



Interviewer(s):

Household Code (GPS):

Date:

1. *Number of household members by age & gender (put star near respondent)

Pregnant	5 & under		6-14		15-62		Over 62		Total		
	M	F	M	F	M	F	M	F	M	F	T

1a. If they have children, do they go to school?

___yes ___no ___sometimes

1b. If yes, how long does it take for them to walk to school?

2. *Where do you get your drinking water? (check all that apply)

	In house tap		Community tap
	Surface water		Spring water
	Well		Rain water
	Bottled water		Other:

2a. Do you get your drinking water from this source year round?

___yes ___no ___don't know/not sure

2b. If no, what months or time of the year do you get your water from this source?

(Also if answer for 2a was no) Where else do you get your water?

3. *How long does it take you to collect your household water and drinking water each day?

___<30 minutes ___30 min-1 hour ___1-2 hours

___2-3 hours ___over 3 hours ___not applicable

4. *Are there any problems with your current water supply?

___Water shortages ___Water quality

___Water supply is too far ___Other_____

5. *How many liters of water do you collect in a day for use inside the home? (Can we see your jerrycan?)

___ <5 liters ___ 5-10 liters ___ 10-15 liters
 ___ 15-20 liters ___ over 20 liters ___ not applicable

6. *Who collects the water most often?

___ Boy in household
 ___ Girl in the household
 ___ Adult woman in the household
 ___ Adult man in the household
 ___ Other _____

7. Do elderly people collect water (for themselves or for the household) from the main water source?

7a. How much water do they drink every day in liters?

8. *Do you do anything to purify your water before you drink it?

___ yes ___ no ___ don't know/not sure

- 8a. *If yes, what? What do you think of each of these methods?

___ Filter (ceramic, sand, etc) _____
 ___ Boil water _____
 ___ Chlorine/other chemical _____
 ___ Solar disinfection _____
 ___ Other _____

- 8b. Why do you use this method?

	Cost		Health/Safety
	Taste of water		Other:
	Ease of use		Don't know/Not Sure

9. Do you clean your water container?

___ yes ___ no

9a. How often do you clean your water container? (this could also be asked by which months or seasons they clean it in)

___ weekly ___ monthly ___ every 2-3 months
 ___ every 3-4 months ___ less often

10. Do you wash your hands daily?

___ yes ___ no

11. When do you wash your hands? (ask as an open ended question, check only what respondent identifies)

	Before eating		Before feeding child
	After eating		After cleaning house
	After going to the latrine/after urinating or defecating		After working outside
	After cleaning child's bottom after s/he defecates		When hands are dirty
	Before preparing food		After you wake up
	Before eating		Other

12. Do you use soap when you wash your hands?

___ yes ___ no ___ sometimes

13. Why do you wash your hands? (ask as an open ended question, check only what respondent identifies)

___ to be clean
 ___ to be safe/healthy/prevent disease
 ___ to smell good
 ___ told to do so
 ___ other _____

14. When do your children wash their hands?

___ Not applicable (children under 5, or no children)
 ___ don't know/not sure
 ___ when their hands are dirty

___ after going to latrine/urinating/defecating

___ before eating

___ after eating

15. *Do you have a latrine at your house? (can I see it?)

___yes ___no ___yes but not in use

15a. *If yes, what type of latrine?

___pit latrine

___composting pit latrine

___pour flush

___flush

___other

15b. *If no, where do you usually go to the bathroom?

___community latrine

___neighbor's latrine

___river/stream

___bury it outside

___in the bushes

___don't know/not sure

___other_____

16. Sometimes children get sick and need treatment. When this happens do you usually go to the clinic?

___yes ___no

16a. *Where do you usually get your information about health?

	Radio		Clinic
	Church minister/priest		Health professional (doctor/nurse/midwife)
	Community meetings		Traditional healer

	Community leader		Family member/friend
	Community health worker		Other

17. *In the past month have your children experienced any of the following?

	Difficulty breathing		Diarrhea
	Fever		Bloody Stool
	Convulsions		Cough
	Malaria		Other

18. *In the past 2 weeks has your child had diarrhea?

___ yes ___ no ___ don't know/not sure

18a. *If yes, how often have they had diarrhea? (ask as open ended question)

___ Daily

___ 12-14 times

___ 8-11 times

___ 4-7 times

___ 1-3 times

(Gauge if next question is appropriate to ask)

19. In the past 2 weeks have you had diarrhea?

___ yes ___ no ___ don't know/not sure

19a. If yes, how often have you had diarrhea? (ask as open ended question)

___ Daily

___ 12-14 times

___ 8-11 times

___ 4-7 times

___ 1-3 times

20. Has your household ever talked about having a different method of water collection and/or treatment?

___ yes ___ no ___ don't know/not sure

If yes, what type of system/treatment would you like to have?

21. *Who do you think should be responsible for taking care of the system?

22. *What do you think is a fair price for one jerrycan of clean water?

23. *Has the local government ever asked you to contribute money toward a project?

____ yes ____ no ____ don't know/not sure

If yes, what type of project was it?

24. *What is the best way to let people know about this project?

SURVEYOR NOTES/OBSERVATIONS: