|  |
| --- |
| **Data collected from all households will be uploaded through CommCare, with the date and time data collected, and the GPS location of the household. This should be automatically calculated through CommCare.** |

**SITE DETAILS**

* **Name of enumerator**
* **Location** *(will be from pull down menu, from pre-selected list of districts)*
* **Type of site**
  + Village (settled community)
  + Camp/ settlement near village
  + Camp/ settlement on an open area
  + Camp/ settlement in public building

**FAMILY DEMOGRAPHIC INFORMATION**

**Instructions to enumerator:**   
 *Provide background to the project:   
  
“The International Rescue Committee (IRC) is running a project to help communities in Nigeria, Chad, and Somalia get safer drinking water. We do this by placing small in-line chlorination (ILC) devices on community water points. These devices add the right amount of chlorine to make water safer to drink and to help prevent water-related illnesses.*

*As part of this project, IRC teams check the water quality every day and follow the costs of the system to make sure it is working well and remains affordable. We also collect feedback from community members so we can keep improving the service.*

*Your participation—such as answering a few survey questions or letting us test your water —helps us understand how well the system works and how to make it better for everyone. Thank you for supporting efforts to keep your community’s water clean and safe.”   
  
Ask to speak with the head of the household (usually the female; if absent then the eldest child; if absent, the male head of the household). Explain that you’d like to ask some questions about how they collect water and see how they store water in their home. Ask for their consent to continue the interview, and answer any question they may have.*

* **Did the household give its consent to be interviewed?**
  + Yes (skip to Sex of respondent question)
  + No (end of the form, if no consent)
* **What was the reason for refusal?** *(free text)*

***Instructions to enumerator:*** *Generate a random number with a specific format (GW + 3 letters of country + HH + 5 digits eg. GW-TCD-HH-00001) + Label  
  
\*\*Make sure to write down this number with the associated household\*\**

* **Sex of respondent** *(Circle one)*
  + Male
  + Female
  + Don’t know
* **What is your age in completed years** *(respondent)?*
* **Are there children less than 5 years old living and sleeping in this household?**
  + Yes
  + No (skip to People over 5 question)
* **How many children less than 5 years old are living and sleeping in this household?**
* **What are the ages of children less than 5 years old living and sleeping in this household?**(*if the child is less than 1 year old, enter 0 and you will be prompted to enter the age in months)*

|  |
| --- |
| **Age** |
|  |
|  |
|  |
|  |
|  |

* **How many people over 5 years old live and sleep in this household?**
* **Is there a pregnant and/or lactating mother in the household?**
  + Yes
  + No
  + Don’t know
* **Who is the primary care giver for children under 5 years?** 
  + Mother (skip to Level of education question)
  + Sister (skip to Level of education question)
  + Grandmother (skip to Level of education question)
  + Aunt (skip to Level of education question)
  + Other
* **If “Other” primary care giver, please specify.**
* **What is the level of education of the primary caregiver for children under 5 years?** 
  + No formal education (skip to Livelihood question)
  + Basic adult education (skip to Livelihood question)
  + Basic education (primary) (skip to Livelihood question)
  + Senior education (secondary) (skip to Livelihood question)
  + Tertiary education (college/university) (skip to Livelihood question)
  + Other
* **If “Other” level of education, please specify.**
* **What is the main source of livelihood for the household?** *(multiple options allowed)* 
  + Subsistence farming/food crops (skip to Disabilities question)
  + Livestock keeping (skip to Disabilities question)
  + Trade/business (skip to Disabilities question)
  + Informal employment (skip to Disabilities question)
  + Formal employment (skip to Disabilities question)
  + Humanitarian assistance (skip to Disabilities question)
  + Other
* **If “Other” source of livelihood for household, please specify.**
* **Is/are there any people with disabilities in the household?** 
  + Yes
  + No
  + Don’t know
* **Is/are there any elders (older than 65) in the household?** 
  + Yes
  + No
  + Don’t know
* **Who is the main decision maker in this household?**
* Adult male (skip to Country of origin question)
* Adult female (skip to Country of origin question)
* Don’t know (skip to Country of origin question)
* Other
* **If “Other” main decision maker, please specify.**
* **Is this your country of origin?**
* Yes (skip to Main water source question)
* No
* **Please tell me what your country of origin is** *(pull down menu, from pre-selected list of countries)*
* **What year did you arrive in the camp?** *(drop down menu - only displayed for those whose site is a camp (option 2, 3 and 4 which is asked in Type of site question)*
* **What month did you arrive in the camp?** *(drop down menu – only displayed for those whose site is a camp (option 2, 3 and 4) which is asked in Type of site question)*

**WATER: ACCESSIBILITY**

* **What is the name of the main water source used by your household?** *(free text)*
* JMP W1: **What is the MAIN source of drinking water for members of your household?** 
  + Piped water: Piped into dwelling
  + Piped water: Piped into compound, yard or plot
  + Piped water: Piped to neighbor
  + Piped water: Public tap/ standpipe
  + Borehole or tubewell
  + Dug well: protected well
  + Dug well: unprotected well
  + Water from spring: protected spring
  + Water from spring: unprotected spring
  + Rainwater collection
  + Delivered water: tanker-truck
  + Delivered water: cart with small tank/drum
  + Water Kiosk
  + Packaged water: bottled water
  + Packaged water: sachet water
  + Surface water (river, stream, dam, lake, pond, canal, irrigation channel)
  + Other
* **If “Other” source of drinking water, please specify.**
* JMP W3: **Where is the water collected from?**
  + In own dwelling
  + In own yard/ plot
  + Elsewhere
* JMP W4: **How long does it take to get to [your main water source], get water, and come back?**   
  *(this should be the entire time taken for a single round trip, including queuing, entered in minutes)*
  + Numbers of minutes
* JMP XW2: **Who usually goes to this source to fetch water for your household?**
  + Adult women (> 15 years)
  + Adult man (> 15 years)
  + Girl (< 15 years)
  + Boy (< 15 years)
* JMP XW3: **How many trips did that person make in the last week?**
* **Please tell me how many containers this person brings and fills at the water source in each trip.** *(answer: integer between 1 and 20)*
* **For each collection container, please tell me the type and size.**

|  |  |
| --- | --- |
| **TYPE** | **Size** |
|  |  |
|  |  |

* **Do you pay for water from this source?** 
  + Yes
  + No (skip to Insufficient water quantity question)
  + Don’t know (skip to Insufficient water quantity question)
* **Do you pay for water monthly or per container filled?** 
  + Monthly
  + Per container filled (skip to Local currency per container question)
* **Which local currency did you pay in for the monthly payment?**
* **How much do you pay monthly (in local currency)?**
* **Which local currency did you pay for the per container payment?**
* **How much water did you buy last time you collected water (in liters)?**
* **How much did you pay for it (in local currency)?**

**WATER: AVAILABILITY**

* JMP W5**: In the last month, has there been any time when your household did not have sufficient quantities of drinking water when needed from** [**your main water source**]?
  + Yes, at least once
  + No, always sufficient
  + Don’t know
* JMP XW6: **What was the main reason you were unable to access enough water when needed?** (select one)
  + Water is not available from source (skip to Reason of unavailable/inaccessible water question)
  + Water is too expensive (skip to Hours per day question)
  + Source is not accessible (skip to Reasons of unavailable/inaccessible water question)
  + Water source was unsafe to travel to (skip to Hours per day question)
  + Other
* **If “Other” reason, please specify** (skip to Hours per day question)
* **What was the reason that water was not available or accessible from the source?**
* Pump breakdown (mechanical, vandalism, etc.)
* The source was dry due to lack of rain/drought.
* Water point infrastructure was damaged by rains/flooding
* Access was cut off by flooding
* JMP XW7: **How many hours per day is water (from your main source) supplied on average?**
  + 24 hours per day
  + 18-24 hours per day
  + 12-17 hours per day
  + 6-11 hours per day
  + <6 hours per day
  + Don’t know
* JMP XW8: **In the past month, for how many days was water (from your main source) unavailable when needed?**
  + Don't know
  + Number of days
* **When your main source is not available what is the SECONDARY source of drinking water for members of your household?** 
  + Piped water: Piped into dwelling
  + Piped water: Piped into compound, yard or plot
  + Piped water: Piped to neighbor
  + Piped water: Public tap/ standpipe
  + Borehole or tubewell
  + Dug well: protected well
  + Dug well: unprotected well
  + Water from spring: protected spring
  + Water from spring: unprotected spring
  + Rainwater collection
  + Delivered water: tanker-truck
  + Delivered water: cart with small tank/drum
  + Water Kiosk
  + Packaged water: bottled water
  + Packaged water: sachet water
  + Surface water (river, stream, dam, lake, pond, canal, irrigation channel)
  + Other

