



WATER, SANITATION AND HYGIENE PRACTICES SURVEY

GENERAL INFORMATION

Date: _____

Interviewer name: _____

Community name: _____

Total number of people living in the house: _____

Name of person	Male or Female	Age	Do they live here year-round or seasonally?

WATER SUPPLY

Water Source (check the correct one):

Household Well		Distance from house	
Community Well		Distance from house	
Spring		Distance from house	
River		Distance from house	
Channel/Canal		Distance from house	
Other:		Distance from house	

Type of Connection (check the correct one):

Water connection inside the house			
Water connection outside the house		Distance from the house	
Public faucet		Distance from the house	
Other:		Distance from the house	

WATER USE PRACTICES

How do you transport water to your house? (check the correct one):

Connected to the public network	
With containers	

Do you have water the entire day? (check the correct one):

Yes	No		
		If no, how many hours is it available?	

How much water does the entire household use on a daily basis? _____

Do you store water inside the house? (check the correct one):

Yes	
No	

Ask: Can I see where you store the water? (Observation of where do you store the water):

Type of Container	#	Use	With a lid (good seal)	With a lid (poor seal)	Without lid	Clean	Dirty	On the floor	Close to latrine/ animals	Far from latrine/ animals
Tub										
Bucket										
Clay container										
Other:										

* # — Number of containers they fill each time at the water source

How often do you store water (check the correct one):

Daily	
Every two days	
Every week	
Other:	

How is the water quality? Is it clean? (check the correct one):

Yes	
No	
Other	

How often do you clean the water storage containers (check the correct one):

Daily	
Every two days	
Every three days	
Every week or more	

Do you have access to safe water? (check the correct one):

Yes	
No	

Time it takes to collect the water? (check the correct one):

0-15 minutes	
30 minutes-1 hour	
More than 1 hour	
Other:	

WATER AND HYGIENE MANAGEMENT IN THE HOUSEHOLD

Do you treat or purify the water you drink? (check the correct one):

Yes	
No	

If yes, how do you treat or purify the water? (check the correct one):

Boil	
Chlorine	
Other:	

What are the ways you know how treat or purify the water? (check the correct one):

Boil	
Chlorine	
Biosand or ceramic filter	
Other:	

How do you serve drinking water? (check the correct one):

With a cup or bowl	
With a ladle	
With a jar or glass	
Opening the faucet	

In the family, who drinks the treated water? (check the correct one):

No one	
Only adults	
Only children and elderly	
Everyone	

How often do you treat the water? (check the correct one):

Every day	
Every other day	
Every three days	
Other:	

Who collects the drinking water? (list names)

When do you wash your hands (Do not read options out loud-mark only as mentioned):

Before eating	
Before preparing food	
After going to the bathroom	
After changing babies' diapers	
Before nursing babies	
After returning from work	
Other:	

Ask: Can I see the handwashing station (Observation of handwashing station):

What hand-washing installations/facilities do you use? (check the correct one):

Faucet (flowing water)	
Poured from a pitcher	
Homemade hand-washing station	
Bucket	
Other:	

Is there soap? (check the correct one):

Yes	
No	

WATER USE

What do you use water for (mark only what is mentioned):

Personal hygiene	
Washing pots	
To drink	
Water plants	
Washing clothes	
Cleaning the house	
Preparing food	
Construction	
Other:	

Where do you dispose of used water (mark only what is mentioned):

In the street	
In a pit	
In the backyard	
For the plants	
In the sewer	
Other:	

SANITARY FACILITIES IN THE HOUSEHOLD

What kind of sanitary facilities do you have? (check the correct one):

	Mark which ones are present	Does it have a water connection? Yes or No	How long ago was the water connection installed?	Does it have a sewer connection? Yes or No	How long ago was the sewer connection installed?	Where does the sewage connection go? Street/Hole/Sewage system
Shower						
Sink						
Laundry station						

EXCRETA DISPOSAL

Excrement is disposed in: *(check the correct one):*

Flushing toilet to sewer connection	
Composting Latrine	
Ventilated improved pit latrine	
Family latrine	
Pit	
Open field	

How long ago was it built: _____

Is it always used? *(check the correct one):*

Yes	
No	

Ask: May I look at your bathroom? (Observation of handwashing station):

The latrine, bathroom or pit has *(check the correct one):*

Toilet	
Hole	

Does it have a mechanical water discharge/flush *(check the correct one):*

Yes	
No	

Type of bathroom *(check the correct one):*

Pit	
Ventilated improved pit latrine	
Composting latrine	
Flush toilet to pit	
Water flush to septic tank	
Water flush to sewer connection	

There are signs of use *(check the correct one):*

Yes	
No	

Cleanliness *(check the correct one):*

Clean	
Regular	
Dirty	

There are strong smells *(check the correct one):*

Yes	
No	

Do you use the bathroom when in the field? *(check the correct one):*

Yes	
No	
Sometimes	

Do all the children use the bathroom? *(check the correct one):*

Yes	
No	
Sometimes	

How often is the bathroom/latrine/pit cleaned? *(check the correct one):*

Every day	
Every other day	
Every three days	
Every week	
Every 15 days	
Every month	

What do you use to clean it? *(check the correct one):*

Lime	
Bleach	
Disinfectant	
Detergent	
Water	
Kerosene	
Soil	

ILLNESSES IN CHILDREN YOUNGER THAN 5 YEARS

In the last two weeks, did the children under the age of 5 in the household get diarrhea?

Yes	
No	

How can you prevent diarrhea?

Wash hands	
Drink clean water	
Eat food that is washed	
Other:	

In the last two weeks, did the children under the age of five in this household get pink eye?

Yes		
No		

In the last two weeks, did the children under the age of 5 in this household get scabies or other skin illnesses?

Yes	
No	

In the last two weeks, did the children under the age of 5 in this household get typhoid or hepatitis?

Yes	
No	

In the last two weeks, did children under the age of 5 in this household see a health professional/visit a clinic?

Yes	
No	

OBSERVATIONS: