** Water Quality Testing at Point of Use (August-September, 2015)**

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| **Census no** |  |  |  | **H** | **H** |  | **Survey question no** |  |  |  |  |  |

**SECTION 1: GENERAL INFORMATION OF WATER SOURCE AND HOUSEHOLD LOCATION]**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **[1.1]** | Village name |  | | |  | **[1.4]** | Union name |  | | |
| **[1.2]** | Respondent name |  | | |  | **[1.5]** | Types of dependent water sources |  | | |
| **[1.3]** | Local name of the location of the sources |  | | |  | **[1.6]** | Contact number |  | | |
| **[1.7]** | **Latitude (N)** | Degree | Minute | Second |  | **[1.8]** | **Longitude (E)** | Degree | Minute | Second |
| 22 |  |  |  | 89 |  |  |
| **[1.9]** | Local name of the location of the HH |  | | |  | **[1.10]** | HH head name |  | | |

**SECTION 2: HOUSEHOLD DISEASE AND SOCIO-ECONOMIC STATUS**

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| --- | --- | --- | --- | --- |
|  | | Questions | | Answer |
| **[2.1]** | | How many members are in the household? | |  |
| **[2.2]** | | In the last two weeks, you or any of your family member suffered by any of the following diseases? (Please follow the severity sequence) | Severe |  |
| **[2.3]** | | Moderate |  |
| **[2.4]** | | Low |  |
|  | | **Essential Code:**  **Water-borne:** 1= Diarrhea; 2= Typhoid; 3= Cholera; 4= Leprosies; 5= Jondis; 6= Indigestion; 7= Scabies; 8= Skin disease(feet/mouth/cheek etc.); 9= Arsenicosis  **Insect-borne:** 10= Malaria; 11= Dengu **Others:** 12= High pressure; 13= Fever; 14= Cold; 15= Cough; 16= Asthma; 17= Pneumonia; 18= Vomiting; 19= Hook warm; 20= Skin disease; 21=Mental disease; 22= Diabetics; 23= Heart disease; 24= Kidney disease; 25= Sexual disease; 26= Cancer; 27= Eye infection; 28= Headache; 99= Others (please mention)..... | | |
| **[2.5]** | | Do you have facility of soap and water for hand washing? (Yes=1 and No=2) | |  |
| **[2.6]** | Last year, how much money were spend in your HH for health related expenditure? (Amount in Bangladeshi currency) | |  |
| **[2.7]** | Last month, how much money were spend in your HH for health related expenditure? (Amount in Bangladeshi currency) | |  |
| **[2.8]** | Currently, what is the monthly income in the household? (Amount in Bangladeshi currency) | |  |
| **[2.9]** | Last year, how much money were earn by your household members? (Amount in Bangladeshi currency) | |  |
| **[2.**10**]** | According to own evaluation, what is the condition of your household comparing others in the village? (Code: 1=Rich, 2=Solvent; 3=Poor; 4=Ultra-poor) | |  |

**SECTION 3: DRINKING WATER CONDITION AND WILLINGNESS TO PAY**

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| --- | --- | --- | --- |
|  | Questions | Code | Answer |
| **[3.1]** | Per day, how much drinking water necessary for your household? | In liter |  |
| **[3.2]** | What are the major problems in your drinking water sources? (Multipole answer) | Arsenic=1; High iron=2; High salinity=3; Not clear=4; Bad smell=5; Oily material=6; Clear/good/normal=7; No problem=8 |  |
| **[3.3]** | How much satisfied you are about the availability and sufficiency of water on your drinking water sources? | Highly satisfied=1; Satisfied=2; Dissatisfied=3; Highly dissatisfied=4 |  |
| **[3.4]** | What are the good sides of existing drinking water sources? (Multipole answer) | Safe water source=1; Good water quality=2; Purchasing drinking water from that source=3; People coming from far to collect drinking water=4; Getting sufficient water=5; Others (please specify…………...) |  |
| **[3.5]** | What are the negative sides of existing drinking water sources? (Multipole answer) | SafeNot sure about quality of water=1; Social barrier to collect water=2; Communication facilities not well=3; Water source condition bad or broken platform=4; No problem at all=5; Others (please specify…………) |  |
| **[3.6]** | Are you willing to pay for solving drinking water problem for your household? | 1=Yes; 2=No |  |
| **[3.7]** | If yes, how much money you can spend per week? | 1=20 BDT; 2=50 BDT; 3=100 BDT; 4=200 BDT; 5=300 BDT; 6=500 BDT |  |
| **[3.8]** | What type of facilities you want so that you will purchase safe drinking water? | 1=Pipe water supply; 2=Receiving gallon water at home; 3=No problem to purchase water from a certain place; 4=Do not know; Others (please specify………) |  |

**SECTION 4: WATER QUALITY TEST RESULT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Water Quality Parameter** | **Sampling Date** | **Sampling Time** | **Parameter unit** | **Test Result** | **Remarks** |
| **[4.1]** | Temperature |  |  | OC |  |  |
| **[4.2]** | Electrical Conductivity |  | **type** | µS/cm |  |  |
| **[4.3]** | Iron concentration |  |  | ppm |  |  |
| **[4.4]** | Arsenic concentration |  |  | ppb |  |  |
| **[4.5]** | Total coliform |  |  | CFU/100 ml |  |  |
| **[4.6]** | *E.Coli* |  |  | CFU/100 ml |  |  |
| **[4.7]** | Fecal Coliform |  |  | CFU/100 ml |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Date: (DD/MM/YY) | Surveyor | Name: | | Cross/Re-checked by | Name: | |
|  | ID No. | Signature: | ID No. | Signature: |