

**Poverty Diagnostic of Water Supply, Sanitation and Hygiene  
Sector in Tajikistan**

**HOUSEHOLD SURVEY QUESTIONNAIRE**

Statement of Consent

My name is \_\_\_\_\_ and I am working for Zerkalo Center for Social Research, which has been contracted by the World Bank to conduct a poverty diagnostic of the water supply, sanitation and hygiene sector in Tajikistan. The survey will cover 3,000 households to help those working in the sector know about water and sanitation conditions across Tajikistan, so they may take appropriate steps to improve it. Your participation in the survey will be greatly appreciated. The questionnaire takes about 3 hours to complete. Your participation is voluntary. You can choose not to answer any specific question or section. Please note that the information you provide will be used only for research purposes. The information will not be used in a manner which allows identification of you, your household or personal responses. People working in the sector will learn about the condition of water, sanitation and hygiene conditions in Tajikistan, but not what you said personally. If you agree, you may be contacted by phone following the completion of the survey.

<p><b>Do you want to participate in the survey?</b></p> <p>YES.....1 NO.....2 → STOP</p>	
<p><b>Would you be willing to be contacted by phone in the future?</b></p> <p>YES.....1 NO.....2</p>	
<p><b>In the past two years, did you participate in any survey?</b></p> <p>YES.....1 → STOP &amp; GO TO LAST PAGE NO.....2</p>	
<p><b>Interview Start Time:</b> HH:MM:SS</p>	

**If assigned:** the World Bank is also conducting a study on electricity availability and outages. Your household has been selected to participate, but participation is voluntary. As a condition to participate, you must be connected to the electricity system. If you agree, I will install a device that will monitor any power outages that you experience over time. You will receive compensation in the form of 15 Somoni phone credit each month that the device is connected. As with the rest of this survey, the information collected will only be used for research purposes.

<b>Do you want to participate in the electricity monitoring?</b>  YES.....1 NO.....2 NOT CONNCETED.....3	
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**SECTION 0: IDENTIFICATION**

**A. Survey Identification**

<b>1. Household Number:</b>	<b>2. District Name:</b>	
<b>3. Village Name:</b>	<b>4. Residence Type:</b>  APARTMENT BUILDING.....1 PRIVATE HOUSE.....2	
<b>5. Sampling Unit:</b>	<b>6. Region:</b>  DUSHANBE.....1 GBAO.....2 KHATLON.....3 RRS.....4 SUGD.....5	
<b>7. Address:</b>	<b>8. Location</b>  OBLAST CENTER.....1 RAION CENTER.....2 VILLAGE.....3	
<b>9. GPS Coordinates:</b>	<b>Latitude</b>	<b>Longitude</b>

**SECTION I: HOUSEHOLD ROSTER**

**A. Household Members Including Migrants:** I would like to make a complete list of all the people who live and eat their meals together in this dwelling, **INCLUDING MEMBERS WHO ARE TEMPORARILY ABSENT.** For each member of the household, identify:

<b>HHSIZE: How many people are there in your household, including migrants?</b>	
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HH member ID	1.	2.	3.	4.	5.	6.	7.	8.
	Full Name	Age	Sex MALE.....1 FEMALE...2	Relationship to HH head HEAD.....1 WIFE/HUSBAND.....2 SON/DAUGHTER.....3 GRAND SON/DAUGHTER.....4 NIECE/NEPHEW.....5 FATHER/MOTHER.....6 SISTER/BROTHER.....7 SON/DAUGHTER-IN-LAW.....8 FATHER/MOTHER-IN-LAW.....9 BROTHER/SISTER-IN-LAW...10 OTHER RELATIVE.....11 OTHER NON RELATIVE.....12 LANDLORD.....13 DO NOT KNOW.....14	Marital Status MARRIED.....1 COMMON UNION...2 UNMARRIED.....3 LIVES ALONE, NOT DIVORCED.....4 WIDOWED.....5 SEPARATED.....6 CHILDREN AGE <15.....7	Education Level NO SCHOOLING.....1 PRIMARY INCOMPLETE...2 COMPLETE PRIMARY.....3 COMPLETE BASIC.....4 COMPLETE SECONDARY ...5 COMPLETE SECONDARY SPECIAL.....6 COMPLETE SECONTRARY TECHNICAL...7 HIGHER EDUCATION INCOMPLETE.....8 COMPLETE HIGHER EDUCATION.....9 GRADUATE SCHOOL.....10	Main economic activity for the last 3 months HIRED EMPLOYER...1 EMPLOYEE.....2 OWN BUSINESS.....3 WORKER.....4 FARMER.....5 MIGRANT WORKER IN TJ.....6 MIGRANT WORKER IN FOREIGN CNTRY.....7 NOT WORKING.....8 PENSIONER.....9 HOUSEKEEPER.....10 STUDENT.....11 NOT ABLE TO WORK....12 CHILD (under 15).....13	Respondent? YES.....1 NO.....2
1				Household Head				
2								
3								

HH member ID	9.	10.	11.	12.	13.	15.
	Does [NAME] have difficulty seeing, even if wearing glasses?  NO, NOT DIFFICULT.....1 YES, SOME DIFFICULTY.....2 YES, A LOT OF DIFFICULTY.....3 CANNOT DO AT ALL.....4	Does [NAME] have any difficulty hearing, even if using a hearing aid?  NO, NOT DIFFICULT.....1 YES, SOME DIFFICULTY.....2 YES, A LOT OF DIFFICULTY.....3 CANNOT DO AT ALL.....4	Does [NAME] have any difficulty walking or climbing steps?  NO, NOT DIFFICULT.....1 YES, SOME DIFFICULTY.....2 YES, A LOT OF DIFFICULTY.....3 CANNOT DO AT ALL.....4	Does [NAME] have difficulty remembering or concentrating?  NO, NOT DIFFICULT.....1 YES, SOME DIFFICULTY.....2 YES, A LOT OF DIFFICULTY.....3 CANNOT DO AT ALL.....4	Does [NAME] have difficulty with self-care such as washing all over or dressing?  NO, NOT DIFFICULT.....1 YES, SOME DIFFICULTY.....2 YES, A LOT OF DIFFICULTY.....3 CANNOT DO AT ALL.....4	Using your [NAME]'s language, does [NAME] have difficulty communicating, for example understanding or being understood?  NO, NOT DIFFICULT.....1 YES, SOME DIFFICULTY.....2 YES, A LOT OF DIFFICULTY.....3 CANNOT DO AT ALL.....4
1						
2						
3						

HH member ID	16.	17.	18.	19.	20.	21.
	Is this person currently somewhere else, such as another country or in another part of Tajikistan, but expected to return in the future?  YES...1 NO...2 → NEXT HOUSEHOLD MEMBER	If yes, where is this person now?  MARRIED & FORMED SEPARATE HOUSEHOLD...1 AWAY STUDYING.....2 AWAY WORKING IN TAJIKISTAN.....3 AWAY WORKING IN FOREIGN COUNTRY.....4 OTHER (SPECIFY).....5	Is this person sending money to or receiving money from your household?  SENDING.....1 RECEIVING.....2 NEITHER.....3	How much money was received from this person by your household over the last three months? SOMONI	When did this person leave? (Month/Year)	When is this person expected to return? (Month/Year)  (if do not know month, include only year)
1						
2						
3						

**SECTION II: ECONOMIC CHARACTERISTICS**

**A. Assets.**

<b>1. What are the characteristics and amenities of the house in which you live?</b>	
<b>a. Type of walls (Primary)</b> BRICK OR CONCRETE.....1 MUD.....2 WOOD.....3 TIN.....4 OTHER (SPECIFY).....5	
<b>b. Type of roof (Primary)</b> CONCRETE.....1 SHINGLES.....2 TIN.....3 WOOD.....4 THATCH.....5 ROOFING SLATE.....6 OTHER.....7	
<b>c. Type of floor (Primary)</b> CONCRETE.....1 SMOOTHED MUD.....2 WOOD.....3 TILE.....4 PARQUET/LAMINATE.....5 LINOLEUM.....6 LOAM FLOOR.....7 OTHER.....8	
<b>d. Number of rooms (including kitchen, but not toilets)</b>	
<b>e. Electric lighting in any room of dwelling</b> YES .....1 NO.....2	

<b>2. Do you own any of the following household items? [only in working condition]</b>	YES .....1 NO.....2
a. Car, truck, tractor, jeep	
b. Refrigerator	
c. Air conditioner	
d. Gas or electric stove	
e. Washing machine	
f. Sewing machine	
g. Cell phone	
h. Satellite antenna	

3. Do you own any livestock?	Record quantity
a. Yak	
b. Milk cow	
c. Draft cow	
d. Draft mule or donkey	
e. Bullock	
f. Goat	
g. Sheep	
h. Horse	
i. Poultry	
j. Other (specify)	
<b>4. Do you own any agricultural land, including farmland and orchards?</b>  <b>DO NOT INCLUDE SMALL HOUSEHOLD GARDENS</b>  YES .....1 NO.....2→ PART B	
<b>5. Do you have any documents such as a legal title that prove your ownership of the land?</b> YES .....1 NO.....2	
a. If yes, whose name is the land title issued to? HUSBAND.....1 WIFE.....2 JOINT (HUSBAND &WIFE)....3 MULTIPLE TITLES.....4 OTHER (SPECIFY).....5	

**B. Education Expenditures.**

<p><b>1. In this household, are there any household members that currently attend an educational institution or attended school in 2015-2016 academic year?</b></p> <p>YES.....1          NO.....2 → <b>PART C</b></p>	
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	2.	3.	4.	5.	6.	7.	8.
<b>HH member ID</b>	What type of educational institution do they attend?  PUBLIC.....1 PRIVATE.....2 CONVENT.....3 INFORMAL EDUCATION.....4 OPEN SCHOOL.....5 GOVERNMENT COLLEGE.....6 PRIVATE COLLEGE.....7 SHORT TERM VOCATIONAL.....8 TECHNICAL OR VOCATIONAL.....9 OTHER (SPECIFY).....10	How much did you pay as fees and tuition for the 2015-2016 academic year?	How much did you spend on books, uniforms and other school materials for the 2015-2016 academic year?	How much did you spend on meals for household members attending school for the 2015-2016 academic year?	How much did you spend on transportation to school for the 2015-2016 academic year?	How much did you spend on private tutoring for the 2015-2016 academic year?	TOTAL AMOUNT COSTS  FILL ONLY IF HH COSTS CANNOT BE SEPARATED

### C. Food Consumption.

Item ID	1			2	3		4	5				6
	Did your household consume <b>or purchase</b> during last 7 days?  <b>READ OUT AND RECORD RESPONSE FOR EACH ITEM</b>  Yes.....1 No.....2 → <b>Next item</b>			Please, identify the total quantity consumed by your household in the last 7 days	Identify the total quantity and total cost of purchases by your household members in the last 7 days?  If “0” → <b>GO TO Q5</b>		How much of the purchased quantity was consumed by your household in the last 7 days?	Which quantity of consumed during last 7 days, was obtained from the following sources (don't include amount purchased)?  <b>RECORD QUANTITY FOR EACH ITEM</b>				Estimate the total cost of [ITEM] in question #5 (a, b, c, d) as per current price
	FOOD PRODUCTS	UNIT	CODE	QUANTITY	QUANTITY	SOMONI	QUANTITY	a. Produced in the household	b. Received as a gift or humanitarian aid	c. Received as a part of salary / business	d. Taken from stocks	SOMONI
851	Bread and bread products	KG										
852	Non (bread)	KG										
853	Flour	KG										
854	Wheat	KG										
855	Cereals (e.g. barley, millet, wheat/semolina)	KG										
856	Rice	KG										
857	Makaroni products (pasta)	KG										
858	Dried beans (beans, peas, lentils, etc.)	KG										
859	Other grain products (e.g. maize, oats, barley)	KG										
860	Onion	KG										
861	Garlic	KG										
862	Potatoes	KG										
863	Tomatoes	KG										
864	Carrot	KG										
865	Cabbage	KG										
867	Cucumber	KG										
869	Preserved vegetables	KG										
870	Other vegetables	KG										
871	Apple	KG										
872	Oranges (lemon)	KG										
873	Grapes	KG										

Item ID	1			2	3		4	5				6
	Did your household consume or purchase during last 7 days? <b>READ OUT AND RECORD RESPONSE FOR EACH ITEM</b> Yes.....1 No.....2 → Next item			Please, identify the total quantity consumed by your household in the last 7 days	Identify the total quantity and total cost purchases by your household members in the last 7 days?  If “0”→ GO TO Q5		How much of purchased was consumed by your household in the last 7 days?	Which quantity of consumed during last 7 days, was obtained from the following sources (don’t include amount purchased)?  <b>RECORD QUANTITY FOR EACH ITEM</b>				Estimate the total cost of [ITEM] in question #5 (a, b, c, d) as per current price
	FOOD PRODUCTS	UNIT	CODE	QUANTITY	QUANTITY	SOMONI	QUANTITY	a. Produced in the household	b. Received as a gift or humanitarian aid	c. Received as a part of salary / business	d. Taken from stocks	SOMONI
874	Watermelon, melon	KG										
875	Pumpkin	KG										
876	Other fresh fruits	KG										
877	Dried fruits	KG										
878	Preserved fruits	KG										
879	Walnuts	KG										
880	Beef	KG										
881	Chicken	KG										
882	Lamb	KG										
884	Sausages	KG										
885	Canned meat	KG										
886	Other meat products	KG										
887	Fresh fish	KG										
888	Canned fish	KG										
889	Salted fish	KG										
890	Eggs	UNITS										
891	Milk	LITRES										
892	Cheese	KG										
893	Powdered milk	KG										
894	Other dairy products	KG										
895	Butter (margarine)	KG										
896	Vegetable oil	LITRES										
897	Ghee	KG										
898	Animal Fat	KG										

Item ID	1			2	3		4	5				6
	Did your household consume or purchase during last 7 days? <b>READ OUT AND RECORD RESPONSE FOR EACH ITEM</b> Yes.....1 No.....2 → Next item			Please, identify the total quantity consumed by your household in the last 7 days	Identify the total quantity and total cost purchases by your household members in the last 7 days?  If “0” → GO TO Q5		How much of purchased was consumed by your household in the last 7 days?	Which quantity of consumed during last 7 days, was obtained from the following sources (don't include amount purchased)?  <b>RECORD QUANTITY FOR EACH ITEM</b>				Estimate the total cost of [ITEM] in question #5 (a, b, c, d) as per current price
	FOOD PRODUCTS	UNIT	CODE	QUANTITY	QUANTITY	SOMONI	QUANTITY	a. Produced in the household	b. Received as a gift or humanitarian aid	c. Received as a gift or part of salary / business	d. Taken from stocks	SOMONI
899	Soft drinks (coke, etc.)	LITRES										
900	Mineral water	LITRES										
901	Fruit juice	LITRES										
902	Coffee	KG										
903	Tea	KG										
904	Salt	KG										
905	Sugar	KG										
906	Sweets, Eastern sweets/pastries	KG										
907	Jam	KG										
908	Ice-cream	KG										
909	Chocolate	KG										
914	Meals consumed outside home											
915	Nonalcoholic drinks consumed outside home	LITRES										

#### D. Non-Food Consumption.

CODE	1.	2.
	<b>In the last 30 days, have the members of your household bought any of these items?</b> <i>[EXCLUDE ANY ITEM PURCHASED FOR PROCESSING OR RESALE IN A HOUSEHOLD ENTERPRISE]</i> YES.....1 NO.....2	<b>How much did your household spend?</b> [Somoni]
1	<b>Cosmetics and personal care products and services</b> (soap, shampoo, toothpaste, toilet paper, cosmetics, (hairdressing saloons, barbers etc.)	
3	<b>Household supplies &amp; cleaning products or services</b> (soap, washing powder, detergents, cleaning products, garbage bags, paper napkins, aluminum foil, matches, candles, lamp wicks, child care, babysitting, cooks, cleaners, drivers, gardeners etc.)	
7	<b>Fuels and lubricants for personal vehicles</b> (diesel, gas/petrol, alcohol and two-stroke mixtures; lubricants, brake and transmission fluids, etc.)	
8	<b>Passenger transport by road</b> (bus, minibus, taxi, etc.) <b>or railway</b> (EXCLUDE expenses to travel to school and health care facilities)	
9	<b>Internet</b> (connection costs or paid to internet cafes) <b>and postal service expenses</b>	
12	<b>Cigarettes, tobacco, cigars</b>	
98	<b>Other</b> (specify) _____	
CODE	3.	4.
	<b>In the last 6 months, have the members of your household bought any of these items?</b> <i>[EXCLUDE ANY ITEM PURCHASED FOR PROCESSING OR RESALE IN A HOUSEHOLD ENTERPRISE]</i> YES.....1 NO.....2	<b>How much did your household spend?</b> [Somoni]
1	<b>Clothing, footwear, tailoring expenses, cloth and sewing/knitting supplies</b>	
3	<b>Dishes and kitchen utensils</b> (crocery, cutlery, glassware, knives) EXCLUDE STORAGE CONTAINERS USED FOR CARRYING WATER	
4	<b>Household linens</b> (sheets, towels, blankets, tablecloths)	
5	<b>Household hand tools, (hammers, screwdrivers, spanners, pliers) accessories, and small electrical items</b> (hinges, handles, locks, curtain rails, power sockets, switches, electric bulbs). EXCLUDE STORAGE CONTAINERS USED FOR CARRYING WATER	
6	<b>Books, newspapers, magazines and stationary including dictionaries, encyclopedias, etc.</b> (Exclude school supplies)	
7	<b>Films, cameras (video and photo) and film developing</b>	
8	<b>Sports and hobby equipment, toys of all kinds, and their repair.</b> (musical instruments, video games, cassettes and CDs, gardening plants, supplies for gardens and balconies)	
9	<b>Services</b> (Fees for legal and notary services, accounting fees, payment for ID certificates, birth certificates, photocopies, etc.)	
10	<b>Charges for bank services or money transfer</b> (money orders, etc.)	
11	<b>Storage containers used for carrying water</b>	

CODE	5.	6.
	In the last <b>12 months</b> , have the members of your household bought any of these items? [EXCLUDE ANY ITEM PURCHASED FOR PROCESSING OR RESALE IN A HOUSEHOLD ENTERPRISE]  YES.....1 NO.....2	How much did your household spend?  [Somoni]
1	Services for maintenance and repair of personal vehicles, and accessories and spare parts.	
2	Home improvements (additions, plumber, electrician, renovations to home)	
3	Other personal effects (jewellery, glasses, watches, umbrellas, etc.)	
4	Excursion, holiday (including travel expenses and lodging) EXCLUDE school excursions.	
5	Insurance (for dwelling, vehicle or personal)	
6	Other taxes (vehicle tax, land & property, etc.) (Exclude VAT and Income tax)	
7	Marriage gifts (traditional) and Ceremonies Household expenses are for ceremonies of people both in and out of Household, Household expenses for ceremonies (marriage, birth, funeral, etc.) of people both in and out of Household	

#### E. Utilities Expenditures.

1. When does the heating season <u>start</u> in your area? (month)		2. When does the heating season <u>end</u> in your area? (month)	
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Code	TYPE OF SERVICE	3.	4.	5.	6.	7.	8.	9.
		Does your household use the following types of service? YES.....1 NO.....2	Have you been granted any benefits or discounts in paying bills for [SERVICE]? YES.....1 NO.....2	What is the discount rate for [SERVICE]? DON'T KNOW...99  %	How much did you pay last month? [ACTUALLY PAID]	How many months did this payment cover?	How much do you pay on average during the heating season for the same number of months? SOMONI	How much do you pay on average during the non-heating season for the same number of months? SOMONI
1	Housing Tax							
2	Central heating							
3	Natural gas							
4	Electricity							
5	Hot water supply							
6	Cold water supply in and outside the dwelling							
7	Sewerage (drainage) system (if separate or not included in the water supply bill)							
8	Maintenance expenditures (eg. clean entrance, hallways)							
9	Garbage disposal							
10	House phone							

11	Mobile phone							
13	Satellite antenna or cable TV							
98	Other utilities (elevator, etc.)							

**F. Fuel Expenditures.** I would like to ask you questions about your household's fuel expenditures such as firewood, coal and gas.

Code	TYPE OF FUEL	SEASON	1.	2.	3.	4.	5.	6.
			During the last heating season and non-heating season, did your household use [FUEL]?  YES.....1 NO.....2	How many months does your heating season and non-heating season last for [FUEL]?  MONTHS	What quantity of [FUEL] did you purchase for each season?	What is the total cost of [FUEL] you purchased for each season?  SOMONI	What quantity of [FUEL] did you get as a gift?	What quantity of [FUEL] did you collect, but not buy?
1	Firewood (m <sup>3</sup> )	Heating season						
		Non-heating season						
2	Black coal (kg)	Heating season						
		Non-heating season						
3	Liquid Gas in vessels (kg)	Heating season						
		Non-heating season						
4	Kerosene (l)	Heating season						
		Non-heating season						
5	Mazut (l)	Heating season						
		Non-heating season						
6	Diesel (l)	Heating season						
		Non-heating season						
7	Peat (kg)	Heating season						
		Non-heating season						
8	Dung (pcs.)	Heating season						
		Non-heating season						
9	Corn leaves (kg)	Heating season						
		Non-heating season						
10	Brushwood, bush (kg)	Heating season						
		Non-heating season						
11	Guza-paya (kg)	Heating season						
		Non-heating season						
12	Petrol (l) [EXCLUDE PETROL FOR VEHICLES]	Heating season						
		Non-heating season						
13	Sawdust (kg)	Heating season						
		Non-heating season						

**Observations**

<b>1. Can you show me the drinking water source?</b>	YES.....1 NO.....2 → NEXT QUESTION	
a. Is the drinking water source protected?	YES.....1 NO.....2	
b. Is there a tap?		
c. If there is a tap, does water flow out of the tap?		
d. If there is a tap, does the tap leak?		
<b>2. Can I see your household's water storage container?</b>	YES.....1 NO.....2 → NEXT QUESTION	

i. Is the cup/dipper/ladle kept clean, off the floor and out of reach of children?	<b>OBSERVE AND RECORD</b>  YES.....1 NO.....2 N/A.....3	
ii. Is the drinking water storage container covered?		
iii. Does the drinking water storage container have a narrow-neck?		
iv. Does the drinking water storage container look clean?		
<b>3. Can you show me how your household disposes of used water (i.e. used water from washing, bathing and in the kitchen)?</b>	YES.....1 NO.....2 → NEXT QUESTION	
a. What are the points of discharge of household's used water?	<b>OBSERVE AND RECORD: TAKE A PICTURE</b>  MULTIPLE RESPONSE – SELECT ALL THAT APPLY  PIPED SEWER..... 1 PIPED, DON'T KNOW WHERE.....2 SOAK-AWAY/CESSPIT/SEPTIC SYSTEM...3 SANITATION FACILITY.....4 OPEN CHANNEL .....5 STREET SURFACE .....6 ARIK / STREET DITCH OR GUTTER.....7 SPACE OUTSIDE PREMISES .....8 WATER BODY (LAKE, RIVER, ETC.).....9 PREMISES' YARD OR GARDEN.....10 OTHER (SPECIFY).....11	
b. Other observations about points of discharge of used water.	<b>OBSERVE AND RECORD: TAKE A PICTURE</b>  MULTIPLE RESPONSE – SELECT ALL THAT APPLY  STAGNANT WATER POOL ..... 1 SWAMPY AREA..... 2 LOTS OF INSECTS /MOSQUITO BREEDING..... 3 BAD SMELL.....4 SIGNS OF RESIDUES (SOAP, GREEN SLIME).....5 OTHER (WRITE DOWN).....6 NONE .....7	

<b>4. Can you please show me your toilet facility?</b>	YES...1 NO...2 → NEXT QUESTION	
a. Time it takes to reach the toilet from the house (only if toilet is located outside of the house; otherwise enter "0")?	Minutes (observation)	
b. Visible fecal residues in and around the drop hole or the basin.	YES..... 1 NO ..... 2	
c. Visible fecal residues on the floor, wall or door		
d. Visible used anal cleansing material (e.g. toilet paper)		
e. Surface flow of sewage		
f. The toilet smells bad		

<b>5. OBSERVE AND RECORD characteristics of toilet facility.</b>	YES.....1 NO.....2 → NEXT QUESTION	
a. Does the toilet facility look like it is being used?	YES.....1 NO.....2	
b. What is the main material of the walls of the toilet facility?	NATURAL WALLS MUD AND STICKS.....1	

	CANE/TRUNKS.....2 STRAW, THATCH MATS.....3 RUDIMENTARY WALLS MUD BRICKS.....4 PLYWOOD, RE---USED WOOD.....5 CARDBOARD, PLASTIC.....6 FINISHED WALLS CEMENT OR STONE BLOCKS.....7 BRICKS.....8 WOOD PLANKS/SHINGLES.....9 OTHER (SPECIFY).....10	
c. What type of flooring is there in the toilet facility?	EARTH / SAND / MUD.....1 WOOD PLANKS.....2 BRICK.....3 CERAMIC TILES.....4 CONCRETE.....5 OTHER (SPECIFY).....6	
d. What type of roof does the toilet facility have?	THATCH .....1 MATS.....2 WOOD PLANKS.....3 TARPAULIN, PLASTIC.....4 CLOTH.....5 ZINC, METAL, TIN.....6 WOOD.....7 CERAMIC TILES.....8 CONCRETE, CEMENT.....9 ASBESTOS SHEETS, SHINGLES.....10 STONE.....11 NO ROOF.....12 OTHER (SPECIFY).....13	
e. What is the toilet facility's door made of?	METAL SHEET.....1 MATS.....2 CLOTH CURTAIN.....3 WOOD.....4 NO DOOR.....5 OTHER (SPECIFY).....6	
f. Does the toilet facility have a lid/cover?	YES.....1 NO.....2	
g. Is the toilet facility pan broken, choked, blocked due to debris, stone, leaves, mud, paper, etc.?	YES.....1 NO.....2	
h. Does the toilet facility have a functioning light?	YES.....1 NO.....2	
i. Does the toilet facility have a ventilation pipe to take out the odor from the pits?	YES.....1 NO.....2 → GO TO (k) NOT APPLICABLE.....3 → GO TO (k)	
j. Is the outer tip of the ventilation pipe covered with a wire net or any material that has perforation/small holes that will prevent flies from entering/leaving the pit?	YES.....1 NO.....2 DO NOT KNOW ....3 NOT APPLICABLE.....4	
k. Is there a water storage container or tank in the toilet facility for anal cleaning or flushing?	YES.....1 NO.....2	
l. Is the pit or septic tank covered?	NOT COVERED.....1 PROPERLY COVERED.....2 COVER DOESN'T FIT WELL.....3 DIRECT PIT LATRINE, DOESN'T NEED COVER.....4 DON'T KNOW.....99 DOES NOT HAVE PIT OR SEPTIC TANK.....6	
m. [IF DISABLED MEMBERS] Do you observe any of the following adaptations for members with disabilities/special needs?	MULTIPLE RESPONSE – SELECT ALL THAT APPLY. WIDENED ENTRANCE.....1 WIDENED SPACE OF TOILET FACILITY.....2 ADAPTED DOOR HANDLES OR CLOSING MECHANISM.....3 BUILT A RAMP OR SLOPING PATH.....4 INSTALLED HAND RAILS OR GRAB BARS.....5	

	CHANGED LATRINE DESIGN.....6 USE MOVEABLE OR ADAPTED TOILET SEAT.....7 CHANGED FLOORING MATERIAL.....8 OTHER (SPECIFY).....9	
n. Is there a place to wash hands?	YES.....1 NO.....2	
o. Is there water at the place of hand washing?	YES.....1 NO.....2	
p. Is there soap, detergent or other cleaning material?	YES.....1 NO.....2	
q. Is there water available in the girls' toilet cubicles for menstrual hygiene management?	YES.....1 NO.....2	
r. Are there covered bins for disposal of menstrual hygiene materials in the girls' toilets?	YES.....1 NO.....2	

<b>6. Can you please show me where members of your household <u>most often</u> wash their hands?</b>	OBSERVED.....1 NOT OBSERVED NO PERMISSION TO SEE.....2 → NEXT QUESTION OTHER REASON (SPECIFY).....3	
a. Is there running water?	YES.....1 NO.....2	
b. Is there soap, detergent or ash/mud/sand?	MULTIPLE RESPONSE – SELECT ALL THAT APPLY  BAR SOAP..... 1 DETERGENT (POWDER, LIQUID OR PASTE)..... 2 LIQUID SOAP..... 3 ASH / MUD / SAND..... 4 OTHER (SPECIFY)..... 5	
<b>7. Do you have any soap, detergent, ash/mud/sand in your house for washing hands?</b>	YES..... 1 NO..... 2	
a. Can you show it to me?	MULTIPLE RESPONSE – SELECT ALL THAT APPLY  BAR SOAP..... 1 DETERGENT (POWDER, LIQUID OR PASTE)..... 2 LIQUID SOAP..... 3 ASH / MUD / SAND..... 4 OTHER (SPECIFY) 5	
b. Time it took to bring soap.	MINUTES:SECONDS	

### **SECTION III: WATER SUPPLY**

#### **A. Availability and Access**

<p>8. What is the <u>main</u> source of drinking water for members of your household?</p>	<p>PIPED WATER          PIPED INTO DWELLING ..... 11          PIPED INTO COMPOUND, YARD OR PLOT ..... 12          PIPED TO NEIGHBOUR (when HH drinks neighbour's piped water) ..... 13          PUBLIC TAP / STANDPIPE ..... 14          TUBE WELL, BOREHOLE ..... 21          DUG WELL          PROTECTED WELL ..... 31          UNPROTECTED WELL ..... 32          WATER FROM SPRING          PROTECTED SPRING ..... 41          UNPROTECTED SPRING ..... 42          RAINWATER COLLECTION ..... 51          TANKER-TRUCK ..... 61          CART WITH SMALL TANK / DRUM ..... 71          SURFACE WATER (RIVER, STREAM, DAM, LAKE, POND, CANAL, IRRIGATION CHANNEL) ..... 81          BOTTLED WATER ..... 91          OTHER (SPECIFY) ..... 96</p>	
<p>a. Where is that water source located?</p>	<p>IN OWN DWELLING.....1 → GO TO (c)          IN OWN YARD / PLOT.....2 → GO TO (c)          ELSEWHERE.....3</p>	
<p>b. How long does it take to go there, get water and come back?</p>	<p>Minutes          Don't know....99</p>	
<p>c. [IF DISABLED MEMBERS] If there is a household member with a disability or special needs, can they access the <u>main</u> drinking water source without assistance?</p>	<p>YES, WITHOUT ANY DIFFICULTY.....1          YES, WITH SOME DIFFICULTY.....2          YES, WITH A LOT OF DIFFICULTY.....3          NO, NOT AT ALL .....4</p>	
<p>d. In the last month, how frequently was water from the main source available?</p>	<p>DAILY FOR 24 HOURS A DAY.....1          DAILY AT CERTAIN HOURS.....2          THREE TO FIVE DAYS A WEEK.....3          ONE OR TWO DAYS A WEEK.....4          LESS FREQUENT THAN ONCE A WEEK.....5</p>	
<p>e. How much water did your household consume from this source over the past week in total, for all uses?</p>	<p>Liters/tons</p>	
<p>f. How much water did your household consume over the past week from source for drinking only?</p>	<p>Liters/tons</p>	
<p>g. Has there been any time in the last month when you have been unable to access water from the main drinking water source in sufficient quantities when needed?</p>	<p>YES.....1          NO.....2 → GO TO (h)          DON'T KNOW....3 → GO TO (h)</p>	
<p>h. What was the main reason that you were unable to access water in sufficient quantities when needed?</p>	<p>WATER NOT AVAILABLE FROM SOURCE.....1          WATER TOO EXPENSIVE.....2          SOURCE NOT ACCESSIBLE.....3          OTHER (SPECIFY).....4          DON'T KNOW.....5</p>	
<p>i. Compared to 5 years ago, have periods of water scarcity become more common, less common, or remained the same?</p>	<p>MORE COMMON.....1          ABOUT THE SAME.....2 → Q9          LESS COMMON.....3          DON'T KNOW.....4</p>	

j. What was the main reason for periods of water scarcity to become better or worse?	HOUSEHOLD CHANGED SOMETHING.....1 COMMUNITY CHANGED SOMETHING.....2 PROVIDER CHANGED SOMETHING.....3 OTHER.....4	
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<b>9. In the last 12 months, have there been any major interruptions or breakdowns in the drinking water supply from the main source, meaning that water was unavailable for 7 days or more?</b>	YES.....1 NO.....2 → Q10	
a. How many times were there major interruptions or breakdowns?	Number of times:	
b. During these interruptions or breakdowns, how many days was drinking water not available?	Number of days: (Add up all irregular interruptions in the last 12 months)	
c. What was the main reason for the interruption or breakdown of the main drinking water supply?	SERVICE DISRUPTION.....1 WATER UNAVAILABLE FROM SOURCE...2 PUMP OR PIPE BROKEN.....3 TOO EXPENSIVE / COULDN'T PAY...4 SCARCITY.....5 OTHER (specify).....6 DON'T KNOW.....7	
d. Compared to 5 years ago, have major interruptions or breakdowns in the water supply become more common, less common or remained the same?	MORE COMMON.....1 ABOUT THE SAME.....2 LESS COMMON.....3 DON'T KNOW.....4	

<b>10. What is the <u>main</u> source of water used by your household for other purposes, such as cooking and handwashing?</b>	PIPED WATER PIPED INTO DWELLING ..... 11 PIPED INTO COMPOUND, YARD OR PLOT ..... 12 PIPED TO NEIGHBOUR (when HH drinks neighbour's piped water) ..... 13 PUBLIC TAP / STANDPIPE..... 14 TUBE WELL, BOREHOLE ..... 21 DUG WELL PROTECTED WELL..... 31 UNPROTECTED WELL..... 32 WATER FROM SPRING PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42 RAINWATER COLLECTION ..... 51 TANKER-TRUCK..... 61 CART WITH SMALL TANK / DRUM..... 71 SURFACE WATER (RIVER, STREAM, DAM, LAKE, POND, CANAL, IRRIGATION CHANNEL) ..... 81 BOTTLED WATER..... 91 OTHER (SPECIFY)..... 96 SAME .....92→	
a. Where is that water source located?	QUESTION 11 IN OWN DWELLING.....1 → Q11 IN OWN YARD / PLOT.....2 → Q11 ELSEWHERE.....3	
b. How long does it take to go there, get water and come back?	MINUTES	

<b>11. Does your household collect water from a source outside of your house?</b>	YES.....1 NO.....2 → Q12	
a. What is the distance of the household from the most commonly used water source outside of your house?	METERS	

b. How long does it take to go there, get water, and come back? (Including time spent waiting in line)	MINUTES DO NOT KNOW...99			
c. Who usually goes to this source to collect the water for your household?  Probe: Is this person under age 15? What sex?	<b>MULTIPLE RESPONSE</b> – Rank up to 3, in order of importance:  ADULT MEN.....1 ADULT WOMEN.....2 GIRLS UNDER 15.....3 BOYS UNDER 15.....4 OTHER (specify).....5 DON'T KNOW.....6			
d. How many trips does each person normally make to the most commonly used water source?  <b>ASK FOR EACH GROUP IDENTIFIED IN (c)</b>	NUMBER OF TRIPS: _____  PER DAY.....1 PER WEEK.....2 PER MONTH.....3 PER YEAR.....4			
e. How much time does it take, daily, to fetch and collect water from this source during summer, including the time spent waiting in line and coming back home?	MINUTES:			
f. And in winter?	MINUTES:			
g. What is the size of the container(s) your household uses to fetch/carry the water?	LITERS:  RECORD UP TO 3 CONTAINER TYPES (IF HH USES MULTIPLE CONTAINERS)			
h. What means of transport does your household primarily use for fetching the water?	<b>MULTIPLE RESPONSE</b> – SELECT ALL THAT APPLY  FOOT.....1 ANIMAL OR DRAWN CART .....2 BICYCLE.....3 MOTOR VEHICLE.....4 PAY OTHERS TO DO IT.....5 OTHER (specify).....6			

<b>12. [IF DISABLED MEMBERS] If there is a household member with a disability or special needs, do they face any of the following barriers to getting drinking water without assistance?</b>  <b>READ OUT ALL OPTIONS</b>	<b>MULTIPLE RESPONSE</b> – SELECT ALL THAT APPLY  DISTANCE TO SOURCE.....1 DIFFICULT TERRAIN.....2 LACK OF ACCESS FEATURES SUCH AS RAMPS.....3 PUMP HANDLES ARE HARD TO USE...4 DIFFICULTY CARRYING OR TRANSPORTING CONTAINER.....5 OTHER (specify).....6 NOT APPLICABLE / NO HH MEMBER WITH A DISABILITY.....7			
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	<b>MULTIPLE RESPONSE SELECT ALL THAT APPLY</b>	<b>a.</b> If yes, from which month...	<b>b.</b> ...To which month	<b>c.</b> In this time period, is this source...  ALWAYS PRIMARY SOURCE...1 SOMETIMES PRIMARY SOURCE...2 ALWAYS SECONDARY SOURCE...3

<b>13. Which of the following drinking water sources did members of your household use in the past 12 months?</b>  <b>CHECK ALL ANSWERS PROVIDED BY RESPONDENT. DO NOT READ OFF FULL LIST.</b>	PIPED WATER PIPED INTO DWELLING.....11 PIPED INTO COMPOUND, YARD OR PLOT..... 12 PIPED TO NEIGHBOUR (HH drinks neighbour’s piped water)..... 13 PUBLIC TAP / STANDPIPE ..... 14 TUBE WELL, BOREHOLE..... 21 DUG WELL PROTECTED WELL .....31 UNPROTECTED WELL .....32 WATER FROM SPRING PROTECTED SPRING .....41 UNPROTECTED SPRING .....42 RAINWATER COLLECTION .....51 TANKER-TRUCK .....61 CART WITH SMALL TANK / DRUM ..... 71 SURFACE WATER (RIVER, STREAM, DAM, LAKE, POND, CANAL, IRRIGATION CHANNEL)..... 81 BOTTLED WATER .....91 OTHER (SPECIFY) ..... 96			

	14.	15.	16.	17.	18.	19.
<b>List All Water Sources used by HH</b>  List all water sources checked in previous question	In the past 12 months, on average, how much did your household pay for transportation of drinking water from each source <b>per month</b> ?  NO COST → WRITE “0”  [SOMONI]	For fuel to run water pumps <b>per month</b> on average?  NO COST → WRITE “0”  [SOMONI]	For electricity to run water pumps <b>per month</b> on average?  [SOMONI]	What was your monthly household cost for water itself from each source <b>per month</b> ?  EXCLUDE TRANSPORTATION OR DELIVERY COSTS  NO COST → WRITE “0”  [SOMONI]	Any other cost?  EXCLUDE TREATMENT, STORAGE, INSTALLATION, REPAIR  NO COST → WRITE “0”  [SOMONI]	TOTAL AMOUNT COSTS  FILL ONLY IF HH COSTS CANNOT BE SEPARATED  [SOMONI]

**B. Quality and Safety**

<b>20. How would you rate the quality of your drinking water from the main source?</b>	GOOD.....1 MODERATELY GOOD.....2 MODERATELY BAD.....3 BAD.....4	
<b>21. Compared to 5 years ago, have there been any changes in the quality of your drinking water from the SAME source?</b>	IMPROVED TO A GREAT EXTENT.....1 IMPROVED TO SOME EXTENT.....2 STAYED THE SAME.....3 WORSENERD TO SOME EXTENT.....4 WORSENERD TO A GREAT EXTENT.....5 DIDN’T USE THIS SOURCE BEFORE....6	

<b>22. Does your household treat drinking water from the main sources, to make it safer to drink?</b>	YES.....1 → GO TO (b) NO.....2 → GO TO (a)	
a. If no, why do you not treat water?  <b>CHECK ALL ANSWERS PROVIDED BY RESPONDENT. DO NOT READ OFF FULL LIST.</b>	MULTIPLE RESPONSE – SELECT ALL THAT APPLY – DO NOT PROMPT  WATER IS SAFE TO DRINK.....1 WATER IS UNSAFE, BUT I DON'T THINK IT NECESSARY TO TREAT.....2 TOO EXPENSIVE.....3 NO KNOWLEDGE OF TREATMENT OPTIONS.....4 NOT ENOUGH TIME.....5 UNAVAILABILITY OF TREATMENT TECHNOLOGIES.....6 NO YOUNG CHILDREN IN HH.....7 OTHER (SPECIFY).....8	Go to Q23
b. If yes, what does your household do to make water safer to drink?	MULTIPLE RESPONSE – SELECT ALL THAT APPLY  BOIL THE WATER.....1 ADD BLEACH/CHLORINE.....2 SIEVE IT THROUGH CLOTH.....3 WATER FILTERING DEVICE.....4 OTHER FILTER (CERAMIC, SAND, COMPOSITE).....5 LET IT STAND AND SETTLE.....6 OTHER (SPECIFY).....7 DON'T KNOW.....8	

<b>23. Do children in this household bring their own drinking water to school?</b>	YES.....1 NO.....2	
<b>24. Do you consider the quality of water available in schools adequate for children to drink?</b>	ADEQUATE.....1 MODERATELY ADEQUATE.....2 MODERATELY INADEQUATE.....3 INADEQUATE.....4 DON'T KNOW.....5	

	25.	26.	27.	a.	28.
	How often do you normally boil drinking water?  PER DAY...1 PER WEEK...2 PER MONTH...3 PER YEAR...4	If you boil drinking water, how much water do you normally boil?  LITERS	What is the main fuel you use for boiling?  ELECTRICITY.....1 FIREWOOD (M3).....2 BLACK COAL (KG).....3 LIQUID GAS IN VESSELS (KG/LITRES)...4 → GO TO 29 KEROSENE (L).....5 → GO TO 29 MAZUT (L).....6 DIESEL (L).....7 PEAT (KG).....8 DUNG (PCS.).....9 CORN LEAVES (KG).....10 BRUSHWOOD, BUSH (KG)...11 GUZA-PAYA (KG).....12 PETROL (L).....13 → GO TO 29	If electricity, what is the main device you use for boiling?  TEA KETTLE...1 STOVE...2 IMMERSION BOILER / HEATER...3 OTHER (SPECIFY)...4  → NEXT SEASON OR, IF FINISHED WITH TABLE, Q29	How much fuel (quantity) do you normally use for boiling each time?  (USE QUANTITIES FROM Q27)
HEATING SEASON					
NON-HEATING SEASON					

29.	30.	31.	32.	33.
<p>How often do you normally bleach the water?</p> <p>PER DAY...1 PER WEEK...2 PER MONTH...3 PER YEAR...4</p>	<p>If you bleach the water, how much bleach do you normally use per liter of water?</p> <p>GRAMS</p>	<p>If you use a water filtering device, how much did you spend on it in the last year?</p> <p>NO COST → WRITE “0” [SOMONI]</p>	<p>If you use other water filtering methods, how much did you spend on it in the last year?</p> <p>NO COST → WRITE “0” [SOMONI]</p>	<p>In the past year how much did your household pay for cleaning or disinfecting (any) water storage tanks, including the cost of chemicals and detergents? NO COST → WRITE “0” [SOMONI]</p>

<p><b>34. Apart from drinking, what do you use the treated water for?</b></p> <p><b>CHECK ALL ANSWERS PROVIDED BY RESPONDENT. DO NOT READ OFF FULL LIST.</b></p>	<p>MULTIPLE RESPONSE – SELECT ALL THAT APPLY</p> <p>PREPARE INFANT FORMULA.....1 COOK/WASH/PREPARE FOOD.....2 WASH DISHES.....3 WASH HANDS.....4 WASH CLOTHES.....5 OTHER (SPECIFY).....6 ONLY DRINKING.....7</p>	
<p><b>35. In your household, who makes the decisions about how to treat drinking water?</b></p>	<p>ADULT MEN.....1 ADULT WOMEN.....2 TOGETHER.....3 OTHER (specify).....4</p>	

<p><b>36. Does your household have a water storage container for storing drinking water?</b></p>	<p>YES.....1 NO.....2 → NEXT QUESTION</p>	
<p>a. How is drinking water usually stored at home?</p> <p><b>CHECK ALL ANSWERS PROVIDED BY RESPONDENT. DO NOT READ OFF FULL LIST.</b></p>	<p>MULTIPLE RESPONSE – SELECT ALL THAT APPLY</p> <p>METAL POTS.....1 PLASTIC BOTTLES.....2 STORAGE TANK/BARREL (ONE TON OR LESS).....3 STORAGE TANK/BARREL (MORE THAN ONE TON).....4 EARTH POTS.....5 POOL/HAUZ/ KULL (MORE THAN ONE TON – NOT “BOCHKA/BARREL”).....6 OTHER (SPECIFY).....7</p>	
<p>b. How does your household primarily remove water from your drinking water storage container?</p> <p><b>CHECK ALL ANSWERS PROVIDED BY RESPONDENT. DO NOT READ OFF FULL LIST.</b></p>	<p>MULTIPLE RESPONSE – SELECT ALL THAT APPLY</p> <p>TAP.....1 CUP/DIPPER/LADLE/SCOOP.....2 WITH HANDS.....3 WITH BOTTLE.....4 PAIL/PITCHER/JAR.....5 POUR FROM THE CONTAINER.....6 OTHER (SPECIFY).....7</p>	
<p>c. How often does your household usually clean the largest drinking water storage container?</p>	<p>DAILY.....1 SEVERAL TIMES PER WEEK.....2 ONCE A WEEK.....3 ONCE A MONTH.....4 ONCE EVERY THREE MONTHS.....5 ONCE EVERY SIX MONTHS.....6 LESS OFTEN THAN HALF YEARLY....7</p>	

d. In your household, who makes the decisions about how to store drinking water?	ADULT MEN.....1 ADULT WOMEN.....2 TOGETHER.....3 OTHER (specify).....4	
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List All Water Sources used by HH	37.	38.	39.	40.	41.	42.	43.
	In the past 12 months, how much did your household pay for repairing pipes?  NO COST → WRITE "0"	Repairing tanks?  NO COST → WRITE "0"	Repairing pumps?  NO COST → WRITE "0"	Regular maintenance costs of existing water sources, such as cleaning blocked pipes, pumps or tanks?  NO COST → WRITE "0"	Any other costs related to repairs and maintenance? (total cost)	Currency USD.....1 SOMONI...2 RUBLE.....3 OTHER (SPEC.)...4	TOTAL AMOUNT COSTS  FILL ONLY IF HH COSTS CANNOT BE SEPARATED

I will now ask you questions about installation costs related to your drinking water supply. Please think about any water-related installation costs you may have incurred, such as the cost of pipes, storage tanks and other construction materials. For each water source, please answer the following:

List All Water Sources used by HH	44.	45.	46.	47.	48.	49.	50.	51.	52.
When did you install this water source?  (Month and Year)  999 if N/A  NO INSTALLATION → Go to next source	From today, how many months do you think the equipment will last before it has to be replaced?	How much did your household pay for pipes used for installation of this [WATER SOURCE]?  [refers to materials]  NO COST → WRITE "0"	For storage tanks used?  NO COST → WRITE "0"  [refers to materials]	For pumps for this?  NO COST → WRITE "0"  [refers to materials]	For other construction materials used for installation of this?  NO COST → WRITE "0"  [refers to materials]	How much did it cost to install it?  [exclude materials]	Currency USD.....1 SOMONI...2 RUBLE.....3 OTHER (SPEC.)...4	TOTAL AMOUNT COSTS  FILL ONLY IF HH COSTS CANNOT BE SEPARATE	

<b>53. In the last year, has anyone in your household borrowed or obtained credit or loans to cover costs related to your drinking water supply?</b>	YES.....1 NO.....2 → Q54	
a. How much did you / they borrow?	SOMONI	
b. When was this credit taken?	(Month/Year)	
c. Of the total, how much was to pay for transportation of water (cost of fuel to transport water, etc.)?	SOMONI	
d. For installation (water tanks, pumps, pipes, etc.)?	SOMONI	
e. For repair and maintenance?	SOMONI	
f. For treatment (boiling, bleaching, filtering, etc.)?	SOMONI	
g. How much was to pay for the cost of water itself (regular fees, delivered water, etc.)?	SOMONI	
h. Any other water-related cost, specify	SOMONI	
i. Amount used for purposes not related to drinking water	SOMONI	
j. Who provided the largest credit amount?	RELATIVES.....1 FRIENDS.....2 MONEY LENDER.....3 TRADER OR STORE....4 EMPLOYER.....5 LANDLORD.....6 COMMUNITY CREDIT ORGANIZATION/SHG...7 COMMERCIAL BANK....8 GOVERNMENT BANK...9 NGO.....10 MICRO FINANCE.....11 OTHER (SPECIFY).....12	
k. What did you / they provide as collateral? (choose from codes)	CULTIVABLE LAND.....1 HOMESTEAD....2 LIVESTOCK.....3 JEWELRY.....4 FUTURE LABOR.....5 OTHER (SPECIFY).....6 NO COLLATERAL NEEDED.....7	
l. How much has been paid on this loan?	SOMONI	
m. How much is still owed for this loan?	SOMONI	

### C. Accountability, Billing and Consumer Engagement

<b>54. Do you pay for your water supply?</b>	YES.....1 → GO TO (b) NO.....2 → GO TO (a)	
a. If no, why do you not pay for water?	IRREGULAR SERVICE.....1 SERVICE DOESN'T DEPENT ON PAYMENT.....2 NOBODY ELSE PAYS.....3 TOO EXPENSIVE / CAN'T AFFORD.....4 WATER SHOULD BE FREE .....5 WATER IS FREELY AVAILABLE .....6	→ GO TO Q55

<b>CHECK ALL ANSWERS PROVIDED BY RESPONDENT. DO NOT READ OFF FULL LIST.</b>	OTHER (SPECIFY).....7	
b. If yes, whom do you pay for water?  <b>CHECK ALL ANSWERS PROVIDED BY RESPONDENT. DO NOT READ OFF FULL LIST.</b>	MULTIPLE RESPONSE – SELECT ALL THAT APPLY  MAHALLA LEADER.....1 JAMAAT .....2 HUKUMAT .....3 UTILITY FIRM (CONTROLLER / COLLECTOR).....4 STANDPIPE MANAGER.....5 WATER VENDOR OR TRUCK MANAGER.....6 NEIGHBOR / OTHER INDIVIDUAL.....7 OTHERS (SPECIFY).....8	
c. How often do you pay for water?	DAILY.....1 ON DELIVERY.....2 WEEKLY.....3 MONTHLY, SEPARATE PAYMENT.....4 MONTHLY, INCLUDED IN RENT.....5 EVERY THREE MONTHS.....6 BIANNUALLY.....7 YEARLY.....8 OTHERS (SPECIFY).....9	
d. How do you pay for your water supply?	THROUGH THE BANK.....1 IN STATE UTILITY FIRM.....2 CASH TO COLLECTOR.....3 AT POST OFFICE.....4 DEDUCTION FROM SALARY.....5 IN KIND.....6 OTHER (SPECIFY).....7	
e. Compared to 5 years ago, has the amount you pay for water increased, decreased or remained the same?	INCREASED.....1 STAYED THE SAME.....2 DECREASED.....3 DON'T KNOW.....4	

<b>55. Do you receive a water bill?</b>	YES.....1 NO.....2 → GO TO (b)	
a. If yes, can you tell me the name of the agency that sends you water bills?	PUBLIC UTILITY FIRM.....1 PRIVATE UTILITY FIRM.....2 OTHER AGENCY.....3 WATER USERS ASSOCIATION.....4 OTHER (SPECIFY).....5	
b. How often do you receive bills/are charged?	MONTHLY.....1 EVERY THREE MONTHS.....2 BIANNUALLY.....3 YEARLY.....4 OTHER (SPECIFY).....5 LANDLORD RECEIVES THE BILL.....6 NEVER.....7 → GO TO Q56	
c. On what basis are you charged (on what basis is the amount you owe is determined)?	AMOUNT CONSUMED (metered).....1 FIXED FEE.....2 NUMBER OF PEOPLE IN HOUSEHOLD.....3 PRESENCE OF BATH/SHOWER.....4 OTHER (SPECIFY).....5	
d. Do you know how much the tariff rate is?	YES.....1 NO.....2	
e. Does the tariff rate change depending on the season, say from summer to winter months?	YES, HIGHER IN SUMMER.....1 YES, HIGHER IN WINTER.....2 NO.....3	
f. In your view, how accurate are your household's drinking water charges?	VERY ACCURATE.....1 MODERATELY ACCURATE.....2 MODERATELY INACCURATE.....3	

	VERY INACCURATE.....4	
g. If there is a problem with your water charge, such as when a bill is incorrect, or the collector asks for the wrong amount, who do you complain to?  <b>CHECK ALL ANSWERS PROVIDED BY RESPONDENT. DO NOT READ OFF FULL LIST.</b>	MAHALLA LEADER.....1 JAMAAT.....2 HUKUMAT.....3 WATER SERVICE PROVIDER.....4 WATER CONSUMER ASSOCIATION.....5 CONSUMER UNION OF TAJIKISTAN....6 OTHERS (SPECIFY).....6 DON'T KNOW.....7	
h. Suppose you were required to prove that you paid your last water payment. Do you have any receipts or invoices that show that your payment was received?	YES.....1 NO.....2 DON'T KNOW....3	
i. In the last year, did you make unofficial payments to individuals, in addition to your official water payment?	NEVER.....1 SOMETIMES.....2 ALWAYS.....3 DON'T KNOW.....4	
j. In your view, how easy is it to understand your water charges?	VERY EASY.....1 MODERATELY EASY.....2 MODERATELY DIFFICULT.3 VERY DIFFICULT.....4	
k. In your view, how knowledgeable are payment collectors in answering questions you may have about your charges?	VERY KNOWLEDGABLE.....1 MODERATELY KNOWLEDGABLE.....2 MODERATELY UNKNOWLEDGABLE.....3 VERY UNKNOWLEDGABLE.....4	

<b>56. In the last 12 months, have there been instances where you delayed the payment of your household's water charges or not paid at all?</b>	NO, ALWAYS PAID ON TIME.....1 → GO TO Q57 YES, PAID LATE ONCE OR TWICE.....2 YES, PAID LATE MORE THAN TWICE...3 NEVER PAID.....4 NO CHARGE.....5 → GO TO Q57	
a. If you skipped or delayed payments, why?  <b>CHECK ALL ANSWERS PROVIDED BY RESPONDENT. DO NOT READ OFF FULL LIST.</b>	MULTIPLE RESPONSE – RANK TOP 3 IN ORDER OF IMPORTANCE  IRREGULAR SERVICE.....1 SERVICE DOESN'T DEPEND ON PAYMENT.....2 NOBODY ELSE PAYS.....3 TOO EXPENSIVE / CAN'T AFFORD.....4 DIDN'T RECEIVE ENOUGH WATER.....5 BILLING METHODS ARE INACCURATE.....6 OTHER (SPECIFY).....7	
b. Were you in the last 12 months penalized for not paying your water costs, such as additional fees, service cut off, etc.?  <b>CHECK ALL ANSWERS PROVIDED BY RESPONDENT. DO NOT READ OFF FULL LIST.</b>	MULTIPLE RESPONSE – SELECT ALL THAT APPLY  NO.....1 SERVICE CUT OFF.....2 PENALTY PAYMENT....3 SCOLDED BY UTILITY FIRM.....4 SCOLDED BY NEIGHBOURS.....5 SCOLDED BY LOCAL GOVERNMENT....6 OTHER (SPECIFY).....7	
c. In the last 12 months, were you asked to make unofficial payments to individuals, in lieu of paying fees or penalties that resulted from delaying the payment of your water charges?	NEVER.....1 SOMETIMES.....2 ALWAYS.....3 DON'T KNOW.....4	

<b>57. Do you know how water tariffs are determined?</b>	YES.....1 NO.....2 → GO TO Q58	
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<p>a. If yes, how do you think tariffs are calculated?</p> <p><b>CHECK ALL ANSWERS PROVIDED BY RESPONDENT. DO NOT READ OFF FULL LIST.</b></p>	<p>MULTIPLE RESPONSE – SELECT ALL THAT APPLY</p> <p>COST OF PUMPING....1  CLEANING/PURIFYING WATER.....2  TRANSPORTING WATER.....3  SALARIES OF OFFICIALS.....4  OTHER (SPECIFY).....5</p>	
<p>b. Compared to 5 years ago, do you think the tariff amount increased, decreased or stayed the same?</p>	<p>INCREASED.....1  STAYED THE SAME.....2  DECREASED.....3  DON'T KNOW.....4</p>	

<p><b>58. In your opinion, do some people in this village (or neighborhood) have an unofficial pipe connection to a water source that does not belong to them?</b></p>	<p>YES.....1  NO.....2  DON'T KNOW....3</p>	
<p><b>59. Do you have a water meter installed in your house?</b></p>	<p>YES.....1  NO.....2 → GO TO Q60  METER, BUT NO WATER.....3</p>	
<p>a. If yes, do you think your meter measures your water consumption accurately?</p>	<p>YES.....1  NO.....2  DO NOT KNOW....3</p>	
<p>b. When was the meter installed in your household?</p>	<p>IN THE PAST YEAR.....1  DURING THE PAST 5 YEARS.....2  OVER 5 YEARS AGO.....3  DON'T KNOW.....4</p>	
<p>c. Who covered the cost of installation?</p>	<p>VODOCANAL/UTILITY FIRM....1  HOUSEHOLD.....2  DONOR OR NGO.....3  OTHER (SPECIFY).....4</p>	
<p>d. If the meter ever malfunctions or requires maintenance, who is responsible for the cost of repair and maintenance?</p>	<p>VODOCANAL/UTILITY FIRM.....1  HOUSEHOLD.....2  DONOR OR NGO.....3  OTHER (SPECIFY).....4</p>	<p>→ GO TO Q61</p>

<p><b>60. [IF IN URBAN AREA] Would you like to have a water meter installed which measures how much water you consume?</b></p>	<p>YES.....1 → GO TO (a)  NO.....2 → GO TO (b)</p>			
<p>a. If yes, why?</p> <p><b>CHECK ALL ANSWERS PROVIDED BY RESPONDENT. DO NOT READ OFF FULL LIST.</b></p>	<p>MULTIPLE RESPONSE – RANK TOP 3 IN ORDER OF IMPORTANCE</p> <p>SAVING MONEY.....1  DON'T TRUST THE TARIFF RATE.....2  TARIFF RATE IS OVERSTATED.....3  I HAVE A LARGE FAMILY.....4  OTHER (SPECIFY).....5</p>			
<p>b. If no, why not?</p> <p><b>CHECK ALL ANSWERS PROVIDED BY RESPONDENT. DO NOT READ OFF FULL LIST.</b></p>	<p>MULTIPLE RESPONSE – RANK TOP 3 IN ORDER OF IMPORTANCE</p> <p>NOBODY PROPOSED TO INSTALL....1  METER TOO EXPENSIVE.....2  METER BREAKS EASILY.....3  WATER PRESSURE WILL FALL.....4  OTHER (SPECIFY).....5</p>			

<p><b>61. If there is a problem with drinking water supply, who do you complain to?</b></p>	<p>MULTIPLE RESPONSE – SELECT ALL THAT APPLY</p>	
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<p><b>CHECK ALL ANSWERS PROVIDED BY RESPONDENT. DO NOT READ OFF FULL LIST.</b></p>	MAHALLA LEADER.....1 JAMAAT.....2 HUKUMAT.....3 LOCAL WATER BOARD OFFICIAL.....4 WATER SERVICE PROVIDER (VODOCANAL/FIRM).....5 WATER CONSUMER ASSOCIATION.....6 CONSUMER UNION OF TAJIKISTAN.....7 OTHERS (SPECIFY).....8 DON'T KNOW.....9	
<p><b>62. Have you or any member of your household interacted with the following to resolve a water issue in your area in the last 12 months?</b></p> <p><b>READ ALL OPTIONS.</b></p>	MULTIPLE RESPONSE – SELECT ALL THAT APPLY  VILLAGE/MAHALLA LEADER.....1 LOCAL POLITICAL LEADER.....2 LOCAL WATER BOARD OFFICIAL.....3 WATER SERVICE PROVIDER.....4 WATER CONSUMER ASSOCIATION.....5 OTHERS (SPECIFY).....6 NEVER INTERACTED.....7 → Q63	
<p>a. If yes, was the most recent interaction in the past year done individually or as a group?</p>	INDIVIDUAL.....1 GROUP.....2 DON'T KNOW.....3	
<p>b. How was the most recent interaction done?</p> <p><b>CHECK ALL ANSWERS PROVIDED BY RESPONDENT. DO NOT READ OFF FULL LIST.</b></p>	MULTIPLE RESPONSE – SELECT ALL THAT APPLY  IN PERSON.....1 BY LETTER.....2 BY PHONE.....3 OTHER (SPECIFY).....4	
<p>c. What was the most recent interaction about?</p> <p><b>CHECK ALL ANSWERS PROVIDED BY RESPONDENT. DO NOT READ OFF FULL LIST.</b></p>	MULTIPLE RESPONSE – SELECT ALL THAT APPLY  COMPLAINT ABOUT WATER STOPPAGE...1 COMPLAINT ABOUT WATER QUALITY....2 COMPLAINT ABOUT THE LINEMAN.....3 LAYING OF WATER LINE.....4 LAYING OF SEWAGE LINES.....5 MAINTENANCE OF SEWAGE LINES.....6 CLEANING OF SEWAGE LINES.....7 ILLEGAL CONNECTIONS OF WATER LINES...8 BILLING.....9 OTHERS (SPECIFY).....10	
<p>d. Was the issue resolved after your interaction?</p>	COMPLETELY RESOLVED.....1 PARTIALLY RESOLVED.....2 NOT RESOLVED.....3 DON'T KNOW.....4	
<p>e. How long did it take before the issue was resolved?</p>	ONE DAY.....1 WITHIN A WEEK.....2 WITHIN 1-2 WEEKS.....3 WITHIN 2-4 WEEKS.....4 MORE THAN A MONTH....5 NOT RESOLVED.....6 DON'T KNOW.....7	
<p><b>63. In your opinion, how often do people in your neighborhood make unofficial payments to the water supply service provider (beyond normal service costs) in order to secure water supply?</b></p>	NEVER.....1 RARELY.....2 SOMETIMES.....3 MOST OF THE TIME.....4	
<p><b>64. Do you know how to interact with your water service provider?</b></p>	YES.....1 SOMEWHAT .....2 NO.....3 NO PROVIDER .....4	

65. Do you know how to file a complaint to your water service provider?	YES.....1 SOMEWHAT .....2 NO.....3 NO PROVIDER.....4	
66. Within the last 12 month how often did you contact your service provider?	NUMBER OF TIMES	→IF ZERO, GO TO Q68
67. How did you contact the service provider?  <b>CHECK ALL ANSWERS PROVIDED BY RESPONDENT. DO NOT READ OFF FULL LIST.</b>	MULTIPLE RESPONSE – SELECT ALL THAT APPLY.  BY PHONE.....1 IN PERSON .....2 BY INTERNET.....3 BY POST.....4 OTHER (SPECIFY) .....5	

68. If there was ever a problem in getting enough water in this village (rural areas) or neighborhood (urban areas), how likely is it that people would come together to try to solve the problem today?	VERY LIKELY.....1 SOMEWHAT LIKELY .....2 SOMEWHAT UNLIKELY.....3 VERY UNLIKELY.....4	
69. How about 5 years ago?	VERY LIKELY.....1 SOMEWHAT LIKELY .....2 SOMEWHAT UNLIKELY.....3 VERY UNLIKELY.....4	
70. In the past 12 months, how many times did people in this village/neighborhood organize meetings to discuss issues related to the water supply?	NUMBER OF TIMES	→IF ZERO, GO TO Q72
71. (If previous response greater than zero), how many times did you or any member of your household participate in these meetings?	NUMBER OF TIMES	

**Present the following scenario to the household:**

I would like you to imagine an ideal scenario, it is not meant to be the same as the level of service currently available where you live. It is only meant to be an example. In this scenario, water is available 24 hours a day, 365 days a year, with sufficient pressure, and is safe to drink from the tap. Also imagine that because you would pay for the water you actually use, your water bill could vary from month to month. But suppose that an average household would use about 15 cubic meters (tons) of water in a typical month. (ONE CUBIC METER IS EQUAL TO ONE TON)

