

Agrees to participate:

**BASELINE QUESTIONNAIRE – SIEF EVALUATION**

**WOMAN SECTION**

Note: You will need to fill in household member codes in a number of places. For example in 3.a (cover page) you write the name of the respondent and in 3b you need to write the code (which you can find in the household roster in the household questionnaire). Check this code while filling up the questionnaire from the roster provided to you. The same applies for the household member codes for children, which you are asked to fill in tables in Sections C1, C2 and C3. Do under no circumstances forget to check these codes!

<i>INTERVIEWER: Questions 1-4 should be filled in based on the household list</i>		
1a	District Name and Code	
1b	Block name and code (if applicable)	
1c	Gram Panchayat name and code (if applicable)	
1d	Village name and code	
2	Unique household ID	
3a	Name of main respondent	
3b	HH member ID of respondent	
4c	Name of spouse of respondent	
4d	HH Member ID of spouse	
4e	Name of father of respondent	

	5a	5b	5c	5d	5e	5f
	<b>INTERVIEW</b>	<b>DAY</b>	<b>MONTH</b>	<b>YEAR</b>	<b>Start Time</b>	<b>Outcome</b> 1 Continue With Interview 2 Pause and take next appointment(This option will not be available for 3 <sup>rd</sup> visit 3 Refused. REASON: _____
1	1 <sup>st</sup> contact					
2	2 <sup>nd</sup> contact					
3	3 <sup>rd</sup> contact					

<b>Woman agreed to interview (consent given)</b>	
6	Y / N

**SECTION WA. BACKGROUND AND STATUS**

**WA.2 Age of Respondent**

ENTER AGE IN YRS \_\_\_\_\_

**READ TO RESPONDENT:** Now I would like to ask you questions about some important aspects of a woman's life. I know that some of these questions might be personal, which is why I wanted to ask these to you in private.

**WA.3 How many years of schooling has your father completed? Enter 99 for Don't Know**

ENTER YEARS \_\_\_\_\_

**WA.4 How many years of schooling has your mother completed? Enter 99 for Don't Know**

ENTER YEARS \_\_\_\_\_

**WA.4A Have you ever been married?**

- 1 Yes
- 2 No Go to WA.10

**WA.5 How old were you when you got married? Enter 99 for Don't Know**

ENTER AGE (YEARS) \_\_\_\_\_

**WA.6 Was it an arranged marriage? CIRCLE ANSWER**

- 1 Yes
- 2 No

**WA.7 When looking for a husband, did it matter what job your husband had/his job prospects? CIRCLE ANSWER**

- 1 Yes
- 2 No

**WA.8 When looking for a husband, did it matter whether your husband could offer you a home with sanitation facilities? CIRCLE ANSWER**

- 1 Yes
- 2 No

**WA.9 I am not interested in how much, but I would like to ask you whether a dowry was paid? CIRCLE ANSWER**

- 1 Yes
- 2 No

99 Don't know

**WA.10 Are you living with...? CIRCLE ANSWER. MULTIPLE ANSWERS POSSIBLE**

*If option 1 is picked, go to WA.11; if option 1 is not picked, and option 2 is picked, go to WA.12; if options 1 and 2 are not picked (i.e. option 3 and 88 are picked), go to WA.13*

- 1 Your in-laws
- 2 Your parents/siblings
- 3 Only my husband (and children)
- 88 Other (SPECIFY) : \_\_\_\_\_

**WA.11 Which of your in-laws are you living with? CIRCLE ANSWER. MULTIPLE ANSWERS POSSIBLE.**

- 1 Mother in-law
- 2 Father in-law
- 3 Grandmother in-law
- 4 Grandfather in-law
- 5 Sister in-law
- 6 Brother in-law
- 88 Other (SPECIFY) : \_\_\_\_\_

**WA.12 Which of your own family are you living with? CIRCLE ANSWER. MULTIPLE ANSWERS POSSIBLE.**

- 1 Mother
- 2 Father
- 3 Grandmother
- 4 Grandfather
- 5 Sister
- 6 Brother
- 88 Other (SPECIFY) : \_\_\_\_\_

**WA.13 Are you living in the same village as you grew up in?**

- 1 Yes → Go to WA.15
- 2 No → Go to WA.14

**WA.14 How many years back did you move to this village?**

- 1 Less than 1 year
- 2 1-5 years back
- 3 5-10 years back
- 4 Over 10 years back
- 5 Don't remember

