

**Sri Ramachandra Medical College**  
**Water, Sanitation and Handwashing Evaluation**

**Follow-up Survey, Round \_\_\_\_**

| <b>IDENTIFICATION</b><br><i>(complete in the office)</i>  |                                  |  |  |
|---|----------------------------------|--|--|
| BLOCK NAME .....<br><br>VILLAGE NAME .....<br><br>HEAD OF HOUSEHOLD NAME .....<br><br>MOTHER'S NAME ..... | _____<br>_____<br>_____<br>_____ | VILLAGE ID    [ ] [ ] [ ]<br><br>HOUSE NUM.    [ ] [ ] |  |

| <b>CHILD ROSTER</b><br><i>(complete in the office &amp; transfer information to page 3)</i> |      |     |     |                                   |      |     |     |
|---|------|-----|-----|-----------------------------------|------|-----|-----|
| CHILDREN < 5  |      |     |     | CHILDREN 5 – 15 who Attend School |      |     |     |
| CID   | NAME | AGE | SEX | SN                                | NAME | AGE | SEX |
| 1   |      |     |     |                                   |      |     |     |
| 2   |      |     |     |                                   |      |     |     |
| 3   |      |     |     |                                   |      |     |     |
| 4   |      |     |     |                                   |      |     |     |
| 5   |      |     |     |                                   |      |     |     |
| 6   |      |     |     |                                   |      |     |     |

| <b>ENUMERATOR VISITS</b> |       |       |                            |
|--------------------------|-------|-------|----------------------------|
|                          | 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)

| <b>DATA PROCESSING</b>      |                          |                           |             |
|-----------------------------|--------------------------|---------------------------|-------------|
| SUPERVISED IN THE FIELD BY: | REVISED IN THE FIELD BY: | REVISED IN THE OFFICE BY: | ENTERED BY: |
| NAME _____                  | NAME _____               | NAME _____                | NAME _____  |
| DATE _____                  | DATE _____               | DATE _____                | DATE _____  |
|                             |                          |                           | NAME _____  |
|                             |                          |                           | DATE _____  |

FO COMMENTS:

## 14.1. Child Health

*Questions in section 1 need to be answered by the child's primary caretaker!*

### Changes in the child health roster


1. Have you given birth to any children in the past month (since our last visit)?  
[ 1 ] Yes ( Add new births to the child health roster, **Next page**)  
[ 2 ] No
2. Has there been a death in your family during the previous month?  
[ 1 ] Yes (» Q3) [Understandable]  
[ 2 ] No (» Next Section) [Understandable]
3. What was the name of the deceased? \_\_\_\_\_
4. What was the gender of the deceased?  
[ 1 ] Male  
[ 2 ] Female
5. How old was the deceased? \_\_\_\_\_
6. **What was the cause of death?**  
[ 1 ] Aging [ 7 ] Typhoid  
[ 2 ] Accident [ 8 ] Other acute diseases \_\_\_\_\_  
[ 3 ] Diarrhea [ 9 ] Other chronic diseases \_\_\_\_\_  
[ 4 ] Pneumonia / ARI [ 10 ] Jaundice  
[ 5 ] TB [ 95 ] Other (specify) \_\_\_\_\_  
[ 6 ] Malaria [-99 ] Don't know / not sure
7. **IN OFFICE: Record the SN of the deceased from the baseline questionnaire:** \_\_\_\_ \_