72. Now suppose that a vote were held in [NAME OF TOWN] regarding a project to build a modern drinking water system like the one described. If the price of a connection to this system were [1920, 2400, 2880, 3360, 3840], would you vote for the new water supply project or against it?	VOTE FOR IT.....1 → GO TO Q73 VOTE AGAINST IT.....2	
a. If no, how much would your household be willing to pay?	SOMONI	
73. Now suppose that the modern water supply system is installed in [NAME OF TOWN]. Would your household purchase water if the cost of 15 cubic meters (tons) was [4.5, 5.5, 6.5, 7.5, 8.5]?	WILLING TO PAY .....1 → GO TO NEXT SECTION NOT WILLING TO PAY .....2	
a) If no, how much would your household be willing to pay?	SOMONI	

**SECTION IV: SANITATION AND HYGIENE**

**A. Toilet Facilities**

<p><b>1. What kind of toilet facility does the household have?</b></p> <p><b>IF MORE THAN ONE, REFER TO THE ONE MOST RECENTLY BUILT</b></p> <p><b>IF FLUSH OR POUR FLUSH, PROBE: WHERE DOES IT FLUSH TO?</b></p> <p><b>IF NOT POSSIBLE TO DETERMINE, ASK TO SEE.</b></p>	<p>FLUSH / POUR FLUSH          FLUSH TO PIPED SEWER SYSTEM..... 11          FLUSH TO SEPTIC TANK ..... 12          FLUSH TO PIT LATRINE..... 13          FLUSH TO SOMEWHERE ELSE ..... 14          FLUSH TO UNKNOWN PLACE / NOT SURE ..... 15          PIT LATRINE          VENTILATED IMPROVED LATRINE ..... 21          PIT LATRINE WITH SLAB ..... 22          PIT LATRINE WITHOUT SLAB / OPEN PIT ..... 23          COMPOSING TOILET ..... 31          BUCKET ..... 41          HANGING TOILET/LATRINE ..... 51          NO FACILITY / BUSH / FIELD ..... 61 →GO TO Q14          OTHER (SPECIFY)..... 96</p>	
<p>a. Where is this toilet located?</p>	<p>IN OWN DWELLING ..... 1 → GO TO (b)          IN OWN YARD OR PLOT ..... 2 → GO TO (b)          ELSEWHERE ..... 3</p>	
<p>i. If the toilet facility is not inside dwelling, why is this the case?</p> <p><b>CHECK ALL ANSWERS PROVIDED BY RESPONDENT. DO NOT READ OFF FULL LIST.</b></p>	<p>MULTIPLE RESPONSE – SELECT ALL THAT APPLY</p> <p>DON'T WANT TO USE..... 1          WORRIED ABOUT SMELL OR FILTH IN HOUSE..... 2          NO SPACE AVAILABLE..... 3          CANNOT AFFORD ..... 4          DWELLING WAS BUILT WITHOUT TOILET ..... 5          OTHER (SPECIFY)..... 6</p>	
<p>b. Do you share this facility with others who are not members of your household?</p>	<p>YES..... 1          NO ..... 2 →GO TO (c)</p>	
<p>i. Do you share this facility only with members of other households that you know, or is the facility open to the use of the general public?</p>	<p>OTHER HOUSEHOLDS ONLY ..... 1          PUBLIC ..... 2</p>	
<p>ii. How many households in total use this facility, including your own household?</p>	<p>NUMBER OF HOUSEHOLDS</p>	
<p>c. [IF MEMBER WITH DISABILITY] Can your household member with disability or other special needs access the toilet facility without assistance?</p>	<p>WITHOUT ANY DIFFICULTY .....1          WITH SOME DIFFICULTY.....2          WITH A LOT OF DIFFICULTY.....3          NOT AT ALL .....4</p>	
<p>d. [IF MEMBER WITH DISABILITY] Have you made any adaptations to the toilet facility to accommodate a household member with disability or other special needs?</p> <p><b>READ OFF FULL LIST</b></p>	<p>WIDENED ENTRANCE.....1          WIDENED SPACE OF TOILET FACILITY.....2          ADAPTED DOOR HANDLES OR CLOSING MECHANISM.....3          BUILT A RAMP OR SLOPING PATH.....4          INSTALLED HAND RAILS OR GRAB BARS.....5          CHANGED LATRINE DESIGN.....6          USE MOVEABLE OR ADAPTED TOILET SEAT.....7          CHANGED FLOORING MATERIAL.....8          NO ADAPTATIONS.....9          OTHER (SPECIFY).....10</p>	

<p><b>2. What other types of toilets does the household have?</b></p> <p><b>CHECK ALL ANSWERS PROVIDED BY RESPONDENT. DO NOT READ OFF FULL LIST.</b></p>	<p>MULTIPLE RESPONSE – SELECT ALL THAT APPLY</p> <p>FLUSH / POUR FLUSH</p> <p>FLUSH TO PIPED SEWER SYSTEM..... 11</p> <p>FLUSH TO SEPTIC TANK ..... 12</p> <p>FLUSH TO PIT LATRINE..... 13</p> <p>FLUSH TO SOMEWHERE ELSE ..... 14</p> <p>FLUSH TO UNKNOWN PLACE / NOT SURE..... 15</p> <p>PIT LATRINE</p> <p>VENTILATED IMPROVED LATRINE ..... 21</p> <p>PIT LATRINE WITH SLAB ..... 22</p> <p>PIT LATRINE WITHOUT SLAB / OPEN PIT..... 23</p> <p>COMPOSING TOILET ..... 31</p> <p>BUCKET ..... 41</p> <p>HANGING TOILET/LATRINE ..... 51</p> <p>NO FACILITY / BUSH / FIELD ..... 61</p> <p><b>OTHER (SPECIFY)..... 96</b></p>	
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**Functional** means that at the time of filling out this questionnaire, the toilets are not broken and can be used by household members. **Partially functional** means that the toilets can be used, but there are at least some problems with the physical infrastructure (e.g. some deterioration in concrete, doors/locks coming loose, roof deteriorating, etc.) and some repair is necessary.

**Not functional** means that the toilet is broken, full or damaged in such a way that it cannot be used (e.g. squatting plate broken, etc.).

<p><b>3. Is your most recently constructed toilet facility functioning?</b></p>	<p>FULLY FUNCTIONING..... 1</p> <p>PARTIALLY FUNCTIONING..... 2</p> <p>NOT FUNCTIONING ..... 3</p> <p>DON'T KNOW ..... 4</p>	
<p><b>4. What problems do you face with the way your toilet facility is functioning?</b></p> <p><b>CHECK ALL ANSWERS PROVIDED BY RESPONDENT. DO NOT READ OFF FULL LIST.</b></p>	<p>MULTIPLE RESPONSE – SELECT ALL THAT APPLY</p> <p>NO PROBLEMS..... 1 →GO TO Q5</p> <p>BLOCKAGES ..... 2</p> <p>LOW WATER PRESSURE..... 3</p> <p>ODOR ..... 4</p> <p>UNUSABLE DURING BLOCKAGES AT NEIGHBORS.. 5</p> <p>PITS FILL UP TOO QUICKLY ..... 6</p> <p>CLEANING IS EXPENSIVE ..... 7</p> <p>NOT SAFE FOR CHILDREN ..... 8</p> <p>OTHER (SPECIFY)..... 9</p>	
<p>a. What do you think is the source of the problem?</p> <p><b>CHECK ALL ANSWERS PROVIDED BY RESPONDENT. DO NOT READ OFF FULL LIST.</b></p>	<p>MULTIPLE RESPONSE – SELECT ALL THAT APPLY</p> <p>UTILITY INFRASTRUCTURE ..... 1</p> <p>LOCAL INFRASTRUCTURE ..... 2</p> <p>HOUSEHOLD INFRASTRUCTURE..... 3</p> <p>OTHER (SPECIFY)..... 4</p>	
<p><b>5. Was there a problem in the past 12 months that prevented this toilet facility from being used temporarily?</b></p>	<p>YES..... 1</p> <p>NO ..... 2 → GO TO Q6</p>	
<p>a. If yes, how long ago was the last time this happened?</p>	<p>Number of months</p>	
<p>b. For how many days did it remain unusable?</p>	<p>Number of days</p>	
<p>c. What did your household do during that period?</p> <p><b>CHECK ALL ANSWERS PROVIDED BY RESPONDENT. DO NOT READ OFF FULL LIST.</b></p>	<p>MULTIPLE RESPONSE</p> <p>BUILT TEMPORARY LATRINE/TOILET ..... 1</p> <p>USE NEIGHBOR'S LATRINE/TOILET ..... 2</p> <p>OTHER (SPECIFY)..... 3</p>	

6. How satisfied are you with your household's toilet facility?	TO A GREAT EXTENT.....1 SOMEWHAT SATISFIED.....2 SOMEWHAT DISSATISFIED.....3 DISSATISFIED.....4	
7. Who in your household regularly cleans the toilet facility?	ADULT FEMALES ..... 1 ADULT MALES.....2 FEMALES UNDER AGE 15.....3 MALES UNDER AGE 15 .....4 OTHER (SPECIFY).....5	
8. Who in your household is responsible to make sure that the toilet facility works properly?	ADULT FEMALES ..... 1 ADULT MALES.....2 FEMALES UNDER AGE 15.....3 MALES UNDER AGE 15 .....4 OTHER (SPECIFY).....5	
9. How much did your household spend over the past 12 months for cleaning and maintaining the toilet facilities, including the cost of detergents and other materials used?	SOMONI	

10. Does your household have a latrine?	YES.....1 NO.....2 → GO TO Q13	
11. When was the last time this latrine pit or tank was emptied?	MONTH/YEAR NEVER.....99 → GO TO (b) DON'T KNOW .....98	
a. If emptied, who emptied the latrine?  <b>PROBE, BUT DO NOT READ OFF FULL LIST.</b>	MULTIPLE RESPONSE – SELECT ALL THAT APPLY  MALE HOUSEHOLD MEMBER (MANUALLY) ..... 1 MALE HOUSEHOLD MEMBER (MECHANICALLY) .... 2 FEMALE HOUSEHOLD MEMBER (MANUALLY) ..... 3 FEMALE HOUSEHOLD MEMBER (MECHANICALLY) 4 PAID PERSON (MANUALLY) ..... 5 PAID PERSON (MECHANICALLY) ..... 6 OTHER (SPECIFY).....7	
b. How much would it normally cost to empty the latrine?	SOMONI	→ GO TO Q12
c. Does your household build a new latrine each time a latrine is full?	YES.....1 NO.....2 SOMETIMES...3	
12. I would like to ask you about the costs of purchasing and installing your latrine, including construction fees, installation charges and costs of the hardware. If you were to install this latrine today, how much would it cost?	SOMONI	
a. Of this amount, how much is for the latrine materials (excluding fees for construction and other charges)?	SOMONI DON'T KNOW .....98	
b. How much was for construction and installation services? (Write "0" if HH member installed for free)	SOMONI DON'T KNOW .....98	
c. How much was for any adaptations for disability or special needs?	SOMONI DON'T KNOW .....98	
d. How much was for other costs? (specify and record)	SOMONI DON'T KNOW .....98	
e. When did you install this latrine? (the most recent, if more than one)	MONTH/YEAR	

f. How long do you think this latrine will last until you will be required to build a new one?	MONTHS (if response in years, convert to months)	
g. Did you receive any money or subsidy from the government or any other agency to help you install the latrine?	YES.....1 NO.....2 →GO TO Q13	
h. How much did you receive?	SOMONI	

<b>13. Are you connected to a piped sewage system?</b>	YES...1 NO...2 →GO TO (b)	
a. If yes, when there is a problem with the sewage system, who do you complain to?  <b>CHECK ALL ANSWERS PROVIDED BY RESPONDENT. DO NOT READ OFF FULL LIST.</b>	MULTIPLE RESPONSE – SELECT ALL THAT APPLY MAHALLA LEADER.....1 JAMAAT.....2 HUKUMAT.....3 LOCAL WATER BOARD OFFICIAL.....4 WATER SERVICE PROVIDER.....5 WATER CONSUMER ASSOCIATION.....6 CONSUMER UNION OF TAJIKISTAN.....7 OTHERS (SPECIFY).....8 DON'T KNOW.....9	→GO TO Q14
b. If no, why are you not connected to a piped sewage system?  <b>CHECK ALL ANSWERS PROVIDED BY RESPONDENT. DO NOT READ OFF FULL LIST.</b>	MULTIPLE RESPONSE – SELECT ALL THAT APPLY PIPE NETWORK UNAVAILABLE IN AREA..... 1 NOT ENOUGH FUNDS IN COMMUNITY ..... 2 NOT ENOUGH FUNDS IN HOUSEHOLD..... 3 OTHER (SPECIFY).....4	
c. Would you like to connect to a piped sewage system?	YES...1 → GO TO Q14 NO...2	
d. Why don't you want to connect to a piped sewage system?  <b>CHECK ALL ANSWERS PROVIDED BY RESPONDENT. DO NOT READ OFF FULL LIST.</b>	MULTIPLE RESPONSE – SELECT ALL THAT APPLY NOBODY PROPOSED TO INSTALL....1 TOO EXPENSIVE.....2 PIPES BREAK EASILY .....3 IT WILL AFFECT WATER AVAILABILITY.....4 OTHER (SPECIFY).....5	

**Present the following scenario to the household [FOR TOWNS AND CITIES]**

I would now like you to imagine an ideal scenario, but this time thinking about your local sewage system. Again, the scenario is not meant to be the same as the level of service currently available where you live, it is only meant to be an example. In this scenario, suppose that Water Kanal were to offer to replace or construct a new sewage system in your neighborhood. The new system would be reliable, would be maintained on a regular basis, and would not easily become clogged. Customers would be required to connect to the new system.

