

WSP IMPACT EVALUATION**WATER AND STOOL FORMS****Endline Feb-Mar 2011**

State Name: _____

District Name: _____

Block Name: _____

GP Name: _____ Code: _____

GP ID

Instruction for PCG who will collect Stool Samples

- (1) Please collect samples only from a child who is at least 6 months of age BUT less than 24 months of age. If you have multiple children in this age range, then we want stool sample from the oldest child in this age range.

E. g., if three children of age 4 months, 18 months and 25 months in one household. Then 1st child is not eligible. And we will select the second child for stool sample because third child is more than 2 years old. Please verify that household is willing to provide stool samples.

- (2) PLEASE READ THE FOLLOWING CONSENT AND RECORD ANSWER IN FIRST QUESTION: N35.15:

We are testing stool samples from several households in the district in a lab for any parasites. Will you please allow us to collect [NAME OF CHILD] stool sample? You will have to help us in collecting the sample yourself. The result will be kept confidential. You can refuse to give us stool samples, but we request that you help us by giving the sample. Do you have any questions?

- (3) Instruction for PCG who will collect Stool Samples: Please collect the samples as follows

- a. Let the child pass stool on a paper or other clean surface. The stool cannot be passed on floor or other places where dirt is present. If stool is thin or watery, then collect it in some jar directly
- b. The stool on the paper or in jar should be transferred using this spoon [SHOW PLASTIC SPOON]. Please transfer 3 spoons full of stool in this container [SHOW CONTAINER]. Then tightly close the cap of the container and store it in elevated and cool place, not in direct sun light, away from window, and away from children reach.
- c. Please make sure that urine is not mixed with stool samples
- d. I am noting the name of the child whose sample is to be collected on this container. Make sure you collect only his stool and not someone else.
- e. Please be careful in transferring stool in bottles. It should not be on sides or on cap of the bottle. The bottle should not have any stool on outside. If you accidentally have stool on outside then wipe it with dry cloth. Please make sure that numbers written on the bottle are not erased and make sure to tell the collector about this problem.
- f. At the time of sample collection, remember its color – watery – presence of blood – and time. Tomorrow we will ask question related to this.





- (4) Do you have any question? ANSWER ANY DOUBTS THEY HAVE

GIVE PCG SAMPLE BOTTLE WITH PROPER INFORMATION WRITTEN. GIVE THE SPOON AND NEWS PAPER IF REQUIRED. ASK HER TO STORE SAMPLES SAFELY UNTIL YOU RETURN AGAIN TO COLLECT THEM.

34. Fecal Sampling (Page 1 of 17) (MS/CS)

A fecal sample should be from the oldest child over 21 months of age but under 5 years of age





READ CONSENT

N34.16	HAVE YOU READ THE CONSENT AND GOT APPROVAL	YES.....	1	
N.34.1A	HHID	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-around;"><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div></div>		
N.34.1B	STOOL BOTTLE STICKER NO	<div style="border: 2px solid black; width: 150px; height: 30px;"></div>		
N.34.2	NAME & ID OF HEAD AND RESPONDENT:	A. Head: _____ B. Respondent: _____	<div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div>	
N.34.3	NAME & ID OF CHILD WHOSE SAMPLE IS COLLECTED	Child Name: _____	<div style="border: 1px solid black; width: 30px; height: 20px;"></div>	
G.34.4	Did [CHILD] have diarrhea on day of stool collection? (diarrhea: More than 3 stools in a day. Need not be watery)	Yes No	1 2	[Give Cup]
COLLECT THE REMAINING INFORMATION WHEN YOU COLLECT STOOL SAMPLES				
N.34.5A	How many days ago did [CHILD] most recently have any diarrhea? DIARRHEA IS SOFT OR WATERY STOOL 3 OR MORE TIMES IN 24 HOUR PERIOD	Within last 7 days Within last 8-14 days Within last 15-30 days Within last 1-3 months Within last 4-6 months More than 6 months ago..... Never had diarrhea..... Don't know	1 2 3 4 6 7 8 -99	[>>N.34.6] [>>N.34.6] [>>N.34.6]
N.34.5B	In the most recent day (24 hours) of diarrhea, how many times did [CHILD] pass loose stool?	No of times Don't know	<div style="border: 1px solid black; width: 30px; height: 20px;"></div> -99	
N.34.5C	In the most recent day (24 hours) of diarrhea, what was the consistency of the loose stool?	Loose Watery..... Sticky/white Don't know	1 2 3 -99	
N.34.6	In past 6 months, has [CHILD] been consistently (chronically) sick with the following diseases? PLEASE READ ONE BY ONE AND CODE Yes 1 No 2 Don't know -99	Fever..... Cough Cold..... Wheezing / Asthma Stomach Problems, Ache, Cramps.....	1 2 -99 1 2 -99 1 2 -99 1 2 -99 1 2 -99	
N.34.7	Have you treated any of the above chronic / recurring diseases with medication? PLEASE READ ONE BY ONE AND CIRCLE ALL THAT APPLY	English Medicines Ayurvedic / Homeopathy / Unani ORS Home made remedies Don't know	1 2 3 4 -99	
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A fecal sample should be from the oldest child over 21 months of age but under 5 years of age





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34. Fecal Sampling (Page 5 of 17) (MS/CS)

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COLLECT THE REMAINING INFORMATION WHEN YOU COLLECT STOOL SAMPLES				
N.34.5A	How many days ago did [CHILD] most recently have any diarrhea? DIARRHEA IS SOFT OR WATERY STOOL 3 OR MORE TIMES IN 24 HOUR PERIOD	Within last 7 days Within last 8-14 days Within last 15-30 days Within last 1-3 months Within last 4-6 months More than 6 months ago Never had diarrhea Don't know	1 2 3 4 6 7 8 -99	[>N.34.6] [>N.34.6] [>N.34.6]
N.34.5B	In the most recent day (24 hours) of diarrhea, how many times did [CHILD] pass loose stool?	No of times Don't know	<div style="display: flex; justify-content: space-around; width: 40px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> -99	
N.34.5C	In the most recent day (24 hours) of diarrhea, what was the consistency of the loose stool?	Loose Watery Sticky/white Don't know	1 2 3 -99	
N.34.6	In past 6 months, has [CHILD] been consistently (chronically) sick with the following diseases? PLEASE READ ONE BY ONE AND CODE Yes 1 No 2 Don't know -99	Fever Cough Cold Wheezing / Asthma Stomach Problems, Ache, Cramps	1 2 -99 1 2 -99 1 2 -99 1 2 -99 1 2 -99	
N.34.7	Have you treated any of the above chronic / recurring diseases with medication? PLEASE READ ONE BY ONE AND CIRCLE ALL THAT APPLY	English Medicines Ayurvedic / Homeopathy / Unani ORS Home made remedies Don't know	1 2 3 4 -99	
G.34.7	DATE OF SAMPLE COLLECTION (DD / MM / YY)	<div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> </div>		
G.34.8	OBSERVE / ASK: STOOL CONSISTENCY (BEFORE ADDING FORMALINE) <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">  Formed1 </div> <div style="text-align: center;">  Soft2 </div> <div style="text-align: center;">  Loose...3 </div> <div style="text-align: center;">  Watery...4 </div> </div>	FORMED SOFT LOOSE WATERY STICKY/WHITE	1 2 3 4 5	

34. Fecal Sampling (Page 7 of 17) (MS/CS)

A fecal sample should be from the oldest child over 21 months of age but under 5 years of age





READ CONSENT

N34.16	HAVE YOU READ THE CONSENT AND GOT APPROVAL	YES.....	1	
N.34.1A	HHID	<div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		
N.34.1B	STOOL BOTTLE STICKER NO	<div style="border: 2px solid black; width: 150px; height: 30px;"></div>		
N.34.2	NAME & ID OF HEAD AND RESPONDENT:	A. Head: _____ B. Respondent: _____	<div style="display: flex; justify-content: space-around; width: 40px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 40px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>	
N.34.3	NAME & ID OF CHILD WHOSE SAMPLE IS COLLECTED	Child Name: _____	<div style="display: flex; justify-content: space-around; width: 40px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>	
G.34.4	Did [CHILD] have diarrhea on day of stool collection? (diarrhea: More than 3 stools in a day. Need not be watery)	Yes No	1 2	[Give Cup]
COLLECT THE REMAINING INFORMATION WHEN YOU COLLECT STOOL SAMPLES				
N.34.5A	How many days ago did [CHILD] most recently have any diarrhea? DIARRHEA IS SOFT OR WATERY STOOL 3 OR MORE TIMES IN 24 HOUR PERIOD	Within last 7 days Within last 8-14 days Within last 15-30 days Within last 1-3 months Within last 4-6 months More than 6 months ago Never had diarrhea Don't know	1 2 3 4 6 7 8 -99	[>N.34.6] [>N.34.6] [>N.34.6]
N.34.5B	In the most recent day (24 hours) of diarrhea, how many times did [CHILD] pass loose stool?	No of times Don't know	<div style="display: flex; justify-content: space-around; width: 40px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> -99	
N.34.5C	In the most recent day (24 hours) of diarrhea, what was the consistency of the loose stool?	Loose Watery Sticky/white Don't know	1 2 3 -99	
N.34.6	In past 6 months, has [CHILD] been consistently (chronically) sick with the following diseases? PLEASE READ ONE BY ONE AND CODE Yes 1 No 2 Don't know -99	Fever Cough Cold Wheezing / Asthma Stomach Problems, Ache, Cramps	1 2 -99 1 2 -99 1 2 -99 1 2 -99 1 2 -99	
N.34.7	Have you treated any of the above chronic / recurring diseases with medication? PLEASE READ ONE BY ONE AND CIRCLE ALL THAT APPLY	English Medicines Ayurvedic / Homeopathy / Unani ORS Home made remedies Don't know	1 2 3 4 -99	
G.34.7	DATE OF SAMPLE COLLECTION (DD / MM / YY)	<div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> </div>		
G.34.8	OBSERVE / ASK: STOOL CONSISTENCY (BEFORE ADDING FORMALINE) <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">  Formed1 </div> <div style="text-align: center;">  Soft2 </div> <div style="text-align: center;">  Loose...3 </div> <div style="text-align: center;">  Watery...4 </div> </div>	FORMED SOFT LOOSE WATERY STICKY/WHITE	1 2 3 4 5	

34. Fecal Sampling (Page 8 of 17) (MS/CS)

A fecal sample should be from the oldest child over 21 months of age but under 5 years of age





READ CONSENT

N34.16	HAVE YOU READ THE CONSENT AND GOT APPROVAL	YES.....	1	
N.34.1A	HHID	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-around;"><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div></div>		
N.34.1B	STOOL BOTTLE STICKER NO	<div style="border: 2px solid black; width: 150px; height: 30px;"></div>		
N.34.2	NAME & ID OF HEAD AND RESPONDENT:	A. Head: _____ B. Respondent: _____	<div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div>	
N.34.3	NAME & ID OF CHILD WHOSE SAMPLE IS COLLECTED	Child Name: _____	<div style="border: 1px solid black; width: 30px; height: 20px;"></div>	
G.34.4	Did [CHILD] have diarrhea on day of stool collection? (diarrhea: More than 3 stools in a day. Need not be watery)	Yes No	1 2	[Give Cup]
COLLECT THE REMAINING INFORMATION WHEN YOU COLLECT STOOL SAMPLES				
N.34.5A	How many days ago did [CHILD] most recently have any diarrhea? DIARRHEA IS SOFT OR WATERY STOOL 3 OR MORE TIMES IN 24 HOUR PERIOD	Within last 7 days Within last 8-14 days Within last 15-30 days Within last 1-3 months Within last 4-6 months More than 6 months ago Never had diarrhea Don't know	1 2 3 4 6 7 8 -99	[>N.34.6] [>N.34.6] [>N.34.6]
N.34.5B	In the most recent day (24 hours) of diarrhea, how many times did [CHILD] pass loose stool?	No of times Don't know	<div style="border: 1px solid black; width: 30px; height: 20px;"></div> -99	
N.34.5C	In the most recent day (24 hours) of diarrhea, what was the consistency of the loose stool?	Loose Watery Sticky/white Don't know	1 2 3 -99	
N.34.6	In past 6 months, has [CHILD] been consistently (chronically) sick with the following diseases? PLEASE READ ONE BY ONE AND CODE Yes 1 No 2 Don't know -99	Fever Cough Cold Wheezing / Asthma Stomach Problems, Ache, Cramps	1 2 -99 1 2 -99 1 2 -99 1 2 -99 1 2 -99	
N.34.7	Have you treated any of the above chronic / recurring diseases with medication? PLEASE READ ONE BY ONE AND CIRCLE ALL THAT APPLY	English Medicines Ayurvedic / Homeopathy / Unani ORS Home made remedies Don't know	1 2 3 4 -99	
G.34.7	DATE OF SAMPLE COLLECTION (DD / MM / YY)	<div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">1</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">1</div>		
G.34.8	OBSERVE / ASK: STOOL CONSISTENCY (BEFORE ADDING FORMALINE) <div style="display: flex; justify-content: space-around; align-items: flex-end;"><div style="text-align: center;"> Formed1</div><div style="text-align: center;"> Soft2</div><div style="text-align: center;"> Loose...3</div><div style="text-align: center;"> Watery...4</div></div>	FORMED..... SOFT LOOSE..... WATERY..... STICKY/WHITE.....	1 2 3 4 5	

34. Fecal Sampling (Page 9 of 17) (MS/CS)

A fecal sample should be from the oldest child over 21 months of age but under 5 years of age





READ CONSENT

N34.16	HAVE YOU READ THE CONSENT AND GOT APPROVAL	YES.....	1	
N.34.1A	HHID	<div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		
N.34.1B	STOOL BOTTLE STICKER NO	<div style="border: 2px solid black; width: 150px; height: 30px;"></div>		
N.34.2	NAME & ID OF HEAD AND RESPONDENT:	A. Head: _____ B. Respondent: _____	<div style="display: flex; justify-content: space-around; width: 40px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 40px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>	
N.34.3	NAME & ID OF CHILD WHOSE SAMPLE IS COLLECTED	Child Name: _____	<div style="display: flex; justify-content: space-around; width: 40px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>	
G.34.4	Did [CHILD] have diarrhea on day of stool collection? (diarrhea: More than 3 stools in a day. Need not be watery)	Yes No	1 2	[Give Cup]
COLLECT THE REMAINING INFORMATION WHEN YOU COLLECT STOOL SAMPLES				
N.34.5A	How many days ago did [CHILD] most recently have any diarrhea? DIARRHEA IS SOFT OR WATERY STOOL 3 OR MORE TIMES IN 24 HOUR PERIOD	Within last 7 days Within last 8-14 days Within last 15-30 days Within last 1-3 months Within last 4-6 months More than 6 months ago Never had diarrhea Don't know	1 2 3 4 6 7 8 -99	[>N.34.6] [>N.34.6] [>N.34.6]
N.34.5B	In the most recent day (24 hours) of diarrhea, how many times did [CHILD] pass loose stool?	No of times Don't know	<div style="display: flex; justify-content: space-around; width: 40px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> -99	
N.34.5C	In the most recent day (24 hours) of diarrhea, what was the consistency of the loose stool?	Loose Watery Sticky/white Don't know	1 2 3 -99	
N.34.6	In past 6 months, has [CHILD] been consistently (chronically) sick with the following diseases? PLEASE READ ONE BY ONE AND CODE Yes 1 No 2 Don't know -99	Fever Cough Cold Wheezing / Asthma Stomach Problems, Ache, Cramps	1 2 -99 1 2 -99 1 2 -99 1 2 -99 1 2 -99	
N.34.7	Have you treated any of the above chronic / recurring diseases with medication? PLEASE READ ONE BY ONE AND CIRCLE ALL THAT APPLY	English Medicines Ayurvedic / Homeopathy / Unani ORS Home made remedies Don't know	1 2 3 4 -99	
G.34.7	DATE OF SAMPLE COLLECTION (DD / MM / YY)	<div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> </div>		
G.34.8	OBSERVE / ASK: STOOL CONSISTENCY (BEFORE ADDING FORMALINE) <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">  Formed1 </div> <div style="text-align: center;">  Soft2 </div> <div style="text-align: center;">  Loose...3 </div> <div style="text-align: center;">  Watery...4 </div> </div>	FORMED..... SOFT LOOSE..... WATERY..... STICKY/WHITE.....	1 2 3 4 5	

34. Fecal Sampling (Page 10 of 17) (MS/CS)

A fecal sample should be from the oldest child over 21 months of age but under 5 years of age





READ CONSENT

N34.16	HAVE YOU READ THE CONSENT AND GOT APPROVAL	YES.....	1	
N.34.1A	HHID	<div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		
N.34.1B	STOOL BOTTLE STICKER NO	<div style="border: 2px solid black; width: 150px; height: 30px;"></div>		
N.34.2	NAME & ID OF HEAD AND RESPONDENT:	A. Head: _____ B. Respondent: _____	<div style="display: flex; justify-content: space-around; width: 40px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 40px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>	
N.34.3	NAME & ID OF CHILD WHOSE SAMPLE IS COLLECTED	Child Name: _____	<div style="display: flex; justify-content: space-around; width: 40px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>	
G.34.4	Did [CHILD] have diarrhea on day of stool collection? (diarrhea: More than 3 stools in a day. Need not be watery)	Yes No	1 2	[Give Cup]
COLLECT THE REMAINING INFORMATION WHEN YOU COLLECT STOOL SAMPLES				
N.34.5A	How many days ago did [CHILD] most recently have any diarrhea? DIARRHEA IS SOFT OR WATERY STOOL 3 OR MORE TIMES IN 24 HOUR PERIOD	Within last 7 days Within last 8-14 days Within last 15-30 days Within last 1-3 months Within last 4-6 months More than 6 months ago Never had diarrhea Don't know	1 2 3 4 6 7 8 -99	[>N.34.6] [>N.34.6] [>N.34.6]
N.34.5B	In the most recent day (24 hours) of diarrhea, how many times did [CHILD] pass loose stool?	No of times Don't know	<div style="display: flex; justify-content: space-around; width: 40px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> -99	
N.34.5C	In the most recent day (24 hours) of diarrhea, what was the consistency of the loose stool?	Loose Watery Sticky/white Don't know	1 2 3 -99	
N.34.6	In past 6 months, has [CHILD] been consistently (chronically) sick with the following diseases? PLEASE READ ONE BY ONE AND CODE Yes 1 No 2 Don't know -99	Fever Cough Cold Wheezing / Asthma Stomach Problems, Ache, Cramps	1 2 -99 1 2 -99 1 2 -99 1 2 -99 1 2 -99	
N.34.7	Have you treated any of the above chronic / recurring diseases with medication? PLEASE READ ONE BY ONE AND CIRCLE ALL THAT APPLY	English Medicines Ayurvedic / Homeopathy / Unani ORS Home made remedies Don't know	1 2 3 4 -99	
G.34.7	DATE OF SAMPLE COLLECTION (DD / MM / YY)	<div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> </div>		
G.34.8	OBSERVE / ASK: STOOL CONSISTENCY (BEFORE ADDING FORMALINE) <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">  Formed1 </div> <div style="text-align: center;">  Soft2 </div> <div style="text-align: center;">  Loose...3 </div> <div style="text-align: center;">  Watery...4 </div> </div>	FORMED SOFT LOOSE WATERY STICKY/WHITE	1 2 3 4 5	

34. Fecal Sampling (Page 11 of 17) (MS/CS)

A fecal sample should be from the oldest child over 21 months of age but under 5 years of age





READ CONSENT

N34.16	HAVE YOU READ THE CONSENT AND GOT APPROVAL	YES.....	1	
N.34.1A	HHID	<div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		
N.34.1B	STOOL BOTTLE STICKER NO	<div style="border: 2px solid black; width: 150px; height: 30px;"></div>		
N.34.2	NAME & ID OF HEAD AND RESPONDENT:	A. Head: _____ B. Respondent: _____	<div style="display: flex; justify-content: space-around; width: 40px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 40px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>	
N.34.3	NAME & ID OF CHILD WHOSE SAMPLE IS COLLECTED	Child Name: _____	<div style="display: flex; justify-content: space-around; width: 40px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>	
G.34.4	Did [CHILD] have diarrhea on day of stool collection? (diarrhea: More than 3 stools in a day. Need not be watery)	Yes No	1 2	[Give Cup]
COLLECT THE REMAINING INFORMATION WHEN YOU COLLECT STOOL SAMPLES				
N.34.5A	How many days ago did [CHILD] most recently have any diarrhea? DIARRHEA IS SOFT OR WATERY STOOL 3 OR MORE TIMES IN 24 HOUR PERIOD	Within last 7 days Within last 8-14 days Within last 15-30 days Within last 1-3 months Within last 4-6 months More than 6 months ago Never had diarrhea Don't know	1 2 3 4 6 7 8 -99	 [>N.34.6] [>N.34.6] [>N.34.6]
N.34.5B	In the most recent day (24 hours) of diarrhea, how many times did [CHILD] pass loose stool?	No of times Don't know	<div style="display: flex; justify-content: space-around; width: 40px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> -99	
N.34.5C	In the most recent day (24 hours) of diarrhea, what was the consistency of the loose stool?	Loose Watery Sticky/white Don't know	1 2 3 -99	
N.34.6	In past 6 months, has [CHILD] been consistently (chronically) sick with the following diseases? PLEASE READ ONE BY ONE AND CODE Yes 1 No 2 Don't know -99	Fever Cough Cold Wheezing / Asthma Stomach Problems, Ache, Cramps	1 2 -99 1 2 -99 1 2 -99 1 2 -99 1 2 -99	
N.34.7	Have you treated any of the above chronic / recurring diseases with medication? PLEASE READ ONE BY ONE AND CIRCLE ALL THAT APPLY	English Medicines Ayurvedic / Homeopathy / Unani ORS Home made remedies Don't know	1 2 3 4 -99	
G.34.7	DATE OF SAMPLE COLLECTION (DD / MM / YY)	<div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> </div>		
G.34.8	OBSERVE / ASK: STOOL CONSISTENCY (BEFORE ADDING FORMALINE) <div style="display: flex; justify-content: space-around; align-items: flex-end; margin-top: 10px;"> <div style="text-align: center;">  Formed1 </div> <div style="text-align: center;">  Soft2 </div> <div style="text-align: center;">  Loose...3 </div> <div style="text-align: center;">  Watery...4 </div> </div>	FORMED SOFT LOOSE WATERY STICKY/WHITE	1 2 3 4 5	

34. Fecal Sampling (Page 12 of 17) (MS/CS)

A fecal sample should be from the oldest child over 21 months of age but under 5 years of age





READ CONSENT

N34.16	HAVE YOU READ THE CONSENT AND GOT APPROVAL	YES.....	1	
N.34.1A	HHID	<div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		
N.34.1B	STOOL BOTTLE STICKER NO	<div style="border: 2px solid black; width: 150px; height: 30px;"></div>		
N.34.2	NAME & ID OF HEAD AND RESPONDENT:	A. Head: _____ B. Respondent: _____	<div style="display: flex; justify-content: space-around; width: 40px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 40px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>	
N.34.3	NAME & ID OF CHILD WHOSE SAMPLE IS COLLECTED	Child Name: _____	<div style="display: flex; justify-content: space-around; width: 40px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>	
G.34.4	Did [CHILD] have diarrhea on day of stool collection? (diarrhea: More than 3 stools in a day. Need not be watery)	Yes No	1 2	[Give Cup]
COLLECT THE REMAINING INFORMATION WHEN YOU COLLECT STOOL SAMPLES				
N.34.5A	How many days ago did [CHILD] most recently have any diarrhea? DIARRHEA IS SOFT OR WATERY STOOL 3 OR MORE TIMES IN 24 HOUR PERIOD	Within last 7 days Within last 8-14 days Within last 15-30 days Within last 1-3 months Within last 4-6 months More than 6 months ago Never had diarrhea Don't know	1 2 3 4 6 7 8 -99	[>N.34.6] [>N.34.6] [>N.34.6]
N.34.5B	In the most recent day (24 hours) of diarrhea, how many times did [CHILD] pass loose stool?	No of times Don't know	<div style="display: flex; justify-content: space-around; width: 40px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> -99	
N.34.5C	In the most recent day (24 hours) of diarrhea, what was the consistency of the loose stool?	Loose Watery Sticky/white Don't know	1 2 3 -99	
N.34.6	In past 6 months, has [CHILD] been consistently (chronically) sick with the following diseases? PLEASE READ ONE BY ONE AND CODE Yes 1 No 2 Don't know -99	Fever Cough Cold Wheezing / Asthma Stomach Problems, Ache, Cramps	1 2 -99 1 2 -99 1 2 -99 1 2 -99 1 2 -99	
N.34.7	Have you treated any of the above chronic / recurring diseases with medication? PLEASE READ ONE BY ONE AND CIRCLE ALL THAT APPLY	English Medicines Ayurvedic / Homeopathy / Unani ORS Home made remedies Don't know	1 2 3 4 -99	
G.34.7	DATE OF SAMPLE COLLECTION (DD / MM / YY)	<div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> </div>		
G.34.8	OBSERVE / ASK: STOOL CONSISTENCY (BEFORE ADDING FORMALINE) <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">  Formed1 </div> <div style="text-align: center;">  Soft2 </div> <div style="text-align: center;">  Loose...3 </div> <div style="text-align: center;">  Watery...4 </div> </div>	FORMED..... SOFT LOOSE..... WATERY..... STICKY/WHITE.....	1 2 3 4 5	

34. Fecal Sampling (Page 13 of 17) (MS/CS)

A fecal sample should be from the oldest child over 21 months of age but under 5 years of age





