

Burkina Faso Baseline and Endline Instrument
WASHPlus Project
April 27 2015

| Identification | | | |
|-----------------------|--|---|------------------------------------|
| No. | Questions | Coding Categories | Skip |
| 1 | QUESTIONNAIRE NUMBER (Use same number as household identification number of sampling framework maps) | | |
| 2 | How old are you? (Write in years) | _____ years | IF UNDER 18 YEARS OLD, STOP SURVEY |
| 3 | How many children between ages 1 and 9 do you have or care for? | None [] [] | IF NONE, STOP SURVEY |
| 4 | What is your marital status? | Married 1 Not married..... 2 Widow..... 3 Divorced 4 | |
| 5 | Interviewer | x..... 1 y 2 z 3 | |
| 6 | Districts | x..... 1 y 2 z 3 | |
| 7 | Name of village (Write name) | | |
| 8 | Supervisor | x..... 1 y 2 z 3 | |
| 9 | Date questionnaire reviewed | [] [] [] Day Month Year | |
| 10 | Reviewer's Name | x..... 1 y 2 z 3 | |

| 0100 - 120 Dwelling and Family Characteristics | | | |
|--|--|--|------|
| No. | Questions | Coding Categories | Skip |
| 100 | What type of dwelling are you visiting? <i>(OBSERVE ONLY)</i> | Stand alone home 1 House in communal compound ... 2 Other (Specify) 3 | |
| 101 | What type of floor materials does the dwelling have? <i>(OBSERVE ONLY)</i> | Dirt..... 1 Concrete 2 Other (Specify)..... 3 | |
| We would like to talk about your household. Let us first start with some of the characteristics of the family, including yourself. | | | |
| 102 | How many people (adults and children) live permanently in this household (ménage)? <i>(PLEASE WRITE THE NUMBER DIRECTLY).</i> | [] [] | |
| 103 | How many wives does the head of the family have? <i>(PLEASE WRITE THE NUMBER DIRECTLY).</i> | [] [] | |
| 104 | What is your position in the household? | 1 st wife 1 2 nd wife..... 2 3 rd wife 3 4 th wife 4 Not wife | |
| 105 | Does the family own or rent the place where you live? | Own 1 Rent..... 2 | |
| 106 | During the last 12 months, did you carry out any type of work that generated monetary or in-kind income? | No..... 1 Yes 2 | →108 |
| 107 | What was the main activity that generated that income? | Farmer 1 Worker in another home 2 Informal sector vendor 3 Tailor/seamstress..... 4 Stitches quilts/makes handicrafts 5 Small shop owner 6 Housewife 7 Raises poultry/livestock 8 Money lender..... 9 Trader (buys/sells grain) 10 Teacher 11 Construction..... 12 Other. Specify 13 Not generating income 14 | |
| 108 | In this month, are you involved in any activity that generates income? | No..... 1 Yes 2 | |
| 109 | What is currently your main occupation? | Farmer 1 Worker in another home 2 Informal sector vendor 3 Tailor/seamstress..... 4 Stitches quilts/makes handicrafts 5 Small shop owner 6 Housewife 7 Raises poultry/livestock 8 Money lender..... 9 Trader (buys/sells grain) 10 Teacher 11 Construction..... 12 | |

| | | | |
|-----|--|--|------|
| | | Other. Specify _____ 13 Not generating income 14 | |
| 110 | During the last 12 months, did your spouse/head of household carry out any activity that generated monetary or in-kind income? | No..... 1 Yes 2 | →112 |
| 111 | What was his main income generating activity? | Farmer 1 Worker in another home 2 Informal sector vendor 3 Tailor/seamstress..... 4 Stitches quilts/makes handicrafts 5 Small shop owner 6 Housewife 7 Raises poultry/livestock 8 Money lender..... 9 Trader (buys/sells grain) 10 Teacher 11 Construction..... 12 Other. Specify _____ 13 Not generating income 14 | |
| 112 | This month, is he involved in any income generating activity? | No..... 1 Yes 2 | |
| 113 | What is currently his main occupation? | Farmer 1 Worker in another home 2 Informal sector vendor 3 Tailor/seamstress..... 4 Stitches quilts/makes handicrafts 5 Small shop owner 6 Housewife 7 Raises poultry/livestock 8 Money lender..... 9 Trader (buys/sells grain) 10 Teacher 11 Construction..... 12 Other. Specify _____ 13 Not generating income 14 | |
| 114 | How many family members bring income to this family? (PLEASE WRITE DIRECTLY THE NUMBER REPORTED). | [] [] | |
| 115 | In a typical month, who earns more, you, your husband/head of household or another family member? | Respondent 1 Husband/Head of household..... 2 Another family member..... 3 | |

