 3 -99	1 2 -99
2	Bucket	1 2 -99						1 2 3 -99	1 2 3 -99	1 2 3 -99	1 2 -99
3	Drums	1 2 -99						1 2 3 -99	1 2 3 -99	1 2 3 -99	1 2 -99
4	Water can	1 2 -99						1 2 3 -99	1 2 3 -99	1 2 3 -99	1 2 -99

SN		8   (-99)	9 (1) (2) (3) (4) (5) (95) (-99)	10 (1) (2) (3) (4) (5) (6) (-99)	11 (1) (2) (3) (4) (95) (-99)
		Liters			
1	Pot		1 2 3 4 5 95 -99	1 2 3 4 5 6 95 -99	1 2 3 4 95 -99
2	Bucket		1 2 3 4 5 95 -99	1 2 3 4 5 6 95 -99	1 2 3 4 95 -99
3	Drums		1 2 3 4 5 95 -99	1 2 3 4 5 6 95 -99	1 2 3 4 95 -99
4	Water can		1 2 3 4 5 95 -99	1 2 3 4 5 6 95 -99	1 2 3 4 95 -99

FO COMMENTS:

## 8. Sanitation

SN	Defecation Location	1a. Is it possible for your household to defecate in [LOCATION]?  (1) Yes (2) No  ↓	1b. Does your household use [LOCATION] for defecating?  (1) Yes (>> Q1d) (2) No (>> Q1c)	1c. Could you please tell me why your household does NOT have / use [LOCATION]? <b>(Circle all that apply. Spontaneous response. Prompt 1-2 times.)</b>  (1) no health benefits (2) lack of privacy (3) lack of safety (4) too expensive / no income (5) don't know how (e.g., to install and use a toilet) (6) government should provide toilets (7) inconvenient (8) too dirty (9) not available (95) Other (specify _____) (-99) Don't know / not sure <b>(Go to next location or INSTRUCTIONS)</b>	1d. How frequently does your household use [LOCATION]?  (1) Daily / Usually (2) Occasionally (3) Seasonally (4) Never (-99) Don't know / not sure	1e. What are the main reasons for using this particular location? <b>(Circle all that apply. Spontaneous response. Prompt 1-2 times.)</b>  (0) no choice (nothing else is available) (1) health benefits (2) privacy (3) safety (4) reasonable cost (5) know how (e.g., received help to install toilet) (6) government provided subsidy or information (7) convenient (95) Other (specify _____) (99) Don't know / not sure	<b>INSTRUCTION:</b>  <b>Check 1b</b>  <b>If answer is "1"</b>  <b>Go to Question</b>
				Circle all that apply		Circle all that apply	
1	No facility / Open defecation	①	1 2	1 2 3 4 5 6 7 8 9 95 -99	1 2 3 4 -99	0 1 2 3 4 5 6 7 95 99	>> Q 2
2	Community toilet	1 2	1 2	1 2 3 4 5 6 7 8 9 95 -99	1 2 3 4 -99	0 1 2 3 4 5 6 7 95 99	>> Q 5
3	Neighbor's toilet	1 2	1 2	1 2 3 4 5 6 7 8 9 95 -99	1 2 3 4 -99	0 1 2 3 4 5 6 7 95 99	>> Q 11
4	Private toilet	1 2	1 2	1 2 3 4 5 6 7 8 9 95 -99	1 2 3 4 -99	0 1 2 3 4 5 6 7 95 99	>> Q 13

## 8. Sanitation [Reserved for Tamil Translation]

SN		1a.  (1) (2)	1b.  (1) (2)	1c.  (1) (2) (3) (4) (5) (6) (7) (8) (9) (95) (-99)	1d.  (1) (2) (3) (4) (-99)	1e.  (0) (1) (2) (3) (4) (5) (6) (7) (95) (-99)	<b>INSTRUCTIONS</b>  <b>Check 1b</b>  <b>If answer is "1"</b>  <b>Go to</b> <b>Question:</b>
				<i>Circle all that apply</i>		<i>Circle all that apply</i>	
1	No facility / Open defecation	1	1 2	1 2 3 4 5 6 7 8 9 95 -99	1 2 3 4 -99	0 1 2 3 4 5 6 7 95 -99	<b>&gt;&gt; Q 2</b>
2	Community toilet	1 2	1 2	1 2 3 4 5 6 7 8 9 95 -99	1 2 3 4 -99	0 1 2 3 4 5 6 7 95 -99	<b>&gt;&gt; Q 5</b>
3	Neighbor's toilet	1 2	1 2	1 2 3 4 5 6 7 8 9 95 -99	1 2 3 4 -99	0 1 2 3 4 5 6 7 95 -99	<b>&gt;&gt; Q 11</b>
4	Private toilet	1 2	1 2	1 2 3 4 5 6 7 8 9 95 -99	1 2 3 4 -99	0 1 2 3 4 5 6 7 95 -99	<b>&gt;&gt; Q 13</b>

