### WSP IMPACT EVALUATION

# WATER AND STOOL FORMS

## Endline Feb-Mar 2011

State Name:		
District Name:		
Block Name:		GP ID
GP Name:	_Code:	

# 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 1<sup>st</sup> 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 any stool on outside. If you accidently have stool on outside then wipe it with dray 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 PAER 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			
N.34.1B	STOOL BOTTLE STICKER NO			
N.34.2	NAME & ID OF HEAD AND RESPONDENT:	A. Head:         B. Respondent:		
N.34.3	NAME & ID OF CHILD WHOSE SAMPLE IS COLLECTED	Child Name:		
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	1 2 3 4 6 7 8	[>>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?	Don't know No of times	-99	[>>N.34.6]
N.34.5C	In the most recent day (24 hours) of diarrhea, what was the consistency of the loose stool?	Don't know Loose Watery Sticky/white Don't know	-99 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	Fever Cough Cold Wheezing / Asthma Stomach Problems, Ache, Cramps	1 2 -99	
N.34.7	Have you treated any of the above chronic / recurring diseases with meditation? 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)			
G.34.8	OBSERVE / ASK: STOOL CONSISTENCY (BEFORE ADDING FORMALINE) Formed1 Soft2 Loose3 Watery4	FORMED SOFT LOOSE WATERY STICKY/WHITE	1 2 3 4 5	

**34.** Fecal Sampling (Page 2 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			
N.34.1B	STOOL BOTTLE STICKER NO			
N.34.2	NAME & ID OF HEAD AND RESPONDENT:	A. Head: B. Respondent:		
N.34.3	NAME & ID OF CHILD WHOSE SAMPLE IS COLLECTED	Child Name:		
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	3 4 6 7 8	[>>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	-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	2	
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	Fever Cough Cold Wheezing / Asthma Stomach Problems, Ache, Cramps	1 2 -99 1 2 -99 1 2 -99	
N.34.7	Have you treated any of the above chronic / recurring diseases with meditation? 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)			
G.34.8	OBSERVE / ASK: STOOL CONSISTENCY (BEFORE ADDING FORMALINE) Formed1 Soft2 Loose3 Watery4	FORMED SOFT LOOSE WATERY STICKY/WHITE	1 2 3 4 5	

**34.** Fecal Sampling (Page 3 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			
N.34.1B	STOOL BOTTLE STICKER NO			
N.34.2	NAME & ID OF HEAD AND RESPONDENT:	A. Head: B. Respondent:		
N.34.3	NAME & ID OF CHILD WHOSE SAMPLE IS COLLECTED	Child Name:		
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	3 4 6 7 8	[>>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	-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	2	
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	Fever Cough Cold Wheezing / Asthma Stomach Problems, Ache, Cramps	1 2 -99 1 2 -99 1 2 -99	
N.34.7	Have you treated any of the above chronic / recurring diseases with meditation? 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)			
G.34.8	OBSERVE / ASK: STOOL CONSISTENCY (BEFORE ADDING FORMALINE) Formed1 Soft2 Loose3 Watery4	FORMED SOFT LOOSE WATERY STICKY/WHITE	1 2 3 4 5	

**34.** Fecal Sampling (Page 4 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			
N.34.1B	STOOL BOTTLE STICKER NO			
N.34.2	NAME & ID OF HEAD AND RESPONDENT:	A. Head:		
N.34.3	NAME & ID OF CHILD WHOSE SAMPLE IS COLLECTED	Child Name:		
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	3 4 6 7 8	[>>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	-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	2	
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	Fever Cough Cold Wheezing / Asthma Stomach Problems, Ache, Cramps	1 2 -99 1 2 -99 1 2 -99	
N.34.7	Have you treated any of the above chronic / recurring diseases with meditation? 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)			
G.34.8	OBSERVE / ASK: STOOL CONSISTENCY (BEFORE ADDING FORMALINE) Formed1 Soft2 Loose3 Watery4	FORMED SOFT LOOSE WATERY STICKY/WHITE	1 2 3 4 5	

**34.** Fecal Sampling (Page 5 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			
N.34.1B	STOOL BOTTLE STICKER NO			
N.34.2	NAME & ID OF HEAD AND RESPONDENT:	A. Head: B. Respondent:		
N.34.3	NAME & ID OF CHILD WHOSE SAMPLE IS COLLECTED	Child Name:		
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	3 4 6 7 8	[>>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	-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	2	
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	Fever Cough Cold Wheezing / Asthma Stomach Problems, Ache, Cramps	1 2 -99 1 2 -99 1 2 -99	
N.34.7	Have you treated any of the above chronic / recurring diseases with meditation? 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)			
G.34.8	OBSERVE / ASK: STOOL CONSISTENCY (BEFORE ADDING FORMALINE) Formed1 Soft2 Loose3 Watery4	FORMED SOFT LOOSE WATERY STICKY/WHITE	1 2 3 4 5	