| | Questions | Coding Categories | Skip | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-----------------------|--------------|--------------------------------|-------------------|-------------------------|---|--------------------------------|-----------|---|---------------------------|---|---|-------------------|---|---|------------------------------|----------|----------|-----------------------|---|---|----------------------------|---|---|----------------------------|---|---|------------------------------|---|---|----------------|---|---|-----------------------------|---|---|---------------------|---|---|-------------------------------|---|---|--|
| 116 | Does your family have.....?: <i>(READ CHOICES AND CAPTURE ANSWER BY CIRCLING RESPONSE)</i> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;">Yes</td> <td style="text-align: right;">No</td> </tr> <tr> <td>Electricity</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Solar panel</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Radio</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Television</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Mobile phone</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Landline phone</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Kerosene/butter lamp</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Improved fixed stove</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Improved movable stove</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>A bicycle.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>A motorcycle or scooter ...</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>A car or truck.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Horse/mule for transport only</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table> | | Yes | No | Electricity | 1 | 2 | Solar panel | 1 | 2 | Radio | 1 | 2 | Television | 1 | 2 | Mobile phone | 1 | 2 | Landline phone | 1 | 2 | Kerosene/butter lamp | 1 | 2 | Improved fixed stove | 1 | 2 | Improved movable stove | 1 | 2 | A bicycle..... | 1 | 2 | A motorcycle or scooter ... | 1 | 2 | A car or truck..... | 1 | 2 | Horse/mule for transport only | 1 | 2 | |
| | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Electricity | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Solar panel | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Radio | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Television | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mobile phone | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Landline phone | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kerosene/butter lamp | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Improved fixed stove | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Improved movable stove | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A bicycle..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A motorcycle or scooter ... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A car or truck..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Horse/mule for transport only | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 117 | If NO mobile phone at Q 116, skip to 118. What mobile operator do you use? <i>(WRITE NAME OF OPERATOR)</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 118 | Does your family _____?: <i>(READ CHOICES AND CAPTURE ANSWER BY CIRCLING RESPONSE)</i> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;">Yes</td> <td style="text-align: right;">No</td> </tr> <tr> <td>Own cattle</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Own horses/mules/donkeys</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Own sheep/goats/pigs.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Own poultry</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Own an animal drawn cart....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Grow cash crops</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table> | | Yes | No | Own cattle | 1 | 2 | Own horses/mules/donkeys | 1 | 2 | Own sheep/goats/pigs..... | 1 | 2 | Own poultry | 1 | 2 | Own an animal drawn cart.... | 1 | 2 | Grow cash crops | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Own cattle | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Own horses/mules/donkeys | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Own sheep/goats/pigs..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Own poultry | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Own an animal drawn cart.... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grow cash crops | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 119 | Did you ever attend school? | <table style="width: 100%; border-collapse: collapse;"> <tr> <td>No.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>Yes</td> <td style="text-align: right;">2</td> </tr> </table> | No..... | 1 | Yes | 2 | →121 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No..... | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 120 | What was the last grade that you completed? <i>(PLEASE WRITE DIRECTLY THE NUMBER REPORTED).</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 121 | Can you please read the following sentence: | <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Reads it easily</td> <td style="text-align: right;">1</td> </tr> <tr> <td>Reads it with difficulty</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Could not read it</td> <td style="text-align: right;">3</td> </tr> <tr> <td>Declined to participate</td> <td style="text-align: right;">4</td> </tr> </table> | Reads it easily | 1 | Reads it with difficulty | 2 | Could not read it | 3 | Declined to participate | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reads it easily | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reads it with difficulty | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Could not read it | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Declined to participate | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 122 | What is your religion? | <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Muslim.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>Catholic.....</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Other Christian</td> <td style="text-align: right;">3</td> </tr> <tr> <td>Other.....</td> <td style="text-align: right;">4</td> </tr> </table> | Muslim..... | 1 | Catholic..... | 2 | Other Christian | 3 | Other..... | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Muslim..... | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Catholic..... | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Christian | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other..... | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 200-206 Family Composition, Selection of Index Child and Observation of His/Her Face | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No | Questions | Coding Categories | Skip | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 200 | <p>Could you please tell me the name, gender and age of your children under 10 years of age. You may start with the oldest.</p> <p>Randomly select the target child between 1 and 9. If not present, randomly select another. Repeat up to three eligible children. If none are present go to Q 304.</p> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Name</td> <td style="width: 20%;">Sex</td> <td style="width: 20%;">Age in years</td> </tr> <tr> <td></td> <td>1. Male</td> <td></td> </tr> <tr> <td></td> <td>2. Female</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> | Name | Sex | Age in years | | 1. Male | | | 2. Female | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Name | Sex | Age in years | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 1. Male | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 2. Female | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Ask to meet the target child. Say hello to child and observe and note the following items about the child's face and hands | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 201 | Child has dust or dirt on face | <table style="width: 100%; border-collapse: collapse;"> <tr> <td>No.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>Yes</td> <td style="text-align: right;">2</td> </tr> </table> | No..... | 1 | Yes | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No..... | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 202 | Child's eye/s has/have visible discharge | <table style="width: 100%; border-collapse: collapse;"> <tr> <td>No.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>Yes</td> <td style="text-align: right;">2</td> </tr> </table> | No..... | 1 | Yes | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No..... | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 203 | Child's nose has visible discharge | <table style="width: 100%; border-collapse: collapse;"> <tr> <td>No.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>Yes</td> <td style="text-align: right;">2</td> </tr> </table> | No..... | 1 | Yes | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No..... | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 204 | Child has food around mouth (when not eating) | <table style="width: 100%; border-collapse: collapse;"> <tr> <td>No.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>Yes</td> <td style="text-align: right;">2</td> </tr> </table> | No..... | 1 | Yes | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No..... | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|------------|---|-----------|---|--|
| 205 | Child has flies on face | No..... | 1 | |
| | | Yes | 2 | |
| 206 | Child's hands are dirty, dusty, or food encrusted | No..... | 1 | |
| | | Yes | 2 | |

| 0304 - 0320 Water Sources and Treatment for Drinking | | | |
|--|--|--|------|
| No. | Questions | Coding Categories | Skip |
| 304 | <p>What is the main source of drinking water for your family at this time of year? Does it look like any of these?</p> <p>(SHOW PICTURES)</p> | Piped water..... 1 Tube well or borehole..... 2 Dug well..... 3 Protected Dug Well..... 4 Unprotected Dug Well..... 5 Rainwater..... 6 Tanker Truck..... 7 Surface Water..... 8 (River/Dam/Lake/Ponds/Stream Canal/Irrigation Channel) 9 Bottled Water or Water from Sachet..... 10 Other (Specify) _____ 11 | |
| 305 | <p>If main source is not on premises, skip to 307.</p> <p>Who usually goes to the source to fetch the drinking water for the household?</p> <p>Probe. Is this person 10 years of age or older? What is that person's sex?</p> <p>(Circle the code that best describes this person.)</p> | Men 10 years old or older 1 Women 10 years old or older.... 2 Boys 9 years or under..... 3 Girls 9 years or under 9..... 4 | |
| 306 | <p>How long does it take to go there, get drinking water, and come back?</p> <p>(Use categories, above and under 30 minutes)</p> | Over 30 minutes.....1 30 minutes or below.....2 On premises.....3 | |
| 307 | <p>Is that source used by your family all year round?</p> | No..... 1 Yes 2 | |

| | | | |
|-----|---|--|--|
| 308 | Where else do you get drinking water from during this time of year? | Piped water 1 Tube well or borehole 2 Dug well 3 Protected Dug Well..... 4 Unprotected Dug Well..... 5 Rainwater 6 Tanker Truck..... 7 Surface Water (River/Dam/Lake/ Ponds/Stream/Canal/Irrigation Channel)..... 8 Bottled Water or Water from Sachet..... 9 Other (Specify) _____ 10 | |
| 309 | Where do you get your drinking water from at other times of the year? | Piped water 1 Tube well or borehole 2 Dug well 3 Protected Dug Well..... 4 Unprotected Dug Well..... 5 Rainwater 6 Tanker Truck..... 7 Surface Water (River/Dam/Lake/ Ponds/Stream/Canal/Irrigation Channel)..... 8 Bottled Water or Water from Sachet..... 9 Other (Specify) _____ 10 | |

| | | | | |
|--|---|---|----|--|
| 310 | What are the sources of water you use for other purposes than drinking (such as cooking, handwashing, and other household chores)? What other sources? (MULTIPLE RESPONSES ARE POSSIBLE.) | Piped Water Into Dwelling..... | 1 | |
| | | Piped Water From A Neighbor..... | 2 | |
| | | Piped Water Into Yard/Plot..... | 3 | |
| | | Public Tap/Standpipe..... | 4 | |
| | | Tube Well Or Borehole..... | 5 | |
| | | Protected Dug Well..... | 6 | |
| | | Unprotected Dug Well..... | 7 | |
| | | Water From Protected Spring..... | 8 | |
| | | Water From Unprotected Spring | | |
| | | Rainwater..... | 9 | |
| | | Tanker Truck..... | 10 | |
| | | Cart With Small Tank..... | 11 | |
| | | Surface Water (River/Dam/Lake/Ponds/Stream/ Canal/Irrigation Channel) | 12 | |
| | | Bottled Water..... | 13 | |
| Other (Specify) _____ | 14 | | | |
| 311 | Could you please serve me a cup of water from where the children usually drink? | NOT OBSERVED | 1 | |
| | | OBSERVED | 2 | |
| Use the time to make some observations about how water is obtained from the container and characteristics of the container. | | | | |
| <ul style="list-style-type: none"> • Cover • • What used to get water • • Diameter of opening • | | | | |
| Thank you for the water. Let's continue. | | | | |
| 312 | Did you or anyone in the household do anything to make this water safer to drink? | No..... | 1 | →319 |
| | | Yes..... | 2 | |
| 313 | What specifically was done to make this water safer to drink? | Liquid chlorine solution | 1 | If chlorine and coagulants used got to Q313a |
| | | Chlorine tablets..... | 2 | |
| | | Coagulant/flocculant..... | 3 | |
| | | Ceramic filter..... | 4 | |

| | | | |
|------|--|--|---|
| | | Biosand filter 5 Membrane filter 6 Cloth filter 7 Settling..... 8 Boiling 9 Other. Specify _____ 10 | If these filters are used go to Q313b If settling or boiling is used, go to Q314 |
| 313a | If chlorine solution, chlorine tablets or a coagulant/flocculant is used, ask: Can you please show the product that is generally used to treat the water? | Able to show product 1 Unable to show product 2 | If filters not used, skip to Q314 |
| 313b | If ceramic, biosand or membrane filter is used to treat the water ask: Can I please see the filter? | Able to show product 1 Unable to show product 2 | ->Q314 |
| 313c | If you see filter, verify if filtered water comes out of the filter | Water coming out of filter 1 No water coming out of filter 2 | |
| 314 | For what reasons is the water in your household treated? What other reasons? | Health promotion received 1 <i>Specify source:</i> (School, health center, CHW, mass media etc.)... _____ Standard practice in household to treat water 2 I had water treatment kit this time..... 3 Source makes it unsafe for drinking without treatment..... 4 Someone is currently sick in the family so we must use treated water... 5 Other. <i>Specify</i> _____ 6 | |
| 315 | If health promotion in Q. 315, ask What specific information motivated your household to treat the water? | Avoid worms..... 1 Avoid diarrhea 2 Other. Specify _____ 3 DK/Don't remember 4 | |

| | | | |
|-----|---|---|---------------------------------------|
| 316 | How many hours ago was this water treated? READ responses | Less than 12 HOURS Between 12 and 23 hours 24 or more hours Don't know | |
| 317 | How often do you treat drinking water this way? | Daily..... 1 Weekly..... 2 When somebody in the house is ill 3 During emergencies..... 4 Others. Specify _____ 5 | |
| 318 | Who usually drinks treated water in your household? Probe: Does the (index child) usually drink it? | All children under 10 years old 1 Some children under 10 years old..... 2 No children under 10 years old 3 All people aged 10 or older..... 4 Some people aged 10 or older 5 No people aged 10 or older 6 | ALL RESPO NDENT S → Q 401 |
| 319 | For what reasons is this drinking water not treated? What other reasons? (Multiple responses are possible). | Not aware water should be treated 1 Standard practice in household not to treat water 2 I lacked water treatment kit this time 3 The source is safe for drinking without treating it 4 Nobody fell sick so we are just OK using this water 5 Other (Specify) _____ 6 | |

401-404 Soap

| | | | |
|-----|---|------------------------------------|--------|
| 401 | Is there any type of soap in the house? | NO..... 1 | → Q405 |
| | | YES..... 2 | |
| 402 | Who in the family decided to buy the soap? | Self..... 1 | |
| | | Daughter..... 2 | |
| | | Husband..... 3 | |
| | | Son..... 4 | |
| | | Somebody else, specify_____ 5 | |
| 403 | For what purpose do people in this household commonly use soap? | Washing Clothes..... 1 | |
| | | Washing My Body 2 | |
| | | Washing my face..... 3 | |
| | | Washing My Children’s Faces..... 4 | |
| | | Washing Child’s Bottoms..... 5 | |
| | | Washing My Children’s Hands..... 6 | |
| | | Washing Child’s body..... 7 | |
| | | Washing my hands..... 8 | |
| | | Washing dishes..... 9 | |
| | | Washing vegetables..... 10 | |
| 404 | Do people in this household use the same soap for everything? | NO..... 1 | |
| | | YES..... 2 | |

405 - 433 Handwashing and Face Washing

405. I am going **to read** to you different circumstances **when people may RINSE their hands**. Please tell me during which ones you wash your hands with water only. For each one of those circumstances I will need you to tell me if you engage in that practice: never, sometimes, often or always

| | Never | Sometimes | Often | Always |
|--------------------------------------|-------|-----------|-------|--------|
| Before washing your face | 1 | 2 | 3 | 4 |
| After going to the latrine | 1 | 2 | 3 | 4 |
| Before eating | 1 | 2 | 3 | 4 |
| Before cooking | 1 | 2 | 3 | 4 |
| Before feeding a child | 1 | 2 | 3 | 4 |
| Before washing child's face | 1 | 2 | 3 | 4 |
| After any form of work with my hands | 1 | 2 | 3 | 4 |
| After touching an animal | 1 | 2 | 3 | 4 |
| After cleaning a child's bottom | 1 | 2 | 3 | 4 |
| After washing child's face | 1 | 2 | 3 | 4 |
| After cleaning a latrine | 1 | 2 | 3 | 4 |
| After handling a sick person | 1 | 2 | 3 | 4 |

406. Now, I am going **to read** the same list. This time please will tell me how frequently you **WASH** your hands **using soap** at each one of those occasions. Here we go.

| | Never | Sometimes | Often | Always |
|-------------------------------|-------|-----------|-------|--------|
| Before washing your face | 1 | 2 | 3 | 4 |
| After going to the latrine | 1 | 2 | 3 | 4 |
| Before eating | 1 | 2 | 3 | 4 |
| Before cooking | 1 | 2 | 3 | 4 |
| Before feeding a kid | 1 | 2 | 3 | 4 |
| Before washing child's face | 1 | 2 | 3 | 4 |
| After work | 1 | 2 | 3 | 4 |
| After touching an animal | 1 | 2 | 3 | 4 |
| After cleaning a kid's bottom | 1 | 2 | 3 | 4 |
| After washing child's face | 1 | 2 | 3 | 4 |
| After cleaning a latrine | 1 | 2 | 3 | 4 |

| | After taking care of a sick person | 1 | 2 | 3 | 4 |
|--|--|---|---|------|---|
| 407 | Can you show me where you usually wash your hands? ASK TO SEE AND OBSERVE (Indicate all that are mentioned, if more than one) | No permission to see..... | 1 | →411 | |
| | | Inside/10 steps near latrine..... | 2 | | |
| | | Inside/near place of cooking | 3 | | |
| | | Elsewhere in yard/garden..... | 4 | | |
| | | Outside of yard/premises..... | 5 | →411 | |
| | | No specific place | 6 | →411 | |
| Thank you. Let me take a couple of notes to remember what you are showing me. | | | | | |
| 408 | (OBSERVE) WHAT IS THE HAND WASHING DEVICE USED? | Pail/Bucket (movable) | 1 | | |
| | | Tippy tap (fixed) | 2 | | |
| | | Handwashing station introduced by WASHplus. | 3 | | |
| | | Other device, Explain _____ | 4 | | |
| 409 | (OBSERVE) Was water available at time of interview? | NO | 1 | | |
| | | YES..... | 2 | | |
| 410 | OBSERVATION ONLY: IS THERE SOAP OR DETERGENT OR OTHER LOCALLY USED CLEANSING AGENT? THIS ITEM SHOULD BE EITHER IN PLACE OR BROUGHT BY THE INTERVIEWEE WITHIN 2 MINUTES. IF THE ITEM IS NOT PRESENT WITHIN THAT TIME CHECK NONE, EVEN IF PROVIDED LATER. | None..... | 1 | | |
| | | Soap | 2 | | |
| | | Detergent | 3 | | |
| | | Ash | 4 | | |
| | | Mud | 5 | | |
| | | Sand..... | 6 | | |
| | | Other (specify) _____ | 7 | | |