**NO FACILITY / OPEN DEFECATION**

<b>Ask 2 – 4 separately for men, women, and U5s</b>			
	(a) Men	(b) Women	(c) Children < 5 yrs
2. Do household members go to more or less the same area every time? ( 1 ) Yes ( 2 ) No (-99) Don't know	1 2 -99	1 2 -99	1 2 -99
3. How long does it take to walk (one way) from your house to the most commonly visited place?  <b>Number of Minutes</b>			
4. Is it within the village or outside the village? ( 1 ) Within the village ( 2 ) Outside the village (-99) Don't know	1 2 -99	1 2 -99	1 2 -99

**(Return to Q1b and check to see if there are other toilets facilities with code [ 1 ]. If no other type of toilet is used daily, go to Q 17)**

**NO FACILITY / OPEN DEFECATION**

2.  ( 1 ) ( 2 ) (-99)	1 2 -99	1 2 -99	1 2 -99
3.			
4.  ( 1 ) ( 2 ) (-99)	1 2 -99	1 2 -99	1 2 -99

**COMMUNITY TOILET**

5. How long does it take to walk to the community toilet from your home?  
**(Record -99 if don't know / not sure.)**      \_\_\_\_ minutes
6. What kind of community toilet is it?  
     [ 1 ] Pit latrine, no slab  
     [ 2 ] Ventilated improved pit latrine  
     [ 3 ] Flush toilet  
     [ 95 ] Other (specify) \_\_\_\_\_  
     [-99] Don't know / not sure
7. How long do you usually have to wait to use the community toilet?  
**(Record 00 for none, -99 if don't know / not sure.)**      \_\_\_\_ minutes
8. Is there a charge/fee for using the community toilet?  
**(Record 00 for none, -99 if don't know / not sure.)**      \_\_\_\_ Rupees  
     [ 1 ] Per use [ 2 ] Per day [ 3 ] Per week [ 4 ] Per Month [95] Other \_\_\_\_\_
9. About how many households use this community toilet on a regular basis?  
**(Record -99 if don't know / not sure.)**      \_\_\_\_ Households
10. When was the facility last cleaned?  
     [ 1 ] Within the last week  
     [ 2 ] Within the last two months  
     [ 3 ] Never  
     [ 95 ] Other (specify) \_\_\_\_\_  
     [-99] Don't know / not sure

**(Return to Q1b and check to see if there are other toilets facilities with code [ 1 ]. If no other type of toilet is used daily, go to Q 17)**

**NEIGHBOR'S TOILET**

11. What kind of toilet is it?  
     [ 1 ] Pit latrine, no slab  
     [ 2 ] Ventilated improved pit latrine  
     [ 3 ] Flush toilet  
     [ 95 ] Other (specify) \_\_\_\_\_  
     [-99] Don't know / not sure
12. Do you pay the neighbors for using their toilet?  
**(Record 00 for none, -99 if don't know / not sure.)**      \_\_\_\_ Rupees  
     [ 1 ] Per use [ 2 ] Per day [ 3 ] Per week [ 4 ] Per Month [95] Other \_\_\_\_\_

**(Return to Q1b and check to see if there are other toilets facilities with code [ 1 ]. If no other type of toilet is used daily, go to Q 17)**

**COMMUNITY TOILET**

- 5.
6.      [ 1 ]  
           [ 2 ]  
           [ 3 ]  
           [ 95 ]  
           [-99 ]
- 7.
- 8.
- 9.
10.      [ 1 ]  
           [ 2 ]  
           [ 3 ]  
           [ 95 ]  
           [-99 ]

**NEIGHBOR'S TOILET**

11.      [ 1 ]  
           [ 2 ]  
           [ 3 ]  
           [ 95 ]  
           [-99 ]
- 12.

**PRIVATE PIT LATRINES & TOILETS**

13. How many other households use your toilet on a regular basis?  
(Record 00 if none, -99 if don't know / not sure.) \_\_\_\_\_ Households

14. How did you pay for your latrine / toilet? (Read answers. Circle only ONE.)

- [ 1 ] Financed materials and labor alone
- [ 2 ] Obtained a loan for materials, contributed labor
- [ 3 ] Obtained a loan for materials and labor
- [ 4 ] Donated by organization or government (specify) \_\_\_\_\_
- [-99] Don't know / not sure

15. What kind of toilet do you have?

- [ 1 ] Pit latrine, no slab
- [ 2 ] Ventilated improved pit latrine
- [ 3 ] Flush toilet
- [ 95] Other (specify) \_\_\_\_\_
- [-99] Don't know / not sure

16. Where is the waste from your pit latrine or flush toilet disposed?

- [ 1 ] Septic tank
- [ 2 ] Dig out and make manure / compost
- [ 3 ] River / pond
- [ 95] Other (specify) \_\_\_\_\_
- [-99] Don't know / not sure

**PRIVATE PIT LATRINES & TOILETS**

13.

14.

- [ 1 ]
- [ 2 ]
- [ 3 ]
- [ 4 ]
- [-99]

15.

- [ 1 ]
- [ 2 ]
- [ 3 ]
- [ 95]
- [-99]

16.

- [ 1 ]
- [ 2 ]
- [ 3 ]
- [ 95]
- [-99]

## OVERALL WASTE AND SANITATION

17. Overall, how satisfied are you with your main sanitation facilities?

**(Read the answers. Circle only ONE.)**

- [ 1 ] Very satisfied
- [ 2 ] Somewhat satisfied
- [ 3 ] Less than satisfied / somewhat dissatisfied
- [ 4 ] Completely dissatisfied
- [-99] Don't know / not sure

18. **If not "very satisfied" in Q17:**

What would you like to change about your current sanitation situation?

- [ 1 ] Build a private latrine
- [ 2 ] Help build a new community latrine
- [ 3 ] Request government or outside assistance for improving sanitation
- [ 95 ] Other (specify) \_\_\_\_\_
- [-99] Don't know / not sure

19. Is it safe for female members of your house to go to this place for defecation in the day?

- [ 1 ] Yes
- [ 2 ] No
- [-99] Don't know / not sure

20. Is it safe for female members of your house to go to this place for defecation in the night?

- [ 1 ] Yes
- [ 2 ] No
- [-99] Don't know / not sure

21. Do women and young girls in your house have privacy during defecation?

- [ 1 ] Yes
- [ 2 ] No
- [-99] Don't know / not sure

22. Have women or young girls in your village been harassed or even attacked when going to places for defecation / bathing or during defecation / bathing?

- [ 1 ] Never
- [ 2 ] Rarely
- [ 3 ] Sometimes
- [ 4 ] Often
- [-99] Don't know / not sure

23. Are there flies at or near your sanitation facility or the place where you defecate?

**(Read the answers. Circle only ONE.)**

- [ 1 ] Always and many
- [ 2 ] Always and some
- [ 3 ] Sometimes and few
- [ 4 ] Rarely / hardly any
- [-99] Don't know / not sure

## OVERALL WASTE AND SANITATION

17.

- [ 1 ]
- [ 2 ]
- [ 3 ]
- [ 4 ]
- [-99]

18.

- [ 1 ]
- [ 2 ]
- [ 3 ]
- [ 95 ]
- [-99]

19.

- [ 1 ]
- [ 2 ]
- [-99]

20.

- [ 1 ]
- [ 2 ]
- [-99]

21.

- [ 1 ]
- [ 2 ]
- [-99]

22.

- [ 1 ]
- [ 2 ]
- [ 3 ]
- [ 4 ]
- [-99]

23.

- [ 1 ]
- [ 2 ]
- [ 3 ]
- [ 4 ]
- [-99]

FO COMMENTS:

24. Where is your household garbage disposed of? **(Circle all that apply. Prompt 1-2 times.)**

- [ 1 ] Garbage dump immediately outside the house
- [ 2 ] Community dump on the roadside
- [ 3 ] Community dump in the village periphery
- [ 4 ] Dump in the fields
- [ 5 ] Collection bins / collection service
- [ 6 ] Composted in field / yard
- [ 7 ] Composted with vermicular
- [ 8 ] Burn garbage
- [ 95 ] Other (specify) \_\_\_\_\_
- [-99] Don't know / not sure

25. Where is the household wastewater (kitchen, house cleaning, bathing, laundry, etc...) disposed of? **(Circle all that apply. Prompt 1-2 times.)**

- [ 1 ] Within the house (absorbed by floor)
- [ 2 ] Backyard
- [ 3 ] Flows into drain outside of house
- [ 4 ] Flows outside house, but not into any organized drainage
- [ 5 ] Soak pit
- [ 6 ] Kitchen garden
- [ 95 ] Other (specify) \_\_\_\_\_
- [-99] Don't know / not sure

26. Does the village or groups of neighbors ever meet to discuss any of these issues – open defecation, wastewater, garbage, and flies – and other environmental concerns? **(Circle all that apply. Prompt 1-2 times.)**

- [ 1 ] Open defecation / toilets
- [ 2 ] Wastewater
- [ 3 ] Garbage
- [ 4 ] Flies / Mosquitoes / Rodents
- [ 95 ] Other environmental concerns (specify) \_\_\_\_\_
- [-99] Don't know / not sure

27. How would you rate your village cleanliness on a 5-point scale? **(Read the answers. Circle only ONE.)**

- [ 1 ] Very clean
- [ 2 ] Clean
- [ 3 ] Somewhat clean / somewhat dirty
- [ 4 ] Dirty
- [ 5 ] Very Dirty
- [-99] Don't know / not sure

28. How would you rate the cleanliness of your immediate neighborhood or surroundings on a 5-point scale? **(Read the answers. Circle only ONE.)**

- [ 1 ] Very clean
- [ 2 ] Clean
- [ 3 ] Somewhat clean / somewhat dirty
- [ 4 ] Dirty
- [ 5 ] Very Dirty
- [-99] Don't know / not sure

24.