**34.** Fecal Sampling (Page 6 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			
N.34.1B	STOOL BOTTLE STICKER NO			
N.34.2	NAME & ID OF HEAD AND RESPONDENT:	A. Head:		
N.34.3	NAME & ID OF CHILD WHOSE SAMPLE IS COLLECTED	Child Name:		
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	3 4 6 7 8	[>>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	-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	2	
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N.34.7	Have you treated any of the above chronic / recurring diseases with meditation? 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)			
G.34.8	OBSERVE / ASK: STOOL CONSISTENCY (BEFORE ADDING FORMALINE) Formed1 Soft2 Loose3 Watery4	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			
N.34.1B	STOOL BOTTLE STICKER NO			
N.34.2	NAME & ID OF HEAD AND RESPONDENT:	A. Head: B. Respondent:		
N.34.3	NAME & ID OF CHILD WHOSE SAMPLE IS COLLECTED	Child Name:		
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	3 4 6 7 8	[>>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	-99	
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N.34.7	Have you treated any of the above chronic / recurring diseases with meditation? 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)			
G.34.8	OBSERVE / ASK: STOOL CONSISTENCY (BEFORE ADDING FORMALINE) Formed1 Soft2 Loose3 Watery4	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

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N.34.1A	HHID			
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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	-99	
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**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

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**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			
N.34.1B	STOOL BOTTLE STICKER NO			
N.34.2	NAME & ID OF HEAD AND RESPONDENT:	A. Head:		
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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		
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G.34.7	DATE OF SAMPLE COLLECTION (DD / MM / YY)			
G.34.8	OBSERVE / ASK: STOOL CONSISTENCY (BEFORE ADDING FORMALINE) Formed1 Soft2 Loose3 Watery4	FORMED SOFT LOOSE WATERY STICKY/WHITE	2 3 4	

**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

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N.34.1A	HHID			
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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	2 3 4 6 7 8	[>>N.34.6] [>>N.34.6] [>>N.34.6]
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N.34.7	Have you treated any of the above chronic / recurring diseases with meditation? PLEASE READ ONE BY ONE AND CIRCLE ALL THAT APPLY	English Medicines Ayurvedic / Homeopathy / Unani ORS Home made remedies Don't know	2 3 4	
G.34.7	DATE OF SAMPLE COLLECTION (DD / MM / YY)			
G.34.8	OBSERVE / ASK: STOOL CONSISTENCY (BEFORE ADDING FORMALINE) Formed1 Soft2 Loose3 Watery4	FORMED SOFT LOOSE WATERY STICKY/WHITE	3	

**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			
N.34.1B	STOOL BOTTLE STICKER NO			
N.34.2	NAME & ID OF HEAD AND RESPONDENT:	A. Head:		
N.34.3	NAME & ID OF CHILD WHOSE SAMPLE IS COLLECTED	Child Name:		
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	3 4 6 7 8	[>>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	-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	2 3	
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	Fever Cough Cold Wheezing / Asthma Stomach Problems, Ache, Cramps	1 2 -99 1 2 -99 1 2 -99	
N.34.7	Have you treated any of the above chronic / recurring diseases with meditation? PLEASE READ ONE BY ONE AND CIRCLE ALL THAT APPLY	English Medicines Ayurvedic / Homeopathy / Unani ORS Home made remedies Don't know	3	
G.34.7	DATE OF SAMPLE COLLECTION (DD / MM / YY)			
G.34.8	OBSERVE / ASK: STOOL CONSISTENCY (BEFORE ADDING FORMALINE) Formed1 Soft2 Loose3 Watery4	FORMED SOFT LOOSE WATERY STICKY/WHITE		

**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			
N.34.1B	STOOL BOTTLE STICKER NO			
N.34.2	NAME & ID OF HEAD AND RESPONDENT:	A. Head:		
N.34.3	NAME & ID OF CHILD WHOSE SAMPLE IS COLLECTED	Child Name:		
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	3 4 6 7 8	[>>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	-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	2 3	
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	Fever Cough Cold Wheezing / Asthma Stomach Problems, Ache, Cramps	1 2 -99 1 2 -99 1 2 -99	
N.34.7	Have you treated any of the above chronic / recurring diseases with meditation? PLEASE READ ONE BY ONE AND CIRCLE ALL THAT APPLY	English Medicines Ayurvedic / Homeopathy / Unani ORS Home made remedies Don't know	3	
G.34.7	DATE OF SAMPLE COLLECTION (DD / MM / YY)			
G.34.8	OBSERVE / ASK: STOOL CONSISTENCY (BEFORE ADDING FORMALINE) Formed1 Soft2 Loose3 Watery4	FORMED SOFT LOOSE WATERY STICKY/WHITE		

**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			
N.34.1B	STOOL BOTTLE STICKER NO			
N.34.2	NAME & ID OF HEAD AND RESPONDENT:	A. Head: B. Respondent:		
N.34.3	NAME & ID OF CHILD WHOSE SAMPLE IS COLLECTED	Child Name:		
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	2 3 4 6 7 8	[>>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		
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	2 3	
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	Fever Cough Cold Wheezing / Asthma Stomach Problems, Ache, Cramps	1 2 -99 1 2 -99 1 2 -99	
N.34.7	Have you treated any of the above chronic / recurring diseases with meditation? PLEASE READ ONE BY ONE AND CIRCLE ALL THAT APPLY	English Medicines Ayurvedic / Homeopathy / Unani ORS Home made remedies Don't know	2 3 4	
G.34.7	DATE OF SAMPLE COLLECTION (DD / MM / YY)			
G.34.8	OBSERVE / ASK: STOOL CONSISTENCY (BEFORE ADDING FORMALINE) Formed1 Soft2 Loose3 Watery4	FORMED SOFT LOOSE WATERY STICKY/WHITE	2 3 4	