OK. Let's continue.

| | | | |
|-----|---|--|---------|
| 411 | Who in the family generally makes sure that there is water at this hand washing station(s)? | Self..... 1 Daughter..... 2 Husband..... 3 Son..... 4 Somebody else, <i>specify</i> 5 | |
| 412 | If #3 at Q 407, skip to 418 Is there a handwashing station in or near the area where you cook? | NO..... 1 YES..... 2 | -> Q418 |
| 413 | May I see this station? | NO..... 1 YES..... 2 | -> Q418 |
| 414 | (Observe) What is the hand washing device used? | Pail/Bucket (movable) 1 Tippy tap (fixed) 2 Handwashing station introduced by WASHplus. 3 Other device, Explain 4 | |
| 415 | (Observe) Was water available at the time of the interview? | NO..... 1 YES..... 2 | |
| 416 | (Observe) Was there soap or detergent or other locally used cleansing agent? | NO..... 1 YES..... 2 | |
| 417 | Was this handwashing station set up within the past 10 months ? | NO..... 1 YES..... 2 | |
| 418 | Can you show me where you usually wash your face? | No permission to see..... 1 Inside/10 steps near latrine..... 2 Inside/near place of cooking..... 3 Elsewhere in yard/garden..... 4 Outside of yard/premises..... 5 No specific place 6 | |

| | | | |
|-----|---|--|--|
| 419 | Can you show me where the child's face is usually washed? | No permission to see..... 1 Inside/10 steps near latrine..... 2 Inside/near place of cooking..... 3 Elsewhere in yard/garden..... 4 Outside of yard/premises..... 5 No specific place 6 | |
| 420 | When do you wash the child's face or when does s/he wash it himself? Multiple answers possible | As soon as wake up..... 1 After eating breakfast..... 2 After using latrine..... 3 After lunch..... 4 Before sleeping..... 5 Before prayers 6 Other, <i>Specify</i> _____ 7 | |
| 421 | How often is the child's face washed? | More than once a day..... 1 Once a day..... 2 Several times a week..... 3 Once a week..... 4 Less than once a week..... 5 | |
| 422 | What things are usually used to wash the child's face? | Water only..... 1 Water and soap..... 2 Not wash..... 3 Don't know 4 Other, specify_____ | |

| | | | |
|-----|---|---|---------------------------------------|
| 423 | How is the child's face dried after it is washed? | Clothes she wears..... 1 Child's shirt/clothes..... 2 Don't dry/air dry..... 3 Towel..... 4 House cloth..... 5 Other | →Q427 → Q427 →Q427 →Q427 |
| 424 | What else is this towel/cloth generally used for? | No other uses..... 1 Drying hands..... 2 Drying other people's faces..... 3 Drying cooking utensils..... 4 Cleaning kitchen..... 5 Other uses. <i>Specify</i> _____ 6 | |
| 425 | How long is this towel/cloth used for the child's face before using a new, clean one? | Less than a day..... 1 Once a day..... 2 Several days..... 3 Once a week..... 4 More than a week..... 5 | |
| 426 | When do you wash your own face? Multiple answers possible | As soon as wake up..... 1 After eating breakfast..... 2 After using latrine..... 3 After lunch..... 4 Before sleeping..... 5 Before prayers Other, <i>specify</i> _____ 6 | |
| 427 | How do you dry your face after washing it? | Clothes she wears..... 1 Child's shirt/clothes..... 2 Don't dry/air dry..... 3 Towel..... 4 House cloth..... 5 Other | →Q430 →Q430 →Q430 →Q430 |

| | | | |
|-----|---|--|--|
| 428 | What else is this towel/cloth used for? | No other uses..... 1 Drying hands..... 2 Drying other people's faces..... 3 Drying cooking utensils..... 4 Cleaning kitchen..... 5 Other uses. <i>Specify</i> _____ 6 | |
| 429 | How long is this towel/cloth used to dry your face before using a new, clean one? | Less than a day..... 1 Once a day..... 2 Several days..... 3 Once a week..... 4 More than a week..... 5 More than once a day..... 6 | |
| 430 | How often is laundry done? | Once a day..... 1 Once ever several days..... 2 Once a week..... 3 Longer than a week..... 4 More than once a day..... 5 | |
| 431 | Where is laundry usually done? | Water point..... 1 Open source..... 2 Other, <i>specify</i> _____ 3 | |

0501-0526 Management of Human Feces

| | | | |
|-----|---|---|--------|
| 501 | The last time the target child passed a stool, where did he/she defecate? | Used sanitation facility.....1 Used potty2 Used washable diapers3 Used disposable diapers4 Went in house/yard5 Went outside the premises.....6 Went in his/her clothes7 Don't know8 Other. <i>(Specify)</i> _____ 9 | |
| 502 | The last time the target child passed stools, where were the feces disposed of? | Dropped into latrine facility1 Buried.....2 Solid waste/trash3 In yard4 Outside premises5 Public latrine.....6 Into sink or tub.....7 Thrown into waterway.....8 Thrown elsewhere <i>(specify)</i> _____ 9 | |
| 503 | Where do members of your household usually go to defecate? (Show pictures to help make a decision). | Field, bush, yard, etc. (open defecation)..... 1 FLUSH OR POUR FLUSH LATRINE 2 Ventilated improved pit latrine.....3 Pit latrine with slab.....4 Pit latrine without slab/Open pit.....5 Composting latrine.....6 Hanging latrine/latrine.....7 Other. <i>Specify</i> _____ 8 | → Q523 |
| 504 | Do any family members ever defecate in the yard/bush? | NO..... 1 YES..... 2 | |

| | | | |
|-----|---|---|---------|
| 505 | What do you use for anal cleansing? | Water.....1 Paper.....2 Hand.....3 Leaves Other. <i>Specify</i> _____ 4 | |
| 506 | Do all members of the family use this facility? | NO..... 1 YES..... 2 | |
| 507 | Is it acceptable for men and women to use the same latrine? | NO..... 1 YES..... 2 | |
| 508 | Where is your latrine facility? | Inside/attached to dwelling1 Elsewhere on the compound2 Outside the compound3 Public latrine.....4 | |
| 509 | Do you share this facility with other households? | NO..... 1 YES..... 2 | -> Q511 |
| 510 | How many households share this facility? <i>(WRITE NUMBER OF HOUSEHOLDS)</i> | Number of households <input type="text"/> <input type="text"/> | |
| 511 | Who in the family decided to install the latrine? | Self1 Spouse2 Somebody else in compound3 | |
| 512 | Who installed the latrine? | Husband1 Somebody else in compound.....2 Hired person.....3 Does not know4 | |
| 513 | Who decided where to locate the latrine? | Wife.....1 Daughter.....2 Husband.....3 Son.....4 Somebody else, <i>specify</i> _____ 5 Does not know.....6 | |