- [ 1 ]
- [ 2 ]
- [ 3 ]
- [ 4 ]
- [ 5 ]
- [ 6 ]
- [ 7 ]
- [ 8 ]
- [ 95 ]
- [-99]

25.

- [ 1 ]
- [ 2 ]
- [ 3 ]
- [ 4 ]
- [ 5 ]
- [ 6 ]
- [ 95 ]
- [-99]

26.

- [ 1 ]
- [ 2 ]
- [ 3 ]
- [ 4 ]
- [ 95 ]
- [-99]

27.

- [ 1 ]
- [ 2 ]
- [ 3 ]
- [ 4 ]
- [ 5 ]
- [-99]


28.

- [ 1 ]
- [ 2 ]
- [ 3 ]
- [ 4 ]
- [ 5 ]
- [-99]




## 9. Socioeconomic Profile

### HOUSING & KITCHEN

1.  What is the material used for floor in the house? (*Circle only ONE.*)

[ 1 ] Mosaic / floor tiles  
[ 2 ] Cement  
[ 3 ] Stone  
[ 4 ] Brick  
[ 5 ] Wood / bamboo  
[ 6 ] Earth / mud  
[ 95 ] Other (specify) \_\_\_\_\_

2.  What type of house does the family have? (*Circle only ONE.*)

[ 1 ] Thatched roof  
[ 2 ] Tile roof  
[ 4 ] Terraced or concrete roof  
[ 95 ] Other (specify) \_\_\_\_\_

3. How many rooms are there in your house?

3a. Number of rooms used for living / sleeping: \_\_\_\_\_

3b. Separate room used as a bathroom?

[ 1 ] Yes  
[ 2 ] No

3c. Separate room used as a kitchen?

[ 1 ] Yes  
[ 2 ] No

3d. Number of rooms rented out: \_\_\_\_\_

3e. Total number of rooms (incl. kitchen & bath): \_\_\_\_\_

## 9. Socioeconomic Profile [xx Reserved for Tamil trans.]

### HOUSING & KITCHEN

1. 

[ 1 ]  
[ 2 ]  
[ 3 ]  
[ 4 ]  
[ 5 ]  
[ 6 ]  
[ 95 ]

2. 

[ 1 ]  
[ 2 ]  
[ -99 ]

- 3.

3a. \_\_\_\_\_

3b. [ 1 ]  
[ 2 ]

3c. [ 1 ]  
[ 2 ]

3d. \_\_\_\_\_

3e. \_\_\_\_\_

4. Is this house:

- [ 1 ] Owned
- [ 2 ] Rented
- [ 3 ] Loaned

5. Where is your kitchen? (**Observe or read option. Circle all that apply.**)

- [ 1 ] Inside house, no partition
- [ 2 ] Inside house, with partition
- [ 3 ] Inside house, with separate room
- [ 4 ] Outside house, attached room
- [ 5 ] Outside house, stand alone room
- [ 6 ] Outside house, open air
- [ 95 ] Other (specify) \_\_\_\_\_


6. How is the indoor kitchen ventilated?

- [ 1 ] Windows
- [ 2 ] Openings (hole) or raised roof
- [ 3 ] Chimney
- [ 4 ] No ventilation
- [ 95 ] Other (specify) \_\_\_\_\_
- [-99] Don't know / not sure

7. Is it possible for me to see your kitchen?

- [ 1 ] Yes
- [ 2 ] No (>> Q 9)

8.

SN	 Do you observe:	(1) Yes (2) No (3) Partially (-99) Cannot tell
1	Is the food covered?	1 2 3 -99
2	Garbage in the kitchen or house?	1 2 -99
3	Do you see flies?	1 2 -99
4	Do you see soap?	1 2 -99

9. Do you have soap in your house? Can you show me? (**Do you see soap?**)

- [ 1 ] Yes
- [ 2 ] No

10. What type of stove do you use? (**Circle all that apply**)

- [ 1 ] Traditional stove made of 3 stones
- [ 2 ] Traditional stove made of 3 stones and plastered with mud
- [ 3 ] Improved stove (ceramic frame or plaster) / smokeless chulah
- [ 4 ] Kerosene stove
- [ 5 ] Gas stove (LPG or biogas)
- [ 95 ] Other (specify) \_\_\_\_\_

4.

- [ 1 ]
- [ 2 ]
- [ 3 ]

5.

- [ 1 ]
- [ 2 ]
- [ 3 ]
- [ 4 ]
- [ 5 ]
- [ 6 ]
- [ 95 ]


6.

- [ 1 ]
- [ 2 ]
- [ 3 ]
- [ 4 ]
- [ 95 ]
- [-99]

7.

- [ 1 ]
- [ 2 ]

8.