**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			
N.34.1B	STOOL BOTTLE STICKER NO			
N.34.2	NAME & ID OF HEAD AND RESPONDENT:	A. Head:		
N.34.3	NAME & ID OF CHILD WHOSE SAMPLE IS COLLECTED	Child Name:		
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	2 3 4 6 7 8	[>>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		
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	2 3	
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	Fever Cough Cold Wheezing / Asthma Stomach Problems, Ache, Cramps	1 2 -99 1 2 -99 1 2 -99	
N.34.7	Have you treated any of the above chronic / recurring diseases with meditation? PLEASE READ ONE BY ONE AND CIRCLE ALL THAT APPLY	English Medicines Ayurvedic / Homeopathy / Unani ORS Home made remedies Don't know	2 3 4	
G.34.7	DATE OF SAMPLE COLLECTION (DD / MM / YY)			
G.34.8	OBSERVE / ASK: STOOL CONSISTENCY (BEFORE ADDING FORMALINE) Formed1 Soft2 Loose3 Watery4	FORMED SOFT LOOSE WATERY STICKY/WHITE	2 3 4	

**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			
N.34.1B	STOOL BOTTLE STICKER NO			
N.34.2	NAME & ID OF HEAD AND RESPONDENT:	A. Head:		
N.34.3	NAME & ID OF CHILD WHOSE SAMPLE IS COLLECTED	Child Name:		
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	2 3 4 6 7 8	[>>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		
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	2 3	
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	Fever Cough Cold Wheezing / Asthma Stomach Problems, Ache, Cramps	1 2 -99 1 2 -99 1 2 -99	
N.34.7	Have you treated any of the above chronic / recurring diseases with meditation? PLEASE READ ONE BY ONE AND CIRCLE ALL THAT APPLY	English Medicines Ayurvedic / Homeopathy / Unani ORS Home made remedies Don't know	2 3 4	
G.34.7	DATE OF SAMPLE COLLECTION (DD / MM / YY)			
G.34.8	OBSERVE / ASK: STOOL CONSISTENCY (BEFORE ADDING FORMALINE) Formed1 Soft2 Loose3 Watery4	FORMED SOFT LOOSE WATERY STICKY/WHITE	2 3 4	

**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			
N.34.1B	STOOL BOTTLE STICKER NO			
N.34.2	NAME & ID OF HEAD AND RESPONDENT:	A. Head: B. Respondent:		
N.34.3	NAME & ID OF CHILD WHOSE SAMPLE IS COLLECTED	Child Name:		
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	2 3 4 6 7 8	[>>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		
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	2 3	
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	Fever Cough Cold Wheezing / Asthma Stomach Problems, Ache, Cramps	1 2 -99 1 2 -99 1 2 -99	
N.34.7	Have you treated any of the above chronic / recurring diseases with meditation? PLEASE READ ONE BY ONE AND CIRCLE ALL THAT APPLY	English Medicines Ayurvedic / Homeopathy / Unani ORS Home made remedies Don't know	2 3 4	
G.34.7	DATE OF SAMPLE COLLECTION (DD / MM / YY)			
G.34.8	OBSERVE / ASK: STOOL CONSISTENCY (BEFORE ADDING FORMALINE) Formed1 Soft2 Loose3 Watery4	FORMED SOFT LOOSE WATERY STICKY/WHITE	2 3 4	

**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. <u>Always</u> 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						
NL 40.0							
N.40.2	Water BOTTLE STICKER NO						
N.40.3	NAME ID OF HEAD AND RESPONDENT:	Head:					
		Respondent:					
N 40.3	The water that you gave me is it from a vessel	Had brought from a vessel	1	[>>N.40.8]			
В	or you have brought it directly from a tap or handpump	Brought from pipe line /handpump	2				
N.40.4	How many hours ago did you collect water you have given me?	Collected 0-12 hours back	2				
		Collected 13-24 hours back	3				
		Collected 24-36 hours back	/handpump.       2         ack       2         back       3         back       4         back       5         0       6         0       7         ys ago       8				
		Collected 37-48 hours back	5				
		Collected 2-4 days ago					
		Collected 4-7 days ago	7				
		Collected 8 or more days ago	8				
N.40.5	When did you last clean the storage container	In last 24 hours	1				
	from which you gave me water with soap or fresh ash?	In last 1-2 days	2				
		In last 3-7 days	3				
		More than 7 days ago	4				
		Never	5				
N.40.6	How did you take the water out from your the container in which you keep water?	Tap / spigot to take water	1				
		Ladle with long handle	2				
	Observe or Read and confirm. Circle one	Dipped cup or glass directly	3				
N.40.7	Have you done any thing to make this water	Poured in cup or glass	4				
N.40.7	safer or cleaner for drinking such as boiling or	Boiling	1				
	filtering?	Added chemicals in container	2				
	Read and confirm. Circle only one that apply	Add chemicals to hand pump / well					
		Straining through cloth					
		Strain through plastic sieve or net					
		Let is stand and settle down dirt					
		Candle / ceramic filter	8				
		Zero-b type filter fitted to tap	9				
		Electric / double filter	10				
		Nothing	11				
N.40.8	At which location did you collect water at or filled your containers?	Water is collected directly in the vessels	1				
	filled your containers? (write if collected from a tap or tank and not	from Tap/pipe line / stand post					
	the main source from which water comes to	Water is collected by going to the vessels	2				
	this collection point)?	from Tap/pipe line / stand post	3	[>>N.40.15]			
		Water tank with tap	. 4				
		Dug well	5				
		Bore well / hand pump	6				
		River/stream/canal/dam/pond	7				
		Reserviour /pond	9				

