

State Name: _____

District Name: _____

Block Name: _____

Village Name: _____

GP Code:

| | | |
|--|--|--|
| | | |
|--|--|--|

W S P I M P A C T E V A L U A T I O N – W Q A N D F E C A L B O O K

Baseline 2009

Please give a brief introduction to study and remind the respondent of the main survey the team had done.

Explain her the purpose of stool and water testing and seek permission.

Answer any questions.

Give stool container for collection to the PCG. Explain her the procedure.

Collect household stool and water samples first and then community samples

This Page is Intentionally Left Blank

Instruction for PCG who will collect Stool Samples

- (1) Please collect samples only from a child who is at least 6 months of age BUT less than 24 months of age. If you have multiple children in this age range, then we want stool sample from the oldest child in this age range.

E. g., if three children of age 4 months, 18 months and 25 months in one household. Then 1st child is not eligible. And we will select the second child for stool sample because third child is more than 2 years old. Please verify that household is willing to provide stool samples.

- (2) PLEASE READ THE FOLLOWING CONSENT AND RECORD ANSWER IN FIRST QUESTION: N35.15:

As part of this survey, we are asking households from many GPs to provide a child stool sample. We will test this sample in a lab for any worms parasites. By participating you be helping the government to develop programs to prevent and treat diarrhea in children. We ask that the oldest child under 2 years to provide a stool sample. The result will be kept confidential. You can decide to allow your child to provide a sample or you can say no. It is up to you. Do you have any questions? Will you allow [NAME OF OLDEST UNDER 24 MONTHS] to provide a stool sample and help us collect it as per the procedure described to you?

- (3) Instruction for PCG who will collect Stool Samples: Please collect the samples as follows

- a. Let the child pass stool on a paper or other clean surface. The stool cannot be passed on floor or other places where dirt is present. If stool is thin or watery, then collect it in some jar
- b. The stool on the paper or in jar should be transferred using this spoon [SHOW PLASTIC SPOON]. Please transfer 3 spoons full of stool in this container [SHOW CONTAINER]. Then tightly close the cap of the container and store it in elevated and cool place, not in direct sun light, away from window, and away from children reach.
- c. Please make sure that urine is not mixed with stool samples
- d. I am noting the name of the child whose sample is to be collected on this container. Make sure you collect only his stool and not someone else.
- e. Please be careful in transferring stool in bottles. It should not be on sides or on cap of the bottle. The bottle should not any stool on outside. If you accidently have stool on outside then wipe it with dray cloth. Please make sure that numbers written on the bottle are not erased and make sure to tell the collector about this problem.
- f. At the time of sample collection, remember its color – watery – presence of blood – and time. Tomorrow we will ask question related to this.

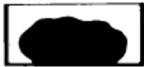
- (4) Do you have any question? ANSWER ANY DOUBTS THEY HAVE

GIVE PCG SAMPLE BOTTLE WITH PROPER INFORMATION WRITTEN. GIVE THE SPOON AND NEWS PAER IF REQUIRED. ASK HER TO STORE SAMPLES SAFELY UNTIL YOU RETURN AGAIN TO COLLECT THEM.

This Page is Intentionally Left Blank

34. Fecal Sampling (Copy 1 of 6) (MS/CS)

A fecal sample should be collected for the oldest child under 2 years of age BUT at least 6 months of age

| | | | | |
|---------|---|---|---|---|
| N34.16 | HAVE YOU (ENUMERATOR) READ THE CONSENT IN THE FRONT OF FAMILY AND IS HOUSEHOLD AGREED TO PROCEED FURTHER? | AGREED..... Not agreed | 1 2 | Proceed Replace with next hh on list |
| N34.15 | PLEASE WRITE FECAL SAMPLE BOTTLE STICKER ID AND HHID. PASTE SAMPLE BOTTLE STICKER ID | PASTE SAMPLE BOTTLE STICKER ID <input style="width: 150px; height: 25px;" type="text"/> | | WRITE HHID from main qre: <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> |
| N.34.1 | LIST FOLLOWING INFORMATION BEFORE LEAVING THE HOUSE. Name of child whose stool is collected: <hr style="width: 200px; margin-left: 0;"/> Name of PCG who will collect stool: <hr style="width: 200px; margin-left: 0;"/> | ID CODE <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> | | COLLECT THE REMAINING INFORMATION WHEN YOU COLLECT STOOL SAMPLES |
| G.34.4 | Did [NAME SELECTED FOR STOOL SAMPLE] have diarrhea on day of stool collection? (diarrhea: More than 3 stools in a day. Need not be watery) | Yes No | 1 2 | |
| G.34.7 | RECORD THE DATE AND TIME OF SAMPLE COLLECTION | (Day/ Month/ Year) <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> HH : MM <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> : <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> (24 Hr format) | | |
| G.34.8 | OBSERVE / ASK: STOOL CONSISTENCY <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">  Formed1 </div> <div style="text-align: center;">  Soft2 </div> </div> <div style="display: flex; justify-content: space-around; align-items: flex-start; margin-top: 10px;"> <div style="text-align: center;">  Loose...3 </div> <div style="text-align: center;">  Watery...4 </div> </div> | FORMED SOFT LOOSE WATERY | 1 2 3 4 | OPEN TO SAMPLE BOTTLE AND OBSERVE THE REMAINING. IF NOT POSSIBLE TO OBSERVE THEN ASK TO PCG WHO COLLECTED SAMPLES FROM CHILD |
| G.34.9 | OBSERVE / ASK: COLOR OF STOOL (SINGLE CODE) | YELLOW..... GREEN..... WHITE/ GRAY..... RED..... BLACK..... BROWN..... | 1 2 3 4 5 6 | |
| G.34.10 | OBSERVE / ASK: WAS THERE BLOOD PRESENT IN STOOL? | Yes No | 1 2 | |
| N.34.12 | PLEASE VERIFY THAT YOU HAVE ADDED DOUBLE THE QUANTITY OF FORMALINE (1 PART STOOL ATHEN ADD 2 PART FORMALINE). PLEASE THOUTOUGHLY MIX STOOL BY SHAKING. RECORD ALL INFORMATION ON ALL FORMS | PLEASE CONFIRM THAT YOU HAVE FOLLOWED COLLECTION PROTOCOL AND FILLED ALL FOIRMS | <input style="width: 20px; height: 20px;" type="checkbox"/> | |

34. Fecal Sampling (Copy 2 of 6) (MS/CS)

A fecal sample should be collected for the oldest child under 2 years of age BUT at least 6 months of age

| | | | | |
|---------|--|---|---|---|
| N34.16 | HAVE YOU READ FOLLOWING CONSENT IN THE FRONT OF FAMILY AND IS HOUSEHOLD AGREED TO PROCEED FURTHER? | AGREED..... Not agreed | 1 2 | Proceed Replace with next hh on list |
| N34.15 | PLEASE WRITE FECAL SAMPLE BOTTLE STICKER ID AND HHID. PASTE SAMPLE BOTTLE STICKER ID | PASTE SAMPLE BOTTLE STICKER ID <input style="width: 150px; height: 20px;" type="text"/> | | WRITE HHID from main qre: <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> |
| N.34.1 | LIST FOLLOWING INFORMATION BEFORE LEAVING THE HOUSE. Name of child whose stool is collected: <hr/> Name of PCG who will collect stool: <hr/> | ID CODE <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> | | COLLECT THE REMAINING INFORMATION WHEN YOU COLLECT STOOL SAMPLES |
| G.34.4 | Did [NAME SELECTED FOR STOOL SAMPLE] have diarrhea on day of stool collection? (diarrhea: More than 3 stools in a day. Need not be watery) | Yes No | 1 2 | |
| G.34.7 | RECORD THE DATE AND TIME OF SAMPLE COLLECTION | (Day/ Month/ Year) <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> HH : MM <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> (24 Hr format) | | |
| G.34.8 | OBSERVE / ASK: STOOL CONSISTENCY   Formed1 Soft2   Loose...3 Watery...4 | FORMED SOFT LOOSE WATERY | 1 2 3 4 | OPEN TO SAMPLE BOTTLE AND OBSERVE THE REMAINING. IF NOT POSSIBLE TO OBSERVE THEN ASK TO PCG WHO COLLECTED SAMPLES FROM CHILD |
| G.34.9 | OBSERVE / ASK: COLOR OF STOOL (SINGLE CODE) | YELLOW..... GREEN..... WHITE/ GRAY RED..... BLACK..... BROWN..... | 1 2 3 4 5 6 | |
| G.34.10 | OBSERVE / ASK: WAS THERE BLOOD PRESENT IN STOOL? | Yes No | 1 2 | |
| N.34.12 | PLEASE VERIFY THAT YOU HAVE ADDED DOUBLE THE QUANTITY OF FORMALINE (1 PART STOOL ATHEN ADD 2 PART FORMALINE). PLEASE THOUTOUGHLY MIX STOOL BY SHAKING. RECORD ALL INFORMATION ON ALL FORMS | PLEASE CONFIRM THAT YOU HAVE FOLLOWED COLLECTION PROTOCOL AND FILLED ALL FOIRMS | <input style="width: 20px; height: 20px;" type="checkbox"/> | |

34. Fecal Sampling (copy 3 of 6) (MS/CS)

A fecal sample should be collected for the oldest child under 2 years of age BUT at least 6 months of age

| | | | | |
|---------|--|---|---|---|
| N34.16 | HAVE YOU READ FOLLOWING CONSENT IN THE FRONT OF FAMILY AND IS HOUSEHOLD AGREED TO PROCEED FURTHER? | AGREED..... Not agreed | 1 2 | Proceed Replace with next hh on list |
| N34.15 | PLEASE WRITE FECAL SAMPLE BOTTLE STICKER ID AND HHID. PASTE SAMPLE BOTTLE STICKER ID | PASTE SAMPLE BOTTLE STICKER ID <input style="width: 150px; height: 25px;" type="text"/> | | WRITE HHID from main qre: <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> |
| N.34.1 | LIST FOLLOWING INFORMATION BEFORE LEAVING THE HOUSE. Name of child whose stool is collected: <hr/> Name of PCG who will collect stool: <hr/> | ID CODE <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> | | COLLECT THE REMAINING INFORMATION WHEN YOU COLLECT STOOL SAMPLES |
| G.34.4 | Did [NAME SELECTED FOR STOOL SAMPLE] have diarrhea on day of stool collection? (diarrhea: More than 3 stools in a day. Need not be watery) | Yes No | 1 2 | |
| G.34.7 | RECORD THE DATE AND TIME OF SAMPLE COLLECTION | (Day/ Month/ Year) <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> HH : MM <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> : <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> (24 Hr format) | | |
| G.34.8 | OBSERVE / ASK: STOOL CONSISTENCY   Formed1 Soft2   Loose...3 Watery...4 | FORMED SOFT LOOSE WATERY | 1 2 3 4 | OPEN TO SAMPLE BOTTLE AND OBSERVE THE REMAINING. IF NOT POSSIBLE TO OBSERVE THEN ASK TO PCG WHO COLLECTED SAMPLES FROM CHILD |
| G.34.9 | OBSERVE / ASK: COLOR OF STOOL (SINGLE CODE) | YELLOW..... GREEN..... WHITE/ GRAY RED..... BLACK..... BROWN..... | 1 2 3 4 5 6 | |
| G.34.10 | OBSERVE / ASK: WAS THERE BLOOD PRESENT IN STOOL? | Yes No | 1 2 | |
| N.34.12 | PLEASE VERIFY THAT YOU HAVE ADDED DOUBLE THE QUANTITY OF FORMALINE (1 PART STOOL ATHEN ADD 2 PART FORMALINE). PLEASE THOUTOUGHLY MIX STOOL BY SHAKING. RECORD ALL INFORMATION ON ALL FORMS | PLEASE CONFIRM THAT YOU HAVE FOLLOWED COLLECTION PROTOCOL AND FILLED ALL FOIRMS | <input style="width: 20px; height: 20px;" type="checkbox"/> | |

34. Fecal Sampling (copy 4 of 6) (MS/CS)

A fecal sample should be collected for the oldest child under 2 years of age BUT at least 6 months of age

| | | | | |
|---------|--|---|---|---|
| N34.16 | HAVE YOU READ FOLLOWING CONSENT IN THE FRONT OF FAMILY AND IS HOUSEHOLD AGREED TO PROCEED FURTHER? | AGREED..... Not agreed | 1 2 | Proceed Replace with next hh on list |
| N34.15 | PLEASE WRITE FECAL SAMPLE BOTTLE STICKER ID AND HHID. PASTE SAMPLE BOTTLE STICKER ID | PASTE SAMPLE BOTTLE STICKER ID <input style="width: 150px; height: 25px;" type="text"/> | | WRITE HHID from main qre: <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> |
| N.34.1 | LIST FOLLOWING INFORMATION BEFORE LEAVING THE HOUSE. Name of child whose stool is collected: <hr/> Name of PCG who will collect stool: <hr/> | ID CODE <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> | | COLLECT THE REMAINING INFORMATION WHEN YOU COLLECT STOOL SAMPLES |
| G.34.4 | Did [NAME SELECTED FOR STOOL SAMPLE] have diarrhea on day of stool collection? (diarrhea: More than 3 stools in a day. Need not be watery) | Yes No | 1 2 | |
| G.34.7 | RECORD THE DATE AND TIME OF SAMPLE COLLECTION | (Day/ Month/ Year) <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> HH : MM <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> : <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> (24 Hr format) | | |
| G.34.8 | OBSERVE / ASK: STOOL CONSISTENCY   Formed1 Soft2   Loose...3 Watery...4 | FORMED SOFT LOOSE WATERY | 1 2 3 4 | OPEN TO SAMPLE BOTTLE AND OBSERVE THE REMAINING. IF NOT POSSIBLE TO OBSERVE THEN ASK TO PCG WHO COLLECTED SAMPLES FROM CHILD |
| G.34.9 | OBSERVE / ASK: COLOR OF STOOL (SINGLE CODE) | YELLOW..... GREEN..... WHITE/ GRAY RED..... BLACK..... BROWN..... | 1 2 3 4 5 6 | |
| G.34.10 | OBSERVE / ASK: WAS THERE BLOOD PRESENT IN STOOL? | Yes No | 1 2 | |
| N.34.12 | PLEASE VERIFY THAT YOU HAVE ADDED DOUBLE THE QUANTITY OF FORMALINE (1 PART STOOL ATHEN ADD 2 PART FORMALINE). PLEASE THOUTOUGHLY MIX STOOL BY SHAKING. RECORD ALL INFORMATION ON ALL FORMS | PLEASE CONFIRM THAT YOU HAVE FOLLOWED COLLECTION PROTOCOL AND FILLED ALL FOIRMS | <input style="width: 20px; height: 20px;" type="checkbox"/> | |

34. Fecal Sampling (copy 5 of 6) (MS/CS)

A fecal sample should be collected for the oldest child under 2 years of age BUT at least 6 months of age

| | | | | |
|---------|---|---|---|---|
| N34.16 | HAVE YOU READ FOLLOWING CONSENT IN THE FRONT OF FAMILY AND IS HOUSEHOLD AGREED TO PROCEED FURTHER? | AGREED..... Not agreed | 1 2 | Proceed Replace with next hh on list |
| N34.15 | PLEASE WRITE FECAL SAMPLE BOTTLE STICKER ID AND HHID. PASTE SAMPLE BOTTLE STICKER ID | PASTE SAMPLE BOTTLE STICKER ID <input style="width: 150px; height: 20px;" type="text"/> | | WRITE HHID from main qre: <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> |
| N.34.1 | LIST FOLLOWING INFORMATION BEFORE LEAVING THE HOUSE. Name of child whose stool is collected: <hr/> Name of PCG who will collect stool: <hr/> | ID CODE <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> | | COLLECT THE REMAINING INFORMATION WHEN YOU COLLECT STOOL SAMPLES |
| G.34.4 | Did [NAME SELECTED FOR STOOL SAMPLE] have diarrhea on day of stool collection? (diarrhea: More than 3 stools in a day. Need not be watery) | Yes No | 1 2 | |
| G.34.7 | RECORD THE DATE AND TIME OF SAMPLE COLLECTION | (Day/ Month/ Year) <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> HH : MM <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> : <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> (24 Hr format) | | |
| G.34.8 | OBSERVE / ASK: STOOL CONSISTENCY <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">  Formed1 </div> <div style="text-align: center;">  Soft2 </div> </div> <div style="display: flex; justify-content: space-around; align-items: flex-start; margin-top: 10px;"> <div style="text-align: center;">  Loose...3 </div> <div style="text-align: center;">  Watery...4 </div> </div> | FORMED SOFT LOOSE WATERY | 1 2 3 4 | OPEN TO SAMPLE BOTTLE AND OBSERVE THE REMAINING. IF NOT POSSIBLE TO OBSERVE THEN ASK TO PCG WHO COLLECTED SAMPLES FROM CHILD |
| G.34.9 | OBSERVE / ASK: COLOR OF STOOL (SINGLE CODE) | YELLOW..... GREEN..... WHITE/ GRAY RED..... BLACK..... BROWN..... | 1 2 3 4 5 6 | |
| G.34.10 | OBSERVE / ASK: WAS THERE BLOOD PRESENT IN STOOL? | Yes No | 1 2 | |
| N.34.12 | PLEASE VERIFY THAT YOU HAVE ADDED DOUBLE THE QUANTITY OF FORMALINE (1 PART STOOL ATHEN ADD 2 PART FORMALINE). PLEASE THOUTOUGHLY MIX STOOL BY SHAKING. RECORD ALL INFORMATION ON ALL FORMS | PLEASE CONFIRM THAT YOU HAVE FOLLOWED COLLECTION PROTOCOL AND FILLED ALL FOIRMS | <input style="width: 20px; height: 20px;" type="checkbox"/> | |

34. Fecal Sampling (copy 6 of 6) (MS/CS)

A fecal sample should be collected for the oldest child under 2 years of age BUT at least 6 months of age

| | | | | |
|---------|--|---|---|--|
| N34.16 | HAVE YOU READ FOLLOWING CONSENT IN THE FRONT OF FAMILY AND IS HOUSEHOLD AGREED TO PROCEED FURTHER? | AGREED..... Not agreed | 1 2 | Proceed Replace with next hh on list |
| N34.15 | PLEASE WRITE FECAL SAMPLE BOTTLE STICKER ID AND HHID. PASTE SAMPLE BOTTLE STICKER ID | PASTE SAMPLE BOTTLE STICKER ID <div style="border: 1px solid black; width: 150px; height: 30px; margin: 5px auto;"></div> | | WRITE HHID from main qre: <div style="display: flex; justify-content: center; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> |
| N.34.1 | LIST FOLLOWING INFORMATION BEFORE LEAVING THE HOUSE. Name of child whose stool is collected: <hr style="width: 250px; margin-left: 0;"/> Name of PCG who will collect stool: <hr style="width: 250px; margin-left: 0;"/> | ID CODE <div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> | | COLLECT THE REMAINING INFORMATION WHEN YOU COLLECT STOOL SAMPLES |
| G.34.4 | Did [NAME SELECTED FOR STOOL SAMPLE] have diarrhea on day of stool collection? (diarrhea: More than 3 stools in a day. Need not be watery) | Yes No | 1 2 | |
| G.34.7 | RECORD THE DATE AND TIME OF SAMPLE COLLECTION | (Day/ Month/ Year) <div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> HH : MM <div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> (24 Hr format) | | |
| G.34.8 | OBSERVE / ASK: STOOL CONSISTENCY <div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> <div style="text-align: center;">  Formed1 </div> <div style="text-align: center;">  Soft2 </div> </div> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  Loose...3 </div> <div style="text-align: center;">  Watery...4 </div> </div> | FORMED SOFT LOOSE WATERY | 1 2 3 4 | OPEN TO SAMPLE BOTTLE AND OBSERVE THE REMAINING. IF NOT POSSIBLE TO OBSERVE THEN ASK TO PCG WHO COLLECTED SAMPLES FROM CHILD |
| G.34.9 | OBSERVE / ASK: COLOR OF STOOL (SINGLE CODE) | YELLOW..... GREEN..... WHITE/ GRAY RED..... BLACK..... BROWN..... | 1 2 3 4 5 6 | |
| G.34.10 | OBSERVE / ASK: WAS THERE BLOOD PRESENT IN STOOL? | Yes No | 1 2 | |
| N.34.12 | PLEASE VERIFY THAT YOU HAVE ADDED DOUBLE THE QUANTITY OF FORMALINE (1 PART STOOL ATHEN ADD 2 PART FORMALINE). PLEASE THOUTOUGHLY MIX STOOL BY SHAKING. RECORD ALL INFORMATION ON ALL FORMS | PLEASE CONFIRM THAT YOU HAVE FOLLOWED COLLECTION PROTOCOL AND FILLED ALL FOIRMS | <div style="border: 2px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> | |

HOUSEHOLD DRINKING WATER SAMPLE (COPY 1 OF 6)

Please collect sample of drinking water from the same households where you collect stool samples. complete this form for each household water sample. Always take sample from the main drinking water container not from the tap in home (if applicable). Ask the Household to give you water from the container and then put it in samples bottle. Don't collect from source yourself.