SN		
1		1 2 3 -99
2		1 2 -99
3		1 2 -99
4		1 2 -99

9.

- [ 1 ]
- [ 2 ]

10.

- [ 1 ]
- [ 2 ]
- [ 3 ]
- [ 4 ]
- [ 5 ]
- [ 95 ]

FO COMMENTS:

11. What type of cooking fuel do you mainly use in your house?

(Mark most important and 2<sup>nd</sup> most important.)

SN	Cooking fuel	(a) Most important	(b) 2 <sup>nd</sup> most important
1	Wood	1	2
2	Crop residues	1	2
3	Dung cakes	1	2
4	Charcoal	1	2
5	Coal / coke / lignite	1	2
6	Kerosene	1	2
7	Electricity	1	2
8	Liquid petroleum gas (LPG)	1	2
9	Biogas	1	2
95	Other (specify) _____	1	2

#### FOOD CONSUMPTION

SN	12. Now I would like to ask you about liquids or foods that your children < 5 may have had yesterday during the day or at night. I am interested in whether your children had the item even if it was combined with other foods.	( 1 ) Yes ( 2 ) No (-99) DK
1	Milk such as tinned, powdered, or fresh animal milk?	1 2 -99
2	Bread, rice, noodles, or other foods made from grains? (Grains include millet, sorghum, maize, rice, wheat) Start with local foods then follow with bread, rice, noodles.	1 2 -99
3	Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside? <sup>1</sup>	1 2 -99
4	White potatoes, white yams, manioc, cassava, or any other foods made from roots?	1 2 -99
5	Any dark green leafy vegetables? (These include cassava leaves, bean leaves, kale, spinach, pepper leaves, taro leaves, amaranth leaves or other leafy green vegetables)	1 2 -99
6	Ripe mangoes, papayas, apricots or cantaloupe? <sup>2</sup>	1 2 -99
7	Any meat, such as beef, pork, lamb, goat, chicken, or duck?	1 2 -99
8	Eggs?	1 2 -99
9	Any foods made from beans, peas, lentils, or nuts?	1 2 -99
10	Cheese, yogurt, or other milk products?	1 2 -99
11	Any oil, fats, or butter, or foods made with any of these?	1 2 -99

<sup>1</sup> Items in this category should be modified to include only vitamin A-rich tubers, starches, or vitamin A-rich red, orange, or yellow vegetables that are consumed in Trichy.

<sup>2</sup> Insert any other locally-available Vitamin-A rich fruit.

FO COMMENTS:

11.

SN	(a)	(b)
1	1	2
2	1	2
3	1	2
4	1	2
5	1	2
6	1	2
7	1	2
8	1	2
9	1	2
95	1	2

#### FOOD CONSUMPTION

SN	( 1 ) ( 2 ) (-99)
1	1 2 -99
2	1 2 -99
3	1 2 -99
4	1 2 -99
5	1 2 -99
6	1 2 -99
7	1 2 -99
8	1 2 -99
9	1 2 -99
10	1 2 -99
11	1 2 -99

13. In the last month did you ever worry that your household would not have enough food to eat?

- [ 1 ] Yes  
[ 2 ] No  
[-99] Don't know / not sure

14. In the last month did you or any household member eat food that you preferred not to eat because you did not have enough money to obtain other types of food?

- [ 1 ] Yes  
[ 2 ] No  
[-99] Don't know / not sure

15. In the last month did you or any household member go a whole day without eating anything because there was not enough food?

- [ 1 ] Yes  
[ 2 ] No  
[-99] Don't know / not sure

#### DURABLES, REMITTANCES & LOANS

16. Does your household have:

SN	Item	(1) Yes (2) No
1	Radio	1 2
2	Television	1 2
3	Refrigerator	1 2
4	Electricity	1 2
5	Gas lights	1 2
6	Landline phone	1 2
7	Electric fan	1 2

17. Does anybody in your household have:

SN	Item	(1) Yes (2) No
1	Cell phone	1 2
2	Clock / watch	1 2
3	Bicycle	1 2
4	Motorcycle / scooter	1 2
5	Car / pickup	1 2
6	Tractor / truck	1 2
7	Sprinkler / irrigation	1 2
8	Mosquito net	1 2
9	Mattress	1 2
10	Bank account	1 2

13.

- [ 1 ]  
[ 2 ]  
[-99]

14.

- [ 1 ]  
[ 2 ]  
[-99]

15.

- [ 1 ]  
[ 2 ]  
[-99]

#### DURABLES, REMITTANCES & LOANS

16.

SN		
1		1 2
2		1 2
3		1 2
4		1 2
5		1 2
6		1 2
7		1 2

17.