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

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

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

**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. <u>Always</u> 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						
NI 40.0							
N.40.2	Water BOTTLE STICKER NO						
N.40.3	NAME ID OF HEAD AND RESPONDENT:	Head:					
		Respondent:					
N 40.3	The water that you gave me is it from a vessel	Had brought from a vessel	1	[>>N.40.8]			
В	or you have brought it directly from a tap or handpump	Brought from pipe line /handpump	2				
N.40.4	How many hours ago did you collect water you have given me?	Collected 0-12 hours back	2				
	have given me:	Collected 13-24 hours back	3				
		Collected 24-36 hours back	brought from a vessel       1       [>>N.40.8         ght from pipe line /handpump.       2         acted 0-12 hours back       2         acted 13-24 hours back       3         acted 24-36 hours back       4         acted 37-48 hours back       5         acted 24-36 hours back       5         acted 37-48 hours back       5         acted 4-7 days ago       6         acted 8 or more days ago       7         acted 8 or more days ago       8         st 24 hours       1         st 1-2 days       2         st 3-7 days       3         athan 7 days ago       4         ar       5         / spigot to take water       1         a with long handle       2         ed cup or glass directly       3         ed in cup or glass       4         ng       1         ad chemicals in container       2         chemicals to hand pump / well       3         aning through cloth       4         n through plastic sieve or net       5         as stand and settle down dirt       6         alum to settle down dirt       7         dle / ceramic filter       8				
		Collected 37-48 hours back	5				
		Collected 2-4 days ago					
		Collected 4-7 days ago					
		Collected 8 or more days ago	8				
N.40.5	When did you last clean the storage container	In last 24 hours	1				
	from which you gave me water with soap or fresh ash?	In last 1-2 days	2				
		In last 3-7 days	3				
		More than 7 days ago	4				
		Never	5				
N.40.6	How did you take the water out from your the container in which you keep water?	Tap / spigot to take water	1				
		Ladle with long handle	2				
	Observe or Read and confirm. Circle one	Dipped cup or glass directly	3				
N.40.7	Have you done any thing to make this water	Poured in cup or glass					
11.40.7	safer or cleaner for drinking such as boiling or		-				
	filtering?		-				
	Read and confirm. Circle only one that apply						
		· ·					
		Candle / ceramic filter					
		Zero-b type filter fitted to tap	9				
		Electric / double filter	10				
		Nothing	11				
N.40.8	At which location did you collect water at or filled your containers?	Water is collected directly in the vessels	1				
	(write if collected from a tap or tank and not	from Tap/pipe line / stand post					
	the main source from which water comes to this collection point)?	Water is collected by going to the vessels	2				
		from Tap/pipe line / stand post		[>>N.40.15]			
		Water tank with tap					
		Dug well					
		Bore well / hand pump					
		River/stream/canal/dam/pond					
		Reserviour /pond	9				

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

**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. <u>Always</u> 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			
N.40.2	Water BOTTLE STICKER NO			
N.40.3	NAME ID OF HEAD AND RESPONDENT:	<b>_</b>		
		Head:		
		Respondent:		
N 40.3	The water that you gave me is it from a vessel	Had brought from a vessel	1	[>>N.40.8]
В	or you have brought it directly from a tap or handpump	Brought from pipe line /handpump	2	[>>11.40.0]
N.40.4	How many hours ago did you collect water you	Collected 0-12 hours back	2	
	have given me?	Collected 13-24 hours back	3	
		Collected 24-36 hours back	4	
		Collected 37-48 hours back	5	
		Collected 2-4 days ago	6	
		Collected 4-7 days ago	7	
		Collected 8 or more days ago	8	
N.40.5	When did you last clean the storage container			
1111010	from which you gave me water with soap or fresh ash?	In last 24 hours	1	
		In last 1-2 days	2	
		In last 3-7 days More than 7 days ago	3 4	
		Never	4 5	
N.40.6	How did you take the water out from your the	Tap / spigot to take water	1	
	container in which you keep water?	Ladle with long handle	2	
	Observe or Read and confirm. Circle one	Dipped cup or glass directly	3	
		Poured in cup or glass	4	
N.40.7	Have you done any thing to make this water safer or cleaner for drinking such as boiling or	Boiling	1	
	filtering?	Added chemicals in container	2	
	Read and confirm. Circle only one that apply	Add chemicals to hand pump / well	3	
		Straining through cloth	4	
		Strain through plastic sieve or net	5	
		Let is stand and settle down dirt	6 7	
		Candle / ceramic filter	8	
		Zero-b type filter fitted to tap	9	
		Electric / double filter	10	
		Nothing	11	
N.40.8	At which location did you collect water at or filled your containers?	Water is collected directly in the vessels	1	
	(write if collected from a tap or tank and not	from Tap/pipe line / stand post		
	the main source from which water comes to this collection point)?	Water is collected by going to the vessels	2	
		from Tap/pipe line / stand post	3	[>>N.40.15]
		Water tank with tap	4	
		Dug well		
		Bore well / hand pump		
		River/stream/canal/dam/pond		
		Reserviour /pond	9	