READ CONSENT

N34.16	HAVE YOU READ THE CONSENT AND GOT APPROVAL	YES.....	1	
N.34.1A	HHID	<div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		
N.34.1B	STOOL BOTTLE STICKER NO	<div style="border: 2px solid black; width: 150px; height: 30px;"></div>		
N.34.2	NAME & ID OF HEAD AND RESPONDENT:	A. Head: _____ B. Respondent: _____	<div style="display: flex; justify-content: space-around; width: 40px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 40px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>	
N.34.3	NAME & ID OF CHILD WHOSE SAMPLE IS COLLECTED	Child Name: _____	<div style="display: flex; justify-content: space-around; width: 40px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>	
G.34.4	Did [CHILD] have diarrhea on day of stool collection? (diarrhea: More than 3 stools in a day. Need not be watery)	Yes No	1 2	[Give Cup]
COLLECT THE REMAINING INFORMATION WHEN YOU COLLECT STOOL SAMPLES				
N.34.5A	How many days ago did [CHILD] most recently have any diarrhea? DIARRHEA IS SOFT OR WATERY STOOL 3 OR MORE TIMES IN 24 HOUR PERIOD	Within last 7 days Within last 8-14 days Within last 15-30 days Within last 1-3 months Within last 4-6 months More than 6 months ago Never had diarrhea Don't know	1 2 3 4 6 7 8 -99	[>N.34.6] [>N.34.6] [>N.34.6]
N.34.5B	In the most recent day (24 hours) of diarrhea, how many times did [CHILD] pass loose stool?	No of times Don't know	<div style="display: flex; justify-content: space-around; width: 40px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> -99	
N.34.5C	In the most recent day (24 hours) of diarrhea, what was the consistency of the loose stool?	Loose Watery Sticky/white Don't know	1 2 3 -99	
N.34.6	In past 6 months, has [CHILD] been consistently (chronically) sick with the following diseases? PLEASE READ ONE BY ONE AND CODE Yes 1 No 2 Don't know -99	Fever Cough Cold Wheezing / Asthma Stomach Problems, Ache, Cramps	1 2 -99 1 2 -99 1 2 -99 1 2 -99 1 2 -99	
N.34.7	Have you treated any of the above chronic / recurring diseases with medication? PLEASE READ ONE BY ONE AND CIRCLE ALL THAT APPLY	English Medicines Ayurvedic / Homeopathy / Unani ORS Home made remedies Don't know	1 2 3 4 -99	
G.34.7	DATE OF SAMPLE COLLECTION (DD / MM / YY)	<div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> </div>		
G.34.8	OBSERVE / ASK: STOOL CONSISTENCY (BEFORE ADDING FORMALINE) <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">  Formed1 </div> <div style="text-align: center;">  Soft2 </div> <div style="text-align: center;">  Loose...3 </div> <div style="text-align: center;">  Watery...4 </div> </div>	FORMED SOFT LOOSE WATERY STICKY/WHITE	1 2 3 4 5	

34. Fecal Sampling (Page 14 of 17) (MS/CS)

A fecal sample should be from the oldest child over 21 months of age but under 5 years of age





READ CONSENT

N34.16	HAVE YOU READ THE CONSENT AND GOT APPROVAL	YES.....	1	
N.34.1A	HHID	<div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		
N.34.1B	STOOL BOTTLE STICKER NO	<div style="border: 2px solid black; width: 150px; height: 30px;"></div>		
N.34.2	NAME & ID OF HEAD AND RESPONDENT:	A. Head: _____ B. Respondent: _____	<div style="display: flex; justify-content: space-around; width: 40px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 40px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>	
N.34.3	NAME & ID OF CHILD WHOSE SAMPLE IS COLLECTED	Child Name: _____	<div style="display: flex; justify-content: space-around; width: 40px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>	
G.34.4	Did [CHILD] have diarrhea on day of stool collection? (diarrhea: More than 3 stools in a day. Need not be watery)	Yes No	1 2	[Give Cup]
COLLECT THE REMAINING INFORMATION WHEN YOU COLLECT STOOL SAMPLES				
N.34.5A	How many days ago did [CHILD] most recently have any diarrhea? DIARRHEA IS SOFT OR WATERY STOOL 3 OR MORE TIMES IN 24 HOUR PERIOD	Within last 7 days Within last 8-14 days Within last 15-30 days Within last 1-3 months Within last 4-6 months More than 6 months ago Never had diarrhea Don't know	1 2 3 4 6 7 8 -99	[>N.34.6] [>N.34.6] [>N.34.6]
N.34.5B	In the most recent day (24 hours) of diarrhea, how many times did [CHILD] pass loose stool?	No of times Don't know	<div style="display: flex; justify-content: space-around; width: 40px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> -99	
N.34.5C	In the most recent day (24 hours) of diarrhea, what was the consistency of the loose stool?	Loose Watery Sticky/white Don't know	1 2 3 -99	
N.34.6	In past 6 months, has [CHILD] been consistently (chronically) sick with the following diseases? PLEASE READ ONE BY ONE AND CODE Yes 1 No 2 Don't know -99	Fever Cough Cold Wheezing / Asthma Stomach Problems, Ache, Cramps	1 2 -99 1 2 -99 1 2 -99 1 2 -99 1 2 -99	
N.34.7	Have you treated any of the above chronic / recurring diseases with medication? PLEASE READ ONE BY ONE AND CIRCLE ALL THAT APPLY	English Medicines Ayurvedic / Homeopathy / Unani ORS Home made remedies Don't know	1 2 3 4 -99	
G.34.7	DATE OF SAMPLE COLLECTION (DD / MM / YY)	<div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> </div>		
G.34.8	OBSERVE / ASK: STOOL CONSISTENCY (BEFORE ADDING FORMALINE) <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">  Formed1 </div> <div style="text-align: center;">  Soft2 </div> <div style="text-align: center;">  Loose...3 </div> <div style="text-align: center;">  Watery...4 </div> </div>	FORMED SOFT LOOSE WATERY STICKY/WHITE	1 2 3 4 5	

34. Fecal Sampling (Page 15 of 17) (MS/CS)

A fecal sample should be from the oldest child over 21 months of age but under 5 years of age





READ CONSENT

N34.16	HAVE YOU READ THE CONSENT AND GOT APPROVAL	YES.....	1	
N.34.1A	HHID	<div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		
N.34.1B	STOOL BOTTLE STICKER NO	<div style="border: 2px solid black; width: 150px; height: 30px;"></div>		
N.34.2	NAME & ID OF HEAD AND RESPONDENT:	A. Head: _____ B. Respondent: _____	<div style="display: flex; justify-content: space-around; width: 40px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 40px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>	
N.34.3	NAME & ID OF CHILD WHOSE SAMPLE IS COLLECTED	Child Name: _____	<div style="display: flex; justify-content: space-around; width: 40px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>	
G.34.4	Did [CHILD] have diarrhea on day of stool collection? (diarrhea: More than 3 stools in a day. Need not be watery)	Yes No	1 2	[Give Cup]
COLLECT THE REMAINING INFORMATION WHEN YOU COLLECT STOOL SAMPLES				
N.34.5A	How many days ago did [CHILD] most recently have any diarrhea? DIARRHEA IS SOFT OR WATERY STOOL 3 OR MORE TIMES IN 24 HOUR PERIOD	Within last 7 days Within last 8-14 days Within last 15-30 days Within last 1-3 months Within last 4-6 months More than 6 months ago Never had diarrhea Don't know	1 2 3 4 6 7 8 -99	[>N.34.6] [>N.34.6] [>N.34.6]
N.34.5B	In the most recent day (24 hours) of diarrhea, how many times did [CHILD] pass loose stool?	No of times Don't know	<div style="display: flex; justify-content: space-around; width: 40px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> -99	
N.34.5C	In the most recent day (24 hours) of diarrhea, what was the consistency of the loose stool?	Loose Watery Sticky/white Don't know	1 2 3 -99	
N.34.6	In past 6 months, has [CHILD] been consistently (chronically) sick with the following diseases? PLEASE READ ONE BY ONE AND CODE Yes 1 No 2 Don't know -99	Fever Cough Cold Wheezing / Asthma Stomach Problems, Ache, Cramps	1 2 -99 1 2 -99 1 2 -99 1 2 -99 1 2 -99	
N.34.7	Have you treated any of the above chronic / recurring diseases with medication? PLEASE READ ONE BY ONE AND CIRCLE ALL THAT APPLY	English Medicines Ayurvedic / Homeopathy / Unani ORS Home made remedies Don't know	1 2 3 4 -99	
G.34.7	DATE OF SAMPLE COLLECTION (DD / MM / YY)	<div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> </div>		
G.34.8	OBSERVE / ASK: STOOL CONSISTENCY (BEFORE ADDING FORMALINE) <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">  Formed1 </div> <div style="text-align: center;">  Soft2 </div> <div style="text-align: center;">  Loose...3 </div> <div style="text-align: center;">  Watery...4 </div> </div>	FORMED..... SOFT LOOSE..... WATERY..... STICKY/WHITE.....	1 2 3 4 5	

34. Fecal Sampling (Page 16 of 17) (MS/CS)

A fecal sample should be from the oldest child over 21 months of age but under 5 years of age





READ CONSENT

N34.16	HAVE YOU READ THE CONSENT AND GOT APPROVAL	YES.....	1	
N.34.1A	HHID	<div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		
N.34.1B	STOOL BOTTLE STICKER NO	<div style="border: 2px solid black; width: 150px; height: 30px;"></div>		
N.34.2	NAME & ID OF HEAD AND RESPONDENT:	A. Head: _____ B. Respondent: _____	<div style="display: flex; justify-content: space-around; width: 40px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 40px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>	
N.34.3	NAME & ID OF CHILD WHOSE SAMPLE IS COLLECTED	Child Name: _____	<div style="display: flex; justify-content: space-around; width: 40px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>	
G.34.4	Did [CHILD] have diarrhea on day of stool collection? (diarrhea: More than 3 stools in a day. Need not be watery)	Yes No	1 2	[Give Cup]
COLLECT THE REMAINING INFORMATION WHEN YOU COLLECT STOOL SAMPLES				
N.34.5A	How many days ago did [CHILD] most recently have any diarrhea? DIARRHEA IS SOFT OR WATERY STOOL 3 OR MORE TIMES IN 24 HOUR PERIOD	Within last 7 days Within last 8-14 days Within last 15-30 days Within last 1-3 months Within last 4-6 months More than 6 months ago Never had diarrhea Don't know	1 2 3 4 6 7 8 -99	[>N.34.6] [>N.34.6] [>N.34.6]
N.34.5B	In the most recent day (24 hours) of diarrhea, how many times did [CHILD] pass loose stool?	No of times Don't know	<div style="display: flex; justify-content: space-around; width: 40px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> -99	
N.34.5C	In the most recent day (24 hours) of diarrhea, what was the consistency of the loose stool?	Loose Watery Sticky/white Don't know	1 2 3 -99	
N.34.6	In past 6 months, has [CHILD] been consistently (chronically) sick with the following diseases? PLEASE READ ONE BY ONE AND CODE Yes 1 No 2 Don't know -99	Fever Cough Cold Wheezing / Asthma Stomach Problems, Ache, Cramps	1 2 -99 1 2 -99 1 2 -99 1 2 -99 1 2 -99	
N.34.7	Have you treated any of the above chronic / recurring diseases with medication? PLEASE READ ONE BY ONE AND CIRCLE ALL THAT APPLY	English Medicines Ayurvedic / Homeopathy / Unani ORS Home made remedies Don't know	1 2 3 4 -99	
G.34.7	DATE OF SAMPLE COLLECTION (DD / MM / YY)	<div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> </div>		
G.34.8	OBSERVE / ASK: STOOL CONSISTENCY (BEFORE ADDING FORMALINE) <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">  Formed1 </div> <div style="text-align: center;">  Soft2 </div> <div style="text-align: center;">  Loose...3 </div> <div style="text-align: center;">  Watery...4 </div> </div>	FORMED..... SOFT LOOSE..... WATERY..... STICKY/WHITE.....	1 2 3 4 5	

34. Fecal Sampling (Page 17 of 17) (MS/CS)

A fecal sample should be from the oldest child over 21 months of age but under 5 years of age