**WATER: SAFETY/QUALITY**

* JMP XW10: **Does your household store drinking water in small containers?**
  + Yes
  + No (skip to Make water safer question)
* JMP XW10 (continued) **Can you show me?**   
  ***Instructions to enumerator:*** *observe whether containers are covered or uncovered.* 
  + Water stored in covered containers
  + Water stored in uncovered containers
  + Unable to observe (skip to Frequency of cleaning question)
* **How many containers did you observe?**
* **For each storage container, please indicate the type, size and if it is protected.**

|  |  |  |
| --- | --- | --- |
| **Type** | **Size** | **Protected (YES/ NO)** |
|  |  |  |
|  |  |  |
|  |  |  |

* **How often do you clean your water storage containers?** 
  + Every time we use them (skip to Cleaning methods question)
  + Once a week (skip to Cleaning methods question)
  + Once a month (skip to Cleaning methods question)
  + Once a year (skip to Cleaning methods question)
  + Other
  + Never (skip to Cleaning methods question)
* **If “Other” frequency of cleaning, please specify.**
* **How do you clean your water storage and collection containers?**
  + Rinsed with water only (skip to Make water safer question)
  + Scrubbed with some abrasive agent such as soap or sand then rinsed with water (skip to Make water safer question)
  + Scrubbed with brush and rinsed with water (skip to Make water safer question)
  + Containers are never cleansed (skip to Make water safer question)
  + Other
* **If “Other” way of cleaning the water storage and collection containers, please specify.**
* JMP XW13: **Have you or any other household members done anything to this water to make it safer to drink?**
  + Yes
  + No (skip to Water acceptability question)
  + Don’t know (skip to Water acceptability question)
* JMP XW14: **What do you usually do to the water to make it safer to drink?***PROBE: anything else? (record all methods used). (Multiselect)*
  + Boil (skip to Water acceptability question)
  + Add bleach/ chlorine (skip to Water acceptability question)
  + Strain it through a cloth (skip to Water acceptability question)
  + Use water filter (ceramic, sand, composite, revise osmosis, etc) (skip to Water acceptability question)
  + Solar disinfection (skip to Water acceptability question)
  + Let it stand and settle (skip to Water acceptability question)
  + Don’t know (skip to Water acceptability question)
  + Other
* **If “Other” way of making the water safer to drink, please specify.**

**WATER: ACCEPTABILITY**

* JMP XW15: **Is the water supplied from [your main water source], usually acceptable?**
  + Yes (skip to Experience with chlorinated water question)
  + No
* **If unacceptable, select the MAIN reason.** 
  + No, unacceptable taste (skip to Experience with chlorinated water question)
  + No, unacceptable color (skip to Experience with chlorinated water question)
  + No, unacceptable smell (skip to Experience with chlorinated water question)
  + No, contains material (skip to Experience with chlorinated water question)
  + No, other
  + Don’t know (skip to Experience with chlorinated water question)
* **If “Other” reason for unacceptable, please specify.**
* **Have you ever experienced drinking chlorinated water?**
* Yes
* No
* **What stops you from drinking chlorinated water regularly?** *(allow multiple choices)*
* Nothing – I drink chlorinated water regularly.
* I don’t need it - the water I collect is already clean and safe.
* I don't have access to chlorine products.
* I don't know how to treat my water with chlorine.
* Chlorine products are too expensive.
* It takes too much time to chlorinate.
* I don't like the taste of chlorinated water.
* I don't like the smell of chlorinated water
* Chlorinated water is not safe to drink.
* Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **If “Other” reason for not drinking chlorinated water, please specify.**
* **Can you name some benefits of using chlorinated water?** (*Do not read aloud, allow respondent to list. Multiple responses are allowed*)
* Kills germs and bacteria (skip to Water testing section)
* Prevents diarrhea and other disease (skip to Water testing section)
* Makes water safe(r) (skip to Water testing section)
* It is easy to use (skip to Water testing section)
* It is affordable (skip to Water testing section)
* It is available locally (skip to Water testing section)
* Saves time compared to boiling (skip to Water testing section)
* There are no benefits of using chlorinated water (skip to Water testing section)
* Don’t know (skip to Water testing section)Other
* **If “Other” reason, please specify.**