<b>14.</b> Suppose that a vote were held in [NAME OF TOWN] regarding a project to build a modern sewage system like the one described. If the price of a connection were [1440, 1920, 2400, 2880, 3360, 3840] Somoni, would you vote for the new sewage project or against it?	VOTE FOR IT.....1 → GO TO Q15 VOTE AGAINST IT.....2	
a) If no, how much would your household be willing to pay?	SOMONI	

<b>15.</b> Now suppose that the modern sewage supply system were installed in [NAME OF TOWN]. Would your household want to be connected to this system if the monthly fee were [4.5, 5.5, 6.5, 7.5, 8.5] Somoni per person?	WILLING TO PAY FOR SERVICE ..... 1 → GO TO NEXT SECTION NOT WILLING TO PAY FOR SERVICE ..... 2	
a) If no, how much would your household be willing to pay?	SOMONI	

Present the following scenario to the household [**FOR RURAL**]

I would now like you to imagine an ideal scenario, but this time thinking about local latrine and septic tank emptying services. Again, the scenario is not meant to be the same as the level of service currently available where you live, it is only meant to be an example. In this scenario, imagine that a new company came to [village] and offered latrine or septic tank emptying services. The company would safely dispose of the latrine contents for you.

<b>16.</b> Would your household want to have this service if it were to cost [200, 250, 300, 350, 400] Somoni per truck trip? (truck capacity is 6 cubic meters)	WILLING TO PAY ..... 1 → GO TO Q17 NOT WILLING TO PAY ..... 2	
a) If no, how much would your household be willing to pay?	SOMONI	

Now imagine the company were to offer a new septic tank system that you could install. The system would be clean and would not smell, or easily clog. The system would not often need to be emptied, and when needed, cleaning would be simple and low cost.

<b>17.</b> Would your household want to have this system if it were to cost [2400, 3200, 4000, 4800, 5600, 6400, 7200] Somoni?	WILLING TO PAY ..... 1 → GOTO NEXT SECTION NOT WILLING TO PAY ..... 2	
a) If no, how much would your household be willing to pay?	SOMONI	

## B. Hygiene Practices

<b>1.</b> Have you used soap today or yesterday?	YES.....1 NO.....2 → NEXT QUESTION					
a. If yes, what did you use it for?  <b>CHECK ALL ANSWERS PROVIDED BY RESPONDENT. DO NOT READ OFF FULL LIST.</b>	MULTIPLE RESPONSE – SELECT ALL THAT APPLY  WASHING CLOTHES.....1 WASHING MY BODY .....2 WASHING CHILD'S BOTTOM.....3 WASHING CHILD'S HANDS.....4 WASHING HANDS AFTER DEFECATING.....5 WASHING HANDS AFTER CLEANING CHILD.....6 WASHING HANDS BEFORE FEEDING CHILD.....7 WASHING HANDS BEFORE PREPARING FOOD.....8 WASHING HANDS BEFORE EATING.....9 WASHING HANDS BEFORE GOING OUT.....10 WASHING HANDS BEFORE RECEIVING VISITORS...11 OTHER (SPECIFY).....12					

<p><b>2. When do you think it is important for a young child (5 years or older) to wash hands or have his/her hands washed?</b></p> <p><b>CHECK ALL ANSWERS PROVIDED BY RESPONDENT. DO NOT READ OFF FULL LIST.</b></p>	<p>MULTIPLE RESPONSE – SELECT ALL THAT APPLY</p> <p>BEFORE EATING..... 1  AFTER EATING ..... 2  AFTER DEFECATING ..... 3  BEFORE GOING OUT ..... 4  OTHER (SPECIFY)..... 5</p>	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>										
<p><b>3. (IF CHILDREN UNDER AGE OF 15) Do children in this household wash their hands during the day when they are in school?</b></p>	<p>YES.....1  NO.....2  DO NOT KNOW .....99</p>	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>										
<p><b>4. (IF CHILDREN UNDER AGE OF 15) In the schools attended by children in your household, is water and soap provided?</b></p>	<p>WATER AND SOAP IS PROVIDED.....1  WATER IS AVAILABLE BUT NOT SOAP.....2  SOAP IS AVAILABLE BUT NOT WATER.....3  NEITHER WATER NOR SOAP.....4 →GO TO Q6  DON'T KNOW.....99→GO TO Q6</p>	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>										
<p><b>5. (IF CHILDREN UNDER AGE OF 15) Do you consider the quality of water and soap in schools adequate for children to wash their hands?</b></p>	<p>ADEQUATE.....1  MODERATELY ADEQUATE.....2  MODERATELY INADEQUATE....3  INADEQUATE....4  DO NOT KNOW.....99</p>	<table border="1"> <tr> <td></td> <td>WATER</td> <td>SOAP</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		WATER	SOAP							
	WATER	SOAP										
<p><b>6. (IF CHILDREN UNDER AGE OF 15) Is toilet paper provided in the schools attended by the children in your household?</b></p>	<p>YES.....1  NO.....2  DON'T KNOW.....99</p>	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>										
<p><b>7. (IF CHILDREN UNDER AGE OF 5) Think about the last time a child member of your household under age 5 passed stools. Where did he or she defecate?</b></p>	<p>USED TOILET FACILITY ..... 1  USED POTTY ..... 2  USED DISPOSABLE DIAPERS ..... 3  USED REUSABLE CLOTH DIAPERS ..... 4  WENT IN YARD..... 5  WENT OUTSIDE PREMISES ..... 6  WENT IN CLOTHES ..... 7  OTHER (SPECIFY)..... 8</p>	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>										
<p><b>8. (IF CHILDREN UNDER AGE OF 5) Last time a child member of your household passed stools, what was done to dispose of the stools?</b></p>	<p>CHILD USED TOILET OR LATRINE ..... 1  PUT/RINSED INTO TOILET OR LATRINE ..... 2  PUT/RINSED INTO DRAIN OR DITCH ..... 3  THROWN INTO GARBAGE..... 4  BURIED..... 5  LEFT IT IN THE OPEN ..... 6  OTHER (SPECIFY)..... 7</p>	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>										

**9. Have any household members, under each of the following age groups, had any of these symptoms in the last month?**

Age group	a. Fever	b. Headache	c. Constant Cough	d. Runny Nose/Stuffy Nose/Congestion	e. Panting/ wheezing/ difficulty breathing	f. Vomiting	g. Stomach ache
Children under age 1							
Children 1≤age<5							
Children 5≤age<15							
Adults age 15 or above							

Age group	h.	i.	j.	k.	l.	m.
	Bloody urine	Blood in stool	Mucus in stool	Refuse to feed/eat	Skin itching on the body or scalp	Eye infection
Children under age 1						
Children 1≤age<5						
Children 5≤age<15						
Adults age 15 or above						

10. Now I would like to ask you some questions about diarrhea for both the children and adult members of your household. Diarrhea is defined as the passage of three or more loose or liquid stools per day.		Children under age 1	Children 1≤age<5	Children 5≤age<15	Adults Age ≥ 15
a. How often do your household members get diarrhea in total over the summer months?	No. of times				
b. On average, how many days does an episode of diarrhea last in summer?	No. of days				
c. How often do your household members get diarrhea in total over the winter months?	No. of times				
d. On average, how many days does an episode of diarrhea last in winter?	No. of days				
e. What do you normally do to treat diarrhea symptoms?  <b>CHECK ALL ANSWERS PROVIDED BY RESPONDENT. DO NOT READ OFF FULL LIST.</b>	MULTIPLE RESPONSE – SELECT ALL THAT APPLY  NO TREATMENT.....1 PILL OR SYRUP.....2 INJECTION.....3 INTRAVENOUS FLUID (IV) .....4 TRADITIONAL REMEDIES .....5 ORAL REHYDRATION SOLUTION.....6 HOMEMADE SUGAR/SALT WATER .....7 OTHER(SPECIFY).....8 DON'T KNOW.....99				
f. In the 2015-2016 academic year, how many total school days were missed by children (ages 5 and above) due to diarrhea?	No. of days				

<b>11. Now I would like to ask you some questions about all members of your household.</b>		
a. In the past 12 months, how many total working days have household members 15 years or above, missed due to diarrhea?	No. of Days	
b. In the past 12 months, how many total working days have household members missed due to caring for a household diarrhea patient?	No. of Days	
c. During the last month, has anyone in this household visited any health facility due to diarrhea?	YES.....1 → GO TO (d) NO, BUT HAD DIARRHEA.....2 NO, HAD NO DIARRHEA....3 → GO TO (d)	
1. If not, why not?  <b>CHECK ALL ANSWERS PROVIDED BY RESPONDENT. DO NOT READ OFF FULL LIST.</b>	SELECT / TICK ALL THAT APPLY: TOO EXPENSIVE.....1 TOO FAR / NO TRANSPORTATION.....2 TOO BUSY (WORK/CHILDREN).....3 WASN'T SICK ENOUGH.....4 DISSATISFIED WITH FACILITY (POOR STRUCTURE/DIRTY ENVIRONMENT, POORLY STOCKED, INCONVENIENT HOURS, LONG WAIT).....5 DISSATISFIED WITH FACILITY STAFF (QUALITY OF CARE, ABSENT STAFF) .....6 TRIED BUT CLINIC CLOSED OR HEALTH WORKER NOT THERE.....7 PREFER HOME CARE.....8 OTHER, SPECIFY.....9	
d. During the last month, how many days in total did this member (or these members) receive care at a health facility?	NUMBER OF DAYS DO NOT KNOW.....-99	
e. Has anyone in your household passed away (died) due to diarrhea in the last 12 months?	YES.....1 NO .....2→ GO TO Q12	
f. How old was this person?	NUMBER OF YEARS DO NOT KNOW .....-99	

12. How can you tell that a household member has diarrhea?  <b>CHECK ALL ANSWERS PROVIDED BY RESPONDENT. DO NOT READ OFF FULL LIST.</b>	MULTIPLE RESPONSE – SELECT ALL THAT APPLY LOOSE OR WATERY STOOL.....1 BLOOD OR MUCUS IN STOOL .....2 FREQUENT STOOLS.....3 ABDOMINAL PAIN.....4 SOFT PART OF HEAD SUNKEN.....5 FEVER .....6 VOMITING.....7 NAUSEA.....8 WEAKNESS (LOSS OF WEIGHT, NOT EATING OR DRINKING WELL).....9 DEHYDRATION (MARKED THIRST, DRIED LIPS, NO TEARS).....10 LOSS OF SENSE (DIZZINESS, MENTAL STUPOR)..11 HEADACHE.....12 CHILD IS TIRED / MOODY / CRIES A LOT.....13 OTHER (SPECIFY).....14 DON'T KNOW.....15	
13. What do you think is the main cause of diarrhea for children?	MULTIPLE RESPONSE – SELECT ALL THAT APPLY EATING STALE FOODS.....1 EATING FOOD FROM STREET VENDORS...2 EATING FOOD TOUCHED BY FLIES.....3 UNCLEAN / SMELLY FOOD.....4 DRINKING DIRTY WATER.....5	