READ CONSENT

N34.16	HAVE YOU READ THE CONSENT AND GOT APPROVAL	YES.....	1	
N.34.1A	HHID	<div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		
N.34.1B	STOOL BOTTLE STICKER NO	<div style="border: 2px solid black; width: 150px; height: 30px;"></div>		
N.34.2	NAME & ID OF HEAD AND RESPONDENT:	A. Head: _____ B. Respondent: _____	<div style="display: flex; justify-content: space-around; width: 40px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 40px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>	
N.34.3	NAME & ID OF CHILD WHOSE SAMPLE IS COLLECTED	Child Name: _____	<div style="display: flex; justify-content: space-around; width: 40px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>	
G.34.4	Did [CHILD] have diarrhea on day of stool collection? (diarrhea: More than 3 stools in a day. Need not be watery)	Yes No	1 2	[Give Cup]
COLLECT THE REMAINING INFORMATION WHEN YOU COLLECT STOOL SAMPLES				
N.34.5A	How many days ago did [CHILD] most recently have any diarrhea? DIARRHEA IS SOFT OR WATERY STOOL 3 OR MORE TIMES IN 24 HOUR PERIOD	Within last 7 days Within last 8-14 days Within last 15-30 days Within last 1-3 months Within last 4-6 months More than 6 months ago Never had diarrhea Don't know	1 2 3 4 6 7 8 -99	[>N.34.6] [>N.34.6] [>N.34.6]
N.34.5B	In the most recent day (24 hours) of diarrhea, how many times did [CHILD] pass loose stool?	No of times Don't know	<div style="display: flex; justify-content: space-around; width: 40px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> -99	
N.34.5C	In the most recent day (24 hours) of diarrhea, what was the consistency of the loose stool?	Loose Watery Sticky/white Don't know	1 2 3 -99	
N.34.6	In past 6 months, has [CHILD] been consistently (chronically) sick with the following diseases? PLEASE READ ONE BY ONE AND CODE Yes 1 No 2 Don't know -99	Fever Cough Cold Wheezing / Asthma Stomach Problems, Ache, Cramps	1 2 -99 1 2 -99 1 2 -99 1 2 -99 1 2 -99	
N.34.7	Have you treated any of the above chronic / recurring diseases with medication? PLEASE READ ONE BY ONE AND CIRCLE ALL THAT APPLY	English Medicines Ayurvedic / Homeopathy / Unani ORS Home made remedies Don't know	1 2 3 4 -99	
G.34.7	DATE OF SAMPLE COLLECTION (DD / MM / YY)	<div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> </div>		
G.34.8	OBSERVE / ASK: STOOL CONSISTENCY (BEFORE ADDING FORMALINE) <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">  Formed1 </div> <div style="text-align: center;">  Soft2 </div> <div style="text-align: center;">  Loose...3 </div> <div style="text-align: center;">  Watery...4 </div> </div>	FORMED..... SOFT LOOSE..... WATERY..... STICKY/WHITE.....	1 2 3 4 5	

40 HOUSEHOLD DRINKING WATER SAMPLE (COPY 1 OF 12)

Please collect sample of drinking water from households where you collect stool samples. Complete this form for each household water sample. Always take sample from the main drinking water container not from the tap in home (unless HH does not store DW and directly use from tap).

N.40.1	HHID	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-around;"><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div></div>		
N.40.2	Water BOTTLE STICKER NO	<div style="border: 2px solid black; width: 150px; height: 30px;"></div>		
N.40.3	NAME ID OF HEAD AND RESPONDENT:	Head: _____ Respondent: _____	<div style="display: flex; flex-direction: column; align-items: center;"><div style="border: 1px solid black; width: 30px; height: 20px;"></div><div style="border: 1px solid black; width: 30px; height: 20px;"></div></div>	
N 40.3 B	The water that you gave me is it from a vessel or you have brought it directly from a tap or handpump	Had brought from a vessel Brought from pipe line /handpump.....	1 2	[>>N.40.8]
N.40.4	How many hours ago did you collect water you have given me?	Collected 0-12 hours back Collected 13-24 hours back Collected 24-36 hours back Collected 37-48 hours back Collected 2-4 days ago Collected 4-7 days ago Collected 8 or more days ago	2 3 4 5 6 7 8	
N.40.5	When did you last clean the storage container from which you gave me water with soap or fresh ash?	In last 24 hours In last 1-2 days..... In last 3-7 days..... More than 7 days ago Never	1 2 3 4 5	
N.40.6	How did you take the water out from your the container in which you keep water? Observe or Read and confirm. Circle one	Tap / spigot to take water Ladle with long handle Dipped cup or glass directly Poured in cup or glass	1 2 3 4	
N.40.7	Have you done any thing to make this water safer or cleaner for drinking such as boiling or filtering? Read and confirm. Circle only one that apply	Boiling Added chemicals in container Add chemicals to hand pump / well Straining through cloth Strain through plastic sieve or net Let is stand and settle down dirt..... Use alum to settle down dirt..... Candle / ceramic filter Zero-b type filter fitted to tap Electric / double filter..... Nothing.....	1 2 3 4 5 6 7 8 9 10 11	
N.40.8	At which location did you collect water at or filled your containers? (write if collected from a tap or tank and not the main source from which water comes to this collection point)?	Water is collected directly in the vessels from Tap/pipe line / stand post Water is collected by going to the vessels from Tap/pipe line / stand post Water tank with tap Dug well Bore well / hand pump River/stream/canal/dam/pond Reservoir /pond	1 2 3 4 5 6 7 9	[>>N.40.15]

		Other (specify _____)	-96	
N.40.9	Is this collection point your own or belongs to gp, neighbors or other hhs in the community?	Our own collection point Belongs to GP / government Belongs to neighbor / other households	1 2 3	
N.40.10	Please probe where collection point is located. How much time it will take to walk to the collection point?	In home or yard Approximately 5 minutes More than 5 minutes.....	1 2 3	
N.40.10B	Please check 40.10B if the water has been brought directly from the handpump and was not collected in a vessel	Yes No	1 2	[>>N.40.15]
N.40.11	Please confirm that you have listed this collection point in the source water sample sheet		1	
N.40.12	Is this collection point sampled for water quality test?	Yes No.....	1 2	[>>N.40.15]
N.40.13	Write sticker number of the bottles in which collection point sample is collected	<div style="border: 2px solid black; width: 200px; height: 30px;"></div>		
N.40.14	Write SN of collection point sample as per source listing sheet	<div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></div>		
N.40.15	Please check if n.40.8 is coded 1 (tap/pipe line) or 2 (water tank with tap) or 3	Yes 1, 2 or 3 has been coded No some other has been coded	1 2	[>>END]
N.40.16	Of the What is the main source or supply of water for the above collection point? Circle one option only	Dug well..... Bore well / hand pump..... River/canal Dam//pond..... Other (specify _____) Dont know	1 2 3 4 5 -96	[>>END]
N.40.17	Is this source located in or near your gp?	Yes No, away from gp(>1 km)	1 2	[>>END]
N.40.18	Who owns this main source - your own household, gp, or neighbors or other hhs in the community?	Our own source Belongs to gp / government..... Belongs to neighbor / other households	1 2 3	
N.40.19	Please check / confirm that you have listed this main source in the source water sample sheet		1	
N.40.20	Is this collection point sampled for water quality test?	Yes No.....	1 2	[>>END]
N.40.21	Write sticker number of the bottles in which Main Source sample is collected	<div style="border: 2px solid black; width: 200px; height: 30px;"></div>		
N.40.22	Write SN of Main Source sample as per source listing sheet	<div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></div>		

40 HOUSEHOLD DRINKING WATER SAMPLE (COPY 2 OF 12)

Please collect sample of drinking water from households where you collect stool samples. Complete this form for each household water sample. Always take sample from the main drinking water container not from the tap in home (unless HH does not store DW and directly use from tap).

N.40.1	HHID	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>		
N.40.2	Water BOTTLE STICKER NO	<div style="border: 2px solid black; width: 150px; height: 30px; margin: 0 auto;"></div>		
N.40.3	NAME ID OF HEAD AND RESPONDENT:	Head: _____ Respondent: _____	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
N 40.3 B	The water that you gave me is it from a vessel or you have brought it directly from a tap or handpump	Had brought from a vessel Brought from pipe line /handpump.....	1 2	[>>N.40.8]
N.40.4	How many hours ago did you collect water you have given me?	Collected 0-12 hours back Collected 13-24 hours back Collected 24-36 hours back Collected 37-48 hours back Collected 2-4 days ago Collected 4-7 days ago Collected 8 or more days ago	2 3 4 5 6 7 8	
N.40.5	When did you last clean the storage container from which you gave me water with soap or fresh ash ?	In last 24 hours In last 1-2 days..... In last 3-7 days..... More than 7 days ago Never	1 2 3 4 5	
N.40.6	How did you take the water out from your the container in which you keep water ? Observe or Read and confirm. Circle one	Tap / spigot to take water Ladle with long handle Dipped cup or glass directly Poured in cup or glass	1 2 3 4	
N.40.7	Have you done any thing to make this water safer or cleaner for drinking such as boiling or filtering? Read and confirm. Circle only one that apply	Boiling Added chemicals in container Add chemicals to hand pump / well Straining through cloth Strain through plastic sieve or net Let is stand and settle down dirt..... Use alum to settle down dirt..... Candle / ceramic filter Zero-b type filter fitted to tap Electric / double filter..... Nothing.....	1 2 3 4 5 6 7 8 9 10 11	
N.40.8	At which location did you collect water at or filled your containers? (write if collected from a tap or tank and not the main source from which water comes to this collection point)?	Water is collected directly in the vessels from Tap/pipe line / stand post Water is collected by going to the vessels from Tap/pipe line / stand post Water tank with tap Dug well Bore well / hand pump River/stream/canal/dam/pond Reservoir /pond	1 2 3 4 5 6 7 9	[>>N.40.15]

		Other (specify _____)	-96	
N.40.9	Is this collection point your own or belongs to gp, neighbors or other hhs in the community?	Our own collection point Belongs to GP / government Belongs to neighbor / other households	1 2 3	
N.40.10	Please probe where collection point is located. How much time it will take to walk to the collection point?	In home or yard Approximately 5 minutes More than 5 minutes.....	1 2 3	
N.40.10B	Please check 40.10B if the water has been brought directly from the handpump and was not collected in a vessel	Yes No	1 2	[>>N.40.15]
N.40.11	Please confirm that you have listed this collection point in the source water sample sheet		1	
N.40.12	Is this collection point sampled for water quality test?	Yes No.....	1 2	[>>N.40.15]
N.40.13	Write sticker number of the bottles in which collection point sample is collected	<div style="border: 2px solid black; width: 200px; height: 30px;"></div>		
N.40.14	Write SN of collection point sample as per source listing sheet	<div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px;"></div>		
N.40.15	Please check if n.40.8 is coded 1 (tap/pipe line) or 2 (water tank with tap) or 3	Yes 1, 2 or 3 has been coded No some other has been coded	1 2	[>>END]
N.40.16	Of the What is the main source or supply of water for the above collection point? Circle one option only	Dug well..... Bore well / hand pump..... River/canal Dam//pond..... Other (specify _____) Dont know	1 2 3 4 5 -96	[>>END]
N.40.17	Is this source located in or near your gp?	Yes No, away from gp(>1 km)	1 2	[>>END]
N.40.18	Who owns this main source - your own household, gp, or neighbors or other hhs in the community?	Our own source Belongs to gp / government..... Belongs to neighbor / other households	1 2 3	
N.40.19	Please check / confirm that you have listed this main source in the source water sample sheet		1	
N.40.20	Is this collection point sampled for water quality test?	Yes No.....	1 2	[>>END]
N.40.21	Write sticker number of the bottles in which Main Source sample is collected	<div style="border: 2px solid black; width: 200px; height: 30px;"></div>		
N.40.22	Write SN of Main Source sample as per source listing sheet	<div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px;"></div>		

40 HOUSEHOLD DRINKING WATER SAMPLE (COPY 3 OF 12)

Please collect sample of drinking water from households where you collect stool samples. Complete this form for each household water sample. Always take sample from the main drinking water container not from the tap in home (unless HH does not store DW and directly use from tap).

N.40.1	HHID	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-around;"><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div></div>		
N.40.2	Water BOTTLE STICKER NO	<div style="border: 2px solid black; width: 150px; height: 30px;"></div>		
N.40.3	NAME ID OF HEAD AND RESPONDENT:	Head: _____ Respondent: _____	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; justify-content: space-around;"><div style="width: 15px; height: 15px;"></div><div style="width: 15px; height: 15px;"></div></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; justify-content: space-around;"><div style="width: 15px; height: 15px;"></div><div style="width: 15px; height: 15px;"></div></div>	
N 40.3 B	The water that you gave me is it from a vessel or you have brought it directly from a tap or handpump	Had brought from a vessel Brought from pipe line /handpump.....	1 2	[>>N.40.8]
N.40.4	How many hours ago did you collect water you have given me?	Collected 0-12 hours back Collected 13-24 hours back Collected 24-36 hours back Collected 37-48 hours back Collected 2-4 days ago Collected 4-7 days ago Collected 8 or more days ago	2 3 4 5 6 7 8	
N.40.5	When did you last clean the storage container from which you gave me water with soap or fresh ash ?	In last 24 hours In last 1-2 days..... In last 3-7 days..... More than 7 days ago Never	1 2 3 4 5	
N.40.6	How did you take the water out from your the container in which you keep water ? Observe or Read and confirm. Circle one	Tap / spigot to take water Ladle with long handle Dipped cup or glass directly Poured in cup or glass	1 2 3 4	
N.40.7	Have you done any thing to make this water safer or cleaner for drinking such as boiling or filtering? Read and confirm. Circle only one that apply	Boiling Added chemicals in container Add chemicals to hand pump / well Straining through cloth Strain through plastic sieve or net Let is stand and settle down dirt..... Use alum to settle down dirt..... Candle / ceramic filter Zero-b type filter fitted to tap Electric / double filter..... Nothing.....	1 2 3 4 5 6 7 8 9 10 11	
N.40.8	At which location did you collect water at or filled your containers? (write if collected from a tap or tank and not the main source from which water comes to this collection point)?	Water is collected directly in the vessels from Tap/pipe line / stand post Water is collected by going to the vessels from Tap/pipe line / stand post Water tank with tap Dug well Bore well / hand pump River/stream/canal/dam/pond Reservoir /pond	1 2 3 4 5 6 7 9	[>>N.40.15]

		Other (specify _____)	-96	
N.40.9	Is this collection point your own or belongs to gp, neighbors or other hhs in the community?	Our own collection point Belongs to GP / government Belongs to neighbor / other households	1 2 3	
N.40.10	Please probe where collection point is located. How much time it will take to walk to the collection point?	In home or yard Approximately 5 minutes More than 5 minutes.....	1 2 3	
N.40.10B	Please check 40.10B if the water has been brought directly from the handpump and was not collected in a vessel	Yes No	1 2	[>>N.40.15]
N.40.11	Please confirm that you have listed this collection point in the source water sample sheet		1	
N.40.12	Is this collection point sampled for water quality test?	Yes No.....	1 2	[>>N.40.15]
N.40.13	Write sticker number of the bottles in which collection point sample is collected	<div style="border: 2px solid black; width: 200px; height: 30px;"></div>		
N.40.14	Write SN of collection point sample as per source listing sheet	<div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px;"></div>		
N.40.15	Please check if n.40.8 is coded 1 (tap/pipe line) or 2 (water tank with tap) or 3	Yes 1, 2 or 3 has been coded No some other has been coded	1 2	[>>END]
N.40.16	Of the What is the main source or supply of water for the above collection point? Circle one option only	Dug well..... Bore well / hand pump..... River/canal Dam//pond..... Other (specify _____) Dont know	1 2 3 4 5 -96	[>>END]
N.40.17	Is this source located in or near your gp?	Yes No, away from gp(>1 km)	1 2	[>>END]
N.40.18	Who owns this main source - your own household, gp, or neighbors or other hhs in the community?	Our own source Belongs to gp / government..... Belongs to neighbor / other households	1 2 3	
N.40.19	Please check / confirm that you have listed this main source in the source water sample sheet		1	
N.40.20	Is this collection point sampled for water quality test?	Yes No.....	1 2	[>>END]
N.40.21	Write sticker number of the bottles in which Main Source sample is collected	<div style="border: 2px solid black; width: 200px; height: 30px;"></div>		
N.40.22	Write SN of Main Source sample as per source listing sheet	<div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px;"></div>		

40 HOUSEHOLD DRINKING WATER SAMPLE (COPY 4 OF 12)

Please collect sample of drinking water from households where you collect stool samples. Complete this form for each household water sample. Always take sample from the main drinking water container not from the tap in home (unless HH does not store DW and directly use from tap).

N.40.1	HHID	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-around;"><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div></div>		
N.40.2	Water BOTTLE STICKER NO	<div style="border: 2px solid black; width: 150px; height: 30px;"></div>		
N.40.3	NAME ID OF HEAD AND RESPONDENT:	Head: _____ Respondent: _____	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; justify-content: space-around;"><div style="width: 15px; height: 15px;"></div><div style="width: 15px; height: 15px;"></div></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; justify-content: space-around;"><div style="width: 15px; height: 15px;"></div><div style="width: 15px; height: 15px;"></div></div>	
N 40.3 B	The water that you gave me is it from a vessel or you have brought it directly from a tap or handpump	Had brought from a vessel Brought from pipe line /handpump.....	1 2	[>>N.40.8]
N.40.4	How many hours ago did you collect water you have given me?	Collected 0-12 hours back Collected 13-24 hours back Collected 24-36 hours back Collected 37-48 hours back Collected 2-4 days ago Collected 4-7 days ago Collected 8 or more days ago	2 3 4 5 6 7 8	
N.40.5	When did you last clean the storage container from which you gave me water with soap or fresh ash ?	In last 24 hours In last 1-2 days..... In last 3-7 days..... More than 7 days ago Never	1 2 3 4 5	
N.40.6	How did you take the water out from your the container in which you keep water ? Observe or Read and confirm. Circle one	Tap / spigot to take water Ladle with long handle Dipped cup or glass directly Poured in cup or glass	1 2 3 4	
N.40.7	Have you done any thing to make this water safer or cleaner for drinking such as boiling or filtering? Read and confirm. Circle only one that apply	Boiling Added chemicals in container Add chemicals to hand pump / well Straining through cloth Strain through plastic sieve or net Let is stand and settle down dirt..... Use alum to settle down dirt..... Candle / ceramic filter Zero-b type filter fitted to tap Electric / double filter..... Nothing.....	1 2 3 4 5 6 7 8 9 10 11	
N.40.8	At which location did you collect water at or filled your containers? (write if collected from a tap or tank and not the main source from which water comes to this collection point)?	Water is collected directly in the vessels from Tap/pipe line / stand post Water is collected by going to the vessels from Tap/pipe line / stand post Water tank with tap Dug well Bore well / hand pump River/stream/canal/dam/pond Reservoir /pond	1 2 3 4 5 6 7 9	[>>N.40.15]

		Other (specify _____)	-96	
N.40.9	Is this collection point your own or belongs to gp, neighbors or other hhs in the community?	Our own collection point Belongs to GP / government Belongs to neighbor / other households	1 2 3	
N.40.10	Please probe where collection point is located. How much time it will take to walk to the collection point?	In home or yard Approximately 5 minutes More than 5 minutes.....	1 2 3	
N.40.10B	Please check 40.10B if the water has been brought directly from the handpump and was not collected in a vessel	Yes No	1 2	[>>N.40.15]
N.40.11	Please confirm that you have listed this collection point in the source water sample sheet		1	
N.40.12	Is this collection point sampled for water quality test?	Yes No.....	1 2	[>>N.40.15]
N.40.13	Write sticker number of the bottles in which collection point sample is collected	<div style="border: 2px solid black; width: 200px; height: 30px;"></div>		
N.40.14	Write SN of collection point sample as per source listing sheet	<div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black;"></div>		
N.40.15	Please check if n.40.8 is coded 1 (tap/pipe line) or 2 (water tank with tap) or 3	Yes 1, 2 or 3 has been coded No some other has been coded	1 2	[>>END]
N.40.16	Of the What is the main source or supply of water for the above collection point? Circle one option only	Dug well..... Bore well / hand pump..... River/canal Dam//pond..... Other (specify _____) Dont know	1 2 3 4 5 -96	[>>END]
N.40.17	Is this source located in or near your gp?	Yes No, away from gp(>1 km)	1 2	[>>END]
N.40.18	Who owns this main source - your own household, gp, or neighbors or other hhs in the community?	Our own source Belongs to gp / government..... Belongs to neighbor / other households	1 2 3	
N.40.19	Please check / confirm that you have listed this main source in the source water sample sheet		1	
N.40.20	Is this collection point sampled for water quality test?	Yes No.....	1 2	[>>END]
N.40.21	Write sticker number of the bottles in which Main Source sample is collected	<div style="border: 2px solid black; width: 200px; height: 30px;"></div>		
N.40.22	Write SN of Main Source sample as per source listing sheet	<div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black;"></div>		

40 HOUSEHOLD DRINKING WATER SAMPLE (COPY 5 OF 12)

Please collect sample of drinking water from households where you collect stool samples. Complete this form for each household water sample. Always take sample from the main drinking water container not from the tap in home (unless HH does not store DW and directly use from tap).

N.40.1	HHID	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>		
N.40.2	Water BOTTLE STICKER NO	<div style="border: 2px solid black; width: 150px; height: 30px; margin: 0 auto;"></div>		
N.40.3	NAME ID OF HEAD AND RESPONDENT:	Head: _____ Respondent: _____	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
N 40.3 B	The water that you gave me is it from a vessel or you have brought it directly from a tap or handpump	Had brought from a vessel Brought from pipe line /handpump.....	1 2	[>>N.40.8]
N.40.4	How many hours ago did you collect water you have given me?	Collected 0-12 hours back Collected 13-24 hours back Collected 24-36 hours back Collected 37-48 hours back Collected 2-4 days ago Collected 4-7 days ago Collected 8 or more days ago	2 3 4 5 6 7 8	
N.40.5	When did you last clean the storage container from which you gave me water with soap or fresh ash?	In last 24 hours In last 1-2 days..... In last 3-7 days..... More than 7 days ago Never	1 2 3 4 5	
N.40.6	How did you take the water out from your the container in which you keep water? Observe or Read and confirm. Circle one	Tap / spigot to take water Ladle with long handle Dipped cup or glass directly Poured in cup or glass	1 2 3 4	
N.40.7	Have you done any thing to make this water safer or cleaner for drinking such as boiling or filtering? Read and confirm. Circle only one that apply	Boiling Added chemicals in container Add chemicals to hand pump / well Straining through cloth Strain through plastic sieve or net..... Let is stand and settle down dirt..... Use alum to settle down dirt..... Candle / ceramic filter Zero-b type filter fitted to tap Electric / double filter..... Nothing.....	1 2 3 4 5 6 7 8 9 10 11	
N.40.8	At which location did you collect water at or filled your containers? (write if collected from a tap or tank and not the main source from which water comes to this collection point)?	Water is collected directly in the vessels from Tap/pipe line / stand post Water is collected by going to the vessels from Tap/pipe line / stand post Water tank with tap Dug well Bore well / hand pump River/stream/canal/dam/pond Reservoir /pond	1 2 3 4 5 6 7 9	[>>N.40.15]

		Other (specify _____)	-96	
N.40.9	Is this collection point your own or belongs to gp, neighbors or other hhs in the community?	Our own collection point Belongs to GP / government Belongs to neighbor / other households	1 2 3	
N.40.10	Please probe where collection point is located. How much time it will take to walk to the collection point?	In home or yard Approximately 5 minutes More than 5 minutes.....	1 2 3	
N.40.10B	Please check 40.10B if the water has been brought directly from the handpump and was not collected in a vessel	Yes No	1 2	[>>N.40.15]
N.40.11	Please confirm that you have listed this collection point in the source water sample sheet		1	
N.40.12	Is this collection point sampled for water quality test?	Yes No.....	1 2	[>>N.40.15]
N.40.13	Write sticker number of the bottles in which collection point sample is collected	<div style="border: 2px solid black; width: 200px; height: 30px;"></div>		
N.40.14	Write SN of collection point sample as per source listing sheet	<div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px;"></div>		
N.40.15	Please check if n.40.8 is coded 1 (tap/pipe line) or 2 (water tank with tap) or 3	Yes 1, 2 or 3 has been coded No some other has been coded	1 2	[>>END]
N.40.16	Of the What is the main source or supply of water for the above collection point? Circle one option only	Dug well..... Bore well / hand pump..... River/canal Dam//pond..... Other (specify _____) Dont know	1 2 3 4 5 -96	[>>END]
N.40.17	Is this source located in or near your gp?	Yes No, away from gp(>1 km)	1 2	[>>END]
N.40.18	Who owns this main source - your own household, gp, or neighbors or other hhs in the community?	Our own source Belongs to gp / government..... Belongs to neighbor / other households	1 2 3	
N.40.19	Please check / confirm that you have listed this main source in the source water sample sheet		1	
N.40.20	Is this collection point sampled for water quality test?	Yes No.....	1 2	[>>END]
N.40.21	Write sticker number of the bottles in which Main Source sample is collected	<div style="border: 2px solid black; width: 200px; height: 30px;"></div>		
N.40.22	Write SN of Main Source sample as per source listing sheet	<div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px;"></div>		

40 HOUSEHOLD DRINKING WATER SAMPLE (COPY 6 OF 12)

Please collect sample of drinking water from households where you collect stool samples. Complete this form for each household water sample. Always take sample from the main drinking water container not from the tap in home (unless HH does not store DW and directly use from tap).