## 14.1. Child Health [xx Reserved for Tamil translation]

### Changes in the child health roster

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

## Observations (children < 5 years)

| CID      | <b>In Office:</b><br>Record the name of each child for the household from the cover sheet.<br><br>CID's <b>MUST</b> MATCH PREVIOUS SURVEY.<br><br><b>If New Birth, add to the roster.</b> | <b>In Office:</b><br>Record the age (in years) of each child from the previous survey.<br><br>Age format:<br>As in the Baseline Qstnr. |   |   | <b>8</b><br><b>a</b><br><b>Is the child new to the health roster?</b><br>(1) Yes<br><br><b>b</b><br>Sex of the child<br>(1) Male<br>(2) Female<br>Since it is new child to the study |   | <b>9</b><br><i>Is [NAME]'s primary care giver available to answer health questions?</i> | <b>10</b><br>Is [NAME] present? | <b>11</b><br><br>Does the child have:<br><br>(1) Yes<br>(2) No<br>(-99) Cannot evaluate(specify) _____ |                     |            |               |            |         |           | <b>12</b><br>Is [NAME] currently being breast-fed?<br><br>(1) Yes | <b>13</b><br>Did [NAME] need to go to the hospital in the last month for any reason?<br><br>(1) Yes<br>(2) No<br>(-99) Don't know | CID      |
|----------|---|--|---|---|--|---|---|---------------------------------|---|---------------------|------------|---------------|------------|---------|-----------|---|---|----------|
|          |   | Y  | M | D | a  | b |   |                                 | Dirty Hands   | Soil / mud in nails | Dirty Face | Dirty Clothes | No Clothes | Shoes   | Pot Belly |   |   |          |
| <b>1</b> |   |  |   |   | 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   | 1 2 -99   | <b>1</b> |
| <b>2</b> |   |  |   |   | 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   | 1 2 -99   | <b>2</b> |
| <b>3</b> |   |  |   |   | 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   | 1 2 -99   | <b>3</b> |
| <b>4</b> |   |  |   |   | 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   | 1 2 -99   | <b>4</b> |
| <b>5</b> |   |  |   |   | 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   | 1 2 -99   | <b>5</b> |
| <b>6</b> |   |  |   |   | 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   | 1 2 -99   | <b>6</b> |

# 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                           | 23a                   | 24                    | 25                             | 26                                 |
|--|--------|-----------------|-------------|--|-------------------------|---------|--------|---|-----------|------------------------------|-----------------------|-----------------------|--------------------------------|------------------------------------|
| 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? | Diarrhea? | Mucus or Blood in the stool? | Watery or soft stool? | Refuse to feed / eat? | Abrasion, scrapes or bruising? | Skin itching on the body or scalp? |
| 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                              | 1                                  |
| OR   | [ ]    | [ ]             | [ ]         | [ ]                                      | [ ]                     | [ ]     | [ ]    | [ ]   | [ ]       | [ ]                          | [ ]                   | [ ]                   | [ ]                            | [ ]                                |
| weeks ago 2  | 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                                 |
| 13   |        |                 |             |  |                         |         |        |   |           |                              |                       |                       |                                | 13                                 |
| 12   |        |                 |             |  |                         |         |        |   |           |                              |                       |                       |                                | 12                                 |
| 11   |        |                 |             |  |                         |         |        |   |           |                              |                       |                       |                                | 11                                 |
| 10   |        |                 |             |  |                         |         |        |   |           |                              |                       |                       |                                | 10                                 |
| 9  |        |                 |             |  |                         |         |        |   |           |                              |                       |                       |                                | 9                                  |
| 8  |        |                 |             |  |                         |         |        |   |           |                              |                       |                       |                                | 8                                  |
| 7  |        |                 |             |  |                         |         |        |   |           |                              |                       |                       |                                | 7                                  |
| 6  |        |                 |             |  |                         |         |        |   |           |                              |                       |                       |                                | 6                                  |
| 5  |        |                 |             |  |                         |         |        |   |           |                              |                       |                       |                                | 5                                  |
| 4  |        |                 |             |  |                         |         |        |   |           |                              |                       |                       |                                | 4                                  |
| 3  |        |                 |             |  |                         |         |        |   |           |                              |                       |                       |                                | 3                                  |
| 2  |        |                 |             |  |                         |         |        |   |           |                              |                       |                       |                                | 2                                  |
| Yesterday  |        |                 |             |  |                         |         |        |   |           |                              |                       |                       |                                | 1                                  |
| Today  |        |                 |             |  |                         |         |        |   |           |                              |                       |                       |                                | 0                                  |

If child has had any illness symptoms (YES in Q14 – Q26):

27. Do you think the symptoms are / were serious?

- [ 1 ] Yes  
[ 2 ] No

If child has 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?

- [ 1 ] Yes  
[ 2 ] No

[-99] Could not evaluate (specify) \_\_\_\_\_

If child has had diarrhea symptoms (YES in Q21 - 23a):

30a How many times per day did [NAME] pass stools? \_\_\_\_\_ Stools / day

FO COMMENTS:

## Treatment and Non-Health Impacts

| CID | Name | <b>31a</b><br><i>If child had any illness symptoms (YES in Q14 – Q26):</i><br><br>Did you seek medical advice for [NAME]?<br><br>1 Yes<br>2 No (>> Q33)<br>-99 Don't know / not sure (>> Q33) | <b>31b</b><br><i>If child had any illness symptoms (YES in Q14 – Q26):</i><br><br>What type of medical advice did you seek for [NAME]?<br><br>If so, what type?<br><br><i>Circle all that apply</i><br><br>1 Outpatient<br>2 Inpatient<br>3 House visit<br>95 Other (specify) _____<br>-99 Don't know / not sure | <b>32</b><br>YES in Q31?<br><br>How much did you pay for all the treatments and advice you sought for [NAME]? | <b>33</b><br><i>If child had any illness symptoms (YES in Q14 – Q26) :</i><br><br>How much time were household members unable to work because they were caring for [NAME]?<br><br><b>Relationship codes</b><br>(1) Mother<br>(2) Father<br>(3) Sister<br>(4) Brother<br>(5) Aunt / Uncle<br>(6) Cousin<br>(7) Grandparent<br>(8) Great-grandparent<br>(9) Friend of family<br>(95) Other (specify)<br><br><i>Record up to two people.</i> | <b>34</b><br><i>If child had any illness symptoms (YES in Q14 – Q26) :</i><br><br>Did any family members miss school because they were caring for [NAME]?<br><br><b>Relationship codes</b><br>(1) Sister<br>(2) Brother<br>(3) Cousin<br>(4) Friend of family<br>(95) Other (specify)<br><br><i>Record up to two people.</i><br><br>Since it is the siblings that we talk about here (from Baseline Qstnr.) |                                  | CID              |   |
|-----|------|---|--|---|---|---|----------------------------------|------------------|---|
|     | Name |   |  | Rupees  | Relationship  | Days  | Relationship                     | Days             |   |
| 1   |      | 1 2 -99   | 1 2 3 95 -99   |   | Person 1: ____<br>Person 2: ____  | 1 ____<br>2 ____  | Person 1: ____<br>Person 2: ____ | 1 ____<br>2 ____ | 1 |
| 2   |      | 1 2 -99   | 1 2 3 95 -99   |   | Person 1: ____<br>Person 2: ____  | 1 ____<br>2 ____  | Person 1: ____<br>Person 2: ____ | 1 ____<br>2 ____ | 2 |
| 3   |      | 1 2 -99   | 1 2 3 95 -99   |   | Person 1: ____<br>Person 2: ____  | 1 ____<br>2 ____  | Person 1: ____<br>Person 2: ____ | 1 ____<br>2 ____ | 3 |
| 4   |      | 1 2 -99   | 1 2 3 95 -99   |   | Person 1: ____<br>Person 2: ____  | 1 ____<br>2 ____  | Person 1: ____<br>Person 2: ____ | 1 ____<br>2 ____ | 4 |
| 5   |      | 1 2 -99   | 1 2 3 95 -99   |   | Person 1: ____<br>Person 2: ____  | 1 ____<br>2 ____  | Person 1: ____<br>Person 2: ____ | 1 ____<br>2 ____ | 5 |
| 6   |      | 1 2 -99   | 1 2 3 95 -99   |   | Person 1: ____<br>Person 2: ____  | 1 ____<br>2 ____  | Person 1: ____<br>Person 2: ____ | 1 ____<br>2 ____ | 6 |