| | | | |
|-----|---|---|------------------|
| 514 | How long have you had that latrine? (WRITE INFORMATION IN MONTHS/YEARS) | <input type="text"/> <input type="text"/> Years Months | |
| 515 | Did your household get a loan to install this latrine? | NO.....1 YES.....2 Does not know3 | |
| 516 | Did your household get a subsidy to install the latrine? | NO.....1 YES.....2 Does not know3 | |
| 517 | What were the top three reasons for building the facility? (Multiple choice, Do not read answers, record all answers - Up to 3 - provided.) | Status/Pride1 Comfort.....2 Convenience.....3 Privacy.....4 Avoid sharing with others.....5 Security.....6 Disease prevention.....7 Shame of environmental contamination8 Do help develop my community.....9 Other. (Specify)10 | |
| 518 | Has any maintenance work been done on this latrine since it was constructed? | NO.....1 YES.....2 | → Q520 |
| 519 | What was done? | Changed an element of the structure above the ground.....1 Changed to a new pit.....2 Emptied the pit3 Other4 | |
| 520 | Was your latrine emptied since it was constructed? | NO.....1 YES.....2 Does not know3 | → Q522 → Q522 |

| | | | |
|-----|---|---|---------------------------|
| 521 | If emptied, where were the contents of the pit disposed? | Disposed in waterway.....1 Disposed in field far away from house.....2 Buried it elsewhere.....3 Burned it.....4 Used it for composting.....5 Other. <i>(Specify)</i> _____6 | ALL SKIP TO Q. 523 |
| 522 | What are the top three reasons for <u>not</u> building the latrine facility? <i>(Multiple choice, Do not read answers, record up to 3 answers provided.)</i> | Not having adequate plot of land/no land to construct the latrine1 Soil is loose2 Not having adequate construction materials3 No one to construct the latrine (No mason)4 Construction cost is expensive5 Not having knowledge on how to construct latrine.....6 Not being able to get permission from local authorities to construct the latrine7 We have other priorities8 No need/satisfied with current location/situation.9 Other. <i>(Specify)</i> _____10 | |
| 523 | How satisfied are you with the place where your family defecates? <i>(Read answers)</i> | Very unsatisfied.....1 Somewhat unsatisfied.....2 No opinion.....3 Somewhat satisfied.....4 Very satisfied.....5 Other. <i>(Specify)</i> _____6 | Skip to 525 |
| 524 | What would you like to do to change your current sanitation situation? | Build a private latrine.....1 Improve the current private family latrine2 Help build a community latrine.....3 Request government/outside assistance for Improving situation.....4 Nothing, satisfied.....5 Other. <i>Specify</i> _____6 Do not know.....7 | |

| | | | |
|--|--|---|------|
| 525 | Do you intend to install/change a sanitation facility in the next six months? | NO.....1 YES.....2 | |
| 526 | What, if anything, does your household do to reduce the number of flies/insects in the house? | Mosquito nets.....1 Spray.....2 Coils.....3 Burn something.....4 Other, <i>specify</i>5 | |
| 0527 – 0547 Sanitation Observations and Gender Roles | | | |
| (If no latrine exists in the household, skip to question 545) | | | |
| 527 | ASK: Who cleans the latrine? | Wife.....1 Daughter.....2 Husband.....3 Son.....4 Somebody else, <i>specify</i>5 | |
| 528 | May I see the latrine? | Not allowed.....1 Allowed to see it.....2 | →545 |
| 529 | SAY: I will be taking some notes and then may ask a few questions. (OBSERVE) Distance of the facility from the house? | Within house1 In yard.....2 1-20 meters from house.....3 21+ meters from house4 | |
| 530 | Is the path to the latrine delineated? (OBSERVE) | NO.....1 YES.....2 | |
| 531 | (OBSERVE) Does the latrine superstructure have walls? | NO.....1 YES.....2 | |
| 532 | (OBSERVE) Does the latrine have a roof? | NO.....1 YES.....2 | |
| 533 | (OBSERVE) Does latrine allow privacy? (It has a curtain or door or entrance is L shaped) | NO.....1 YES.....2 | |

| | | | |
|-----|---|---|--|
| 534 | <p>Is the squat hole small enough so a young child will not feel like s/he might fall in?</p> <p>(OBSERVE)</p> | <p>NO.....1</p> <p>YES.....2</p> | |
| 535 | <p>(OBSERVE)</p> <p>Is the pit covered?</p> | <p>NO.....1</p> <p>YES.....2</p> | |
| 536 | <p>(OBSERVE)</p> <p>Is it being used?</p> <p>(OBSERVE IF THERE ARE FECES IN THE PIT, THROW A ROCK AND LISTEN IF IT SEEMS WET, IF THERE IS EVIDENCE OF ANAL CLEANSING, AND/OR IF THE PATH TO THE LATRINE SEEMS TO HAVE BEEN WALKED ON. CHECK ALL THAT APPLY.)</p> | <p>Detected feces in pit using a flashlight.....1</p> <p>Observed anal cleansing materials in latrine.....2</p> <p>Detectable path to the latrine.....3</p> <p>Slab is wet.....4</p> <p>Slab is grey color.....5</p> <p>Smelly.....6</p> <p>Flies around it.....7</p> | |

| | | | | |
|--|---|---|--|---------------|
| 537 | (Cleaning and operation—for dry latrines only. Observe conditions, first circling characteristics and subsequently reporting corresponding points in score column of table provided below. Add points to arrive at total score.) | | | |
| Latrine Component | No Cleaning/ Operation (Score of 0) | Limited Cleaning/Operation (Score of 1) | Adequate Cleaning/Operation (Score of 2) | Scores |
| Floor (concrete, soil, plastic, tile, wood, etc.) | Abundant fecal matter/used anal cleansing material on floor to the extent that entering facility without stepping on feces is difficult. Dried fecal matter is present. | Limited amount of fecal matter or used anal cleansing material on floor. Smearred feces may be present. | No fecal matter or used anal cleansing material on floor. | |
| Hole Cover/Lid (if clearly part of original facility) | No hole cover present. | Hole cover defective, broken, or not used. | Hole cover placed over hole and tight fitting. | |
| Anal Cleansing Material | Soiled anal cleansing material accumulated on floor of latrine. | Some soiled anal cleansing material on latrine floor. | No soiled anal cleansing material visible. | |
| 538 | (OBSERVE) Is there a broom nearby? | | NO.....1 YES.....2 | |
| 539 | (OBSERVE) Is there a hand washing station inside or near the latrine (not more than 10 paces away from the latrine)? | | NO.....1 YES.....2 | → Q545 |
| 540 | (OBSERVE) Is there water at that hand washing station near the latrine? | | NO.....1 YES.....2 | → Q544 |
| 541 | (OBSERVE) What container is used for water at the HW station? | | Pail/Bucket (movable) 1 Tippy tap (fixed) 2 Handwashing station introduced by WASHplus. 3 Other device, Explain 4 _____ | |