N.40.1	HHID	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-around;"><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div></div>		
N.40.2	Water BOTTLE STICKER NO	<div style="border: 2px solid black; width: 150px; height: 30px;"></div>		
N.40.3	NAME ID OF HEAD AND RESPONDENT:	Head: _____ Respondent: _____	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; justify-content: space-around;"><div style="width: 15px; height: 15px;"></div><div style="width: 15px; height: 15px;"></div></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; justify-content: space-around;"><div style="width: 15px; height: 15px;"></div><div style="width: 15px; height: 15px;"></div></div>	
N 40.3 B	The water that you gave me is it from a vessel or you have brought it directly from a tap or handpump	Had brought from a vessel Brought from pipe line /handpump.....	1 2	[>>N.40.8]
N.40.4	How many hours ago did you collect water you have given me?	Collected 0-12 hours back Collected 13-24 hours back Collected 24-36 hours back Collected 37-48 hours back Collected 2-4 days ago Collected 4-7 days ago Collected 8 or more days ago	2 3 4 5 6 7 8	
N.40.5	When did you last clean the storage container from which you gave me water with soap or fresh ash ?	In last 24 hours In last 1-2 days..... In last 3-7 days..... More than 7 days ago Never	1 2 3 4 5	
N.40.6	How did you take the water out from your the container in which you keep water ? Observe or Read and confirm. Circle one	Tap / spigot to take water Ladle with long handle Dipped cup or glass directly Poured in cup or glass	1 2 3 4	
N.40.7	Have you done any thing to make this water safer or cleaner for drinking such as boiling or filtering? Read and confirm. Circle only one that apply	Boiling Added chemicals in container Add chemicals to hand pump / well Straining through cloth Strain through plastic sieve or net Let is stand and settle down dirt..... Use alum to settle down dirt..... Candle / ceramic filter Zero-b type filter fitted to tap Electric / double filter..... Nothing.....	1 2 3 4 5 6 7 8 9 10 11	
N.40.8	At which location did you collect water at or filled your containers? (write if collected from a tap or tank and not the main source from which water comes to this collection point)?	Water is collected directly in the vessels from Tap/pipe line / stand post Water is collected by going to the vessels from Tap/pipe line / stand post Water tank with tap Dug well Bore well / hand pump River/stream/canal/dam/pond Reservoir /pond	1 2 3 4 5 6 7 9	[>>N.40.15]

		Other (specify _____)	-96	
N.40.9	Is this collection point your own or belongs to gp, neighbors or other hhs in the community?	Our own collection point Belongs to GP / government Belongs to neighbor / other households	1 2 3	
N.40.10	Please probe where collection point is located. How much time it will take to walk to the collection point?	In home or yard Approximately 5 minutes More than 5 minutes.....	1 2 3	
N.40.10B	Please check 40.10B if the water has been brought directly from the handpump and was not collected in a vessel	Yes No	1 2	[>>N.40.15]
N.40.11	Please confirm that you have listed this collection point in the source water sample sheet		1	
N.40.12	Is this collection point sampled for water quality test?	Yes No.....	1 2	[>>N.40.15]
N.40.13	Write sticker number of the bottles in which collection point sample is collected	<div style="border: 2px solid black; width: 200px; height: 30px;"></div>		
N.40.14	Write SN of collection point sample as per source listing sheet	<div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px;"></div>		
N.40.15	Please check if n.40.8 is coded 1 (tap/pipe line) or 2 (water tank with tap) or 3	Yes 1, 2 or 3 has been coded No some other has been coded	1 2	[>>END]
N.40.16	Of the What is the main source or supply of water for the above collection point? Circle one option only	Dug well..... Bore well / hand pump..... River/canal Dam//pond..... Other (specify _____) Dont know	1 2 3 4 5 -96	[>>END]
N.40.17	Is this source located in or near your gp?	Yes No, away from gp(>1 km)	1 2	[>>END]
N.40.18	Who owns this main source - your own household, gp, or neighbors or other hhs in the community?	Our own source Belongs to gp / government..... Belongs to neighbor / other households	1 2 3	
N.40.19	Please check / confirm that you have listed this main source in the source water sample sheet		1	
N.40.20	Is this collection point sampled for water quality test?	Yes No.....	1 2	[>>END]
N.40.21	Write sticker number of the bottles in which Main Source sample is collected	<div style="border: 2px solid black; width: 200px; height: 30px;"></div>		
N.40.22	Write SN of Main Source sample as per source listing sheet	<div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px;"></div>		

40 HOUSEHOLD DRINKING WATER SAMPLE (COPY 7 OF 12)

Please collect sample of drinking water from households where you collect stool samples. Complete this form for each household water sample. Always take sample from the main drinking water container not from the tap in home (unless HH does not store DW and directly use from tap).

N.40.1	HHID	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>		
N.40.2	Water BOTTLE STICKER NO	<div style="border: 2px solid black; width: 150px; height: 30px; margin: 0 auto;"></div>		
N.40.3	NAME ID OF HEAD AND RESPONDENT:	Head: _____ Respondent: _____	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
N 40.3 B	The water that you gave me is it from a vessel or you have brought it directly from a tap or handpump	Had brought from a vessel Brought from pipe line /handpump.....	1 2	[>>N.40.8]
N.40.4	How many hours ago did you collect water you have given me?	Collected 0-12 hours back Collected 13-24 hours back Collected 24-36 hours back Collected 37-48 hours back Collected 2-4 days ago Collected 4-7 days ago Collected 8 or more days ago	2 3 4 5 6 7 8	
N.40.5	When did you last clean the storage container from which you gave me water with soap or fresh ash?	In last 24 hours In last 1-2 days..... In last 3-7 days..... More than 7 days ago Never	1 2 3 4 5	
N.40.6	How did you take the water out from your the container in which you keep water? Observe or Read and confirm. Circle one	Tap / spigot to take water Ladle with long handle Dipped cup or glass directly Poured in cup or glass	1 2 3 4	
N.40.7	Have you done any thing to make this water safer or cleaner for drinking such as boiling or filtering? Read and confirm. Circle only one that apply	Boiling Added chemicals in container Add chemicals to hand pump / well Straining through cloth Strain through plastic sieve or net Let is stand and settle down dirt..... Use alum to settle down dirt..... Candle / ceramic filter Zero-b type filter fitted to tap Electric / double filter..... Nothing.....	1 2 3 4 5 6 7 8 9 10 11	
N.40.8	At which location did you collect water at or filled your containers? (write if collected from a tap or tank and not the main source from which water comes to this collection point)?	Water is collected directly in the vessels from Tap/pipe line / stand post Water is collected by going to the vessels from Tap/pipe line / stand post Water tank with tap Dug well Bore well / hand pump River/stream/canal/dam/pond Reservoir /pond	1 2 3 4 5 6 7 9	[>>N.40.15]

		Other (specify _____)	-96	
N.40.9	Is this collection point your own or belongs to gp, neighbors or other hhs in the community?	Our own collection point Belongs to GP / government Belongs to neighbor / other households	1 2 3	
N.40.10	Please probe where collection point is located. How much time it will take to walk to the collection point?	In home or yard Approximately 5 minutes More than 5 minutes.....	1 2 3	
N.40.10B	Please check 40.10B if the water has been brought directly from the handpump and was not collected in a vessel	Yes No	1 2	[>>N.40.15]
N.40.11	Please confirm that you have listed this collection point in the source water sample sheet		1	
N.40.12	Is this collection point sampled for water quality test?	Yes No.....	1 2	[>>N.40.15]
N.40.13	Write sticker number of the bottles in which collection point sample is collected	<div style="border: 2px solid black; width: 200px; height: 30px;"></div>		
N.40.14	Write SN of collection point sample as per source listing sheet	<div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px;"></div>		
N.40.15	Please check if n.40.8 is coded 1 (tap/pipe line) or 2 (water tank with tap) or 3	Yes 1, 2 or 3 has been coded No some other has been coded	1 2	[>>END]
N.40.16	Of the What is the main source or supply of water for the above collection point? Circle one option only	Dug well..... Bore well / hand pump..... River/canal Dam//pond..... Other (specify _____) Dont know	1 2 3 4 5 -96	[>>END]
N.40.17	Is this source located in or near your gp?	Yes No, away from gp(>1 km)	1 2	[>>END]
N.40.18	Who owns this main source - your own household, gp, or neighbors or other hhs in the community?	Our own source Belongs to gp / government..... Belongs to neighbor / other households	1 2 3	
N.40.19	Please check / confirm that you have listed this main source in the source water sample sheet		1	
N.40.20	Is this collection point sampled for water quality test?	Yes No.....	1 2	[>>END]
N.40.21	Write sticker number of the bottles in which Main Source sample is collected	<div style="border: 2px solid black; width: 200px; height: 30px;"></div>		
N.40.22	Write SN of Main Source sample as per source listing sheet	<div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px;"></div>		

40 HOUSEHOLD DRINKING WATER SAMPLE (COPY 8 OF 12)

Please collect sample of drinking water from households where you collect stool samples. Complete this form for each household water sample. Always take sample from the main drinking water container not from the tap in home (unless HH does not store DW and directly use from tap).

N.40.1	HHID	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-around;"><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div></div>		
N.40.2	Water BOTTLE STICKER NO	<div style="border: 2px solid black; width: 150px; height: 30px;"></div>		
N.40.3	NAME ID OF HEAD AND RESPONDENT:	Head: _____ Respondent: _____	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; justify-content: space-around;"><div style="width: 15px; height: 15px;"></div><div style="width: 15px; height: 15px;"></div></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; justify-content: space-around;"><div style="width: 15px; height: 15px;"></div><div style="width: 15px; height: 15px;"></div></div>	
N 40.3 B	The water that you gave me is it from a vessel or you have brought it directly from a tap or handpump	Had brought from a vessel Brought from pipe line /handpump.....	1 2	[>>N.40.8]
N.40.4	How many hours ago did you collect water you have given me?	Collected 0-12 hours back Collected 13-24 hours back Collected 24-36 hours back Collected 37-48 hours back Collected 2-4 days ago Collected 4-7 days ago Collected 8 or more days ago	2 3 4 5 6 7 8	
N.40.5	When did you last clean the storage container from which you gave me water with soap or fresh ash ?	In last 24 hours In last 1-2 days..... In last 3-7 days..... More than 7 days ago Never	1 2 3 4 5	
N.40.6	How did you take the water out from your the container in which you keep water ? Observe or Read and confirm. Circle one	Tap / spigot to take water Ladle with long handle Dipped cup or glass directly Poured in cup or glass	1 2 3 4	
N.40.7	Have you done any thing to make this water safer or cleaner for drinking such as boiling or filtering? Read and confirm. Circle only one that apply	Boiling Added chemicals in container Add chemicals to hand pump / well Straining through cloth Strain through plastic sieve or net Let is stand and settle down dirt..... Use alum to settle down dirt..... Candle / ceramic filter Zero-b type filter fitted to tap Electric / double filter..... Nothing.....	1 2 3 4 5 6 7 8 9 10 11	
N.40.8	At which location did you collect water at or filled your containers? (write if collected from a tap or tank and not the main source from which water comes to this collection point)?	Water is collected directly in the vessels from Tap/pipe line / stand post Water is collected by going to the vessels from Tap/pipe line / stand post Water tank with tap Dug well Bore well / hand pump River/stream/canal/dam/pond Reservoir /pond	1 2 3 4 5 6 7 9	[>>N.40.15]

		Other (specify _____)	-96	
N.40.9	Is this collection point your own or belongs to gp, neighbors or other hhs in the community?	Our own collection point Belongs to GP / government Belongs to neighbor / other households	1 2 3	
N.40.10	Please probe where collection point is located. How much time it will take to walk to the collection point?	In home or yard Approximately 5 minutes More than 5 minutes.....	1 2 3	
N.40.10B	Please check 40.10B if the water has been brought directly from the handpump and was not collected in a vessel	Yes No	1 2	[>>N.40.15]
N.40.11	Please confirm that you have listed this collection point in the source water sample sheet		1	
N.40.12	Is this collection point sampled for water quality test?	Yes No.....	1 2	[>>N.40.15]
N.40.13	Write sticker number of the bottles in which collection point sample is collected	<div style="border: 2px solid black; width: 200px; height: 30px;"></div>		
N.40.14	Write SN of collection point sample as per source listing sheet	<div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black;"></div>		
N.40.15	Please check if n.40.8 is coded 1 (tap/pipe line) or 2 (water tank with tap) or 3	Yes 1, 2 or 3 has been coded No some other has been coded	1 2	[>>END]
N.40.16	Of the What is the main source or supply of water for the above collection point? Circle one option only	Dug well..... Bore well / hand pump..... River/canal Dam//pond..... Other (specify _____) Dont know	1 2 3 4 5 -96	[>>END]
N.40.17	Is this source located in or near your gp?	Yes No, away from gp(>1 km)	1 2	[>>END]
N.40.18	Who owns this main source - your own household, gp, or neighbors or other hhs in the community?	Our own source Belongs to gp / government..... Belongs to neighbor / other households	1 2 3	
N.40.19	Please check / confirm that you have listed this main source in the source water sample sheet		1	
N.40.20	Is this collection point sampled for water quality test?	Yes No.....	1 2	[>>END]
N.40.21	Write sticker number of the bottles in which Main Source sample is collected	<div style="border: 2px solid black; width: 200px; height: 30px;"></div>		
N.40.22	Write SN of Main Source sample as per source listing sheet	<div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black;"></div>		

40 HOUSEHOLD DRINKING WATER SAMPLE (COPY 9 OF 12)

Please collect sample of drinking water from households where you collect stool samples. Complete this form for each household water sample. Always take sample from the main drinking water container not from the tap in home (unless HH does not store DW and directly use from tap).