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

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

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

**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. <u>Always</u> 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			
NI 40.0				
N.40.2	Water BOTTLE STICKER NO		1	
N.40.3	NAME ID OF HEAD AND RESPONDENT:	Head:		
		Respondent:		
N 40.3 B	The water that you gave me is it from a vessel	Had brought from a vessel	1	[>>N.40.8]
	or you have brought it directly from a tap or handpump	Brought from pipe line /handpump	2	
N.40.4	How many hours ago did you collect water you have given me?	Collected 0-12 hours back	2	
		Collected 13-24 hours back	3	
		Collected 24-36 hours back	4	
		Collected 37-48 hours back	5	
		Collected 2-4 days ago		
		Collected 4-7 days ago		
		Collected 8 or more days ago	8	
N.40.5	When did you last clean the storage container	In last 24 hours	1	
	from which you gave me water with soap or fresh ash?	In last 1-2 days	2	
		In last 3-7 days	3	
		More than 7 days ago	4	
		Never	5	
N.40.6	How did you take the water out from your the container in which you keep water?	Tap / spigot to take water	1	
		Ladle with long handle	2	
	Observe or Read and confirm. Circle one	Dipped cup or glass directly	3	
N.40.7	Have you done any thing to make this water	Poured in cup or glass	4	
N.40.7	safer or cleaner for drinking such as boiling or	Boiling	1	
	filtering?	Added chemicals in container	2	
	Read and confirm. Circle only one that apply	Add chemicals to hand pump / well	3	
		Straining through cloth	4	
		Strain through plastic sieve or net	5	
		Let is stand and settle down dirt	6 7	
		Candle / ceramic filter	8	
		Zero-b type filter fitted to tap	9	
		Electric / double filter	10	
		Nothing	11	
N.40.8	At which location did you collect water at or filled your containers?	Water is collected directly in the vessels	1	
	filled your containers? (write if collected from a tap or tank and not	from Tap/pipe line / stand post		
	the main source from which water comes to	Water is collected by going to the vessels	2	
	this collection point)?	from Tap/pipe line / stand post	3	[>>N.40.15]
		Water tank with tap	4	
		Dug well	5	
		Bore well / hand pump	6	
		River/stream/canal/dam/pond	7	
		Reserviour /pond	9	

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

**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. <u>Always</u> 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			
N.40.2	Water BOTTLE STICKER NO			
N.40.3	NAME ID OF HEAD AND RESPONDENT:			
		Head:		
		Respondent:		
N 40.3	The water that you gave me is it from a vessel	Had brought from a vessel	1	[>>N.40.8]
В	or you have brought it directly from a tap or handpump	Brought from pipe line /handpump	2	[>>11.40.0]
N.40.4	How many hours ago did you collect water you	Collected 0-12 hours back	2	
	have given me?	Collected 13-24 hours back	3	
		Collected 24-36 hours back	4	
		Collected 37-48 hours back	5	
		Collected 2-4 days ago	6	
		Collected 4-7 days ago	7	
		Collected 8 or more days ago	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	1	
		In last 1-2 days	2 3	
		In last 3-7 days More than 7 days ago	3 4	
		Never	5	
N.40.6	How did you take the water out from your the	Tap / spigot to take water	1	
	container in which you keep water?	Ladle with long handle	2	
	Observe or Read and confirm. Circle one	Dipped cup or glass directly	3	
		Poured in cup or glass	4	
N.40.7	Have you done any thing to make this water safer or cleaner for drinking such as boiling or	Boiling	1	
	filtering?	Added chemicals in container	2	
	Read and confirm. Circle only one that apply	Add chemicals to hand pump / well	3	
		Straining through cloth	4	
		Strain through plastic sieve or net	5	
		Let is stand and settle down dirt	6 7	
		Candle / ceramic filter	8	
		Zero-b type filter fitted to tap	9	
		Electric / double filter	10	
		Nothing	11	
N.40.8	At which location did you collect water at or filled your containers?	Water is collected directly in the vessels	1	
	(write if collected from a tap or tank and not	from Tap/pipe line / stand post		
	the main source from which water comes to this collection point)?	Water is collected by going to the vessels	2	
		from Tap/pipe line / stand post	3	[>>N.40.15]
		Water tank with tap	4	
		Dug well		
		Bore well / hand pump		
		River/stream/canal/dam/pond		
		Reserviour /pond	9	

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

**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. <u>Always</u> 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			
NL 40.0				
N.40.2	Water BOTTLE STICKER NO			
N.40.3	NAME ID OF HEAD AND RESPONDENT:	Head:		
		Respondent:		
N 40.3	The water that you gave me is it from a vessel	Had brought from a vessel	1	[>>N.40.8]
В	or you have brought it directly from a tap or handpump	Brought from pipe line /handpump	2	
N.40.4	How many hours ago did you collect water you have given me?	Collected 0-12 hours back	2	
		Collected 13-24 hours back	3	
		Collected 24-36 hours back	4	
		Collected 37-48 hours back	5	
		Collected 2-4 days ago	6	
		Collected 4-7 days ago	7	
		Collected 8 or more days ago	8	
N.40.5	When did you last clean the storage container	In last 24 hours	1	
	from which you gave me water with soap or fresh ash?	In last 1-2 days	2	
		In last 3-7 days	3	
		More than 7 days ago	4	
		Never	5	
N.40.6	How did you take the water out from your the container in which you keep water?	Tap / spigot to take water	1	
		Ladle with long handle	2	
	Observe or Read and confirm. Circle one	Dipped cup or glass directly	3	
N.40.7	Have you done any thing to make this water	Poured in cup or glass	4	
11.10.7	safer or cleaner for drinking such as boiling or	Boiling	1	
	filtering?	Added chemicals in container Add chemicals to hand pump / well	2	
	Read and confirm. Circle only one that apply	Straining through cloth	3 4	
		Straining through court	4 5	
		Let is stand and settle down dirt	6	
		Use alum to settle down dirt	7	
		Candle / ceramic filter	8	
		Zero-b type filter fitted to tap	9	
		Electric / double filter	10	
		Nothing	11	
N.40.8	At which location did you collect water at or filled your containers?	Water is collected directly in the vessels	1	
	(write if collected from a tap or tank and not	from Tap/pipe line / stand post		
	the main source from which water comes to this collection point)?	Water is collected by going to the vessels	2	
	. ,	from Tap/pipe line / stand post		[>>N.40.15]
		Water tank with tap		
		Dug well		
		Bore well / hand pump		
		River/stream/canal/dam/pond		
		Reserviour /pond	9	

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

**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. <u>Always</u> 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			
N.40.2	Water BOTTLE STICKER NO			
N.40.3	NAME ID OF HEAD AND RESPONDENT:			
		Head:		
		Respondent:		
N 40.3	The water that you gave me is it from a vessel	Had brought from a vessel	1	[>>N.40.8]
В	or you have brought it directly from a tap or handpump	Brought from pipe line /handpump	2	[>>11.10.0]
N.40.4	How many hours ago did you collect water you	Collected 0-12 hours back	2	
	have given me?	Collected 13-24 hours back	3	
		Collected 24-36 hours back	4	
		Collected 37-48 hours back	5	
		Collected 2-4 days ago	6	
		Collected 4-7 days ago	7	
		Collected 8 or more days ago	8	
N.40.5	When did you last clean the storage container			
11110.0	from which you gave me water with soap or fresh ash?	In last 24 hours	1	
		In last 1-2 days	2	
		In last 3-7 days More than 7 days ago	3 4	
		Never	4 5	
N.40.6	How did you take the water out from your the	Tap / spigot to take water	1	
	container in which you keep water?	Ladle with long handle	2	
	Observe or Read and confirm. Circle one	Dipped cup or glass directly	3	
		Poured in cup or glass	4	
N.40.7	Have you done any thing to make this water safer or cleaner for drinking such as boiling or	Boiling	1	
	filtering?	Added chemicals in container	2	
	Read and confirm. Circle only one that apply	Add chemicals to hand pump / well	3	
		Straining through cloth	4	
		Strain through plastic sieve or net	5	
		Let is stand and settle down dirt	6 7	
		Candle / ceramic filter	7 8	
		Zero-b type filter fitted to tap	9	
		Electric / double filter	10	
		Nothing	11	
N.40.8	At which location did you collect water at or filled your containers?	Water is collected directly in the vessels	1	
	(write if collected from a tap or tank and not	from Tap/pipe line / stand post		
	the main source from which water comes to this collection point)?	Water is collected by going to the vessels	2	
		from Tap/pipe line / stand post	3	[>>N.40.15]
		Water tank with tap	4	
		Dug well		
		Bore well / hand pump		
		River/stream/canal/dam/pond		
		Reserviour /pond	9	