## 14.2. School absenteeism (Only for school going children 5 – 15 yrs old)

|  |   |  |   |  |   |      |     |      |     |
|--|---|--|---|--|---|------|-----|------|-----|
| <b>In Office:</b><br><br><b>Record the SN of each child 5 – 15 years old who is attending school from the Previous visit's questionnaire</b> | <b>In Office:</b><br><br><b>Record the name of each child 5-15 years old who is attending school.</b> | <b>1</b><br><br>Is [NAME] currently enrolled in school?<br><br>(1) Yes (skip to Q 3)<br>(2) No<br>(-99) Don't Know (skip to Q 3) | <b>2</b><br><br><b>If <u>not</u> enrolled in school:</b><br><br>The last time we visited your family [NAME] was attending school. Why did [NAME] stop attending school?<br><br>(1) House work<br>(2) Farm work<br>(3) Moved away<br>(4) Pregnant<br>(5) Has completed enough school<br>(6) No money for school uniform or supplies<br>(95) Other (specify) _____<br>(-99) Don't know / not sure | <b>3</b><br><br>Is [NAME] currently on seasonal break or vacation?<br><br>(1) Yes ( <b>SKIP to next person</b> )<br>(2) No<br>(-99) Don't know | <b>4</b><br><br>Last [DAY] did [NAME] attend school?<br><br><b>Record code for each day:</b><br><br>( 1 ) Yes<br>( 2 ) No, due to illness<br>( 3 ) No, due to caring for sick relative<br>( 4 ) No, due to school closure or teacher absence<br>( 5 ) No, did not want to go<br>( 6 ) No, other reason<br>( 7 ) No, unknown reason<br>(-99) Don't know / not sure |      |     |      |     |
| SN   | Name  |  |   |  | MON   | TUES | WED | THUR | FRI |
|  |   | 1 2 -99  | 1 2 3 4 5 6 95 -99  | 1 2 -99  |   |      |     |      |     |
|  |   | 1 2 -99  | 1 2 3 4 5 6 95 -99  | 1 2 -99  |   |      |     |      |     |
|  |   | 1 2 -99  | 1 2 3 4 5 6 95 -99  | 1 2 -99  |   |      |     |      |     |
|  |   | 1 2 -99  | 1 2 3 4 5 6 95 -99  | 1 2 -99  |   |      |     |      |     |
|  |   | 1 2 -99  | 1 2 3 4 5 6 95 -99  | 1 2 -99  |   |      |     |      |     |
|  |   | 1 2 -99  | 1 2 3 4 5 6 95 -99  | 1 2 -99  |   |      |     |      |     |
|  |   | 1 2 -99  | 1 2 3 4 5 6 95 -99  | 1 2 -99  |   |      |     |      |     |

## 14.3. Handwashing


Questions in section 14.3 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. Could I please see the area where you usually wash your hands?

| SN |  Do you observe in the handwashing area? | (1) Yes<br>(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               |


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

[ 1 ] Yes

[ 2 ] No (>> Section 14.4)

[-99] Don't know (>> Section 14.4)

4. 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<br>(1) Yes | Water & soap<br>(1) Yes | Water & soil<br>(1) Yes | Water & ash<br>(1) Yes | Water & hay<br>(1) Yes | Other<br>(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                |

FO COMMENTS:

## 14.4. Water Sources

1. Are you using a different primary source of water than you were last month?

[ 1 ] Yes

[ 2 ] No ( >> Section 14.5)

| S<br>N | Sources of water  | In Office:<br>Write down the<br>old primary<br>water source<br>from Baseline<br>Questionnaire | 2<br>What is your<br>new primary<br>water<br>source?<br>(1) Yes | 3<br>Could you<br>please provide<br>more detail<br>about your<br>water source? |
|--------|---|---|---|--|
| 1      | Private water connection                                      | 1   | 1   | [ 1 ] Yard tap<br>[ 2 ] In-house   |
| 2      | Public tap  | 1   | 1   | [ 3 ] Stand post   |
| 3      | Private well (tube well / bore well / dug well<br>etc.)       | 1   | 1   | [ 4 ] Tube/bore<br>[ 5 ] Dug well  |
| 4      | Public well (tube well / bore well / dug well<br>etc.)        | 1   | 1   | [ 4 ] Tube/bore<br>[ 5 ] Dug well  |
| 5      | Neighbors (that give water away)                              | 1   | 1   | [ 6 ] Private tap<br>[ 7 ] Private well  |
| 6      | Surface water (river / stream / spring / lake /<br>pond/ dam) | 1   | 1   | [ 8 ]River/stream<br>[ 9 ] Lake/pond<br>[10] Dam                               |
| 7      | Tanker / vender   | 1   | 1   |  |
| 8      | Rainwater   | 1   | 1   | [11] Barrel<br>[12] Soak pit   |

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

1.

[ 1 ]

[ 2 ] ( >> Section 14.5)

| S<br>N |  | 2 | 3  |
|--------|--|---|--|
| 1      |  | 1 | [ 1 ] Yard tap<br>[ 2 ] In-house                 |
| 2      |  | 1 | [ 3 ] Stand post                                 |
| 3      |  | 1 | [ 4 ] Tube/bore<br>[ 5 ] Dug well                |
| 4      |  | 1 | [ 4 ] Tube/bore<br>[ 5 ] Dug well                |
| 5      |  | 1 | [ 6 ] Private tap<br>[ 7 ] Private well          |
| 6      |  | 1 | [ 8 ]River/stream<br>[ 9 ] Lake/pond<br>[10] Dam |
| 7      |  | 1 |  |
| 8      |  | 1 | [11] Barrel<br>[12] Soak pit                     |



4. Could you please tell me why your household changed your primary water source?  
(Circle all that apply. Spontaneous response. Prompt 1-2 times.)

[ 1 ] Installed new tap / well / system

New source is:

- [ 2 ] Less contaminated  
[ 3 ] More convenient  
[ 4 ] Cheaper  
[ 5 ] Better supply  
[ 6 ] More reliable

Old source was:

- [ 7 ] Not safe / contaminated  
[ 8 ] Inconvenient  
[ 9 ] Bad smell, taste or color  
[ 10 ] Expensive, pay much  
[ 11 ] Insufficient supply of water  
[ 12 ] Unreliable / irregular supply

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

[-99] Don't know / not sure

5. Could you please tell me why you use water from [NEW SOURCE]?  
(Circle all that apply. Spontaneous response. Prompt 1-2 times.)

- [ 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. How long does it take to walk to the NEW source, get water & return? \_\_\_\_

4.

[ 1 ]

New source is:

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

Old source was:

- [ 7 ]  
[ 8 ]  
[ 9 ]  
[ 10 ]  
[ 11 ]  
[ 12 ]

[ 95 ] \_\_\_\_\_

[-99]

5.

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

6.

## 14.5. Water Treatment

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

[ 1 ] Yes

[ 2 ] No (>> Section 14.6)

[-99] Don't know / not sure (>> Section 14.6)


2. 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

3. How do you treat your drinking water? 

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

**Circle all that apply.)**

| SN | Description                             | (1) Yes |
|----|---|---------|
| 1  | Boil                                    | 1       |
| 2  | Filter                                  | 1       |
| 3  | Chemicals (bleach/chlorine/alum/potash) | 1       |
| 95 | Other (specify) _____                   | 1       |
| 99 | Don't know / not sure                   | 1       |

4. 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

## 14.5. Water Treatment [xx Tamil translation]

1.

[ 1 ]

[ 2 ]

[-99]

2.

[ 1 ]

[ 2 ]

[ 3 ]

[-99]

3.

| SN | Description                             | (1) Yes |
|----|---|---------|
| 1  | Boil                                    | 1       |
| 2  | Filter                                  | 1       |
| 3  | Chemicals (bleach/chlorine/alum/potash) | 1       |
| 95 | Other (specify) _____                   | 1       |
| 99 | Don't know / not sure                   | 1       |


4.


[ 1 ]

[ 2 ]


## 14.6. Animals

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

| SN | Animal                               | (1) Yes<br>(2) No | Number | <br><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 and cats                        | 1 2               |        |  |
| 95 | Other (specify) _____                | 1 2               |        |  |

2.  How much human and animal feces do you observe in the living area of the house?


- [ 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) \_\_\_\_\_

3.  Could you smell feces during the interview?

- [ 1 ] Yes
- [ 2 ] No

## 14.6. Animals [xx Tamil Translation]

1.

| 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 |  |   |
| 95 |  | 1 2 |  |   |

2. 

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


3. 


- [ 1 ]
- [ 2 ]

## 14.7. Sanitation

1. Has your household built or installed a new latrine or toilet in the previous month?  
☐ [ 1 ] Yes  
☐ [ 2 ] No (>> Q7)
2. How did you pay for your new 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
3. How many other households use your new toilet on a regular basis?  
**(Record 00 if none, -99 if don't know / not sure.)** \_\_\_\_\_ Households
4. Do the female members of the family feel safer using this latrine/toilet?  
☐ [ 1 ] Yes  
☐ [ 2 ] No  
☐ [-99] Don't know / not sure
5. 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
6. 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

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


7.  Does it appear to you that the latrine is used regularly?  
☐ [ 1 ] Yes  
☐ [ 2 ] No  
☐ [-99] Refused / Cannot evaluate

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

| SN |                                     | (1) Yes | (2) No | (-99) Cannot evaluate |
|----|-------------------------------------|---------|--------|-----------------------|
| 1  | The hole is covered                 | 1       | 2      | -99                   |
| 2  | Toilet paper                        | 1       | 2      | -99                   |
| 3  | Soap, detergent, or towel for hands | 1       | 2      | -99                   |
| 4  | Flies                               | 1       | 2      | -99                   |
| 5  | Feces on the ground (not in hole)   | 1       | 2      | -99                   |

## 14.7. Sanitation [xx Reserved for Tamil translation]

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

7.   
☐ [ 1 ]  
☐ [ 2 ]  
☐ [-99]

8. 

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

## 15. Supplemental Follow-Up Questions (One Round Only)

1. Does this household have a private latrine?

[ 1 ] Yes

[ 2 ] No (>> Q3)

2. When did you first build / install your private latrine?

(Record -99 for Don't know / not sure)

\_\_\_\_

[ 1 ] Years ago

[ 2 ] Months ago

[ 3 ] Days ago

[ 95 ] Always had the latrine

[-99] Don't know / not sure

3. In the last **five** years, has anybody in this household obtained a loan or subsidy from a commercial bank, the government, an organization or a Self Help Group?

[ 1 ] Yes (>> Q8a)

[ 2 ] No

[-99] Don't know / not sure

4. In the last **five** years, did anybody in this household attempt to secure a loan or subsidy from a commercial bank, the government, an organization or a Self Help Group, but was denied?

[ 1 ] Yes

[ 2 ] No (>> Done)

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

5. How many times were they denied? \_\_\_\_ times

6. What was the reason that the loan/subsidy were denied?

(circle all that apply)

[ 1 ] Lack of collateral

[ 2 ] Lack of assets

[ 3 ] Lack of verifiable income

[ 4 ] Too little income

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

[-99] Don't know / not sure

7. How had you planned to use the money from the denied loan/subsidy?

(circle all that apply)

[ 1 ] Construct private latrine / toilet

[ 2 ] Repair / upgrade a latrine / toilet

[ 3 ] Dig a new / improve an existing private well (bore well / tube well)

[ 4 ] Connect to village water supply (install a private water tap)

[ 5 ] Repair / upgrade private water tap

[ 6 ] Construct a bathing facility / shower

[ 7 ] To purchase agricultural supplies (animals, seeds, materials, tools)

[ 8 ] To purchase business supplies or inventory

[ 9 ] Health care

[ 10 ] Non-health family emergency

[ 11 ] Religious or social event (e.g., wedding)

[ 95 ] Other \_\_\_\_\_

[-99] Don't know / not sure

Probe: Have you received multiple loans in the past five years or just one loan?  
**If the household has received multiple loans, please record the information separately for each loan**

| Loan Num | 8.a.<br>Who provided the loan/subsidy?<br><br>(1) Local SHG (>> <b>Q8b</b> )<br>(2) Commercial Bank<br>(3) Government Subsidy<br>(4) Gramalaya<br>(5) WAVE Federation<br><br>(95) Other _____<br><br>(-99) Don't know | 8.b.<br><br><b>&gt;&gt; If SHG:</b><br><br>What is the name of the SHG? | 9.<br><br>In what year did you receive the loan/subsidy?<br><br>(-99) Don't know | 10.<br><br>How much money did your household borrow from [SOURCE]?<br><br>(principal amount)<br><br>(-99) Don't know | 11.<br><br>What is the repayment period for the loan/subsidy?<br><br>(95) Need not repay (>> <b>Q16</b> )<br><br>(-99) Don't know |       | 12.<br><br>What is / was the interest rate for the loan?<br><br>(-99) Don't know | 13.<br><br>Are you behind in payments on the loan?<br><br>(1) Yes<br>(2) No<br><br>(-99) Don't know | 14.<br><br>Have you defaulted on the loan?<br><br>(1) Yes<br>(2) No<br><br>(-99) Don't know | 15.<br><br>How much money do you still owe on the loan?<br><br><i>Record "0" if paid off.</i><br><br>(-99) Don't know | 16.<br><br>How did you use the money from the loan or subsidy?<br><br>(1) Construct private latrine / toilet<br>(2) Repair / upgrade a latrine / toilet<br><br>(3) Dig a new / improve an existing private well (bore well / tube well)<br>(4) Connect to village water supply (install a private water tap)<br>(5) Repair / upgrade private water tap<br>(6) Construct a bathing facility / shower<br><br>(7) To purchase agricultural supplies (animals, seeds, materials, tools)<br>(8) To purchase business supplies or inventory<br><br>(9) Health care<br>(10) Non-health family emergency<br>(11) Religious or social event (e.g., wedding)<br><br>(95) Other _____<br>(-99) Don't know / not sure |
|----------|---|---|--|--|---|-------|--|---|---|---|---|
|          |   | SHG Name  | Year   | Rupees   | Months  | Years | %  |   |   | Rupees  | Circle all that apply   |
| 1        | 1 2 3 4 95 -99  |   |  |  |   |       |  | 1 2 -99   | 1 2 -99   |   | 1 2 3 4 5 6 7 8 9 10 11 95 -99  |
| 2        | 1 2 3 4 95 -99  |   |  |  |   |       |  | 1 2 -99   | 1 2 -99   |   | 1 2 3 4 5 6 7 8 9 10 11 95 -99  |
| 3        | 1 2 3 4 95 -99  |   |  |  |   |       |  | 1 2 -99   | 1 2 -99   |   | 1 2 3 4 5 6 7 8 9 10 11 95 -99  |
| 4        | 1 2 3 4 95 -99  |   |  |  |   |       |  | 1 2 -99   | 1 2 -99   |   | 1 2 3 4 5 6 7 8 9 10 11 95 -99  |



| Loan Num | <b><u>In the Office:</u></b><br>8.c. Was the SHG formed by Gramalaya?<br>(1) Yes (2) No |
|----------|---|
| 1        | 1 2   |
| 2        | 1 2   |
| 3        | 1 2   |
| 4        | 1 2   |