**WA.15 If you wanted to, are you permitted to go unaccompanied to...? CIRCLE ANSWER.**

- 1 The local market Y / N/NA



**WA.22 Are you member of any other group or society or association? CIRCLE ANSWER. MULTIPLE ANSWERS POSSIBLE**

- 1 No
- 2 Mahila Mandal
- 3 PACS (Primary Agriculture Credit Society)
- 4 Village committee (e.g. health nutrition and sanitation, water, etc)
- 5 Gram panch
- 6 Religious organisation
- 99 Other

**WA.23 Do you have any savings of your own? CIRCLE ANSWER**

- 1 Yes
- 2 No → GO TO WA.25

**WA.24 How much savings do you have? SPECIFY AMOUNT (Rs.)**

ENTER AMOUNT (Rs.): \_\_\_\_\_

**WA.25 Do you own any high value asset, e.g. jewellery, that you could sell if you wanted to without the consent of your husband?**

- 1 Yes
- 2 No
- 77 Did not respond

**WA.26 Have you taken a loan yourself since you got married (this could be from any source – formal or informal)? CIRCLE ANSWER**

- 1 Yes
- 2 No → GO TO SECTION WB

**WA.27 Did you have to get permission from anyone in your household to take the loan? MULTIPLE ANSWERS POSSIBLE**

- 1 Yes – my husband's
- 2 Yes – My mother in-law
- 3 Yes, my father in-law
- 4 Yes, my mother
- 5 Yes, my father
- 6 Yes, other, SPECIFY \_\_\_\_\_
- 7 No

**WA.28 From which source did you take a loan? CIRCLE ANSWER. MULTIPLE ANSWERS POSSIBLE**

- |                              |   |
|------------------------------|---|
| 1 Bank                       |   |
| 2 Microfinance institution   | 8 Friend / Acquaintance/ private financiers |
| 3 NGO                        | 9 Work                                      |
| 4 Cooperative / savings fund | 10 Pawnshop                                 |
| 5 SHG                        | 11 Local shop                               |
| 6 Moneylender                | 12 Insurance company                        |
| 7 Relative                   | 88 Other (SPECIFY)                          |

**WA.29 What was the main purpose of taking this loan (these loans)? DON'T READ OUT THE OPTIONS. CIRCLE ANSWER. MULTIPLE ANSWER POSSIBLE**

- |  |                                   |
|--|-----------------------------------|
| 1 Construction of toilet/sanitation facility     | 10 Purchase of electric generator |
| 2 Other Dwelling improvements/new constructions  | 11 Purchase of livestock          |
| 3 Maintenance/repair of tools/machinery/vehicles | 12 Education expenses             |
| 4 Other maintenance or repair                    | 13 Health expenses                |
| 5 Agricultural Input                             | 14 Food                           |
| 6 Purchase of motorbike                          | 15 Payment of dowry               |
| 7 Purchase of other vehicles (lorry, tractor...) | 16 Wedding or other festivity     |
| 8 Purchase of tools/machinery                    | 17 Other household expenses       |
| 9 Purchase of TV or other electrical appliances  | 18 Other business expenses        |
|  | 19 Repayment of another loan      |
|  | 88 Any other expenses             |
|  | 99 Don't Know                     |

**WA.30 How much debt do you personally have currently outstanding? SPECIFY AMOUNT (Rs.) – ENTER ZERO IF NONE.**

ENTER AMOUNT (Rs.): \_\_\_\_\_ If 0 → Go To WA.32

**WA.31 From how many different sources? SPECIFY NUMBER OF SOURCES**

NUMBER OF SOURCES: \_\_\_\_\_

**WA.32 How many of the following types of people you know would you give or lend up to Rs. 500 to? ENTER NUMBER OF PEOPLE.**

- 1 Family/relatives in same village |\_\_|\_\_|
- 2 Family/relatives outside this same village |\_\_|\_\_|
- 3 Friends in same village |\_\_|\_\_|
- 4 Friends outside this village |\_\_|\_\_|
- 5 Other people in same village |\_\_|\_\_|

**WA.33** How many of the following types of people you know would you give or lend between Rs. 500 and Rs. 2000 to?? ENTER NUMBER OF PEOPLE.

- 1 Family/relatives in same slum/village |\_\_|\_\_|
- 2 Family/relatives outside this same slum/village |\_\_|\_\_|
- 3 Friends in same village |\_\_|\_\_|
- 4 Friends outside this village |\_\_|\_\_|
- 5 Other people in same village |\_\_|\_\_|

**SECTION WB: HOUSEHOLD DECISIONMAKING**

**READ TO RESPONDENT:** Now I want to ask you some questions on who makes decisions in your family

<b>WB.1</b> Who in your family usually has the final say on the following decisions:	MULTIPLE ANSWERS POSSIBLE. MARK OPTIONS BELOW:
	<ol style="list-style-type: none"> <li>1 I decide</li> <li>2 my husband</li> <li>3 me and my husband together</li> <li>4 my mother in-law</li> <li>5 my father in law</li> <li>6 my mother</li> <li>7 my father</li> <li>8 Any other family member</li> <li>88 Other</li> <li>15 Not Applicable</li> </ol>
1 Whether or not you should work to earn money	
2 Whether or not to buy a large household item, such as a bicycle or TV or land	
3 Whether or not to buy an item such as a cooking stove or refrigerator	
4 How the money you earn will be used	
5 What to do with extra money you may receive (e.g. a gift, prize)	
6 About schooling of children aged under 18	
7 Whether to take a child to the doctor when he/she is sick	
8 What to feed the child and whether to give them special snacks	
9 Whether and how to discipline a child	
10 Whether to have another child	

**READ TO RESPONDENT:** Now I would like to ask you some questions about medical care for you yourself.

**WB.3 When you feel physically unwell, do you tend not to tell your husband because you don't want to trouble him? CIRCLE ANSWER**

- 1 Yes, often
- 2 Yes, sometimes
- 3 No, I always tell him
- 4 Not applicable

**WB.4 Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem, a small problem, or no problem? CIRCLE ANSWER. (BP=Big Problem, SP=Small Problem, NP=No Problem)**

Instructions: Read out each option.

- |   |              |
|---|--------------|
| 1 Getting permission to go to a health practitioner or health facility? | BP / SP / NP |
| 2 Getting money needed for treatment?                                   | BP / SP / NP |
| 3 The distance to the health facility?                                  | BP / SP / NP |
| 4 Transport issues  | BP / SP / NP |
| 5 Finding someone to go with you?                                       | BP / SP / NP |
| 6 Concern that there may not be a female health provider?               | BP / SP / NP |
| 7 Concern that there may not be any health provider?                    | BP / SP / NP |
| 8 Concern that there may be no drugs available?                         | BP / SP / NP |

## **SECTION WC. HYGIENE PRACTICES**

**READ TO RESPONDENT: The next questions are about your practices when cooking and handling food.**

### **WC1 FOOD HYGIENE**

**WC1.1 Are you the person who prepares meals in your household? CIRCLE ANSWER**

- 1 Yes, I always prepare the meals
- 2 Yes, I sometimes prepare the meals
- 3 Yes, but I only prepare meals very rarely
- 4 No, I don't prepare meals → GO TO Q.WC 1.4

**WC1.2 Do you wash your hands before starting to prepare food? CIRCLE ANSWER**

- 1 Yes, always
- 2 Yes, sometimes
- 3 No → GO TO Q.WC 1.4

**WC1.3 What do you use to wash your hands before preparing food?**

- 1 Water
- 2 Soap and water

- 3 Ash and water
- 4 Other

**WC1.4** Do you wash fruits and vegetables that are meant to be eaten raw (e.g. cucumber, tomatoes, grapes, etc) before eating them? *CIRCLE ANSWER*

- 1 Yes, always
- 2 Yes, sometimes
- 3 No

## **WC2 TOILET**

**READ TO RESPONDENT:** *The next couple of questions are about your practices when you need to relieve yourself. We would first like to ask about defecation and then urination and then I will ask about more general practices.*

**WC2.1** Where do you typically go to defecate?

*CIRCLE ANSWER. MULTIPLE ANSWERS POSSIBLE.*

- 1 Own toilet
- 2 Neighbour's toilet
- 3 Community toilet
- 4 Toilet at school or work
- 5 OD, close to home
- 6 OD, more than 5 min from home
- 88 Other (*SPECIFY*): \_\_\_\_\_

**WC2.2** How satisfied are you with using this place? (*ASK FOR ALL PLACES MENTIONED IN WC2.1*)

- 1 Very satisfied
- 2 Satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Dissatisfied
- 5 Very dissatisfied

**WC2.3** Do you feel comfortable visiting this place at any time of day? (*ASK FOR ALL PLACES MENTIONED IN WC2.1*)

- 1 Yes
- 2 Yes, but only when accompanied by someone
- 3 No, certainly not at all times (such as when it is light, etc)
- 88 Other

**WC2.4** Do you feel safe visiting this place at any time of day? (*ASK FOR ALL PLACES MENTIONED IN WC2.1*)

- 1 Yes

2 No

**WC2.5 Is there water at the site for washing hands? (ASK FOR ALL PLACES MENTIONED IN WC2.1)**

- 1 Yes, all year round
- 2 Yes, in most months
- 3 No, we have to take it with us
- 88 Other