***Instructions to enumerator:*** *Tell the head of the household that you now want to collect a sample of water to test. Ask their permission.*

* **Permission received to collect a water sample?** 
  + Yes
  + No (skip to Sanitation availability section)
* ***Instructions to enumerator:*** *before taking the sample, write the Household ID # on the sampling bottle.*Where were the water samples collected?
  + A container for drinking water only
  + A storage water container for all domestic use

**SANITATION: AVAILABILITY**

* JMP S1: **What kind of toilet facility do members of your household usually use?** *(If “flush” or “pour flush”, probe: where does it flush to?...If not possible to determine, ask permission to observe the facility).* 
  + Flush/ pour flush (skip to Toilet share question)
    - Flush to piped sewer system
    - Flush to septic tank
    - Flush to pit latrine
    - Flush to open drain
    - Flush to don’t know where
  + Dry pit latrines (skip to Toilet share question)
    - Pit latrine with slab
    - Pit latrines without slab/ open pit
  + Composting toilets (skip to Toilet share question)
    - Twin pit with slab
    - Twin pit without slab
    - Other composting toilet
  + Bucket (skip to Toilet share question)
  + Container based sanitation (skip to Toilet share question)
  + Hanging toilet/ hanging latrine (skip to Toilet share question)
  + No facility/ bush/ field (skip to Toilet share question)
  + Other
* **If “Other” kind of toilet, please specify.**
* JMP S2: **Do you share this facility with others who are not members of your household?**
  + Yes
  + No (skip to Defecation in bush question)
* JMP XS1: **How many households in total use this toilet facility, including your own household?** 
  + Number of households: \_\_\_\_\_
  + Don’t know
* **Do adult members of your household sometimes defecate in the bush?** 
  + Yes
  + No (skip to Toilet location question)
  + Don’t know/not sure (skip to Toilet location question)
* **Why do they sometimes defecate in the bush?***PROBE: any other reasons?* *(multiple answers allowed)* 
  + Latrine is too far (skip to Toilet location question))
  + Too dark at night (skip to Toilet location question))
  + Fear of harassment (skip to Toilet location question))
  + Latrine is not clean (skip to Toilet location question))
  + Fear of vermin (skip to Toilet location question))
  + Not sure (skip to Toilet location question))
  + Other
* **If “Other” reason for defecating in the bush, please specify.**
* JMP S3: **Where is this toilet facility located?**
  + In own dwelling
  + In own yard/ plot
  + Elsewhere
* JMP S4: **Has your (pit latrine or septic tank) ever been emptied?** 
  + Yes, emptied
  + Never emptied (skip to Child passing stools question)
  + Don’t know (skip to Child passing stools question)
* JMP S5: **The last time it was emptied, where were the contents emptied to?**   
  *PROBE:* *Was it removed by a service provider?* 
  + Removed by service provider (skip to Child passing stools question)
    - To a treatment plant
    - Buried in a covered pit
    - To don’t know where
  + Emptied by household (skip to Child passing stools question)
    - Buried in a covered pit
    - To uncovered pit, open ground, water body or elsewhere
  + Other
  + Don’t know
* **If “Other” location where the contents where emptied to, please specify.**
* JMP XS5: **The last time [age of child] passed stools, what was done to dispose of the stools?**
  + Child used toilet/ latrine (skip to Toilet design question)
  + Put/ rinsed into toilet or latrine (skip to Toilet design question)
  + Put/ rinsed into drain or ditch (skip to Toilet design question)
  + Thrown into garbage (solid waste) (skip to Toilet design question)
  + Buried (skip to Toilet design question)
  + Left in the open (skip to Toilet design question)
  + Used as manure (skip to Toilet design question)
  + Other
  + Don’t know (skip to Toilet design question)
* **If “Other” method of disposing of the stools, please specify.**