| | | | |
|-----|---|---|--|
| 542 | <p>(OBSERVE)</p> <p>What cleansing agent is at this hand washing station inside/near the latrine?</p> <p>RECORD ALL PRESENT</p> | <p>None.....0</p> <p>Soap.....1</p> <p>Detergent.....2</p> <p>Ash.....3</p> <p>Other (specify)_____4</p> | |
| 543 | <p>ASK</p> <p>Who brings the water to the hand washing station here?</p> | <p>Self.....1</p> <p>Daughter.....2</p> <p>Husband.....3</p> <p>Son.....4</p> <p>Somebody else, <i>specify</i>_____5</p> | |
| 544 | <p>ASK:</p> <p>Who makes sure there is a cleansing agent available?</p> | <p>No such agent.....0</p> <p>Self.....1</p> <p>Daughter.....2</p> <p>Husband.....3</p> <p>Son.....4</p> <p>Somebody else, <i>specify</i>_____5</p> | |
| 545 | <p>(OBSERVE)</p> <p>Human or animal feces visible in household or yard?</p> | <p>None easily visible.....1</p> <p>Some visible.....2</p> <p>Many visible.....3</p> | |
| 546 | <p>(OBSERVE)</p> <p>Animals – livestock or domestic – inside or within 10 meters of house</p> | <p>None.....1</p> <p>Some.....2</p> <p>Many.....3</p> | |
| 547 | <p>(OBSERVE)</p> <p>Garbage pit inside or within 10 meters of household</p> | <p>NO.....1</p> <p>YES.....2</p> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|--|---|--|------|
| 600 – 613: Schisto, intestinal worms and trachoma | | | |
| 600 | How often do you wear any shoes, including flipflops, when you leave the house for any reason? | Always.....1 Sometimes.....2 Never.....3 | →603 |
| 601 | For what reasons do you not wear shoes whenever you go out? | Don't have any shoes.....1 Other, specify _____ 2 No answer/don't know.....3 | |
| 602 | How often do you wear any kind of shoes, including flipflops, when you go to do your business? (faire vos besoins) | Always.....1 Sometimes.....2 Never.....3 | |
| 603 | How often does (insert name of index child) wear any shoes, including flipflops, when s/he leaves the house for any reason? | Always.....1 Sometimes.....2 Never.....3 | |
| 604 | For what reasons does target child not wear shoes whenever he/she goes out? | Don't have any shoes.....1 Other, specify _____ 2 No answer/don't know.....3 | →605 |
| 604a | How often does target child wear any kind of shoes, including flipflops, when s/he goes to do his business? (faire ses besoins) | Always.....1 Sometimes..... 2 Never..... 3 | |
| 605 | How often do you bathe? | More than once a day.....1 Once a day.....2 Several times a week.....3 Once a week.....4 Less than once a week.....5 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|--|--------|
| 606 | How often does target child bathe/ do you bathe target child? | More than once a day.....1 Once a day.....2 Several times a week.....3 Once a week.....4 Less than once a week.....5 | |
| 606a | Where does target child bathe? | In house In yard In Water source (River/Dam/Lake/Ponds/ Stream/Canal/Irrigation Channel)..... Other, specify _____ | → 607a |
| 607 | What water does/is (insert name of the index child) usually use for bathing? | Piped Water Into yard, neighbor, standpipe..... 1 Tube Well Or Borehole...2 Protected Dug Well.....3 Unprotected Dug Well.....4 Water From Protected Spring.....5 Water From Unprotected Spring6 Rainwater.....7 Truck.....8 Surface Water (River/Dam/Lake/Ponds/ Stream/Canal/Irrigation Channel).....9 | |
| 607a | Where do you usually bathe? | In house In yard In Water source (River/Dam/Lake/Ponds/ Stream/Canal/Irrigation Channel)..... Other, specify _____ | → 609 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|------|
| 608 | What water do you usually use for bathing? | Piped Water Into yard, neighbor, standpipe..... 1 Tube Well Or Borehole...2 Protected Dug Well.....3 Unprotected Dug Well.....4 Water From Protected Spring.....5 Water From Unprotected Spring6 Rainwater.....7 Truck.....8 Surface Water (River/Dam/Lake/Ponds/Stream/Canal/Irrigation Channel).....9 | |
| 609 | Where do you regularly urinate? | Latrine.....1 Inside Compound.....2 Outside Compound on ground.....3 Surface Water (River/Dam/Lake/Ponds/Stream/Canal/Irrigation Channel) 4 Other.....5 | |
| 610 | Where does (insert index child's name) usually urinate? | Latrine.....1 Inside Compound.....2 Outside Compound on ground.....3 Surface Water (River/Dam/Lake/Ponds/Stream/Canal/Irrigation Channel) 4 Other..... 5 | |
| 611 | How often does (insert name of index child) swim in or play near or in an open body of water? | More than once a day.....1 Once a day.....2 Several times a week.....3 Once a week.....4 Less than once a week.....5 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|------|
| 612 | How often does (insert name of index child work (fish, other) near or in an open body of water? | More than once a day.....1 Once a day.....2 Several times a week.....3 Once a week.....4 Less than once a week.....5 | |
| 613 | Where does (inset name of index child) target child usually eat? IF SHE SAYS FLOOR, OR OUTSIDE ON GROUND, DETERMINE IF IT'S BARE FLOOR/GROUND OR IF IT IS ON SOMETHING PLACED ON THE GROUND UNDER THE FOOD. | Bare floor in house.....1 Surface above floor in house.....2 On blanket/mat in house.....3 Outside on bare ground.....4 Outside surface above the ground.....5 On blanket/mat outside the house.....6 Other | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------------------------------------|-----------------------------|--|------|
| 614-27: Awareness/Knowledge | | | |
| 614 | Have you heard of trachoma? | NO.....1 YES.....2 | →618 |
| 615 | What is trachoma? | A disease that causes blindness Other Don't Know | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|------|
| 616 | What is the main reason children get trachoma? | Does not know.....1 Handwashing with soap2 No facewashing.....3 Drinking contaminated water4 Eating contaminated food.....5 Sucking/putting dirty fingers in \ mouth6 Flies7 Walking around without wearing shoes.....8 Spending time in open water.....9 Eating on floor.....10 Other reasons. Specify _____11 | |
| 617 | How can one prevent trachoma in children? | Clean face.....1 Using a latrine.....2 Keeping living area clean.....3 Keeping flies away4 Other (specify)_____5 Pills/treatment/MDA.....6 Does not know7 | |
| 618 | Have you heard of bilharzia (bloody urine)? | NO.....1 YES.....2 | →622 |
| 619 | What is bilharzia? | Disease causing swollen belly and malnutrition.....1 Other _____2 Don't Know.....3 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|------|
| 620 | What is the main reason people get bilharzia? | Does not know.....1 Handwashing with soap2 No facewashing.....3 Drinking contaminated water4 Eating contaminated food.....5 Sucking/putting dirty fingers in \ mouth6 Flies7 Walking around without wearing shoes.....8 Spending time in open water.....9 Eating on floor.....10 Other reasons. Specify _____11 | |
| 621 | How can one prevent bilharzia in children? | Don't do laundry in open water source.....1 Don't collect water from open water source2 Don't recreate in open water bodies..... 3 Don't urinate in open water source.....4 Boil water.....5 Other treatment of water, specify: _____6 Pills/treatment/MDA.....7 | |
| 622 | Have you heard of intestinal worms? | NO.....1 YES.....2 | →626 |
| 623 | What are intestinal worms? | Disease that causes malnutrition.....1 Other (specify) _____2 Don't know.....3 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|------|
| 624 | What is the main reason children get intestinal worms? | Does not know.....1 Handwashing with soap2 No face washing.....3 Drinking contaminated water4 Eating contaminated food.....5 Sucking/putting dirty fingers in \ mouth6 Flies7 Walking around without wearing shoes.....8 Spending time in open water.....9 Eating on floor.....10 Other reasons. Specify _____11 | |
| 625 | How can one prevent intestinal worms in children? | Wearing shoes.....1 Washing hands before food preparation.....2 Wash hands before eating/feeding child.....3 No open defecation.....4 Clean latrine/latrine free of fecal material..5 Food hygiene.....6 Not eating on dirt floor.....7 Pills/treatment/MDA.....8 Other reasons, Specify _____ 9 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|------|
| 626 | <p>Often people wash their hands before or after doing certain activities. What do you think are the most important occasions to wash hands? What other occasions?</p> <p>MULTIPLE RESPONSES ARE POSSIBLE. RECORD ALL MENTIONED</p> | <p>After any latrine visit.....1</p> <p>After defecation.....2</p> <p>Before eating.....3</p> <p>After cleaning a child/washing a diaper.....4</p> <p>After cleaning the latrine.....5</p> <p>After handling any materials for household chores.....6</p> <p>After cleaning a potty.....7</p> <p>Before food preparation.....8</p> <p>Before feeding a child.....9</p> <p>After handling a sick person.....10</p> <p>After eating.....11</p> <p>Other (specify)_____12</p> <p>Does not know.....13</p> | |
| 627 | <p>What are the reasons for washing hands with soap/ash?</p> <p>RECORD ALL MENTIONED</p> | <p>Prevent diarrhea.....1</p> <p>Prevent worms.....2</p> <p>Prevent trachoma.....3</p> <p>Prevent other diseases.....4</p> <p>Remove germs.....5</p> <p>Prevent dirt getting into mouth.....6</p> <p>Prevent dirt from getting into food.....7</p> <p>Smells good.....8</p> <p>Others (specify)_____9</p> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|--|--|---|------|
| 0631-0643 Psycho social determinants of latrine ownership | | | |
| Now, I am going to ask a series of questions to get a sense of your opinions. I would appreciate it if you answered by telling me if you agree, if you disagree or if you have no opinion on the matter. However, if you agree or disagree, I would like you to let me know if you totally or partially agree or if you totally disagree or you- partially disagree. | | | |
| OK. Let's get started. Please tell me your opinion of each of the following statements. Having a latrine: | | | |
| 631 | Makes owners appear to be more traditional | Totally agree.....4 Partially agree.....3 Partially disagree.....2 Totally disagree.....1 Indifferent, no opinion.....0 | |
| 632 | Makes owners more respected by visitors that come to their house | Totally agree.....4 Partially agree.....3 Partially disagree.....2 Totally disagree.....1 Indifferent, no opinion.....0 | |
| 633 | Makes family members ashamed | Totally agree.....4 Partially agree.....3 Partially disagree.....2 Totally disagree.....1 Indifferent, no opinion.....0 | |
| 634 | Helps keep the family compound clean | Totally agree.....4 Partially agree.....3 Partially disagree.....2 Totally disagree.....1 Indifferent, no opinion.....0 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|------|
| 635 | Does not help to reduce the number of flies in the house | Totally agree.....4 Partially agree.....3 Partially disagree.....2 Totally disagree.....1 Indifferent, no opinion.....0 | |
| 636 | Allows you to defecate easily when you are sick | Totally agree.....4 Partially agree.....3 Partially disagree.....2 Totally disagree.....1 Indifferent, no opinion.....0 | |
| 637 | Reduces the possibility of disease in your family | Totally agree.....4 Partially agree.....3 Partially disagree.....2 Totally disagree.....1 Indifferent, no opinion.....0 | |
| 638 | Does not Give people more privacy | Totally agree.....4 Partially agree.....3 Partially disagree.....2 Totally disagree.....1 Indifferent, no opinion.....0 | |
| 639 | It is a nuisance to go to the latrine all the time to defecate. | Totally agree.....4 Partially agree.....3 Partially disagree.....2 Totally disagree.....1 Indifferent, no opinion.....0 | |
| 640 | Avoids the dangers of defecating in the bush at night | Totally agree.....4 Partially agree.....3 Partially disagree.....2 Totally disagree.....1 Indifferent, no opinion.....0 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|---|---|---|------|
| 641 | It requires a lot of effort to maintain an operating latrine | Totally agree.....4 Partially agree.....3 Partially disagree.....2 Totally disagree.....1 Indifferent, no opinion.....0 | |
| 642 | It is embarrassing to go to the latrine because everyone can see when you go | Totally agree.....4 Partially agree.....3 Partially disagree.....2 Totally disagree.....1 Indifferent, no opinion.....0 | |
| 643 | It is bad for community development | Totally agree.....4 Partially agree.....3 Partially disagree.....2 Totally disagree.....1 Indifferent, no opinion.....0 | |
| 0700-0710 Psycho social determinants of hand and face washing | | | |
| <p>Now, I am going to ask similar questions about handwashing. As before, I would appreciate it if you answered by telling me if you agree, if you disagree or if you have no opinion on the matter. However, if you agree or disagree, I would like you to let me know if you totally or partially agree or if you totally disagree or you partially disagree.</p> | | | |
| 700 | You only need to wash your hands with soap if they look dirty or smell bad (reverse coding) | Totally agree.....4 Partially agree.....3 Partially disagree.....2 Totally disagree.....1 Indifferent, no opinion.....0 | |
| 701 | Soap and water are never available in your house to wash hands before eating. | Totally agree.....4 Partially agree.....3 Partially disagree.....2 Totally disagree.....1 Indifferent, no opinion.....0 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|------|
| 702 | I hate the smell of my hands if I do not wash them with soap after defecating. | Totally agree.....4 Partially agree.....3 Partially disagree.....2 Totally disagree.....1 Indifferent, no opinion.....0 | |
| 703 | I like how my hands smell after I wash them with soap. | Totally agree.....4 Partially agree.....3 Partially disagree.....2 Totally disagree.....1 Indifferent, no opinion.....0 | |
| 704 | People who wash their hands with soap deserve to be congratulated | Totally agree.....4 Partially agree.....3 Partially disagree.....2 Totally disagree.....1 Indifferent, no opinion.....0 | |
| 705 | It is shameful to be eating with unwashed hands in front of your friends. | Totally agree.....4 Partially agree.....3 Partially disagree.....2 Totally disagree.....1 Indifferent, no opinion.....0 | |
| 706 | Good mothers make sure to wash their hands with soap before preparing food. | Totally agree.....4 Partially agree.....3 Partially disagree.....2 Totally disagree.....1 Indifferent, no opinion.....0 | |
| 707 | Good mothers don't need to make sure to wash their hands with soap after going to the latrine (| Totally agree.....4 Partially agree.....3 Partially disagree.....2 Totally disagree.....1 Indifferent, no opinion.....0 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|------|
| 708 | My children are my pride and joy and I wash my hands with soap to protect them. | Totally agree.....4 Partially agree.....3 Partially disagree.....2 Totally disagree.....1 Indifferent, no opinion.....0 | |
| 709 | It is not necessary to wash a child's face every day. | Totally agree.....4 Partially agree.....3 Partially disagree.....2 Totally disagree.....1 Indifferent, no opinion.....0 | |
| 710 | Children with dirty faces have bad mothers. | Totally agree.....4 Partially agree.....3 Partially disagree.....2 Totally disagree.....1 Indifferent, no opinion.....0 | |