**WC2.6 Is there soap at the site? (ASK FOR ALL PLACES MENTIONED IN WC2.1)**

- 1 Yes, all year round
- 2 Yes, in most months
- 3 No, we have to take it with us
- 88 Other

**WC2.7 Do you clean your hands after defecating?**

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Always

**WC2.8 What do you use to clean your hands after defecating?**

- 1 Soap and water
- 2 Ash and water
- 3 Water only (no soap or ash)
- 4 Wipe in soil
- 5 Wipe in cloth
- 88 Other (SPECIFY): \_\_\_\_\_

**WC2.9 Where do you typically go to urinate? (MULTIPLE ANSWERS POSSIBLE)**

- 1 Own toilet
- 2 Neighbour's toilet
- 3 Community toilet
- 4 Toilet at school or work
- 5 OD, close to home
- 6 OD, more than 5 min from home
- 88 Other (SPECIFY): \_\_\_\_\_

**WC2.10 Do you feel comfortable visiting this place at any time of the day? (ASK FOR ALL PLACES MENTIONED IN WC2.9)**

- 1 Yes

- 2 Yes, but only when accompanied by someone
- 3 No, certainly not at all times (such as when it is light, etc)
- 88 Other

**WC2.11 Where do you typically go to urinate when at work/school? (MULTIPLE ANSWERS POSSIBLE)**

- 1 Not applicable (stays home)
- 2 Avoids going at all, waits until home
- 3 Goes home
- 4 Community toilet or other toilet nearby
- 5 Toilet at school or work
- 6 OD, close to work/school/etc
- 7 OD, more than 5min from work/school/etc
- 88 Other

**WC2.12 Where do you typically bathe? (MULTIPLE ANSWERS POSSIBLE)**

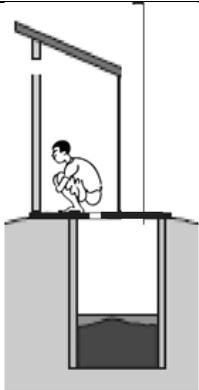
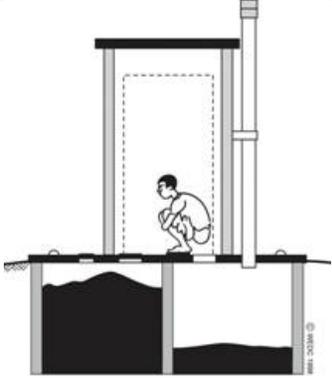
- 1 Closed bathroom inside the house
- 2 Bathroom enclosure inside the house
- 3 Part of a room (not dedicated bathroom) inside the house
- 4 Closed bathroom outside the house
- 5 Bathroom enclosure outside the house
- 6 Shielded/thatched structure for bathing outside the house
- 7 Space outside the house that is not enclosed (ex: terrace)
- 8 Public bathing facilities
- 9 Open bathing space outside the house
- 10 River/open tanks/canals/ponds/tube well/etc.
- 88 Other (SPECIFY): \_\_\_\_\_

**WC3. SANITATION PREFERENCES AND BELIEFS**

Now I want to ask about your opinions on the costs of various types of toilets, and on how long you think one can use each without any hassle. It is perfectly fine if you do not know the values. I want to know of your best estimates of each of these.

**WC3.1** How much do you think would it cost you to built a toilet as shown in the next three pictures?

Toilet description	Picture	Expected construction cost - ENTER Min and Max AMOUNT in Rs. Interviewer: Code -99 for Don't Know	How long do you think would your household be able to use this toilet without any hassle, e.g. having to repair it or having the pit(s) fill up? – ENTER min and max Number of years

			<i>Interviewer: Code -99 for Don't Know</i>
<p><b>1.</b> A simple toilet, with simple hole dug out to be a pit (no lining) and a simple structure that ensures that one can't be seen by others when using it. This structure could be made of plastic sheets, palm leave, other locally available materials.</p>		<p>WC3.1.1.1.min <i>Minimum cost:</i> (Rs.) _____</p> <p>WC3.1.1.1.max <i>Maximum cost:</i> (Rs.) _____</p>	<p>WC3.1.1.2.min <i>Minimum years:</i> _____</p> <p>WC3.1.1.2.max <i>Maximum years:</i> _____</p>
<p><b>2.</b> A toilet, with a <u>lined</u> single pit and a structure that ensures privacy protects from the elements (such as rain).</p>		<p>WC3.1.2.1.min <i>Minimum cost:</i> (Rs.) _____</p> <p>WC3.1.2.1.max <i>Maximum cost:</i> (Rs.) _____</p>	<p>WC3.1.2.2.min <i>Minimum years:</i> _____</p> <p>WC3.1.2.2.max <i>Maximum years:</i> _____</p>
<p><b>3.</b> A toilet, with a septic tank, a pucca super-structure (i.e. walls, roof, door) that ensures privacy, can be locked and has a vent-pipe for aeration.</p>		<p>WC3.1.3.1.min <i>Minimum cost:</i> (Rs.) _____</p> <p>WC3.1.3.1.max <i>Maximum cost:</i> (Rs.) _____</p>	<p>WC3.1.3.2.min <i>Minimum years:</i> _____</p> <p>WC3.1.3.2.max <i>Maximum years:</i> _____</p>