**SANITATION: ACCEPTABILITY**

* JMP XS7: **Does the design of your toilet prevent other people seeing and hearing what you are doing when you use it?**
  + Yes, people CANNOT see me OR hear me
  + No, people can see me
  + No, people can hear me
  + No, people can both see and hear me
  + Don’t know
* JMP XS8: **Do you or other household members face any risks when using the toilets?**
  + No risks faced (skip to Observe latrine type)
  + Yes, risk to health (skip to Observe latrine type)
  + Yes, risk to harassment (skip to Observe latrine type)
  + Yes, other
* **If “Other” risks faced when using the toilet, please specify.**

**SANITATION: OBSERVATION**

* **Observe type of latrine/toilet**
* Flush or pour/flush toilet (skip to Superstructure type observation)
* Pit latrine (skip to Superstructure type observation)
* VIP Toilet (skip to Superstructure type observation)
* Composting toilet (skip to Superstructure type observation)
* Bucket toilet (skip to Superstructure type observation)
* Hanging toilet/latrine (skip to Superstructure type observation)
* None (skip to Superstructure type observation)
* Other

* **If “Other” type of latrine/ toilet, please specify.**
* **Observe the type of superstructure**
* Mud on sticks (skip to Latrine in use observation)
* Mud bricks (skip to Latrine in use observation)
* Masonry (skip to Latrine in use observation)
* Fabric (skip to Latrine in use observation)
* Metal sheet/GI sheet (skip to Latrine in use observation)
* Wood (skip to Latrine in use observation)
* Thatch/leaves (skip to Latrine in use observation)
* Other
* None (skip to Latrine in use observation)
* **If “Other” type of superstructure, please specify.**
* **Latrine/toilet in use?***(Look for signs of recent use such as footprints, water, or mud near the entrance, signs of fresh fecal matter in the pit, presence of cleaning materials, check that no vegetation is growing inside or around the pit)*
  + Yes
  + No
* **Are there signs of open defecation around the household?**
  + Yes
  + No
* **Estimated distance from dwelling to the latrine/toilet**
* Between 0 to 10m
* Between 11 to 25m
* Between 26 to 50m
* More than 50m
* **Does the toilet door have a functioning mechanism that allows you to lock from the inside?**
* Yes
* No
* **Type of slab present**
* Wood (skip to Latrine pit full observation)
* Logs (skip to Latrine pit full observation)
* Plastic (skip to Latrine pit full observation)
* Concrete (skip to Latrine pit full observation)
* Other
* None (skip to Latrine pit full observation)
* **If “Other” type of slab present, please specify.**
* **Is the latrine pit full?**
* Yes
* No
* Don’t know
* **Is there a lid on the drop hole?**
* Yes
* No

**HYGIENE**

* JMP H1: **Can you please show me where members of your household most often wash their hands?**
* Fixed facility observed (sink/ tap) (skip to Availability of water for handwashing observation)
  + In dwelling
  + In yard/ plot
* Mobile object observed (skip to Availability of water for handwashing observation)
  + Bucket/ jug/ kettle
* No handwashing place in dwelling/ yard/ plot (skip to Availability of water for handwashing observation)
* No permission to see (skip to Availability of water for handwashing observation)
* Other
* **If “Other” location where people wash their hands, please specify.**
* JMP H2: **Observe availability of water at the place for handwashing** *(verify by checking the tap/ pump, or basin, bucket, water container or similar objects for presence of water)*
  + Water is available
  + Water is not available

* JMP H3: **Observe availability of soap or detergent at the place for handwashing.**
  + Soap or detergent is available
  + Soap or detergent is not available (skip to #102)
* JMP XH2: **Record type of soap observed.** *Record all that apply* (multiselect)
  + Bar or liquid soap (skip to #98)
  + Detergent (powder/ liquid/ paste) (skip to When there is no soap question)
  + Ash/ mud/ Sand (skip to When there is no soap question)
  + Other
* **If “Other” type of soap observed, please specify.**
* **When there is no soap in your household, what do you use for hand washing?** *(Do not prompt)*
* Water only (skip to Important times for handwashing question)
* Ash (skip to Important times for handwashing question)
* Sand (skip to Important times for handwashing question)
* Do not use anything (skip to Important times for handwashing question)
* Other
* Don’t know (skip to Important times for handwashing question)
* **If “Other” way to hand wash, please specify.**
* **Please name at least 3 of the most important times when someone should wash their hands** *(multiple options can be checked)*
* Before eating (skip to Water source management question)
* Before cooking/meal preparation (skip to Water source management question)
* After defecation (skip to Water source management question)
* Before breastfeeding (skip to Water source management question)
* Before feeding children (skip to Water source management question)
* After handling a child’s stool/changing a nappy/cleaning a child’s bottom (skip to Water source management question)
* After coming from the fields or from playing (skip to Water source management question)
* Other
* Don’t know or no response given (skip to Water source management question)
* **If “Other” time to wash your hands, please specify.**

**WATER MANANGEMENT**

* **Who manages your water source?**
  + Elders (skip to Water Management Committee meeting question)
  + Committee (skip to Water Management Committee meeting question)
  + Women group (skip to Water Management Committee meeting question)
  + NGO (skip to Water Management Committee meeting question)
  + CBO/Self-help group (skip to Water Management Committee meeting question)
  + Family members (skip to Water Management Committee meeting question)
  + Youth group (skip to Water Management Committee meeting question)
  + Local leaders (skip to Water Management Committee meeting question)
  + Local government (skip to Water Management Committee meeting question)
  + Private water vendor (skip to Water Management Committee meeting question)
  + No one (skip to Water Management Committee meeting question)
  + Don’t know (skip to Water Management Committee meeting question)
  + Other
* **If “Other” person who manages the water source, please specify.**
* **Has a member of this household participated in the water management meeting(s) in the last 6 months?**
  + Yes
  + No
  + Don’t know
* **Are you satisfied with the management of your water source?**
  + Yes (skip to Way to receive info question)
  + No
* **Why are you not satisfied with the management of your water source?***(free text)*

**HEALTH INFORMATION**

* **What is the best way for you to receive new information (for example, health, parenting, or education guidance)?**
  + Talking with someone in person (conversation / discussion) (skip to Hygiene promotion session question)
  + Listening to audio messages or radio programs (skip to Hygiene promotion session question)
  + Reading handouts or written materials (skip to Hygiene promotion session question)
  + Looking at pictures or illustrated materials (skip to Hygiene promotion session question)
  + Watching videos or demonstrations (skip to Hygiene promotion session question)
  + Receiving information by phone (SMS, WhatsApp, etc.) (skip to Hygiene promotion session question)
  + Other
* **If “Other” way to receive new information, please specify.**
* **Have you or anyone in your household attended a session/meeting with community health/hygiene worker(s) or volunteers discussing health or hygiene in the last month?** 
  + Yes
  + No
  + Don’t know
* **Do you have a functioning radio in your household?**
* Yes
* No
* **Do you have a mobile phone in your household?**
* Yes
* No
* **In what ways can someone get diarrhea?** (*Do not read aloud, allow respondent to list. Multiple responses are allowed)*
* Through drinking contaminated water (skip to Diarrhea prevention question)
* Through contaminated or undercooked food (skip to Diarrhea prevention question)
* From contact with someone sick with diarrhea (skip to Diarrhea prevention question)
* From flies (skip to Diarrhea prevention question)
* Dirty unwashed hands (skip to Diarrhea prevention question)
* Through contact with feces from someone sick with diarrhea (skip to Diarrhea prevention question)
* Through contact with someone who died from diarrhea (skip to Diarrhea prevention question)
* From dirty beddings (skip to Diarrhea prevention question)
* Other
* Do not know (skip to Diarrhea prevention question)
* **If “Other” way to get diarrhea, please specify.**
* **In what ways can you prevent yourself or your household members from getting diarrhea?** (*Do not read aloud, allow respondents to list symptoms. Multiple responses are allowed)*
* Boil or treat your water/drink clean water (skip to Signs of diarrhea question)
* Use latrines (skip to Signs of diarrhea question)
* Wash hands with soap and water (skip to Signs of diarrhea question)
* Cook food well (skip to Signs of diarrhea question)
* Wash fruits and vegetables (skip to Signs of diarrhea question)
* Cleaning cooking utensils (skip to Signs of diarrhea question)
* Clean your home with bleach (skip to Signs of diarrhea question)
* Use toilet/latrine facility to defecate (skip to Signs of diarrhea question)
* Dispose of children’s faeces in toilet/latrine (skip to Signs of diarrhea question)
* Bury faeces (skip to Signs of diarrhea question)
* Store water safely (skip to Signs of diarrhea question)
* Breastfeeding babies (skip to Signs of diarrhea question)
* Other
* Don’t know (skip to Signs of diarrhea question)
* **If “Other” way to prevent getting diarrhea, please specify.**
* **What are the signs of diarrhea?** *(Do not read. Multiple responses are allowed.)*