N601. HHID:

N602. Copy barcode printed on sample bottle:

N603. TIME OF SAMPLE COLLECTION: *Note in 24 Hr format:* HH: MM:

Now, I am going to ask about the source from where you collected this water.

| SN | SOURCE TYPE | N605 | N606 | N607 | N608 | N609 | N610 |
|----|------------------------------|--|--|--|---|---|------|
| | | Have you collected this drinking water you gave me from a [SOURCE]? (1) Yes [>> ASK remaining Questions] (2) No [>> Go to next SOURCE] | Is this [SOURCE] public or private? (1) Public (2) Private | How long ago did you collect water from this source and have stored before giving it to me? (One day = 24 hrs. past) Don't know....-99 Hours | PLEASE ASK THE ADDRESS / LOCATION OF THIS SOURCE. LATERON, CONFIRM WHETHER YOU HAVE COLLECTED SAMPLES FROM THIS SOURCE OR NOT. HAVE YOU COLLECTED WATER FROM THIS [SOURCE]? (1) YES [>> PLEASE CODE THE NEXT TWO COLUMNS] (2) NO | PLEASE CODE ONLY IF SOURCE SAMPLES ARE COLLECTED FROM THIS SOURCE. Write the bottle Sticker ID of the source sample Please write SN / ID of this source (e.g. 01, 02, ..., 09) | |
| 1 | Tap / Pipeline | 1 2 | | | | | |
| 2 | Protected Dug well | 1 2 | | | | | |
| 3 | Unprotected Dug well | 1 2 | | | | | |
| 4 | Bore Well / Hand pump | 1 2 | | | | | |
| 5 | Tube well with electric pump | 1 2 | | | | | |
| 6 | Protected Spring | 1 2 | 1 2 | | 1 2 | | |
| 7 | Unprotected Spring | 1 2 | | | | | |
| 8 | River/stream/Canal | 1 2 | | | | | |
| 9 | Lake/pond/Barrage/Dam | 1 2 | | | | | |
| 10 | Shallow Tank | 1 2 | | | | | |
| 95 | Other (specify _____) | 1 2 | | | | | |

HOUSEHOLD DRINKING WATER SAMPLE (COPY 2 OF 6)

Please collect sample of drinking water from the same households where you collect stool samples. complete this form for each household water sample. Always take sample from the main drinking water container not from the tap in home (if applicable). Ask the Household to give you water from the container and then put it in samples bottle. Don't collect from source yourself.

N601. HHID:

N602. Copy barcode printed on sample bottle:

N603. TIME OF SAMPLE COLLECTION: *Note in 24 Hr format:*

| | |
|-----|-----|
| HH: | MM: |
|-----|-----|

Now, I am going to ask about the source from where you collected this water.

| SN | SOURCE TYPE | N605 | N606 | N607 | N608 | N609 | N610 |
|----|------------------------------|--|--|---|---|---|------|
| | | Have you collected this drinking water you gave me from a [SOURCE]? (1) Yes [>> ASK remaining Questions] (2) No [>> Go to next SOURCE] | Is this [SOURCE] public or private? (1) Public (2) Private | How long ago did you collect water from this source and have stored before giving it to me? (One day = 24 hrs. past) Don't know.....-99 Hours | PLEASE ASK THE ADDRESS / LOCATION OF THIS SOURCE. LATERON, CONFIRM WHETHER YOU HAVE COLLECTED SAMPLES FROM THIS SOURCE OR NOT. HAVE YOU COLLECTED WATER FROM THIS [SOURCE]? (1) YES [>> PLEASE CODE THE NEXT TWO COLUMNS] (2) NO | PLEASE CODE ONLY IF SOURCE SAMPLES ARE COLLECTED FROM THIS SOURCE. Write the bottle Sticker ID of the source sample Please write SN / ID of this source (e.g. 01, 02, ..., 09) | |
| 1 | Tap / Pipeline | 1 2 | | | | | |
| 2 | Protected Dug well | 1 2 | | | | | |
| 3 | Unprotected Dug well | 1 2 | | | | | |
| 4 | Bore Well / Hand pump | 1 2 | | | | | |
| 5 | Tube well with electric pump | 1 2 | | | | | |
| 6 | Protected Spring | 1 2 | 1 2 | | 1 2 | | |
| 7 | Unprotected Spring | 1 2 | | | | | |
| 8 | River/stream/Canal | 1 2 | | | | | |
| 9 | Lake/pond/Barrage/Dam | 1 2 | | | | | |
| 10 | Shallow Tank | 1 2 | | | | | |
| 95 | Other (specify _____) | 1 2 | | | | | |

HOUSEHOLD DRINKING WATER SAMPLE (COPY 3 OF 6)

Please collect sample of drinking water from the same households where you collect stool samples. complete this form for each household water sample. Always take sample from the main drinking water container not from the tap in home (if applicable). Ask the Household to give you water from the container and then put it in samples bottle. Don't collect from source yourself.

N601. HHID:

N602. Copy barcode printed on sample bottle:

N603. TIME OF SAMPLE COLLECTION: Note in 24 Hr format: **HH:** **MM:**

Now, I am going to ask about the source from where you collected this water.

| SN | SOURCE TYPE | N605 | N606 | N607 | N608 | N609 | N610 |
|----|------------------------------|--|--|---|---|--|--|
| | | Have you collected this drinking water you gave me from a [SOURCE]? (1) Yes [>> ASK remaining Questions] (2) No [>> Go to next SOURCE] | Is this [SOURCE] public or private? (1) Public (2) Private | How long ago did you collect water from this source and have stored before giving it to me? (One day = 24 hrs. past) Don't know.....-99 Hours | PLEASE ASK THE ADDRESS / LOCATION OF THIS SOURCE. LATERON, CONFIRM WHETHER YOU HAVE COLLECTED SAMPLES FROM THIS SOURCE OR NOT. HAVE YOU COLLECTED WATER FROM THIS [SOURCE]? (1) YES [>> PLEASE CODE THE NEXT TWO COLUMNS] (2) NO | PLEASE CODE ONLY IF SOURCE SAMPLES ARE COLLECTED FROM THIS SOURCE. Write the bottle Sticker ID of the source sample | Please write SN / ID of this source (e.g. 01, 02, ..., 09) |
| 1 | Tap / Pipeline | 1 2 | | | | | |
| 2 | Protected Dug well | 1 2 | | | | | |
| 3 | Unprotected Dug well | 1 2 | | | | | |
| 4 | Bore Well / Hand pump | 1 2 | | | | | |
| 5 | Tube well with electric pump | 1 2 | | | | | |
| 6 | Protected Spring | 1 2 | 1 2 | | 1 2 | | |
| 7 | Unprotected Spring | 1 2 | | | | | |
| 8 | River/stream/Canal | 1 2 | | | | | |
| 9 | Lake/pond/Barrage/Dam | 1 2 | | | | | |
| 10 | Shallow Tank | 1 2 | | | | | |
| 95 | Other (specify _____) | 1 2 | | | | | |

HOUSEHOLD DRINKING WATER SAMPLE (COPY 4 OF 6)

Please collect sample of drinking water from the same households where you collect stool samples. complete this form for each household water sample. Always take sample from the main drinking water container not from the tap in home (if applicable). Ask the Household to give you water from the container and then put it in samples bottle. Don't collect from source yourself.

N601. HHID:

N602. Copy barcode printed on sample bottle:

N603. TIME OF SAMPLE COLLECTION: *Note in 24 Hr format:* HH: MM:

Now, I am going to ask about the source from where you collected this water.

| SN | SOURCE TYPE | N605 | N606 | N607 | N608 | N609 | N610 |
|----|------------------------------|--|--|---|---|--|--|
| | | Have you collected this drinking water you gave me from a [SOURCE]? (1) Yes [>> ASK remaining Questions] (2) No [>> Go to next SOURCE] | Is this [SOURCE] public or private? (1) Public (2) Private | How long ago did you collect water from this source and have stored before giving it to me? (One day = 24 hrs. past) Don't know.....-99 Hours | PLEASE ASK THE ADDRESS / LOCATION OF THIS SOURCE. LATERON, CONFIRM WHETHER YOU HAVE COLLECTED SAMPLES FROM THIS SOURCE OR NOT. HAVE YOU COLLECTED WATER FROM THIS [SOURCE]? (1) YES [>> PLEASE CODE THE NEXT TWO COLUMNS] (2) NO | PLEASE CODE ONLY IF SOURCE SAMPLES ARE COLLECTED FROM THIS SOURCE. Write the bottle Sticker ID of the source sample | Please write SN / ID of this source (e.g. 01, 02, ..., 09) |
| 1 | Tap / Pipeline | 1 2 | | | | | |
| 2 | Protected Dug well | 1 2 | | | | | |
| 3 | Unprotected Dug well | 1 2 | | | | | |
| 4 | Bore Well / Hand pump | 1 2 | | | | | |
| 5 | Tube well with electric pump | 1 2 | | | | | |
| 6 | Protected Spring | 1 2 | 1 2 | | 1 2 | | |
| 7 | Unprotected Spring | 1 2 | | | | | |
| 8 | River/stream/Canal | 1 2 | | | | | |
| 9 | Lake/pond/Barrage/Dam | 1 2 | | | | | |
| 10 | Shallow Tank | 1 2 | | | | | |
| 95 | Other (specify _____) | 1 2 | | | | | |

HOUSEHOLD DRINKING WATER SAMPLE (COPY 5 OF 6)

Please collect sample of drinking water from the same households where you collect stool samples. complete this form for each household water sample. Always take sample from the main drinking water container not from the tap in home (if applicable). Ask the Household to give you water from the container and then put it in samples bottle. Don't collect from source yourself.

N601. HHID:

N602. Copy barcode printed on sample bottle:

N603. TIME OF SAMPLE COLLECTION: *Note in 24 Hr format:* HH: MM:

Now, I am going to ask about the source from where you collected this water.

| SN | SOURCE TYPE | N605 | N606 | N607 | N608 | N609 | N610 |
|----|------------------------------|--|--|--|---|--|--|
| | | Have you collected this drinking water you gave me from a [SOURCE]? (1) Yes [>> ASK remaining Questions] (2) No [>> Go to next SOURCE] | Is this [SOURCE] public or private? (1) Public (2) Private | How long ago did you collect water from this source and have stored before giving it to me? (One day = 24 hrs. past) Don't know....-99 Hours | PLEASE ASK THE ADDRESS / LOCATION OF THIS SOURCE. LATERON, CONFIRM WHETHER YOU HAVE COLLECTED SAMPLES FROM THIS SOURCE OR NOT. HAVE YOU COLLECTED WATER FROM THIS [SOURCE]? (1) YES [>> PLEASE CODE THE NEXT TWO COLUMNS] (2) NO | PLEASE CODE ONLY IF SOURCE SAMPLES ARE COLLECTED FROM THIS SOURCE. Write the bottle Sticker ID of the source sample | Please write SN / ID of this source (e.g. 01, 02, ..., 09) |
| 1 | Tap / Pipeline | 1 2 | | | | | |
| 2 | Protected Dug well | 1 2 | | | | | |
| 3 | Unprotected Dug well | 1 2 | | | | | |
| 4 | Bore Well / Hand pump | 1 2 | | | | | |
| 5 | Tube well with electric pump | 1 2 | | | | | |
| 6 | Protected Spring | 1 2 | 1 2 | | 1 2 | | |
| 7 | Unprotected Spring | 1 2 | | | | | |
| 8 | River/stream/Canal | 1 2 | | | | | |
| 9 | Lake/pond/Barrage/Dam | 1 2 | | | | | |
| 10 | Shallow Tank | 1 2 | | | | | |
| 95 | Other (specify _____) | 1 2 | | | | | |

HOUSEHOLD DRINKING WATER SAMPLE (COPY 6 OF 6)

Please collect sample of drinking water from the same households where you collect stool samples. complete this form for each household water sample. Always take sample from the main drinking water container not from the tap in home (if applicable). Ask the Household to give you water from the container and then put it in samples bottle. Don't collect from source yourself.

N601. HHID:

N602. Copy barcode printed on sample bottle:

N603. TIME OF SAMPLE COLLECTION: *Note in 24 Hr format:* HH: MM:

Now, I am going to ask about the source from where you collected this water.

| SN | SOURCE TYPE | N605 | N606 | N607 | N608 | N609 | N610 |
|----|------------------------------|--|--|--|---|--|--|
| | | Have you collected this drinking water you gave me from a [SOURCE]? (1) Yes [>> ASK remaining Questions] (2) No [>> Go to next SOURCE] | Is this [SOURCE] public or private? (1) Public (2) Private | How long ago did you collect water from this source and have stored before giving it to me? (One day = 24 hrs. past) Don't know....-99 Hours | PLEASE ASK THE ADDRESS / LOCATION OF THIS SOURCE. LATERON, CONFIRM WHETHER YOU HAVE COLLECTED SAMPLES FROM THIS SOURCE OR NOT. HAVE YOU COLLECTED WATER FROM THIS [SOURCE]? (1) YES [>> PLEASE CODE THE NEXT TWO COLUMNS] (2) NO | PLEASE CODE ONLY IF SOURCE SAMPLES ARE COLLECTED FROM THIS SOURCE. Write the bottle Sticker ID of the source sample | Please write SN / ID of this source (e.g. 01, 02, ..., 09) |
| 1 | Tap / Pipeline | 1 2 | | | | | |
| 2 | Protected Dug well | 1 2 | | | | | |
| 3 | Unprotected Dug well | 1 2 | | | | | |
| 4 | Bore Well / Hand pump | 1 2 | | | | | |
| 5 | Tube well with electric pump | 1 2 | | | | | |
| 6 | Protected Spring | 1 2 | 1 2 | | 1 2 | | |
| 7 | Unprotected Spring | 1 2 | | | | | |
| 8 | River/stream/Canal | 1 2 | | | | | |
| 9 | Lake/pond/Barrage/Dam | 1 2 | | | | | |
| 10 | Shallow Tank | 1 2 | | | | | |
| 95 | Other (specify _____) | 1 2 | | | | | |

SOURCE SAMPLE LISTING SHEET

Use this sheet to list water sources so that you give unique ID to each source and also help find these sources when you go to collect samples. The unique ID will be village code + SN. This sheet is only for field facilitation and not data entry. Please save this sheet carefully for later access.

GP Name: _____

GP Code (001 to 160):

| SN | Source Type, Location and Detailed Address | Bottle Bar Code |
|----|--|-----------------|
| 01 | | |
| 02 | | |
| 03 | | |
| 04 | | |
| 05 | | |
| 06 | | |
| 07 | | |
| 08 | | |
| 09 | | |
| 10 | | |

DRINKING WATER SOURCE SAMPLES (COPY 1 OF 9)

Please fill this page for each "in-use" drinking water source. That is, if there are 4 in use water sources, then this questionnaire page needs to be filled 4 times. Please finish household sample collection first. Collect samples from ALL sources mentioned by the six households → you can get maximum 6 sources like this. Then, if required additional samples to ensure that the following minimum requirement is met in each village:

Minimum Requirement = 2 hand pumps, 1 dug well, 2 public tap, 1 surface water. If a village does not have any of the above sources used for drinking, then you dont have to collect those samples. Most likely you will meet the above minimum requirement when you collect source samples from the sources used by 6 households. In a village the number of source samples can thus range from 4 to 9.

N701. GP CODE (e.g. 001 to 160)

| | | |
|--|--|--|
| | | |
|--|--|--|

N702. SOURCE SN NO

(e.g. 01 to 09)

| | |
|--|--|
| | |
|--|--|

N703. BOTTLE STICKER CODE

| |
|--|
| |
|--|

N704. SAMPLE COLLECTION TIME

(24 hr format)

| |
|---|
| HH % <u> </u> <u> </u> MM % <u> </u> <u> </u> |
|---|

N705. SOURCE ADDRESS/ LOCATION:

| SN | TYPE OF SOURCES | N706 | N707 | N708 | N709 |
|----|------------------------------|--|---|--|--|
| | | PLEASE NOTE THE TYPE OF THE SOURCE YOU HAVE COLLECTED SAMPLE FROM (1) COLLECTED | IS THIS [SOURCE] PUBLIC OR PRIVATE? (1) PUBLIC (2) PRIVATE (AT HOSUEHOLD) | PLEASE NOTE THE CONDITION OF THE SOURCE. (MULTIPLE CODE) (1) THE SURROUNDING AREA IS PAVED (2) PROPER SPILLED WATER DISPOSAL CHANNEL (3) THE SIDE WALLS ARE SUFFICIENTLY TALL (4) THE SOURCE IS COVERED (5) PROPER PROVISION TO EXTRACT WATER (6) GOOD CONSTRUCTION (NOT DILAPIDATED) | PLEASE NOTE IF ANY OF THE FOLLOWING IS PRESENT WITHIN 10 METER RADIUS OF THE SOURCE. (MULTIPLE CODE) (1) ANIMALS/BIRDS WANDERING / SITTING (2) ANIMAL OR HUMAN FECES (3) MUD, SOGGY SOIL (4) CLOTH WASHING (5) ANIMAL WASHING (6) BATHING (7) DIRT/TRASH BIN/GARBAGE (8) WASTEWATER/ DRAINAGE |
| 0 | No source ... | 1 | | | |
| 1 | Tap / Pipeline | 1 | | | |
| 2 | Protected Dug well | 1 | | | |
| 3 | Unprotected Dug well | 1 | | | |
| 4 | Bore Well / Hand pump | 1 | | | |
| 5 | Tube well with electric pump | 1 | | | |
| 6 | Protected Spring | 1 | 1 2 | 1 2 3 4 5 6 | 1 2 3 4 5 6 7 8 |
| 7 | Unprotected Spring | 1 | | | |
| 8 | River/stream/Canal | 1 | | | |
| 9 | Lake/pond/Barrage/Dam | 1 | | | |
| 10 | Shallow Tank | 1 | | | |
| 95 | Other (specify _____) | 1 | | | |

DRINKING WATER SOURCE SAMPLES (COPY 2 OF 9)

Please fill this page for each "in-use" drinking water source. That is, if there are 4 in use water sources, then this questionnaire page needs to be filled 4 times. Please finish household sample collection first. Collect samples from ALL sources mentioned by the six households → you can get maximum 6 sources like this. Then, if required additional samples to ensure that the following minimum requirement is met in each village:

Minimum Requirement = 2 hand pumps, 1 dug well, 2 public tap, 1 surface water. If a village does not have any of the above sources used for drinking, then you dont have to collect those samples. Most likely you will meet the above minimum requirement when you collect source samples from the sources used by 6 households. In a village the number of source samples can thus range from 4 to 9.

N701. GP CODE (e.g. 001 to 160)

| | | |
|--|--|--|
| | | |
|--|--|--|

N702. SOURCE SN NO

(e.g. 01 to 09)

| | |
|--|--|
| | |
|--|--|

N703. BOTTLE STICKER CODE

| |
|--|
| |
|--|

N704. SAMPLE COLLECTION TIME

(24 hr format)

| |
|---|
| HH % <u> </u> <u> </u> MM % <u> </u> <u> </u> |
|---|

N705. SOURCE ADDRESS/ LOCATION:

| SN | TYPE OF SOURCES | N706 | N707 | N708 | N709 |
|----|------------------------------|--|---|--|--|
| | | PLEASE NOTE THE TYPE OF THE SOURCE YOU HAVE COLLECTED SAMPLE FROM (1) COLLECTED | IS THIS [SOURCE] PUBLIC OR PRIVATE? (1) PUBLIC (2) PRIVATE (AT HOSUEHOLD) | PLEASE NOTE THE CONDITION OF THE SOURCE. (MULTIPLE CODE) (1) THE SURROUNDING AREA IS PAVED (2) PROPER SPILLED WATER DISPOSAL CHANNEL (3) THE SIDE WALLS ARE SUFFICIENTLY TALL (4) THE SOURCE IS COVERED (5) PROPER PROVISION TO EXTRACT WATER (6) GOOD CONSTRUCTION (NOT DILAPIDATED) | PLEASE NOTE IF ANY OF THE FOLLOWING IS PRESENT WITHIN 10 METER RADIUS OF THE SOURCE. (MULTIPLE CODE) (1) ANIMALS/BIRDS WANDERING / SITTING (2) ANIMAL OR HUMAN FECES (3) MUD, SOGGY SOIL (4) CLOTH WASHING (5) ANIMAL WASHING (6) BATHING (7) DIRT/TRASH BIN/GARBAGE (8) WASTEWATER/ DRAINAGE |
| 0 | No source ... | 1 | | | |
| 1 | Tap / Pipeline | 1 | | | |
| 2 | Protected Dug well | 1 | | | |
| 3 | Unprotected Dug well | 1 | | | |
| 4 | Bore Well / Hand pump | 1 | | | |
| 5 | Tube well with electric pump | 1 | | | |
| 6 | Protected Spring | 1 | 1 2 | 1 2 3 4 5 6 | 1 2 3 4 5 6 7 8 |
| 7 | Unprotected Spring | 1 | | | |
| 8 | River/stream/Canal | 1 | | | |
| 9 | Lake/pond/Barrage/Dam | 1 | | | |
| 10 | Shallow Tank | 1 | | | |
| 95 | Other (specify _____) | 1 | | | |

DRINKING WATER SOURCE SAMPLES (COPY 3 OF 9)

Please fill this page for each "in-use" drinking water source. That is, if there are 4 in use water sources, then this questionnaire page needs to be filled 4 times. Please finish household sample collection first. Collect samples from ALL sources mentioned by the six households → you can get maximum 6 sources like this. Then, if required additional samples to ensure that the following minimum requirement is met in each village:

Minimum Requirement = 2 hand pumps, 1 dug well, 2 public tap, 1 surface water. If a village does not have any of the above sources used for drinking, then you don't have to collect those samples. Most likely you will meet the above minimum requirement when you collect source samples from the sources used by 6 households. In a village the number of source samples can thus range from 4 to 9.

N701. GP CODE (e.g. 001 to 160)

| | | |
|--|--|--|
| | | |
|--|--|--|

N702. SOURCE SN NO

(e.g. 01 to 09)

| | |
|--|--|
| | |
|--|--|

N703. BOTTLE STICKER CODE

| |
|--|
| |
|--|

N704. SAMPLE COLLECTION TIME

(24 hr format)

| |
|-----------------|
| HH % _ _ MM % _ |
|-----------------|

N705. SOURCE ADDRESS/ LOCATION:

| SN | TYPE OF SOURCES | N706 | N707 | N708 | N709 |
|----|------------------------------|--|---|--|--|
| | | PLEASE NOTE THE TYPE OF THE SOURCE YOU HAVE COLLECTED SAMPLE FROM (1) COLLECTED | IS THIS [SOURCE] PUBLIC OR PRIVATE? (1) PUBLIC (2) PRIVATE (AT HOSUEHOLD) | PLEASE NOTE THE CONDITION OF THE SOURCE. (MULTIPLE CODE) (1) THE SURROUNDING AREA IS PAVED (2) PROPER SPILLED WATER DISPOSAL CHANNEL (3) THE SIDE WALLS ARE SUFFICIENTLY TALL (4) THE SOURCE IS COVERED (5) PROPER PROVISION TO EXTRACT WATER (6) GOOD CONSTRUCTION (NOT DILAPIDATED) | PLEASE NOTE IF ANY OF THE FOLLOWING IS PRESENT WITHIN 10 METER RADIUS OF THE SOURCE. (MULTIPLE CODE) (1) ANIMALS/BIRDS WANDERING / SITTING (2) ANIMAL OR HUMAN FECES (3) MUD, SOGGY SOIL (4) CLOTH WASHING (5) ANIMAL WASHING (6) BATHING (7) DIRT/TRASH BIN/GARBAGE (8) WASTEWATER/ DRAINAGE |
| 0 | No source ... | 1 | | | |
| 1 | Tap / Pipeline | 1 | | | |
| 2 | Protected Dug well | 1 | | | |
| 3 | Unprotected Dug well | 1 | | | |
| 4 | Bore Well / Hand pump | 1 | | | |
| 5 | Tube well with electric pump | 1 | | | |
| 6 | Protected Spring | 1 | 1 2 | 1 2 3 4 5 6 | 1 2 3 4 5 6 7 8 |
| 7 | Unprotected Spring | 1 | | | |
| 8 | River/stream/Canal | 1 | | | |
| 9 | Lake/pond/Barrage/Dam | 1 | | | |
| 10 | Shallow Tank | 1 | | | |
| 95 | Other (specify _____) | 1 | | | |

DRINKING WATER SOURCE SAMPLES (COPY 4 OF 9)

Please fill this page for each "in-use" drinking water source. That is, if there are 4 in use water sources, then this questionnaire page needs to be filled 4 times. Please finish household sample collection first. Collect samples from ALL sources mentioned by the six households → you can get maximum 6 sources like this. Then, if required additional samples to ensure that the following minimum requirement is met in each village:

Minimum Requirement = 2 hand pumps, 1 dug well, 2 public tap, 1 surface water. If a village does not have any of the above sources used for drinking, then you don't have to collect those samples. Most likely you will meet the above minimum requirement when you collect source samples from the sources used by 6 households. In a village the number of source samples can thus range from 4 to 9.

N701. GP CODE (e.g. 001 to 160)

| | | |
|--|--|--|
| | | |
|--|--|--|

N702. SOURCE SN NO

(e.g. 01 to 09)

| | |
|--|--|
| | |
|--|--|

N703. BOTTLE STICKER CODE

| |
|--|
| |
|--|

N704. SAMPLE COLLECTION TIME

(24 hr format)

| |
|---|
| HH % <u> </u> <u> </u> MM % <u> </u> <u> </u> |
|---|

N705. SOURCE ADDRESS/ LOCATION:

| SN | TYPE OF SOURCES | N706 | N707 | N708 | N709 |
|----|------------------------------|--|---|--|--|
| | | PLEASE NOTE THE TYPE OF THE SOURCE YOU HAVE COLLECTED SAMPLE FROM (1) COLLECTED | IS THIS [SOURCE] PUBLIC OR PRIVATE? (1) PUBLIC (2) PRIVATE (AT HOSUEHOLD) | PLEASE NOTE THE CONDITION OF THE SOURCE. (MULTIPLE CODE) (1) THE SURROUNDING AREA IS PAVED (2) PROPER SPILLED WATER DISPOSAL CHANNEL (3) THE SIDE WALLS ARE SUFFICIENTLY TALL (4) THE SOURCE IS COVERED (5) PROPER PROVISION TO EXTRACT WATER (6) GOOD CONSTRUCTION (NOT DILAPIDATED) | PLEASE NOTE IF ANY OF THE FOLLOWING IS PRESENT WITHIN 10 METER RADIUS OF THE SOURCE. (MULTIPLE CODE) (1) ANIMALS/BIRDS WANDERING / SITTING (2) ANIMAL OR HUMAN FECES (3) MUD, SOGGY SOIL (4) CLOTH WASHING (5) ANIMAL WASHING (6) BATHING (7) DIRT/TRASH BIN/GARBAGE (8) WASTEWATER/ DRAINAGE |
| 0 | No source ... | 1 | | | |
| 1 | Tap / Pipeline | 1 | | | |
| 2 | Protected Dug well | 1 | | | |
| 3 | Unprotected Dug well | 1 | | | |
| 4 | Bore Well / Hand pump | 1 | | | |
| 5 | Tube well with electric pump | 1 | | | |
| 6 | Protected Spring | 1 | 1 2 | 1 2 3 4 5 6 | 1 2 3 4 5 6 7 8 |
| 7 | Unprotected Spring | 1 | | | |
| 8 | River/stream/Canal | 1 | | | |
| 9 | Lake/pond/Barrage/Dam | 1 | | | |
| 10 | Shallow Tank | 1 | | | |
| 95 | Other (specify _____) | 1 | | | |

DRINKING WATER SOURCE SAMPLES (COPY 5 OF 9)

Please fill this page for each "in-use" drinking water source. That is, if there are 4 in use water sources, then this questionnaire page needs to be filled 4 times. Please finish household sample collection first. Collect samples from ALL sources mentioned by the six households → you can get maximum 6 sources like this. Then, if required additional samples to ensure that the following minimum requirement is met in each village:

Minimum Requirement = 2 hand pumps, 1 dug well, 2 public tap, 1 surface water. If a village does not have any of the above sources used for drinking, then you don't have to collect those samples. Most likely you will meet the above minimum requirement when you collect source samples from the sources used by 6 households. In a village the number of source samples can thus range from 4 to 9.