N.40.1	HHID	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-around;"><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div></div>		
N.40.2	Water BOTTLE STICKER NO	<div style="border: 2px solid black; width: 150px; height: 30px;"></div>		
N.40.3	NAME ID OF HEAD AND RESPONDENT:	Head: _____ Respondent: _____	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; justify-content: space-around;"><div style="width: 15px; height: 15px;"></div><div style="width: 15px; height: 15px;"></div></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; justify-content: space-around;"><div style="width: 15px; height: 15px;"></div><div style="width: 15px; height: 15px;"></div></div>	
N 40.3 B	The water that you gave me is it from a vessel or you have brought it directly from a tap or handpump	Had brought from a vessel Brought from pipe line /handpump.....	1 2	[>>N.40.8]
N.40.4	How many hours ago did you collect water you have given me?	Collected 0-12 hours back Collected 13-24 hours back Collected 24-36 hours back Collected 37-48 hours back Collected 2-4 days ago Collected 4-7 days ago Collected 8 or more days ago	2 3 4 5 6 7 8	
N.40.5	When did you last clean the storage container from which you gave me water with soap or fresh ash?	In last 24 hours In last 1-2 days..... In last 3-7 days..... More than 7 days ago Never	1 2 3 4 5	
N.40.6	How did you take the water out from your the container in which you keep water? Observe or Read and confirm. Circle one	Tap / spigot to take water Ladle with long handle Dipped cup or glass directly Poured in cup or glass	1 2 3 4	
N.40.7	Have you done any thing to make this water safer or cleaner for drinking such as boiling or filtering? Read and confirm. Circle only one that apply	Boiling Added chemicals in container Add chemicals to hand pump / well Straining through cloth Strain through plastic sieve or net Let is stand and settle down dirt..... Use alum to settle down dirt..... Candle / ceramic filter Zero-b type filter fitted to tap Electric / double filter..... Nothing.....	1 2 3 4 5 6 7 8 9 10 11	
N.40.8	At which location did you collect water at or filled your containers? (write if collected from a tap or tank and not the main source from which water comes to this collection point)?	Water is collected directly in the vessels from Tap/pipe line / stand post Water is collected by going to the vessels from Tap/pipe line / stand post Water tank with tap Dug well Bore well / hand pump River/stream/canal/dam/pond Reservoir /pond	1 2 3 4 5 6 7 9	[>>N.40.15]

		Other (specify _____)	-96	
N.40.9	Is this collection point your own or belongs to gp, neighbors or other hhs in the community?	Our own collection point Belongs to GP / government Belongs to neighbor / other households	1 2 3	
N.40.10	Please probe where collection point is located. How much time it will take to walk to the collection point?	In home or yard Approximately 5 minutes More than 5 minutes.....	1 2 3	
N.40.10B	Please check 40.10B if the water has been brought directly from the handpump and was not collected in a vessel	Yes No	1 2	[>>N.40.15]
N.40.11	Please confirm that you have listed this collection point in the source water sample sheet		1	
N.40.12	Is this collection point sampled for water quality test?	Yes No.....	1 2	[>>N.40.15]
N.40.13	Write sticker number of the bottles in which collection point sample is collected	<div style="border: 2px solid black; width: 200px; height: 30px;"></div>		
N.40.14	Write SN of collection point sample as per source listing sheet	<div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px;"></div>		
N.40.15	Please check if n.40.8 is coded 1 (tap/pipe line) or 2 (water tank with tap) or 3	Yes 1, 2 or 3 has been coded No some other has been coded	1 2	[>>END]
N.40.16	Of the What is the main source or supply of water for the above collection point? Circle one option only	Dug well..... Bore well / hand pump..... River/canal Dam//pond..... Other (specify _____) Dont know	1 2 3 4 5 -96	[>>END]
N.40.17	Is this source located in or near your gp?	Yes No, away from gp(>1 km)	1 2	[>>END]
N.40.18	Who owns this main source - your own household, gp, or neighbors or other hhs in the community?	Our own source Belongs to gp / government..... Belongs to neighbor / other households	1 2 3	
N.40.19	Please check / confirm that you have listed this main source in the source water sample sheet		1	
N.40.20	Is this collection point sampled for water quality test?	Yes No.....	1 2	[>>END]
N.40.21	Write sticker number of the bottles in which Main Source sample is collected	<div style="border: 2px solid black; width: 200px; height: 30px;"></div>		
N.40.22	Write SN of Main Source sample as per source listing sheet	<div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px;"></div>		

40 HOUSEHOLD DRINKING WATER SAMPLE (COPY 10 OF 12)

Please collect sample of drinking water from households where you collect stool samples. Complete this form for each household water sample. Always take sample from the main drinking water container not from the tap in home (unless HH does not store DW and directly use from tap).

N.40.1	HHID	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-around;"><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div></div>		
N.40.2	Water BOTTLE STICKER NO	<div style="border: 2px solid black; width: 150px; height: 30px;"></div>		
N.40.3	NAME ID OF HEAD AND RESPONDENT:	Head: _____ Respondent: _____	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; justify-content: space-around;"><div style="width: 15px; height: 15px;"></div><div style="width: 15px; height: 15px;"></div></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; justify-content: space-around;"><div style="width: 15px; height: 15px;"></div><div style="width: 15px; height: 15px;"></div></div>	
N 40.3 B	The water that you gave me is it from a vessel or you have brought it directly from a tap or handpump	Had brought from a vessel Brought from pipe line /handpump.....	1 2	[>>N.40.8]
N.40.4	How many hours ago did you collect water you have given me?	Collected 0-12 hours back Collected 13-24 hours back Collected 24-36 hours back Collected 37-48 hours back Collected 2-4 days ago Collected 4-7 days ago Collected 8 or more days ago	2 3 4 5 6 7 8	
N.40.5	When did you last clean the storage container from which you gave me water with soap or fresh ash ?	In last 24 hours In last 1-2 days..... In last 3-7 days..... More than 7 days ago Never	1 2 3 4 5	
N.40.6	How did you take the water out from your the container in which you keep water ? Observe or Read and confirm. Circle one	Tap / spigot to take water Ladle with long handle Dipped cup or glass directly Poured in cup or glass	1 2 3 4	
N.40.7	Have you done any thing to make this water safer or cleaner for drinking such as boiling or filtering? Read and confirm. Circle only one that apply	Boiling Added chemicals in container Add chemicals to hand pump / well Straining through cloth Strain through plastic sieve or net Let is stand and settle down dirt..... Use alum to settle down dirt..... Candle / ceramic filter Zero-b type filter fitted to tap Electric / double filter..... Nothing.....	1 2 3 4 5 6 7 8 9 10 11	
N.40.8	At which location did you collect water at or filled your containers? (write if collected from a tap or tank and not the main source from which water comes to this collection point)?	Water is collected directly in the vessels from Tap/pipe line / stand post Water is collected by going to the vessels from Tap/pipe line / stand post Water tank with tap Dug well Bore well / hand pump River/stream/canal/dam/pond Reservoir /pond	1 2 3 4 5 6 7 9	[>>N.40.15]

		Other (specify _____)	-96	
N.40.9	Is this collection point your own or belongs to gp, neighbors or other hhs in the community?	Our own collection point Belongs to GP / government Belongs to neighbor / other households	1 2 3	
N.40.10	Please probe where collection point is located. How much time it will take to walk to the collection point?	In home or yard Approximately 5 minutes More than 5 minutes.....	1 2 3	
N.40.10B	Please check 40.10B if the water has been brought directly from the handpump and was not collected in a vessel	Yes No	1 2	[>>N.40.15]
N.40.11	Please confirm that you have listed this collection point in the source water sample sheet		1	
N.40.12	Is this collection point sampled for water quality test?	Yes No.....	1 2	[>>N.40.15]
N.40.13	Write sticker number of the bottles in which collection point sample is collected	<div style="border: 2px solid black; width: 200px; height: 30px;"></div>		
N.40.14	Write SN of collection point sample as per source listing sheet	<div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black;"></div>		
N.40.15	Please check if n.40.8 is coded 1 (tap/pipe line) or 2 (water tank with tap) or 3	Yes 1, 2 or 3 has been coded No some other has been coded	1 2	[>>END]
N.40.16	Of the What is the main source or supply of water for the above collection point? Circle one option only	Dug well..... Bore well / hand pump..... River/canal Dam//pond..... Other (specify _____) Dont know	1 2 3 4 5 -96	[>>END]
N.40.17	Is this source located in or near your gp?	Yes No, away from gp(>1 km)	1 2	[>>END]
N.40.18	Who owns this main source - your own household, gp, or neighbors or other hhs in the community?	Our own source Belongs to gp / government..... Belongs to neighbor / other households	1 2 3	
N.40.19	Please check / confirm that you have listed this main source in the source water sample sheet		1	
N.40.20	Is this collection point sampled for water quality test?	Yes No.....	1 2	[>>END]
N.40.21	Write sticker number of the bottles in which Main Source sample is collected	<div style="border: 2px solid black; width: 200px; height: 30px;"></div>		
N.40.22	Write SN of Main Source sample as per source listing sheet	<div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black;"></div>		

40 HOUSEHOLD DRINKING WATER SAMPLE (COPY 11 OF 12)

Please collect sample of drinking water from households where you collect stool samples. Complete this form for each household water sample. Always take sample from the main drinking water container not from the tap in home (unless HH does not store DW and directly use from tap).

N.40.1	HHID	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>		
N.40.2	Water BOTTLE STICKER NO	<div style="border: 2px solid black; width: 150px; height: 30px; margin: 0 auto;"></div>		
N.40.3	NAME ID OF HEAD AND RESPONDENT:	Head: _____ Respondent: _____	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
N 40.3 B	The water that you gave me is it from a vessel or you have brought it directly from a tap or handpump	Had brought from a vessel Brought from pipe line /handpump.....	1 2	[>>N.40.8]
N.40.4	How many hours ago did you collect water you have given me?	Collected 0-12 hours back Collected 13-24 hours back Collected 24-36 hours back Collected 37-48 hours back Collected 2-4 days ago Collected 4-7 days ago Collected 8 or more days ago	2 3 4 5 6 7 8	
N.40.5	When did you last clean the storage container from which you gave me water with soap or fresh ash ?	In last 24 hours In last 1-2 days..... In last 3-7 days..... More than 7 days ago Never	1 2 3 4 5	
N.40.6	How did you take the water out from your the container in which you keep water ? Observe or Read and confirm. Circle one	Tap / spigot to take water Ladle with long handle Dipped cup or glass directly Poured in cup or glass	1 2 3 4	
N.40.7	Have you done any thing to make this water safer or cleaner for drinking such as boiling or filtering? Read and confirm. Circle only one that apply	Boiling Added chemicals in container Add chemicals to hand pump / well Straining through cloth Strain through plastic sieve or net Let is stand and settle down dirt..... Use alum to settle down dirt..... Candle / ceramic filter Zero-b type filter fitted to tap Electric / double filter..... Nothing.....	1 2 3 4 5 6 7 8 9 10 11	
N.40.8	At which location did you collect water at or filled your containers? (write if collected from a tap or tank and not the main source from which water comes to this collection point)?	Water is collected directly in the vessels from Tap/pipe line / stand post Water is collected by going to the vessels from Tap/pipe line / stand post Water tank with tap Dug well Bore well / hand pump River/stream/canal/dam/pond Reservoir /pond	1 2 3 4 5 6 7 9	[>>N.40.15]

		Other (specify _____)	-96	
N.40.9	Is this collection point your own or belongs to gp, neighbors or other hhs in the community?	Our own collection point Belongs to GP / government Belongs to neighbor / other households	1 2 3	
N.40.10	Please probe where collection point is located. How much time it will take to walk to the collection point?	In home or yard Approximately 5 minutes More than 5 minutes.....	1 2 3	
N.40.10B	Please check 40.10B if the water has been brought directly from the handpump and was not collected in a vessel	Yes No	1 2	[>>N.40.15]
N.40.11	Please confirm that you have listed this collection point in the source water sample sheet		1	
N.40.12	Is this collection point sampled for water quality test?	Yes No.....	1 2	[>>N.40.15]
N.40.13	Write sticker number of the bottles in which collection point sample is collected	<div style="border: 2px solid black; width: 200px; height: 30px;"></div>		
N.40.14	Write SN of collection point sample as per source listing sheet	<div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black;"></div>		
N.40.15	Please check if n.40.8 is coded 1 (tap/pipe line) or 2 (water tank with tap) or 3	Yes 1, 2 or 3 has been coded No some other has been coded	1 2	[>>END]
N.40.16	Of the What is the main source or supply of water for the above collection point? Circle one option only	Dug well..... Bore well / hand pump..... River/canal Dam//pond..... Other (specify _____) Dont know	1 2 3 4 5 -96	[>>END]
N.40.17	Is this source located in or near your gp?	Yes No, away from gp(>1 km)	1 2	[>>END]
N.40.18	Who owns this main source - your own household, gp, or neighbors or other hhs in the community?	Our own source Belongs to gp / government..... Belongs to neighbor / other households	1 2 3	
N.40.19	Please check / confirm that you have listed this main source in the source water sample sheet		1	
N.40.20	Is this collection point sampled for water quality test?	Yes No.....	1 2	[>>END]
N.40.21	Write sticker number of the bottles in which Main Source sample is collected	<div style="border: 2px solid black; width: 200px; height: 30px;"></div>		
N.40.22	Write SN of Main Source sample as per source listing sheet	<div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black;"></div>		

40 HOUSEHOLD DRINKING WATER SAMPLE (COPY 12 OF 12)

Please collect sample of drinking water from households where you collect stool samples. Complete this form for each household water sample. Always take sample from the main drinking water container not from the tap in home (unless HH does not store DW and directly use from tap).