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

**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. <u>Always</u> 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			
N.40.2	Water BOTTLE STICKER NO			
N.40.3	NAME ID OF HEAD AND RESPONDENT:			
		Head:		
		Respondent:		
N 40.3	The water that you gave me is it from a vessel	Had brought from a vessel	1	[>>N.40.8]
В	or you have brought it directly from a tap or handpump	Brought from pipe line /handpump	2	[2210.10.0]
N.40.4	How many hours ago did you collect water you	Collected 0-12 hours back	2	
	have given me?	Collected 13-24 hours back	3	
		Collected 24-36 hours back	4	
		Collected 37-48 hours back	5	
		Collected 2-4 days ago	6	
		Collected 4-7 days ago	7	
		Collected 8 or more days ago	8	
N.40.5	When did you last clean the storage container	In last 24 hours	1	
	from which you gave me water with soap or fresh ash?	In last 1-2 days	2	
		In last 3-7 days	3	
		More than 7 days ago	4	
NI 40.0	I have the second a log the second are not for an even the	Never	5	
N.40.6	How did you take the water out from your the container in which you keep water?	Tap / spigot to take water	1	
	Observe or Read and confirm. Circle one	Ladle with long handle	2	
	Observe of Read and commit. Oncie one	Dipped cup or glass directly	3	
N.40.7	Have you done any thing to make this water	Poured in cup or glass Boiling	4	
	safer or cleaner for drinking such as boiling or filtering?	Added chemicals in container	2	
		Add chemicals to hand pump / well	3	
	Read and confirm. Circle only one that apply	Straining through cloth	4	
		Strain through plastic sieve or net	5	
		Let is stand and settle down dirt	6	
		Use alum to settle down dirt	7	
		Candle / ceramic filter	8	
		Zero-b type filter fitted to tap	9	
		Electric / double filter	10	
N.40.8	At which location did you collect water at or	Nothing	11	
	filled your containers?	Water is collected directly in the vessels from Tap/pipe line / stand post	1	
	(write if collected from a tap or tank and not the main source from which water comes to	Water is collected by going to the vessels	2	
	this collection point)?	from Tap/pipe line / stand post		[>>N.40.15]
		Water tank with tap	4	· ·
		Dug well	5	
		Bore well / hand pump	6	
		River/stream/canal/dam/pond	7	
		Reserviour /pond	9	

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

**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. <u>Always</u> 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			
N.40.2	Water BOTTLE STICKER NO			
N.40.3	NAME ID OF HEAD AND RESPONDENT:	<b>_</b>		
		Head:		
		Respondent:		
N 40.3	The water that you gave me is it from a vessel	Had brought from a vessel	1	[>>N.40.8]
В	or you have brought it directly from a tap or handpump	Brought from pipe line /handpump	2	
N.40.4	How many hours ago did you collect water you	Collected 0-12 hours back	2	
	have given me?	Collected 13-24 hours back	3	
		Collected 24-36 hours back	4	
		Collected 37-48 hours back	5	
		Collected 2-4 days ago	6	
		Collected 4-7 days ago	7	
		Collected 8 or more days ago	8	
N.40.5	When did you last clean the storage container	ha haat 0.4 haaraa	4	
	from which you gave me water with soap or fresh ash?	In last 24 hours	1	
		In last 1-2 days In last 3-7 days	2 3	
		More than 7 days ago	4	
		Never	5	
N.40.6	How did you take the water out from your the	Tap / spigot to take water	1	
	container in which you keep water?	Ladle with long handle	2	
	Observe or Read and confirm. Circle one	Dipped cup or glass directly	3	
NI 40 7		Poured in cup or glass	4	
N.40.7	Have you done any thing to make this water safer or cleaner for drinking such as boiling or	Boiling	1	
	filtering? Read and confirm. Circle only one that apply	Added chemicals in container	2	
		Add chemicals to hand pump / well	3	
		Straining through cloth	4	
		Strain through plastic sieve or net	5 6	
		Use alum to settle down dirt	0 7	
		Candle / ceramic filter	8	
		Zero-b type filter fitted to tap	9	
		Electric / double filter	10	
		Nothing	11	
N.40.8	At which location did you collect water at or filled your containers?	Water is collected directly in the vessels	1	
	(write if collected from a tap or tank and not	from Tap/pipe line / stand post		
	the main source from which water comes to this collection point)?	Water is collected by going to the vessels	2	
		from Tap/pipe line / stand post	3	[>>N.40.15]
		Water tank with tap	4	
		Dug well	5	
		Bore well / hand pump River/stream/canal/dam/pond	6 7	
		Triver/Stream/canal/uam/pond	1	1