N701. GP CODE (e.g. 001 to 160)

| | | |
|--|--|--|
| | | |
|--|--|--|

N702. SOURCE SN NO

(e.g. 01 to 09)

| | |
|--|--|
| | |
|--|--|

N703. BOTTLE STICKER CODE

| |
|--|
| |
|--|

N704. SAMPLE COLLECTION TIME

(24 hr format)

| |
|---|
| HH % <u> </u> <u> </u> MM % <u> </u> <u> </u> |
|---|

N705. SOURCE ADDRESS/ LOCATION:

| SN | TYPE OF SOURCES | N706 | N707 | N708 | N709 |
|----|------------------------------|--|---|--|--|
| | | PLEASE NOTE THE TYPE OF THE SOURCE YOU HAVE COLLECTED SAMPLE FROM (1) COLLECTED | IS THIS [SOURCE] PUBLIC OR PRIVATE? (1) PUBLIC (2) PRIVATE (AT HOSUEHOLD) | PLEASE NOTE THE CONDITION OF THE SOURCE. (MULTIPLE CODE) (1) THE SURROUNDING AREA IS PAVED (2) PROPER SPILLED WATER DISPOSAL CHANNEL (3) THE SIDE WALLS ARE SUFFICIENTLY TALL (4) THE SOURCE IS COVERED (5) PROPER PROVISION TO EXTRACT WATER (6) GOOD CONSTRUCTION (NOT DILAPIDATED) | PLEASE NOTE IF ANY OF THE FOLLOWING IS PRESENT WITHIN 10 METER RADIUS OF THE SOURCE. (MULTIPLE CODE) (1) ANIMALS/BIRDS WANDERING / SITTING (2) ANIMAL OR HUMAN FECES (3) MUD, SOGGY SOIL (4) CLOTH WASHING (5) ANIMAL WASHING (6) BATHING (7) DIRT/TRASH BIN/GARBAGE (8) WASTEWATER/ DRAINAGE |
| 0 | No source ... | 1 | | | |
| 1 | Tap / Pipeline | 1 | | | |
| 2 | Protected Dug well | 1 | | | |
| 3 | Unprotected Dug well | 1 | | | |
| 4 | Bore Well / Hand pump | 1 | | | |
| 5 | Tube well with electric pump | 1 | | | |
| 6 | Protected Spring | 1 | 1 2 | 1 2 3 4 5 6 | 1 2 3 4 5 6 7 8 |
| 7 | Unprotected Spring | 1 | | | |
| 8 | River/stream/Canal | 1 | | | |
| 9 | Lake/pond/Barrage/Dam | 1 | | | |
| 10 | Shallow Tank | 1 | | | |
| 95 | Other (specify _____) | 1 | | | |

DRINKING WATER SOURCE SAMPLES (COPY 6 OF 9)

Please fill this page for each "in-use" drinking water source. That is, if there are 4 in use water sources, then this questionnaire page needs to be filled 4 times. Please finish household sample collection first. Collect samples from ALL sources mentioned by the six households → you can get maximum 6 sources like this. Then, if required additional samples to ensure that the following minimum requirement is met in each village:

Minimum Requirement = 2 hand pumps, 1 dug well, 2 public tap, 1 surface water. If a village does not have any of the above sources used for drinking, then you don't have to collect those samples. Most likely you will meet the above minimum requirement when you collect source samples from the sources used by 6 households. In a village the number of source samples can thus range from 4 to 9.

N701. GP CODE (e.g. 001 to 160)

| | | |
|--|--|--|
| | | |
|--|--|--|

N702. SOURCE SN NO

(e.g. 01 to 09)

| | |
|--|--|
| | |
|--|--|

N703. BOTTLE STICKER CODE

| |
|--|
| |
|--|

N704. SAMPLE COLLECTION TIME

(24 hr format)

| |
|---|
| HH % <u> </u> <u> </u> MM % <u> </u> <u> </u> |
|---|

N705. SOURCE ADDRESS/ LOCATION:

| SN | TYPE OF SOURCES | N706 | N707 | N708 | N709 |
|----|------------------------------|--|---|--|--|
| | | PLEASE NOTE THE TYPE OF THE SOURCE YOU HAVE COLLECTED SAMPLE FROM (1) COLLECTED | IS THIS [SOURCE] PUBLIC OR PRIVATE? (1) PUBLIC (2) PRIVATE (AT HOSUEHOLD) | PLEASE NOTE THE CONDITION OF THE SOURCE. (MULTIPLE CODE) (1) THE SURROUNDING AREA IS PAVED (2) PROPER SPILLED WATER DISPOSAL CHANNEL (3) THE SIDE WALLS ARE SUFFICIENTLY TALL (4) THE SOURCE IS COVERED (5) PROPER PROVISION TO EXTRACT WATER (6) GOOD CONSTRUCTION (NOT DILAPIDATED) | PLEASE NOTE IF ANY OF THE FOLLOWING IS PRESENT WITHIN 10 METER RADIUS OF THE SOURCE. (MULTIPLE CODE) (1) ANIMALS/BIRDS WANDERING / SITTING (2) ANIMAL OR HUMAN FECES (3) MUD, SOGGY SOIL (4) CLOTH WASHING (5) ANIMAL WASHING (6) BATHING (7) DIRT/TRASH BIN/GARBAGE (8) WASTEWATER/ DRAINAGE |
| 0 | No source ... | 1 | | | |
| 1 | Tap / Pipeline | 1 | | | |
| 2 | Protected Dug well | 1 | | | |
| 3 | Unprotected Dug well | 1 | | | |
| 4 | Bore Well / Hand pump | 1 | | | |
| 5 | Tube well with electric pump | 1 | | | |
| 6 | Protected Spring | 1 | 1 2 | 1 2 3 4 5 6 | 1 2 3 4 5 6 7 8 |
| 7 | Unprotected Spring | 1 | | | |
| 8 | River/stream/Canal | 1 | | | |
| 9 | Lake/pond/Barrage/Dam | 1 | | | |
| 10 | Shallow Tank | 1 | | | |
| 95 | Other (specify _____) | 1 | | | |

DRINKING WATER SOURCE SAMPLES (COPY 7 OF 9)

Please fill this page for each "in-use" drinking water source. That is, if there are 4 in use water sources, then this questionnaire page needs to be filled 4 times. Please finish household sample collection first. Collect samples from ALL sources mentioned by the six households → you can get maximum 6 sources like this. Then, if required additional samples to ensure that the following minimum requirement is met in each village:

Minimum Requirement = 2 hand pumps, 1 dug well, 2 public tap, 1 surface water. If a village does not have any of the above sources used for drinking, then you don't have to collect those samples. Most likely you will meet the above minimum requirement when you collect source samples from the sources used by 6 households. In a village the number of source samples can thus range from 4 to 9.

N701. GP CODE (e.g. 001 to 160)

| | | |
|--|--|--|
| | | |
|--|--|--|

N702. SOURCE SN NO

(e.g. 01 to 09)

| | |
|--|--|
| | |
|--|--|

N703. BOTTLE STICKER CODE

| |
|--|
| |
|--|

N704. SAMPLE COLLECTION TIME

(24 hr format)

| |
|---|
| HH % <u> </u> <u> </u> MM % <u> </u> <u> </u> |
|---|

N705. SOURCE ADDRESS/ LOCATION:

| SN | TYPE OF SOURCES | N706 | N707 | N708 | N709 |
|----|------------------------------|--|---|--|--|
| | | PLEASE NOTE THE TYPE OF THE SOURCE YOU HAVE COLLECTED SAMPLE FROM (1) COLLECTED | IS THIS [SOURCE] PUBLIC OR PRIVATE? (1) PUBLIC (2) PRIVATE (AT HOSUEHOLD) | PLEASE NOTE THE CONDITION OF THE SOURCE. (MULTIPLE CODE) (1) THE SURROUNDING AREA IS PAVED (2) PROPER SPILLED WATER DISPOSAL CHANNEL (3) THE SIDE WALLS ARE SUFFICIENTLY TALL (4) THE SOURCE IS COVERED (5) PROPER PROVISION TO EXTRACT WATER (6) GOOD CONSTRUCTION (NOT DILAPIDATED) | PLEASE NOTE IF ANY OF THE FOLLOWING IS PRESENT WITHIN 10 METER RADIUS OF THE SOURCE. (MULTIPLE CODE) (1) ANIMALS/BIRDS WANDERING / SITTING (2) ANIMAL OR HUMAN FECES (3) MUD, SOGGY SOIL (4) CLOTH WASHING (5) ANIMAL WASHING (6) BATHING (7) DIRT/TRASH BIN/GARBAGE (8) WASTEWATER/ DRAINAGE |
| 0 | No source ... | 1 | | | |
| 1 | Tap / Pipeline | 1 | | | |
| 2 | Protected Dug well | 1 | | | |
| 3 | Unprotected Dug well | 1 | | | |
| 4 | Bore Well / Hand pump | 1 | | | |
| 5 | Tube well with electric pump | 1 | | | |
| 6 | Protected Spring | 1 | 1 2 | 1 2 3 4 5 6 | 1 2 3 4 5 6 7 8 |
| 7 | Unprotected Spring | 1 | | | |
| 8 | River/stream/Canal | 1 | | | |
| 9 | Lake/pond/Barrage/Dam | 1 | | | |
| 10 | Shallow Tank | 1 | | | |
| 95 | Other (specify _____) | 1 | | | |

DRINKING WATER SOURCE SAMPLES (COPY 8 OF 9)

Please fill this page for each "in-use" drinking water source. That is, if there are 4 in use water sources, then this questionnaire page needs to be filled 4 times. Please finish household sample collection first. Collect samples from ALL sources mentioned by the six households → you can get maximum 6 sources like this. Then, if required additional samples to ensure that the following minimum requirement is met in each village:

Minimum Requirement = 2 hand pumps, 1 dug well, 2 public tap, 1 surface water. If a village does not have any of the above sources used for drinking, then you don't have to collect those samples. Most likely you will meet the above minimum requirement when you collect source samples from the sources used by 6 households. In a village the number of source samples can thus range from 4 to 9.