N.40.1	HHID	<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-around;"><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div><div style="width: 20px; height: 20px;"></div></div>		
N.40.2	Water BOTTLE STICKER NO	<div style="border: 2px solid black; width: 150px; height: 30px;"></div>		
N.40.3	NAME ID OF HEAD AND RESPONDENT:	Head: _____ Respondent: _____	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; justify-content: space-around;"><div style="width: 15px; height: 15px;"></div><div style="width: 15px; height: 15px;"></div></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; justify-content: space-around;"><div style="width: 15px; height: 15px;"></div><div style="width: 15px; height: 15px;"></div></div>	
N 40.3 B	The water that you gave me is it from a vessel or you have brought it directly from a tap or handpump	Had brought from a vessel Brought from pipe line /handpump.....	1 2	[>>N.40.8]
N.40.4	How many hours ago did you collect water you have given me?	Collected 0-12 hours back Collected 13-24 hours back Collected 24-36 hours back Collected 37-48 hours back Collected 2-4 days ago Collected 4-7 days ago Collected 8 or more days ago	2 3 4 5 6 7 8	
N.40.5	When did you last clean the storage container from which you gave me water with soap or fresh ash ?	In last 24 hours In last 1-2 days..... In last 3-7 days..... More than 7 days ago Never	1 2 3 4 5	
N.40.6	How did you take the water out from your the container in which you keep water ? Observe or Read and confirm. Circle one	Tap / spigot to take water Ladle with long handle Dipped cup or glass directly Poured in cup or glass	1 2 3 4	
N.40.7	Have you done any thing to make this water safer or cleaner for drinking such as boiling or filtering? Read and confirm. Circle only one that apply	Boiling Added chemicals in container Add chemicals to hand pump / well Straining through cloth Strain through plastic sieve or net Let is stand and settle down dirt..... Use alum to settle down dirt..... Candle / ceramic filter Zero-b type filter fitted to tap Electric / double filter..... Nothing.....	1 2 3 4 5 6 7 8 9 10 11	
N.40.8	At which location did you collect water at or filled your containers? (write if collected from a tap or tank and not the main source from which water comes to this collection point)?	Water is collected directly in the vessels from Tap/pipe line / stand post Water is collected by going to the vessels from Tap/pipe line / stand post Water tank with tap Dug well Bore well / hand pump River/stream/canal/dam/pond Reservoir /pond	1 2 3 4 5 6 7 9	[>>N.40.15]

		Other (specify _____)	-96	
N.40.9	Is this collection point your own or belongs to gp, neighbors or other hhs in the community?	Our own collection point Belongs to GP / government Belongs to neighbor / other households	1 2 3	
N.40.10	Please probe where collection point is located. How much time it will take to walk to the collection point?	In home or yard Approximately 5 minutes More than 5 minutes.....	1 2 3	
N.40.10B	Please check 40.10B if the water has been brought directly from the handpump and was not collected in a vessel	Yes No	1 2	[>>N.40.15]
N.40.11	Please confirm that you have listed this collection point in the source water sample sheet		1	
N.40.12	Is this collection point sampled for water quality test?	Yes No.....	1 2	[>>N.40.15]
N.40.13	Write sticker number of the bottles in which collection point sample is collected	<div style="border: 2px solid black; width: 200px; height: 30px;"></div>		
N.40.14	Write SN of collection point sample as per source listing sheet	<div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></div>		
N.40.15	Please check if n.40.8 is coded 1 (tap/pipe line) or 2 (water tank with tap) or 3	Yes 1, 2 or 3 has been coded No some other has been coded	1 2	[>>END]
N.40.16	Of the What is the main source or supply of water for the above collection point? Circle one option only	Dug well..... Bore well / hand pump..... River/canal Dam//pond..... Other (specify _____) Dont know	1 2 3 4 5 -96	[>>END]
N.40.17	Is this source located in or near your gp?	Yes No, away from gp(>1 km)	1 2	[>>END]
N.40.18	Who owns this main source - your own household, gp, or neighbors or other hhs in the community?	Our own source Belongs to gp / government..... Belongs to neighbor / other households	1 2 3	
N.40.19	Please check / confirm that you have listed this main source in the source water sample sheet		1	
N.40.20	Is this collection point sampled for water quality test?	Yes No.....	1 2	[>>END]
N.40.21	Write sticker number of the bottles in which Main Source sample is collected	<div style="border: 2px solid black; width: 200px; height: 30px;"></div>		
N.40.22	Write SN of Main Source sample as per source listing sheet	<div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></div>		

41. WATER COLLECTION POINT AND SOURCE SAMPLE SHEET (PAGE 1 OF 3)

GP Name: _____

GP Code (81 to 160):

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SRC ID	N.41.1 Type of source Collection Point or source where water is collected 1 Main source from which water comes in pipeline / tank.....2	N.41.2 Ownership status of Source Own / private.. 1 GP/ Public... 2 Other HHS..... 3	N.41.3 If privately owned then write HHID of the owner household	N.41.4 Source Location Details. Write HH Head name of private. Else detailed address to easily locate it next year	N.41.5 Type of source Tap/Pipe line 1 Water Tank + tap. 2 Dug well..... 3 Bore/hand pump.. 4 Tubewell pump5 River 6 Canal 7 Lake/Pond 8 Dam..... 9 Other (specify _____) -96	N.41.6 Whether Selected for sampling Yes..... 1 No 2	N.41.7 Observation of Source (15 feet radius) Area is clean..... 1 Area around is paved 2 Channel for spilled water 3 Animal or human feces..... 4 Mud, soggy soil 5 Cloth / vessels washing 6 Animal washing 7 Dirt/trash bin/garbage 8 Wastewater/ drainage 9	N.41.8 Source bottle sticker No						
01	1 2	1 2 3	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>							1 2 3 4 5 6 7 8 9 -96	1 2	1 2 3 4 5 6 7 8 9	<table border="1"><tr><td></td></tr></table>	
02	1 2	1 2 3	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>							1 2 3 4 5 6 7 8 9 -96	1 2	1 2 3 4 5 6 7 8 9	<table border="1"><tr><td></td></tr></table>	
03	1 2	1 2 3	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>							1 2 3 4 5 6 7 8 9 -96	1 2	1 2 3 4 5 6 7 8 9	<table border="1"><tr><td></td></tr></table>	
04	1 2	1 2 3	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>							1 2 3 4 5 6 7 8 9 -96	1 2	1 2 3 4 5 6 7 8 9	<table border="1"><tr><td></td></tr></table>	
05	1 2	1 2 3	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>							1 2 3 4 5 6 7 8 9 -96	1 2	1 2 3 4 5 6 7 8 9	<table border="1"><tr><td></td></tr></table>	

41. WATER COLLECTION POINT AND SOURCE SAMPLE SHEET (PAGE 2 OF 3)

GP Name: _____

GP Code (81 to 160):

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SRC ID	N.41.1 Type of source Collection Point or source where water is collected 1 Main source from which water comes in pipeline / tank.....2	N.41.2 Ownership status of Source Own / private.. 1 GP/ Public... 2 Other HHS..... 3	N.41.3 If privately owned then write HHID of the owner household	N.41.4 Source Location Details. Write HH Head name of private. Else detailed address to easily locate it next year	N.41.5 Type of source Tap/Pipe line 1 Water Tank + tap. 2 Dug well.....3 Bore/hand pump.. 4 Tubewell pump5 River 6 Canal..... 7 Lake/Pond 8 Dam..... 9 Other (specify _____) -96	N.41.6 Whether Selected for sampling Yes..... 1 No2	N.41.7 Observation of Source (15 feet radius) Area is clean..... 1 Area around is paved 2 Channel for spilled water 3 Animal or human feces..... 4 Mud, soggy soil 5 Cloth / vessels washing 6 Animal washing 7 Dirt/trash bin/garbage 8 Wastewater/ drainage 9	N.41.8 Source bottle sticker No						
06	1 2	1 2 3	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>							1 2 3 4 5 6 7 8 9 -96	1 2	1 2 3 4 5 6 7 8 9	<table border="1"><tr><td></td></tr></table>	
07	1 2	1 2 3	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>							1 2 3 4 5 6 7 8 9 -96	1 2	1 2 3 4 5 6 7 8 9	<table border="1"><tr><td></td></tr></table>	
08	1 2	1 2 3	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>							1 2 3 4 5 6 7 8 9 -96	1 2	1 2 3 4 5 6 7 8 9	<table border="1"><tr><td></td></tr></table>	
09	1 2	1 2 3	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>							1 2 3 4 5 6 7 8 9 -96	1 2	1 2 3 4 5 6 7 8 9	<table border="1"><tr><td></td></tr></table>	
10	1 2	1 2 3	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>							1 2 3 4 5 6 7 8 9 -96	1 2	1 2 3 4 5 6 7 8 9	<table border="1"><tr><td></td></tr></table>	

41. WATER COLLECTION POINT AND SOURCE SAMPLE SHEET (PAGE 3 OF 3)

SRC ID	N.41.1 Type of source Collection Point or source where water is collected 1 Main source from which water comes in pipeline / tank.....2	N.41.2 Ownership status of Source Own / private.. 1 GP/ Public... 2 Other HHs..... 3	N.41.3 If privately owned then write HHID of the owner household	N.41.4 Source Location Details. Write HH Head name of private. Else detailed address to easily locate it next year	N.41.5 Type of source Tap/Pipe line 1 Water Tank + tap. 2 Dug well..... 3 Bore/hand pump.. 4 Tubewell pump5 River 6 Canal..... 7 Lake/Pond 8 Dam..... 9 Other (specify _____) -96	N.41.6 Whether Selected for sampling Yes..... 1 No2	N.41.7 Observation of Source (15 feet radius) Area is clean..... 1 Area around is paved 2 Channel for spilled water 3 Animal or human feces..... 4 Mud, soggy soil 5 Cloth / vessels washing 6 Animal washing 7 Dirt/trash bin/garbage 8 Wastewater/ drainage 9	N.41.8 Source bottle sticker No
11	1 2	1 2 3	<div style="border: 1px solid black; display: flex; width: 100px; height: 20px; margin: 2px;"></div>		<div style="display: flex; justify-content: space-between; margin-bottom: 2px;"> 1 2 3 4 5 6 7 8 9 -96 </div>	1 2	1 2 3 4 5 6 7 8 9	<div style="border: 2px solid black; width: 100px; height: 30px; margin: 2px;"></div>
12	1 2	1 2 3	<div style="border: 1px solid black; display: flex; width: 100px; height: 20px; margin: 2px;"></div>		<div style="display: flex; justify-content: space-between; margin-bottom: 2px;"> 1 2 3 4 5 6 7 8 9 -96 </div>	1 2	1 2 3 4 5 6 7 8 9	<div style="border: 2px solid black; width: 100px; height: 30px; margin: 2px;"></div>
13	1 2	1 2 3	<div style="border: 1px solid black; display: flex; width: 100px; height: 20px; margin: 2px;"></div>		<div style="display: flex; justify-content: space-between; margin-bottom: 2px;"> 1 2 3 4 5 6 7 8 9 -96 </div>	1 2	1 2 3 4 5 6 7 8 9	<div style="border: 2px solid black; width: 100px; height: 30px; margin: 2px;"></div>
14	1 2	1 2 3	<div style="border: 1px solid black; display: flex; width: 100px; height: 20px; margin: 2px;"></div>		<div style="display: flex; justify-content: space-between; margin-bottom: 2px;"> 1 2 3 4 5 6 7 8 9 -96 </div>	1 2	1 2 3 4 5 6 7 8 9	<div style="border: 2px solid black; width: 100px; height: 30px; margin: 2px;"></div>
15	1 2	1 2 3	<div style="border: 1px solid black; display: flex; width: 100px; height: 20px; margin: 2px;"></div>		<div style="display: flex; justify-content: space-between; margin-bottom: 2px;"> 1 2 3 4 5 6 7 8 9 -96 </div>	1 2	1 2 3 4 5 6 7 8 9	<div style="border: 2px solid black; width: 100px; height: 30px; margin: 2px;"></div>