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

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

		Other (specify)	-96	
N.40.9	Is this collection point your own or	Our own collection point	1	
	belongs to gp, neighbors or other hhs in the community?	Belongs to GP / government	2	
		Belongs to neighbor / other households	3	
N.40.10	Please probe where collection point is located. How much time it will take to	In home or yard	1	
	walk to the collection point?	Approximately 5 minutes	2	
		More than 5 minutes	3	
N.40.10B	Please check 40.10B if the water has	Yes		[>>N.40.15]
	been brought directly from the	No	1	
	handpump and was not collected in a		2	
	vessel			
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	Yes	1	
	water quality test?	No	2	[>>N.40.15]
N.40.13	Write sticker number of the bottles in which <b>collection point sample</b> is collected			
N.40.14	Write SN of <b>collection point sample</b> as per source listing sheet			
N.40.15	Please check if n.40.8 is coded 1 (tap/pipe line) or 2 (water tank with	Yes 1, 2 or 3 has been coded	1	
N.40.16	tap) or 3 Of the What is the main source or	No some other has been coded	2	[>>END]
	supply of water for the above	Dug well	1	[>>END]
	collection point?	Bore well / hand pump	2	
	Circle one option only	River/canal	3	
		Dam//pond	4	
		Other (specify)	5	
N.40.17	Is this source located in or near your	Dont know	-96	
	gp?	Yes	1	
N.40.18	Who owns this main source - your own	No, away from gp(>1 km)	2	[>>END]
	household, gp, or neighbors or other	Our own source	1	
	hhs in the community?	Belongs to gp / government	2	
N.40.19		Belongs to neighbor / other households	3	
N.+0.13	Please check / confirm that you have list sheet	ted <b>this main source</b> in the source water sample	1	
N.40.20	Is this collection point sampled for	Yes	1	
	water quality test?	No	2	[>>END]
N.40.21	Write sticker number of the bottles in which <b>Main Source sample</b> is collected			
N.40.22	Write SN of <b>Main Source sample</b> as per source listing sheet			

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

GP Name:				GP Code (81 to 2	160):			
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 / tank2	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 line1         Water Tank + tap.2         Dug well3         Bore/hand pump4         Tubewell pump5         River6         Canal7         Lake/Pond8         Dam9         Other (specify)96	N.41.6 Whether Selected for sampling Yes1 No2	N.41.7 Observation of Source (15 feet radius) Area is clean	N.41.8 Source bottle sticker No
01	1 2	1 2 3			1 2 3 4 5 6 7 8 <mark>9</mark> -96	1 2	1 2 3 4 5 6 7 8 9	
02	12	1 2 3			1 2 3 4 5 6 7 8 <mark>9</mark> -96	1 2	1 2 3 4 5 6 7 8 9	
03	1 2	1 2 3			1 2 3 4 5 6 7 8 <mark>9</mark> -96	1 2	1 2 3 4 5 6 7 8 9	
04	1 2	1 2 3			1 2 3 4 5 6 7 8 <mark>9</mark> -96	1 2	1 2 3 4 5 6 7 8 9	
05	1 2	1 2 3			1 2 3 4 5 6 7 8 <mark>9</mark> -96	1 2	1 2 3 4 5 6 7 8 9	

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

GP N	lame:			GP Code (81 to	160):			
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 / tank2	N.41.2 Ownership status of Source Own / private1 GP/ Public2 Other HHs3	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 line1         Water Tank + tap.2         Dug well3         Bore/hand pump4         Tubewell pump5         River6         Canal7         Lake/Pond8         Dam9         Other (specify)96	N.41.6 Whether Selected for sampling Yes1 No2	N.41.7 Observation of Source (15 feet radius) Area is clean	N.41.8 Source bottle sticker No
06	1 2	1 2 3			1 2 3 4 5 6 7 8 <mark>9</mark> -96	1 2	1 2 3 4 5 6 7 8 9	
07	12	1 2 3			1 2 3 4 5 6 7 8 <mark>9</mark> -96	1 2	1 2 3 4 5 6 7 8 9	
08	12	1 2 3			1 2 3 4 5 6 7 8 <mark>9</mark> -96	1 2	1 2 3 4 5 6 7 8 9	
09	12	1 2 3			1 2 3 4 5 6 7 8 <mark>9</mark> -96	1 2	1 2 3 4 5 6 7 8 9	
10	12	1 2 3			1 2 3 4 5 6 7 8 <mark>9</mark> -96	1 2	1 2 3 4 5 6 7 8 9	

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

	N.41.1	N.41.2	N.41.3	N.41.4	N.41.5	N.41.6	N.41.7	N.41.8
SRC ID	Type of source Collection Point or source where water is collected 1 Main source from which water comes in pipeline / tank2	Ownership status of Source Own / private 1 GP/ Public 2 Other HHs 3	If privately owned then write HHID of the owner household	Source Location Details. Write HH Head name of private. Else detailed address to easily locate it next year	Type of source         Tap/Pipe line 1         Water Tank + tap. 2         Dug well	Whether Selected for sampling Yes1 No2	Observation of Source (15 feet radius) Area is clean	Source bottle sticker No
11	1 2	123			1 2 3 4 5 6 7 8 <mark>9</mark> -96	12	1 2 3 4 5 6 7 8 9	
12	12	123			1 2 3 4 5 6 7 8 <mark>9</mark> -96	1 2	1 2 3 4 5 6 7 8 9	
13	12	123			1 2 3 4 5 6 7 8 <mark>9</mark> -96	1 2	1 2 3 4 5 6 7 8 9	
14	12	123			1 2 3 4 5 6 7 8 <mark>9</mark> -96	1 2	1 2 3 4 5 6 7 8 9	
15	1 2	1 2 3			1 2 3 4 5 6 7 8 <mark>9</mark> -96	1 2	1 2 3 4 5 6 7 8 9	