0801 – 824 Exposure Information

Please let us talk about something else now

| No. | Question | Coding Categories | Skip |
|----------|--|---|-------|
| 801 | In the past three months, have you heard or seen any information on hand washing? | NO.....1 YES.....2 | →803 |
| 802 | What was the source of that information? Where else? RECORD ALL MENTIONED | During medicine distribution (MDA).....1 Through health center/health worker.....2 Through village health educator.....3 Through the area chiefs public meeting.....4 Through children that go to school.....5 Through the radio.....6 Through other channels (Specify)_____7 | |
| 802a | Do you recall any of the main messages? | NO.....1 YES.....2 | →803 |
| 802 b | What was one of the main messages you recall? Write verbatim | <hr/> | |
| 803 | In the past 3 months, have you heard or seen any information on face washing? | NO.....1 YES.....2 | → 805 |
| 804 | What was the source of that information? Where else? RECORD ALL MENTIONED | During medicine distribution (MDA).....1 Through health center/health worker.....2 Through village health educator.....3 Through the area chiefs public meeting.....4 Through children that go to school.....5 Through the radio.....6 Through other channels (Specify)_____7 | |
| 804a | Do you recall any of the main messages? | NO.....1 YES.....2 | → 805 |
| 804 b | What was one of the main messages you recall? Write verbatim | <hr/> | |

| | | | |
|----------|--|---|------------------|
| | | _____ | |
| 805 | In the past 3 months, have you heard or seen any information about wearing shoes? | NO.....1 YES.....2 | →807 |
| 806 | What was the source of that information? Where else? RECORD ALL MENTIONED | During medicine distribution (MDA).....1 Through health center/health worker.....2 Through village health educator.....3 Through the area chiefs public meeting.....4 Through children that go to school.....5 Through the radio.....6 Through other channels (Specify)_____7 | |
| 806a | Do you recall any of the main messages? | NO.....1 YES.....2 | →807 |
| 806 b | What was one of the main messages you recall? Write verbatim | _____ _____ | |
| 807 | In the past 3 months, have you heard or seen any information about using public water sources? | NO.....1 YES.....2 | →809 |
| 808 | What was the source of that information? Where else? RECORD ALL MENTIONED | During medicine distribution (MDA).....1 Through health center/health worker.....2 Through village health educator.....3 Through the area chiefs public meeting.....4 Through children that go to school.....5 Through the radio.....6 Through other channels (Specify)_____7 | |
| 808a | Do you recall any of the main messages? | NO.....1 YES.....2 | →If no go to 809 |
| 808 b | What was one of the main messages you recall? | _____ _____ | |
| 809 | In the past 3 months, have you heard or seen any information about treating the water you drink? | NO.....1 YES.....2 | →811 |
| 810 | What was the source of that information? <i>where else?</i> | During medicine distribution (MDA).....1 | |

| | | | |
|----------|---|---|----------------------------|
| | RECORD ALL MENTIONED | Through health center/health worker.....2 Through village health educator.....3 Through the area chiefs public meeting.....4 Through children that go to school.....5 Through the radio.....6 Through other channels (Specify)_____7 | |
| 810a | Do you recall any of the main messages? | NO.....1 YES.....2 | →811 |
| 810 b | What was one of the main messages you recall? Write verbatim | | |
| 811 | In the past 3 months have you heard or seen anything about using latrines/sanitation? | NO.....1 YES.....2 | →813 |
| 812 | What was the source of that information? Where else? RECORD ALL MENTIONED | During medicine distribution (MDA).....1 Through health center/health worker.....2 Through village health educator.....3 Through the area chiefs public meeting.....4 Through children that go to school.....5 Through the radio.....6 Through other channels (Specify)_____7 | |
| 812a | Do you recall any of the main messages? | NO.....1 YES.....2 | If No skip to question 813 |
| 812 b | What was one of the main messages you recall? | _____ _____ | |
| 813 | Did your village participate in any activity to stop open defecation in the past 12 months? | NO.....1 YES.....2 Don't know.....3 | |
| 814 | Did your village participate in a Walk of Shame? | NO.....1 YES.....2 Don't know.....3 | |
| 815 | Has your community ever been given Open Defecation Free Status? | NO.....1 YES.....2 Don't know..... 3 | |
| 816 | Have you been visited in the past 12 months by a village health educator to stop open defecation? | NO.....1 YES.....2 | →819 |

| | | | |
|-----|--|--|------|
| 817 | Have you been visited in the past 12 months by a village health educator to improve your latrine? | NO.....1 YES.....2 | |
| 818 | Have you and VHE selected an action in the past 12 months for you to try? | NO.....1 YES.....2 | |
| 819 | When was the last time you attended a mass distribution of medicine for the community? | [] [] months [] [] years Don't know/remember | →821 |
| 820 | About how many times have you attended/participated in MDA in the last 3 years? | [] [] times | |
| 821 | In your opinion, which is the most reliable source of information about child health issues? | During medicine distribution (MDA).....1 Through health center/health worker.....2 Through village health educator.....3 Through the area chiefs public meeting.....4 Through children that go to school.....5 Through the radio.....6 Through other channels (Specify).....7 | |
| 822 | In your opinion, which is the most reliable source of information about water and sanitation issues? | During medicine distribution (MDA).....1 Through health center/health worker.....2 Through village health educator.....3 Through the area chiefs public meeting.....4 Through children that go to school.....5 Through the radio.....6 Village leader.....7 Sanitation/water workers.....8 Extension workers.....9 Through other channels .(Specify).....10 | |
| 823 | How often do you listen to the radio? | Every day..... 1 Several times a week..... 2 About once a week..... 3 Less than once a week..... 4 | |
| 824 | What radio stations do you listen to? | Our community radio..... 1 RTB..... 2 Other, specify..... 3 | |