SN		
1		1 2
2		1 2
3		1 2
4		1 2
5		1 2
6		1 2
7		1 2
8		1 2
9		1 2
10		1 2

FO COMMENTS:

18. Does your family receive remittances from family members who live and work outside the village?

- [ 1 ] Yes  
[ 2 ] No (>> Q 20)

19. On average, what is the total amount of money that you receive as remittances per year?

(Record -99 if not sure.) Rupees\_\_\_\_\_

20. If you have to borrow Rs. 5000 (from a money lender or micro-finance group) would this be possible? (**NOT from a family member or friends.**)

- [ 1 ] Yes, quite easy  
[ 2 ] Yes, not easy  
[ 3 ] Maybe, not sure  
[ 4 ] Not possible  
[ 98 ] Refuse to tell  
[-99 ] Don't know / not sure

#### LAND HOLDINGS & AGRICULTURE

21. Does your household own any land?

- [ 1 ] Yes  
[ 2 ] No (>> Q 23)

22. How much land does your household own? (**Record -99 if Don't know / not sure**)

22a. Area \_\_\_\_\_

22b. Units: [ 1 ] Acres [ 2 ] Grounds [ 3 ] [ 4 ] [ 5 ] Cent [ 6 ] Kuzhi

19.

- [ 1 ]  
[ 2 ]

19.

20.

- [ 1 ]  
[ 2 ]  
[ 3 ]  
[ 4 ]  
[ 98 ]  
[-99 ]

#### LAND HOLDINGS & AGRICULTURE

21.


- [ 1 ]  
[ 2 ]

22.


22a.

22b.

23. Does your household currently own any of the following animals:

SN	Animal	(1) Yes (2) No	Number	 <i>How many do you see in the living area of the house?</i>
1	Milk buffalo > 1 year old	1 2		
2	Milk cow > 1 year old	1 2		
3	Oxes & Bullocks > 1 year old	1 2		
4	Calves (cows, buffalos, oxes < 1 yr)	1 2		
5	Horses, donkeys, mules	1 2		
6	Pigs	1 2		
7	Goats and sheep	1 2		
8	Chickens	1 2		
9	Dogs, cats	1 2		
95	Other (specify) _____	1 2		



23. Does your household currently own any of the following animals:

SN				
1		1 2		
2		1 2		
3		1 2		
4		1 2		
5		1 2		
6		1 2		
7		1 2		
8		1 2		
9		1 2		
95		1 2		

FO COMMENTS:

## 10. Assistance

In the past or currently has your family received assistance of any kind from government programs, church groups, or other organizations? For example **(Read the list below)**:

SN	Type of Assistance  	1 Received in the last 30 days?  (1) Yes (2) No  (-99) DK	2 Receive currently?  (1) Yes (2) No  (-99) DK	3 What program / organization?	4 What did they provide?  (1) Yes (2) No (-99) Don't know		5 When was the last assistance?  MONTH / YEAR  (-99) Don't know	6 How frequently?  (1) Every month (2) Every 3 months (3) Every 6 months (4) Every year (5) One time only  (95) Other (specify) (-99) Don't know
					Money	Materials		
1	Water	1 2 -99	1 2 -99				/	1 2 3 4 5 95 -99
2	Sanitation	1 2 -99	1 2 -99				/	1 2 3 4 5 95 -99
3	Nutrition	1 2 -99	1 2 -99				/	1 2 3 4 5 95 -99
4	Education	1 2 -99	1 2 -99				/	1 2 3 4 5 95 -99
5	Old age security	1 2 -99	1 2 -99				/	1 2 3 4 5 95 -99
6	Employment / Unemployment	1 2 -99	1 2 -99				/	1 2 3 4 5 95 -99
7	Agriculture (training / materials)	1 2 -99	1 2 -99				/	1 2 3 4 5 95 -99
8	Housing / home improvement	1 2 -99	1 2 -99				/	1 2 3 4 5 95 -99
9	Health care access	1 2 -99	1 2 -99				/	1 2 3 4 5 95 -99
10	Credit / finance / loans	1 2 -99	1 2 -99				/	1 2 3 4 5 95 -99
11	Disability or death benefit (widows)	1 2 -99	1 2 -99				/	1 2 3 4 5 95 -99
12	Pregnancy / pre-natal care	1 2 -99	1 2 -99				/	1 2 3 4 5 95 -99
95	Other (specify) _____	1 2 -99	1 2 -99				/	1 2 3 4 5 95 -99

FO COMMENTS:

## 10. Assistance [xx Reserved for Tamil translation]

SN								
					Money	Materials		
1		1 2 -99	1 2 -99				/	1 2 3 4 5 95 -99
2		1 2 -99	1 2 -99				/	1 2 3 4 5 95 -99
3		1 2 -99	1 2 -99				/	1 2 3 4 5 95 -99
4		1 2 -99	1 2 -99				/	1 2 3 4 5 95 -99
5		1 2 -99	1 2 -99				/	1 2 3 4 5 95 -99
6		1 2 -99	1 2 -99				/	1 2 3 4 5 95 -99
7		1 2 -99	1 2 -99				/	1 2 3 4 5 95 -99
8		1 2 -99	1 2 -99				/	1 2 3 4 5 95 -99
9		1 2 -99	1 2 -99				/	1 2 3 4 5 95 -99
10		1 2 -99	1 2 -99				/	1 2 3 4 5 95 -99
11		1 2 -99	1 2 -99				/	1 2 3 4 5 95 -99
12		1 2 -99	1 2 -99				/	1 2 3 4 5 95 -99
95		1 2 -99	1 2 -99				/	1 2 3 4 5 95 -99