N701. GP CODE (e.g. 001 to 160)

| | | |
|--|--|--|
| | | |
|--|--|--|

N702. SOURCE SN NO

(e.g. 01 to 09)

| | |
|--|--|
| | |
|--|--|

N703. BOTTLE STICKER CODE

| |
|--|
| |
|--|

N704. SAMPLE COLLECTION TIME

(24 hr format)

| |
|---|
| HH % <u> </u> <u> </u> MM % <u> </u> <u> </u> |
|---|

N705. SOURCE ADDRESS/ LOCATION:

| SN | TYPE OF SOURCES | N706 | N707 | N708 | N709 |
|----|------------------------------|--|---|--|--|
| | | PLEASE NOTE THE TYPE OF THE SOURCE YOU HAVE COLLECTED SAMPLE FROM (1) COLLECTED | IS THIS [SOURCE] PUBLIC OR PRIVATE? (1) PUBLIC (2) PRIVATE (AT HOSUEHOLD) | PLEASE NOTE THE CONDITION OF THE SOURCE. (MULTIPLE CODE) (1) THE SURROUNDING AREA IS PAVED (2) PROPER SPILLED WATER DISPOSAL CHANNEL (3) THE SIDE WALLS ARE SUFFICIENTLY TALL (4) THE SOURCE IS COVERED (5) PROPER PROVISION TO EXTRACT WATER (6) GOOD CONSTRUCTION (NOT DILAPIDATED) | PLEASE NOTE IF ANY OF THE FOLLOWING IS PRESENT WITHIN 10 METER RADIUS OF THE SOURCE. (MULTIPLE CODE) (1) ANIMALS/BIRDS WANDERING / SITTING (2) ANIMAL OR HUMAN FECES (3) MUD, SOGGY SOIL (4) CLOTH WASHING (5) ANIMAL WASHING (6) BATHING (7) DIRT/TRASH BIN/GARBAGE (8) WASTEWATER/ DRAINAGE |
| 0 | No source ... | 1 | | | |
| 1 | Tap / Pipeline | 1 | | | |
| 2 | Protected Dug well | 1 | | | |
| 3 | Unprotected Dug well | 1 | | | |
| 4 | Bore Well / Hand pump | 1 | | | |
| 5 | Tube well with electric pump | 1 | | | |
| 6 | Protected Spring | 1 | 1 2 | 1 2 3 4 5 6 | 1 2 3 4 5 6 7 8 |
| 7 | Unprotected Spring | 1 | | | |
| 8 | River/stream/Canal | 1 | | | |
| 9 | Lake/pond/Barrage/Dam | 1 | | | |
| 10 | Shallow Tank | 1 | | | |
| 95 | Other (specify _____) | 1 | | | |

DRINKING WATER SOURCE SAMPLES (COPY 9 OF 9)

Please fill this page for each "in-use" drinking water source. That is, if there are 4 in use water sources, then this questionnaire page needs to be filled 4 times. Please finish household sample collection first. Collect samples from ALL sources mentioned by the six households → you can get maximum 6 sources like this. Then, if required additional samples to ensure that the following minimum requirement is met in each village:

Minimum Requirement = 2 hand pumps, 1 dug well, 2 public tap, 1 surface water. If a village does not have any of the above sources used for drinking, then you dont have to collect those samples. Most likely you will meet the above minimum requirement when you collect source samples from the sources used by 6 households. In a village the number of source samples can thus range from 4 to 9.

N701. GP CODE (e.g. 001 to 160)

| | | |
|--|--|--|
| | | |
|--|--|--|

N702. SOURCE SN NO

(e.g. 01 to 09)

| | |
|--|--|
| | |
|--|--|

N703. BOTTLE STICKER CODE

| |
|--|
| |
|--|

N704. SAMPLE COLLECTION TIME

(24 hr format)

| |
|-----------------|
| HH % _ _ MM % _ |
|-----------------|

N705. SOURCE ADDRESS/ LOCATION:

| SN | TYPE OF SOURCES | N706 | N707 | N708 | N709 |
|----|------------------------------|--|---|---|---|
| | | PLEASE NOTE THE TYPE OF THE SOURCE YOU HAVE COLLECTED SAMPLE FROM (1) COLLECTED | IS THIS [SOURCE] PUBLIC OR PRIVATE? (1) PUBLIC (2) PRIVATE (AT HOSUEHOLD) | PLEASE NOTE THE CONDITION OF THE SOURCE. (MULTIPLE CODE) (1) THE SURROUNDING AREA IS PAVED (2) PROPER SPILLED WATER DISPOSAL CHANNEL (3) THE SIDE WALLS ARE SUFFICIENTLY TALL (4) THE SOURCE IS COVERED (5) PROPER PROVISION TO EXTRACT WATER (6) GOOD CONSTRUCTION (NOT DILAPIDATED) | PLEASE NOTE IF ANY OF THE FOLLOWING IS PRESENT WITHIN 10 METER RADIUS OF THE SOURCE. (MULTIPLE CODE) (1) ANIMALS/BIRDS WANDERING / SITTING (2) ANIMAL OR HUMAN FECES (3) MUD, SOGGY SOIL (4) CLOTH WASHING (5) ANIMAL WASHING (6) BATHING (7) DIRT/TRASH BIN/GARBAGE (8) WASTEWATER/ DRAINAGE |
| 0 | No source ... | 1 | | | |
| 1 | Tap / Pipeline | 1 | | | |
| 2 | Protected Dug well | 1 | | | |
| 3 | Unprotected Dug well | 1 | | | |
| 4 | Bore Well / Hand pump | 1 | | | |
| 5 | Tube well with electric pump | 1 | | | |
| 6 | Protected Spring | 1 | 1 2 | 1 2 3 4 5 6 | 1 2 3 4 5 6 7 8 |
| 7 | Unprotected Spring | 1 | | | |
| 8 | River/stream/Canal | 1 | | | |
| 9 | Lake/pond/Barrage/Dam | 1 | | | |
| 10 | Shallow Tank | 1 | | | |
| 95 | Other (specify _____) | 1 | | | |

WATER SAMPLE INFORMATION SHEET – LAB HANDOVER SHEET (Copy 1 of 2)

Please attach this sheet for each village water samples. Lab receiver should counter sign and give one copy to GfK as receipt.

| GfK FIELD STAFF | | LAB STAFF |
|--|---|---|
| <p>1. GfK team ID: <input style="width: 30px;" type="text"/></p> <p>2. Sample collection person ID: <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>3. Transport Person ID: <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>Sample Collection Date 4. day / 5. month / 6. year <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>5. Time sample left village (24 hr – HH: MM) <input style="width: 30px;" type="text"/> HH <input style="width: 30px;" type="text"/> MM</p> <p>6. Time samples left nodal point (24 hr – HH: MM) <input style="width: 30px;" type="text"/> HH <input style="width: 30px;" type="text"/> MM</p> <p>Sample Delivery to Lab Date 7. day / 8. month / 9. year <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>10. Time samples delivered to lab (24 hr – HH: MM) <input style="width: 30px;" type="text"/> HH <input style="width: 30px;" type="text"/> MM</p> <p>11. Total Number of Samples Delivered: <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> | <p>15. Village Name: _____</p> <p>16. Code: <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>17. District: _____</p> <p>18. District Code: <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>19. Block: _____</p> <p>20. Block Code: <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p><i>Delivered by (SIGN)</i></p> <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 10px;"></div> | <p>31. sample receiver's ID: <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>Sample received date 32. day / 33. month / 34. year <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>35. Time samples received (24 hr – HH: MM) <input style="width: 30px;" type="text"/> HH <input style="width: 30px;" type="text"/> MM</p> <p>36. Total Number of Samples Received at the Lab: <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>Sample Tested date 32. day / 33. month / 34. year <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p><i>Received by (SIGN)</i></p> <div style="border: 1px solid black; height: 50px; width: 100%; margin-top: 10px;"></div> |

List of Samples *(Lab should cross any missing/rejected)*

| SN | HHID or Qre ID | Bottle Bar Code | SN | Source Sample ID GP Code – Source SN | Bottle Bar Code |
|----|---|-----------------|----|---|-----------------|
| 1 | <input style="width: 40px;" type="text"/> | | 9 | ____ _ -- ____ | |
| 2 | <input style="width: 40px;" type="text"/> | | 10 | ____ _ -- ____ | |
| 3 | <input style="width: 40px;" type="text"/> | | 11 | ____ _ -- ____ | |
| 4 | <input style="width: 40px;" type="text"/> | | 12 | ____ _ -- ____ | |
| 5 | <input style="width: 40px;" type="text"/> | | 13 | ____ _ -- ____ | |
| 6 | <input style="width: 40px;" type="text"/> | | 14 | ____ _ -- ____ | |
| 7 | <input style="width: 40px;" type="text"/> | | 15 | ____ _ -- ____ | |
| 8 | <input style="width: 40px;" type="text"/> | | 16 | ____ _ -- ____ | |

NOTE: Lab should enter the date and time of the following for each sample: (1) receipt of samples; (2) start of testing; and (3) recording results. The lab should enter for each “batch” of samples received this sheet all information on this form. Multiple samples received in this batch will have this information common.

WATER SAMPLE INFORMATION SHEET – LAB HANDOVER SHEET (Copy 2 of 2)

Please attach this sheet for each village water samples. Lab receiver should counter sign and give one copy to GfK as receipt.

| GfK FIELD STAFF | | LAB STAFF |
|--|---|---|
| <p>1. GfK team ID: <input style="width: 30px; height: 20px;" type="text"/></p> <p>2. Sample collection person ID: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>3. Transport Person ID: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>Sample Collection Date 4. day / 5. month / 6. year <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>5. Time sample left village (24 hr – HH: MM) <input style="width: 30px; height: 20px; text-align: center; font-weight: bold;"/>HH <input style="width: 30px; height: 20px; text-align: center; font-weight: bold;"/>MM</p> <p>6. Time samples left nodal point (24 hr – HH: MM) <input style="width: 30px; height: 20px; text-align: center; font-weight: bold;"/>HH <input style="width: 30px; height: 20px; text-align: center; font-weight: bold;"/>MM</p> <p>Sample Delivery to Lab Date 7. day / 8. month / 9. year <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>10. Time samples delivered to lab (24 hr – HH: MM) <input style="width: 30px; height: 20px; text-align: center; font-weight: bold;"/>HH <input style="width: 30px; height: 20px; text-align: center; font-weight: bold;"/>MM</p> <p>11. Total Number of Samples Delivered: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> | <p>15. Village Name: _____</p> <p>16. Code: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>17. District: _____</p> <p>18. District Code: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>19. Block: _____</p> <p>20. Block Code: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p style="text-align: center;"><i>Delivered by (SIGN)</i></p> <div style="border: 1px solid black; width: 100%; height: 80px; margin-top: 10px;"></div> | <p>31. sample receiver's ID: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>Sample received date 32. day / 33. month / 34. year <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>35. Time samples received (24 hr – HH: MM) <input style="width: 30px; height: 20px; text-align: center; font-weight: bold;"/>HH <input style="width: 30px; height: 20px; text-align: center; font-weight: bold;"/>MM</p> <p>36. Total Number of Samples Received at the Lab: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>Sample Tested date 32. day / 33. month / 34. year <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p style="text-align: center;"><i>Received by (SIGN)</i></p> <div style="border: 1px solid black; width: 100%; height: 50px; margin-top: 10px;"></div> |

List of Samples *(Lab should cross any missing/rejected)*

| SN | HHID or Qre ID | Bottle Bar Code | SN | Source Sample ID GP Code – Source SN | Bottle Bar Code |
|----|---|-----------------|----|---|-----------------|
| 1 | <input style="width: 40px; height: 20px;" type="text"/> | | 9 | _____ -- _____ | |
| 2 | <input style="width: 40px; height: 20px;" type="text"/> | | 10 | _____ -- _____ | |
| 3 | <input style="width: 40px; height: 20px;" type="text"/> | | 11 | _____ -- _____ | |
| 4 | <input style="width: 40px; height: 20px;" type="text"/> | | 12 | _____ -- _____ | |
| 5 | <input style="width: 40px; height: 20px;" type="text"/> | | 13 | _____ -- _____ | |
| 6 | <input style="width: 40px; height: 20px;" type="text"/> | | 14 | _____ -- _____ | |
| 7 | <input style="width: 40px; height: 20px;" type="text"/> | | 15 | _____ -- _____ | |
| 8 | <input style="width: 40px; height: 20px;" type="text"/> | | 16 | _____ -- _____ | |

NOTE: Lab should enter the date and time of the following for each sample: (1) receipt of samples; (2) start of testing; and (3) recording results. The lab should enter for each "batch" of samples received this sheet all information on this form. Multiple samples received in this batch will have this information common.

STOOL SAMPLE INFORMATION SHEET LAB HANDOVER SHEET (Copy 1 of 2)

Please attach this sheet for each village stool sample bag. Lab receiver should counter sign and give one copy to GfK as receipt.

| GfK FIELD STAFF | | LAB STAFF |
|--|--|--|
| <p>1. GfK team ID: <input style="width: 30px; height: 20px;" type="text"/></p> <p>2. Sample collection person ID: <input style="width: 40px; height: 20px;" type="text"/></p> <p>3. Transport Person ID: <input style="width: 40px; height: 20px;" type="text"/></p> <p>Sample Collection Date 4. day / 5. month / 6. year <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>5. Time sample left village (24 hr – HH: MM) <input style="width: 30px; height: 20px; text-align: center;"/>HH <input style="width: 30px; height: 20px; text-align: center;"/>MM</p> <p>6. Time samples left nodal point (24 hr – HH: MM) <input style="width: 30px; height: 20px; text-align: center;"/>HH <input style="width: 30px; height: 20px; text-align: center;"/>MM</p> <p>Sample Delivery to Lab Date 7. day / 8. month / 9. year <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>10. Time samples delivered to lab (24 hr – HH: MM) <input style="width: 30px; height: 20px; text-align: center;"/>HH <input style="width: 30px; height: 20px; text-align: center;"/>MM</p> <p>11. Total Number of Samples Delivered: <input style="width: 30px; height: 20px;" type="text"/></p> | <p>15. Village Name: _____</p> <p>16. Code: <input style="width: 30px; height: 20px;" type="text"/></p> <p>17. District: _____</p> <p>18. District Code: <input style="width: 30px; height: 20px;" type="text"/></p> <p>19. Block: _____</p> <p>20. Block Code: <input style="width: 30px; height: 20px;" type="text"/></p> <p>Delivered by (SIGN)</p> <div style="border: 1px solid black; width: 100%; height: 100px; margin-top: 10px;"></div> | <p>31. sample receiver's ID: <input style="width: 30px; height: 20px;" type="text"/></p> <p>Sample received date 32. day / 33. month / 34. year <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>35. Time samples received (24 hr – HH: MM) <input style="width: 30px; height: 20px; text-align: center;"/>HH <input style="width: 30px; height: 20px; text-align: center;"/>MM</p> <p>36. Total Number of Samples Received at the Lab: <input style="width: 30px; height: 20px;" type="text"/></p> <p>Sample Tested date 32. day / 33. month / 34. year <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>Received by (SIGN)</p> <div style="border: 1px solid black; width: 100%; height: 100px; margin-top: 10px;"></div> |

List of Samples (Lab should cross any missing/rejected)

| SN | HHID or Qre ID | Child ID | Bottle Bar Code |
|----|---|---|-----------------|
| 1 | <input style="width: 50px; height: 20px;" type="text"/> | <input style="width: 30px; height: 20px;" type="text"/> | |
| 2 | <input style="width: 50px; height: 20px;" type="text"/> | <input style="width: 30px; height: 20px;" type="text"/> | |
| 3 | <input style="width: 50px; height: 20px;" type="text"/> | <input style="width: 30px; height: 20px;" type="text"/> | |
| 4 | <input style="width: 50px; height: 20px;" type="text"/> | <input style="width: 30px; height: 20px;" type="text"/> | |
| 5 | <input style="width: 50px; height: 20px;" type="text"/> | <input style="width: 30px; height: 20px;" type="text"/> | |
| 6 | <input style="width: 50px; height: 20px;" type="text"/> | <input style="width: 30px; height: 20px;" type="text"/> | |
| 7 | <input style="width: 50px; height: 20px;" type="text"/> | <input style="width: 30px; height: 20px;" type="text"/> | |
| 8 | <input style="width: 50px; height: 20px;" type="text"/> | <input style="width: 30px; height: 20px;" type="text"/> | |

NOTE: Lab should enter the date and time of the following for each sample: (1) receipt of samples; (2) start of testing; and (3) recording results. The lab should enter for each "batch" of samples received this sheet all information on this form. Multiple samples received in this batch will have this information common.

STOOL SAMPLE INFORMATION SHEET LAB HANDOVER SHEET (Copy 2 of 2)

Please attach this sheet for each village stool sample bag. Lab receiver should counter sign and give one copy to GfK as receipt.

| GfK FIELD STAFF | | LAB STAFF |
|--|---|---|
| <p>1. GfK team ID: <input style="width: 30px; height: 20px;" type="text"/></p> <p>2. Sample collection person ID: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>3. Transport Person ID: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>Sample Collection Date 4. day / 5. month / 6. year <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>5. Time sample left village (24 hr – HH: MM) <input style="width: 30px; height: 20px; text-align: center;"/>HH <input style="width: 30px; height: 20px; text-align: center;"/>MM</p> <p>6. Time samples left nodal point (24 hr – HH: MM) <input style="width: 30px; height: 20px; text-align: center;"/>HH <input style="width: 30px; height: 20px; text-align: center;"/>MM</p> <p>Sample Delivery to Lab Date 7. day / 8. month / 9. year <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>10. Time samples delivered to lab (24 hr – HH: MM) <input style="width: 30px; height: 20px; text-align: center;"/>HH <input style="width: 30px; height: 20px; text-align: center;"/>MM</p> <p>11. Total Number of Samples Delivered: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> | <p>15. Village Name: _____</p> <p>16. Code: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>17. District: _____</p> <p>18. District Code: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>19. Block: _____</p> <p>20. Block Code: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p><i>Delivered by (SIGN)</i></p> <div style="border: 1px solid black; width: 100%; height: 80px; margin-top: 10px;"></div> | <p>31. sample receiver's ID: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>Sample received date 32. day / 33. month / 34. year <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>35. Time samples received (24 hr – HH: MM) <input style="width: 30px; height: 20px; text-align: center;"/>HH <input style="width: 30px; height: 20px; text-align: center;"/>MM</p> <p>36. Total Number of Samples Received at the Lab: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>Sample Tested date 32. day / 33. month / 34. year <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p><i>Received by (SIGN)</i></p> <div style="border: 1px solid black; width: 100%; height: 50px; margin-top: 10px;"></div> |

List of Samples *(Lab should cross any missing/rejected)*

| SN | HHID or Qre ID | Child ID | Bottle Bar Code |
|----|---|---|-----------------|
| 1 | <input style="width: 30px; height: 20px;" type="text"/> | <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> | |
| 2 | <input style="width: 30px; height: 20px;" type="text"/> | <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> | |
| 3 | <input style="width: 30px; height: 20px;" type="text"/> | <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> | |
| 4 | <input style="width: 30px; height: 20px;" type="text"/> | <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> | |
| 5 | <input style="width: 30px; height: 20px;" type="text"/> | <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> | |
| 6 | <input style="width: 30px; height: 20px;" type="text"/> | <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> | |
| 7 | <input style="width: 30px; height: 20px;" type="text"/> | <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> | |
| 8 | <input style="width: 30px; height: 20px;" type="text"/> | <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> | |

NOTE: Lab should enter the date and time of the following for each sample: (1) receipt of samples; (2) start of testing; and (3) recording results. The lab should enter for each "batch" of samples received this sheet all information on this form. Multiple samples received in this batch will have this information common.