

QUESTIONNAIRE FOR HOUSEHOLD SURVEY ON SAFE WATER (KRISHNA) SUPPLY AND CONSUMPTION PRACTICES IN SEVERELY AFFECTED AREAS

INTERVIEWER DETAILS

Name: _____ Date: _____ Start Time: _____ End Time: _____

Mandal: _____ GP: _____ Habitation: _____

Team Number: _____ Geo Co-ordinates [location]: _____

Instruction to Interviewer: please use pencils and circle the code where applicable and write the answers in legible hand writing in the spaces provided for responses.

I. Profile of the HH

1. Participant's Full Name: _____

2. Age: _____ 3. Gender: _____

4. Location/Address: _____

5. Family Size: _____

(a) Men: _____ (b) Women: _____ (c) Children <5yrs: _____ (d) Children 5-14 yrs: _____

(e) Elderly: _____

6. How many members in the Household are employed? _____

7. What is your landholding size and what is your major crop? _____

8. Educational qualification of the participant: _____

9. Is there a toilet in your house? Yes/No Remarks: _____

II. WATER SOURCES AVAILABILITY - PREFERENCES SNAPSHOT

10. Please indicate what sources of water do you use for different purposes

	Household supply (Piped connection Krishna water)	Public tap - krishna water	GP supply - Ground water	Neighbors' Piped connection	Hand pump	Comm unity Well	RO Center/ RO Delivery	HH Bore well	Water Tanker	Lakes/ ponds etc	Others (mention here)
Drinking											
Cooking											
Cleaning Utensils											
Cleaning House											
Washing Clothes											
Bathing											
Toilet use											
Domestic											

Animals											
Kitchen Garden											
Agricultural fields											
Other											

III. PUBLIC TAP [KRISHNA WATER] SUPPLY

11. How far is the Public Tap from your Household? _____
(a) < 250m (b) 251-500m (c) > 500m
12. Who fetches the water most often? (write relationship) _____
13. How long does it take for the person fetching water to go and get back (including waiting time)?(in mins.) _____
14. What is the frequency of the water supply through the public tap?
(a) More than once a day (b) Once a day (c) Once in 2 days (d) Once in 3 days (e) Other: _____
15. How many hours is the supply for? _____
16. Is this frequency the same throughout all seasons? Yes/ No (for 3 seasons) _____
Remarks: _____
17. Do you use this water for drinking? Yes/ No
18. Do you use this water for cooking? Yes/ No
19. Is the frequency sufficient for your Household's drinking/cooking water need? Yes/ No
20. If not, what are the other sources you use? _____
21. Does your water have a foul smell? Yes/No
22. Does the water look clean? Yes/No
23. When was your public water tank last cleaned? _____
24. Please rate your satisfaction with water supply
(a) Extremely satisfied (b) Moderate (c) Dissatisfied (d) Remarks: _____

III. WATER SUPPLY AND COSTS

25. Do you Pay for Water Supply? Yes/ No
26. If Yes, How much do you pay per month?
(a) Krishna Water - _____
(b) Ground Water - _____
27. Have there been any issues with your water supply? Yes/No
(a) Irregular water supply (b) malfunctioning of taps (c) Line breaks (d) Contaminated water
(e) Others: _____
28. Have you made any complaint with regard to water supply? Yes/No

29. Has the problem been solved? Yes/ No Remarks: _____

30. Have you incurred any other costs for water supply? Yes/No Remarks: _____

IV. ALTERNATE SOURCES AND COSTS (Based on Q.10) _____

31. How far is this source from your house? _____

32. How long does it take for you to fetch water and return (in mins)? _____

33. How many times do you make these trips per day? _____

34. Who fetches the water? _____

35. Do you pay for this source? Yes/ No

36. If Yes, How much? _____

37. Do you prefer this alternate source over Krishna Water? Yes/No

38. Why? _____

V. HEALTH ASPECTS

39. Are you aware of fluoride and its affect on health? Yes/ No Remarks: _____

40. Have you or any of your family members experience any joint pains or stiff neck or other symptoms?

Yes/ No Remarks: _____

(Check for Dental Fluorosis in Children: _____)

41. How did you get this information? _____

42. Have you heard/seen others in your community suffer from Fluorosis? Yes/No Remarks: _____

43. What brand of toothpaste you use ?

44. Is there any other information you would want us to know regarding safe water supply: _____

VI. NUTRITION

45. What type of food according to you would reduce incidence of Fluorosis? _____

46. Do you consume Milk - how many litres/day? _____

47. How frequently do you consume leafy vegetables? _____

48. Is there an intake of til/groundnuts? Yes/No Remarks: _____

49. Are you aware of fluoride resistant foods and fluoride affecting foods? Aware : yes/no _____