FO COMMENTS:



## 11. Social Connections & Purchase Decisions

1. Do you have a relative who lives in a foreign country?  
[ 1 ] Yes  
[ 2 ] No
2. Do you have a relative who lives in Trichy?  
[ 1 ] Yes  
[ 2 ] No
3. Have you or your husband (wife) ever lived in Trichy or another large city like Trichy?  
[ 1 ] Yes, wife  
[ 2 ] Yes, husband  
[ 3 ] Both wife and husband  
[ 4 ] None
4. What denomination of church, temple, or religious congregation do the majority of the members of your household attend?  
[ 1 ] No religion  
[ 2 ] Hindu  
[ 3 ] Muslim  
[ 4 ] Christian  
[ 5 ] Sikh  
[ 6 ] Jain  
[ 95 ] Other (specify) \_\_\_\_\_  
[-99] Don't know / not sure


## 11. Social Connections & Purchase Decisions

1.  
[ 1 ]  
[ 2 ]
2.  
[ 1 ]  
[ 2 ]
3.  
[ 1 ]  
[ 2 ]  
[ 3 ]  
[ 4 ]
4.  
[ 1 ]  
[ 2 ]  
[ 3 ]  
[ 4 ]  
[ 5 ]  
[ 6 ]  
[ 7 ]  
[ 8 ]  
[ 9 ]  
[ 95 ]  
[-99 ]

5. Is anyone from your household active in any Associations / Committees / Groups?

(1) Yes

**(Read list. Circle all that apply)**

SN	Group 	5a	5b
		Men or boys Participate (1) Yes	Women or girls Participate (1) Yes
1	Farmers association / committee	1	1
2	Business groups	1	1
3	Cooperative association / committee	1	1
4	Credit finance group / SHG	1	1
5	Women's club		1
6	Youth club	1	1
7	Village education committee	1	1
8	Water users association (irrigation)	1	1
9	Water & sanitation committee (WSC)	1	1
10	Gram Panchayat	1	1
11	Actor fan clubs	1	1
95	Other (specify) _____	1	1

6. Who usually makes decisions about what to do with your children (seek treatment, buy medicine) when they get sick? **(Read the list. Circle only ONE.)**

- [ 1 ] Mother alone
- [ 2 ] Father alone
- [ 3 ] Head of household alone
- [ 4 ] More than one person
- [ 95 ] Other (specify) \_\_\_\_\_
- [ -99 ] Don't know / no response

7. Who usually makes decisions about the expensive things you buy, such as a TV, a cow or a cell phone? **(Read the list. Circle only ONE.)**

- [ 1 ] Mother alone
- [ 2 ] Father alone
- [ 3 ] Head of household alone
- [ 4 ] More than one person
- [ 95 ] Other (specify) \_\_\_\_\_
- [ -99 ] Don't know / no response

8. Who usually decides what to buy for daily household needs, such as food, soap, or clothes? **(Read the list. Circle only ONE.)**

- [ 1 ] Mother alone
- [ 2 ] Father alone
- [ 3 ] Head of household alone
- [ 4 ] More than one person
- [ 95 ] Other (specify) \_\_\_\_\_
- [ -99 ] Don't know / no response

5.

SN		5a	5b
1		1	1
2		1	1
3		1	1
4		1	1
5		1	1
6		1	1
7		1	1
8		1	1
9		1	1
10		1	1
95		1	1

6.

- [ 1 ]
- [ 2 ]
- [ 3 ]
- [ 4 ]
- [ 95 ]
- [ -99 ]

7.

- [ 1 ]
- [ 2 ]
- [ 3 ]
- [ 4 ]
- [ 95 ]
- [ -99 ]

8.

- [ 1 ]
- [ 2 ]
- [ 3 ]
- [ 4 ]
- [ 95 ]
- [ -99 ]

FO COMMENTS:

## 12. Anthropometry

CID	Name  <i>Copy names for CIDs from child health roster (page 10)</i>	1 WEIGH each child  <i>If child cannot or will not stand on scale, weigh in mother's arms</i>  (to nearest 0.1 kg)	2 <i>If child weighed in mother's arms,</i> WEIGH the MOTHER of the child,  (to nearest 0.1 kg)	3 Measure the HEIGHT of each child  (to nearest 0.1 cm)	4 Measure the ARM circumference of each child  (to nearest 0.1 cm)	5 Result of anthropometry measurements  1 Standing 2 Lying down 3 Not present 4 Refused 95 Other (specify)	6 Child is handicapped and this affected the height measurement  (1) Yes (2) No	7 Instrument used to measure height  (1) Height board (2) Infant Mat (-99) Not meas.	CID
		Kg CHILD	Kg MOTHER	cm	cm				
1		___ . ___	___ . ___	___ . ___	___ . ___	1 2 3 4 6	1 2	1 2 -99	1
2		___ . ___	___ . ___	___ . ___	___ . ___	1 2 3 4 6	1 2	1 2 -99	2
3		___ . ___	___ . ___	___ . ___	___ . ___	1 2 3 4 6	1 2	1 2 -99	3
4		___ . ___	___ . ___	___ . ___	___ . ___	1 2 3 4 6	1 2	1 2 -99	4
5		___ . ___	___ . ___	___ . ___	___ . ___	1 2 3 4 6	1 2	1 2 -99	5
6		___ . ___	___ . ___	___ . ___	___ . ___	1 2 3 4 6	1 2	1 2 -99	6

## 12. Anthropometry [xx Reserved for Tamil translation]

CID		1	2	3	4	5	6	7	CID
		Kg	Kg	cm	cm				
1		___ . ___	___ . ___	___ . ___	___ . ___	1 2 3 4 6	1 2	1 2 -99	1
2		___ . ___	___ . ___	___ . ___	___ . ___	1 2 3 4 6	1 2	1 2 -99	2
3		___ . ___	___ . ___	___ . ___	___ . ___	1 2 3 4 6	1 2	1 2 -99	3
4		___ . ___	___ . ___	___ . ___	___ . ___	1 2 3 4 6	1 2	1 2 -99	4
5		___ . ___	___ . ___	___ . ___	___ . ___	1 2 3 4 6	1 2	1 2 -99	5
6		___ . ___	___ . ___	___ . ___	___ . ___	1 2 3 4 6	1 2	1 2 -99	6

FO COMMENTS:

### 13. Conclusion


1. Has there been a death in your family in the past year?

[ 1 ] Yes

[ 2 ] No (>> Q 6)

[-99] Don't know / not sure (>> Q 6)

SN	2 What was the gender of the deceased?  (1) Male (2) Female	3 How old was the deceased?	4 Units for age (1) Years (2) Months (3) Days	5 What was the cause of death? (1) Aging (2) Accident (3) Diarrhea (4) Pneumonia / ARI (5) TB (6) Malaria (7) Typhoid (8) Other acute diseases (9) Other chronic diseases (10) Jaundice (95) Other (specify) _____ (-99) Don't know
1	1 2		1 2 3	1 2 3 4 5 6 7 8 9 95 -99
2	1 2		1 2 3	1 2 3 4 5 6 7 8 9 95 -99
3	1 2		1 2 3	1 2 3 4 5 6 7 8 9 95 -99
4	1 2		1 2 3	1 2 3 4 5 6 7 8 9 95 -99
5	1 2		1 2 3	1 2 3 4 5 6 7 8 9 95 -99

6.  How much human and animal feces do you observe in the living area of the house (in the house and the yard)?


[ 1 ] None

[ 2 ] Barely any (1 or 2 piles)

[ 3 ] A moderate amount (5 – 10 piles)

[ 4 ] Excessive amount (> 10 piles)


[-99] Cannot evaluate (specify) \_\_\_\_\_

7.  Could you smell feces during the interview?

[ 1 ] Yes

[ 2 ] No


Thank you very much for answering the questions! ***If have toilet:*** May I see your latrine/toilet?

8.  Does it appear to you that the latrine is used regularly?

[ 1 ] Yes

[ 2 ] No

[-99] Refused / Cannot evaluate

9.  At the toilet / latrine, do you observe:

SN		(1) Yes (2) No (-99) Cannot evaluate
1	The hole is covered	1 2 -99
2	Water for hands	1 2 -99
3	Soap, detergent, or towel for hands	1 2 -99
4	Flies	1 2 -99

FO COMMENTS:

5 Feces on the ground (not in hole) 1 2 -99

13. Conclusion

1.

[ 1 ]  
[ 2 ]  
[ -99 ]

SN	2	3	4	5
1	1 2		1 2 3	1 2 3 4 5 6 7 8 9 95 -99
2	1 2		1 2 3	1 2 3 4 5 6 7 8 9 95 -99
3	1 2		1 2 3	1 2 3 4 5 6 7 8 9 95 -99
4	1 2		1 2 3	1 2 3 4 5 6 7 8 9 95 -99
5	1 2		1 2 3	1 2 3 4 5 6 7 8 9 95 -99

6.



[ 1 ]  
[ 2 ]  
[ 3 ]  
[ 4 ]  
[ -99 ]

7.



[ 1 ]  
[ 2 ]

8.



[ 1 ]  
[ 2 ]  
[ -99 ]

9.



SN	(1) (2) (-99)
1	1 2 -99
2	1 2 -99
3	1 2 -99
4	1 2 -99
5	1 2 -99