Headache (skip to Child with diarrhea question)

Watery diarrhea (skip to Child with diarrhea question)

Vomiting (skip to Child with diarrhea question)

Fever (skip to Child with diarrhea question)

No appetite (skip to Child with diarrhea question)

Fatigue (skip to Child with diarrhea question)

Cough (skip to Child with diarrhea question)

Stomach ache (skip to Child with diarrhea question)

Pain in the limbs (skip to Child with diarrhea question)

Neck stiffness (skip to Child with diarrhea question)

Other

Don’t know (skip to Child with diarrhea question)

* **If “Other” signs of diarrhea, please specify.**

**HEALTH DATA**

***Instructions to enumerator****: let the respondent know that you would now like to ask some questions about the health of their children born in the last five years and that you will talk about each separately, starting with the youngest.*

* **Has [age of child] had diarrhea in the last two weeks?** 
  + Yes
  + No (if no for all children, skip to Person over 5 with diarrhea question)
  + Don’t know
* **Did you seek advice or treatment for diarrhea from any source?** 
  + Yes
  + No (skip to Person over 5 with diarrhea question)
  + Don’t know (skip to Person over 5 with diarrhea question)
* **Where did you seek advice or treatment?** 
  + Public sector
    - Government hospital
    - Government health center
    - Government health post
    - Mobile clinic
    - Community health worker/field worker
    - Other
  + Private medical sector
    - Private hospital
    - Private clinic
    - Pharmacy
    - Private doctor
    - Mobile clinic
    - Community health worker/ field workers
    - Other private medical sector
  + NGO medical sector
    - NGO hospital
    - NGO clinic
    - Other NGO medical sector
  + Other source
    - Shop
    - Traditional practitioner
    - Market
    - Itinerant drug seller
  + Don’t know
* **Has any person 5 years or older had diarrhea in the last two weeks?** 
  + Yes
  + No (DONE WITH SURVEY)
  + Don’t know (DONE WITH SURVEY)
* **Did you seek advice or treatment for diarrhea from any source?** 
  + Yes
  + No (DONE WITH SURVEY)
* **Where did you seek advice or treatment?**
  + Public sector
    - Government hospital
    - Government health center
    - Government health post
    - Mobile clinic
    - Community health worker/field worker
    - Other
  + Private medical sector
    - Private hospital
    - Private clinic
    - Pharmacy
    - Private doctor
    - Mobile clinic
    - Community health worker/ field workers
    - Other private medical sector
  + NGO medical sector
    - NGO hospital
    - NGO clinic
    - Other NGO medical sector
  + Other source
    - Shop
    - Traditional practitioner
    - Market
    - Itinerant drug seller

**END OF HOUSEHOLD QUESTIONNAIRE  
 *Instructions to enumerator:*** *Thank respondent for their time; remind about contact info if any questions.   
  
“Thank you for taking the time to sit and speak with me! We really appreciate all the information that you’ve provided. If you have any follow-up questions, please don’t hesitate to reach out to the number in the consent document that I gave you at the beginning of our interview.”*