<p><b>CHECK ALL ANSWERS PROVIDED BY RESPONDENT. DO NOT READ OFF FULL LIST.</b></p>	<p>USING DIRTY LATRINES .....6  IF OTHER PEOPLE DEFECATING IN RIVER.....7  IF OTHER PEOPLE DEFECATING IN RIVER OR OTHER OPEN SPACE (YARD/RICE FIELD/BEACH/ETC).....8  NOT WASHING HANDS WITH WATER .....9  NOT WASHING HANDS WITH SOAP AND WATER.....10  BAD WEATHER / WEATHER CHANGE.....11  EXPOSURE TO SUN .....12  TEETHING / NEW TEETH.....13  SOME TYPES OF VACCINES.....14  DIRTY HOUSEHOLD .....15  UNCLEAN NEIGHBORHOOD / VILLAGE.....16</p>	
<p><b>14. Do you think diarrhea can be prevented?</b></p>	<p>YES.....1  NO.....2 → GO TO Q16  DON'T KNOW...3 → GO TO Q16</p>	
<p><b>15. If yes, how do you think it can be prevented?</b></p> <p><b>CHECK ALL ANSWERS PROVIDED BY RESPONDENT. DO NOT READ OFF FULL LIST.</b></p>	<p>MULTIPLE RESPONSE – DON'T PROMPT</p> <p>WASH HANDS ..... 1  USE SOAP ..... 2  USE TOILET/LATRINE TO DEFECATE ..... 3  BURY FECES.....4  DISPOSE CHILDREN'S FECES IN TOILET.....5  TREAT WATER ..... 6  VITAMIN A ..... 7  DISPOSE GARBAGE IN A PIT.....8  BREASTFEEDING UNTIL 6 MONTHS OF AGE ..... 9  MEASLES VACCINATION ..... 10  OTHER (SPECIFY).....11</p>	
<p>a. What can the community as a whole do to prevent diarrhea?</p> <p><b>CHECK ALL ANSWERS PROVIDED BY RESPONDENT. DO NOT READ OFF FULL LIST.</b></p>	<p>MULTIPLE RESPONSE – DON'T PROMPT</p> <p>PROVIDE CLEAN WATER ..... 1  HELP CONSTRUCT LATRINES ..... 2  NO OPEN DEFECATION ..... 3  MAKE WATER DISINFECTANTS AVAILABLE ..... 4  CLEAN VILLAGE CAMPAIGNS ..... 5  IMPROVE HEALTH FACILITIES ..... 6  MAKE MATERIALS FOR LATRINE CONSTRUCTION AVAILABLE..... 7  OTHER (SPECIFY)..... 8</p>	

16.	17.	18.	19.	20.	21.
<p>Has anyone in your household suffered the following health problems during the past 12 months?</p>	<p>YES.....1  NO.....2  → Next health problem  DON'T KNOW...3</p>	<p><b>During the last 12 months, has anyone in this household visited any health facility due to this disease?</b></p> <p><b>No. of members.</b></p>	<p><b>In the academic year 2015-2016, how many school days did children (ages 5 and above) and adults in school, miss due to this disease?</b></p> <p><b>No. of days.</b></p>	<p><b>In the past 12 months, how many working days have household members 15 years or above missed due to this disease?</b></p> <p><b>No. of days.</b></p>	<p><b>In the past 12 months, how many working days have household members missed due to caring for a household member with this disease?</b></p> <p><b>No. of days.</b></p>
i. Gastrointestinal disorders					
ii. Typhoid					
iii. Cholera					
iv. Dysentery					
v. Hepatitis					
vi. Blood disease or anemia					

vii.	Diseases related to iodine deficiency					
viii.	Diseases related to musculoskeletal system (bones, joints)					
ix.	Back pain					
x.	Respiratory diseases					
xi.	Others (specify)					

**G. Health Expenditures.**

<p><b>1. In the past 12 months, did your household have any expenses related to illness, injury or any other health problems?</b>          YES.....1          NO.....2→ Q10</p>	
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<b>HH member ID</b>	<b>2.</b> How much did your household pay for official payment or government approved price?  NO COST → WRITE "0"	<b>3.</b> How much did your household pay for medicines prescribed by a doctor?  NO COST → WRITE "0"	<b>4.</b> How much did your household pay for medication NOT prescribed by a doctor?  NO COST → WRITE "0"	<b>5.</b> How much did your household pay for laboratory tests?  NO COST → WRITE "0"	<b>6.</b> How much did your household pay for physician advice or service?  NO COST → WRITE "0"	<b>7.</b> How much did your household pay for rehabilitation services and/or equipment for household member(s) with a disability?  NO COST → WRITE "0"	<b>8.</b> How much did your household pay on other health-related expenses?  NO COST → WRITE "0"	<b>9.</b> Currency USD.....1 SOMONI....2 RUBLE.....3 OTHER (SPEC.)...4	<b>10.</b> TOTAL AMOUNT COSTS  FILL ONLY IF HH COSTS CANNOT BE SEPARATED

<p><b>10. In the past 12 months, did your household have any expenses related to any waterborne illnesses, such as diarrhea, cholera, typhoid, etc.?</b>          YES.....1          NO.....2→ Q22</p>	
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<b>11.</b>	<b>12.</b>	<b>13.</b>	<b>14.</b>	<b>15.</b>	<b>17.</b>	<b>18.</b>	<b>19.</b>	<b>20.</b>	<b>21.</b>	<b>22.</b>
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<b>Waterborne Illness</b>	Has any household member have expenses related to the following illness?  YES.....1 NO.....2→ SKIP TO NEXT ILLNESS	Provider consultation, lab fees, and patient fees	Insurance payments	Medication /Drugs (from any source; tablet, medicinal syrup, etc.)	Injection	ORS – Oral Rehydration Salts	Water	Transport to clinic or health worker	Other, specify	Currency USD.....1 SOMONI...2 RUBLE.....3 OTHER (SPEC.)...4	Were any of these expenditures covered by the insurance?  If yes, how much did the insurance pay (include everything)? SOMONI  If no, enter 0.
Diarrhea											
Typhoid											
Cholera											
Dysentery											
Hepatitis											
Other											

<b>23.</b>	<b>a.</b>	<b>b.</b>	<b>c.</b>	<b>d.</b>	<b>e.</b>	<b>f.</b>	<b>g.</b>
<b>In the last year, has anyone in your household borrowed or obtained credit or loans to cover a health cost associated with waterborne illnesses?</b>  <b>Please only include credits that were used for health expenses related to waterborne illness</b>  YES.....1 NO.....2 → END	How much did you / they borrow in total over the last 12 months?  SOMONI	Who provided the greatest amount of credit?  RELATIVES.....1 FRIENDS.....2 MONEY LENDER.....3 TRADER OR STORE....4 EMPLOYER.....5 LANDLORD.....6 COMMUNITY CREDIT ORGANIZATION/SHG...7 COMMERCIAL BANK...8 GOVERNMENT BANK...9 NGO.....10 MICRO FINANCE...11 OTHER (SPECIFY)...12	What did you / they provide as collateral? (choose from codes)  CULTIVABLE LAND.....1 HOMESTEAD....2 LIVESTOCK.....3 JEWELLERY.....4 FUTURE LABOR.....5 OTHER (SPECIFY).....6 NO COLLATERAL NEEDED.....7	How much has been paid on this loan?  SOMONI	How much is owed on this loan?  SOMONI	In the last 12 months, did anyone in your household receive money as a gift, to help pay for health care?  YES.....1 NO.....2	How much money did you receive in total as a gift for health care over the last 12 months?  SOMONI

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**Observations & Remarks:**

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## Water Testing

<p><b>1. As part of this survey, we are looking at the quality of household drinking water. Your household has been selected for this part of the survey and we would like to perform a simple water quality test using samples of your usual drinking water. May I start?</b></p>	<p>YES.....1 NO.....2 → END</p>	
<p>a. Could you please provide me with a glass of water that you would give to a child to drink?</p>	<p>YES.....1 NO.....2 → GO TO (b)</p>	
<p>i. Have you done anything to treat this glass of water?</p>	<p>YES.....1 NO.....2</p>	
<p>ii. If yes, what have you done to make this water safer to drink?</p>	<p>MULTIPLE RESPONSE – SELECT ALL THAT APPLY</p> <p>BOIL THE WATER.....1 ADD BLEACH/CHLORINE.....2 SIEVE IT THROUGH CLOTH.....3 WATER FILTERING DEVICE.....4 OTHER FILTER (CERAMIC, SAND, COMPOSITE).....5 LET IT STAND AND SETTLE.....6 OTHER (SPECIFY)..... 7 DON'T KNOW.....7</p>	
<p>iii. <i>PERFORM HOUSEHOLD WATER TEST</i></p>	<p>HOUSEHOLD WATER TEST CONDUCTED.....1 HOUSEHOLD WATER TEST NOT CONDUCTED.....2</p>	
<p>b. Earlier, you told us your household's main source of drinking water was [SOURCE]. Is this glass of water from that source?</p>	<p>YES.....1 → GO TO (c) NO.....2</p>	
<p>i. If no, which source is this glass of water from?</p>	<p>PIPED WATER PIPED INTO DWELLING..... 11 PIPED INTO COMPOUND, YARD OR PLOT ..... 12 PIPED TO NEIGHBOUR ..... 13 PUBLIC TAP / STANDPIPE ..... 14 TUBE WELL, BOREHOLE ..... 21 DUG WELL PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 WATER FROM SPRING PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42 RAINWATER COLLECTION ..... 51 TANKER-TRUCK ..... 61 CART WITH SMALL TANK / DRUM ..... 71 SURFACE WATER (RIVER, STREAM, DAM, LAKE, POND, CANAL, IRRIGATION CHANNEL)..... 81 BOTTLED WATER ..... 91 OTHER (SPECIFY) ..... 96</p>	
<p>c. Can you please show me the source of the glass of drinking water so that I can take a water sample from that place?</p>	<p>YES.....1 → GO TO i. WATER SOURCE WAS NOT FUNCTIONAL.....2 WATER SOURCE TOO FAR.....3 UNABLE TO ACCESS SOURCE.....4 DO NOT KNOW WHERE SOURCE IS LOCATED...5 OTHER REASON (SPECIFY).....6</p>	<p>GO TO END.</p>
<p>i. <i>PERFORM SOURCE WATER TEST</i></p>	<p>SOURCE WATER TEST CONDUCTED.....1 SOURCE WATER TEST NOT CONDUCTED.....2</p> <p>RECORD SAMPLE NUMBER:</p>	

<b>2. Water Quality Testing Results:</b> Following 24 hours of incubation the results from the water quality tests should be recorded.	
Record Day / Month / Year of recording test results: _____	
<b>a. Record results of Household water test</b>	
i. Record the pH level	pH level _ _ _
ii. Record the temperature at which the pH test was conducted (°C)	Temperature (°C) _ _ _
iii. Record the total dissolved solids (TDS) level (ppm)	TDS level (ppm) _ _ _
iv. Record the temperature at which the TDS test was conducted (°C)	Temperature (°C) _ _ _
v. Record the free chlorine concentration (mg/L)	Concentration (mg/L) _ _ _ _
vi. Record the total chlorine concentration (mg/L)	Concentration (mg/L) _ _ _ _
vii. Record the first observed nitrate concentration (mg/L)	Concentration (mg/L) _ _ _ _
viii. Record the second observed nitrate concentration (mg/L)	Concentration (mg/L) _ _ _ _
ix. Record the third observed nitrate concentration (mg/L)	Concentration (mg/L) _ _ _ _
x. Record the result of the presence/absence Total Coliforms test.	PRESENT .....1 ABSENT.....2
xi. Record the result of the presence/absence E.coli test	PRESENT .....1 ABSENT.....2
<b>b. Record results of Source water test</b>	
i. Record the pH level	pH level _ _ _
ii. Record the temperature at which the pH test was conducted (°C)	Temperature (°C) _ _ _
iii. Record the total dissolved solids (TDS) level (ppm)	TDS level (ppm) _ _ _
iv. Record the temperature at which the TDS test was conducted (°C)	Temperature (°C) _ _ _
v. Record the free chlorine concentration (mg/L)	Concentration (mg/L) _ _ _ _
vi. Record the total chlorine concentration (mg/L)	Concentration (mg/L) _ _ _ _
vii. Record the first observed nitrate concentration (mg/L)	Concentration (mg/L) _ _ _ _
viii. Record the second observed nitrate concentration (mg/L)	Concentration (mg/L) _ _ _ _
ix. Record the third observed nitrate concentration (mg/L)	Concentration (mg/L) _ _ _ _
x. Record the result of the presence/absence Total Coliforms test.	PRESENT .....1 ABSENT.....2
xi. Record the result of the presence/absence E.coli test	PRESENT .....1 ABSENT.....2

**FILL THIS PAGE AFTER THE INTERVIEW IS COMPLETED**

<b>1. Interview End Time:</b> HH:MM:SS	
<b>2. Interview Status</b>  COMPLETE.....1 HOUSE LOCKED....2 REFUSED.....3 INCOMPLETE.....4 ASKED TO COME LATER...5 DWELLING VACANT OR DESTROYED.....6	

<b>3. What language was the survey conducted in?</b> TAJIK.....1 RUSSIAN.....2 UZBEK.....3 OTHER (SPECIFY).....4	
<b>4. What was the respondent's skill in speaking and understanding the language used?</b> NO PROBLEMS .....1 LITTLE DIFFICULTY .....2 SOME DIFFICULTY.....3 SERIOUS PROBLEMS.....4	

<b>5. Was anybody present during the interview who you feel made the respondent uncomfortable or otherwise influenced the responses?</b>  YES .....1 NO.....2	<b>b. If yes, what was his/her relation with the respondent?</b>  USE ID FROM HOUSEHOLD ROSTER				
	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Influencer 1</td> <td style="width: 50%;">Influencer 2</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Influencer 1	Influencer 2		
Influencer 1	Influencer 2				

<b>6. Surveyor Name/ID:</b>	
<b>7. Supervisor name / ID:</b>	
<b>8. Was the enumerators' supervisor present during interview?</b> YES.....1 NO.....2	