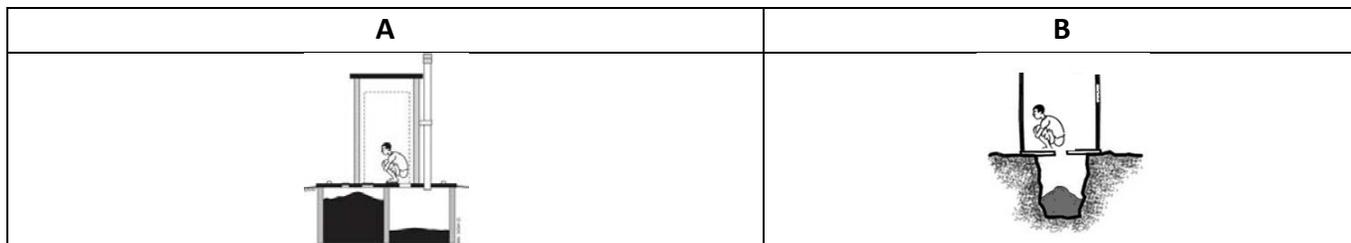
**WC3.2 I will read out a few statements pertaining to provision and usage of toilets and social norms relating to sanitation practices in your community. Please indicate whether you agree or disagree with each statement.**

<i>Interviewer: Do not read out this column to respondents</i>		<b>Strongly Agree</b>	<b>Agree</b>	<b>No Opinion</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
Who should provide toilets	<b>1</b> Sanitation is the responsibility of the government.	<input type="radio"/>				
	<b>2</b> All community members find it difficult to pay for the construction of a toilet.	<input type="radio"/>				
	<b>3</b> Only poor community members find it difficult to pay for the construction of a toilet.	<input type="radio"/>				
Usage of toilets	<b>4</b> Even if a household has a toilet, household members do not use it.	<input type="radio"/>				
	<b>5</b> Even if a household has a toilet, the men do not use it.	<input type="radio"/>				
	<b>6</b> Even if a household has a toilet, the women do not use it.	<input type="radio"/>				
	<b>7</b> Even if a household has a toilet, the children do not use it.	<input type="radio"/>				
	<b>8</b> Even if a household has a toilet, older household members don't use it	<input type="radio"/>				
Beliefs about consequence of usage by neighbours	<b>9</b> If a household has a toilet, neighbours will come to use it.	<input type="radio"/>				
	<b>10</b> If some of my neighbours do not use a toilet, then there is likelihood of me falling sick more often.	<input type="radio"/>				
Social Norms	<b>11</b> If my neighbours use a toilet, the environment I live in is cleaner.	<input type="radio"/>				
	<b>12</b> It is acceptable to defecate in the open	<input type="radio"/>				
	<b>13</b> If people defecate in the open, nobody minds as this is a common habit	<input type="radio"/>				

**WC3.3 Who do you think should be responsible for the construction of toilets in your community?**

CIRCLE ANSWER

- 1 Every household should be responsible for their own toilet
  - 2 The government should provide toilets for all
  - 3 The government should support the poor, other household should be responsible themselves
- 88 Other (*SPECIFY*): \_\_\_\_\_
- 99 Don't Know



WC3.4 Interviewer: Indicate which picture was shown to the respondent \_\_\_\_\_

**WC3.5 Imagine a family in your community that had no toilet previously, constructed recently a toilet, similar to the one shown in this picture. Do you think the following statements hold for this family?**

		Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
Perceived Benefits	<b>1</b> Because of the toilet, the family will be happier.	<input type="radio"/>				
	<b>2</b> Because of the toilet, the family will be healthier.	<input type="radio"/>				
	<b>3</b> The household members of the family will be able to work more because of this toilet.	<input type="radio"/>				
	<b>4</b> The family will be less embarrassed when family and friends come around to visit them.	<input type="radio"/>				
	<b>5</b> The family will be less embarrassed when guests from the outside visit them.	<input type="radio"/>				
	<b>6</b> This toilet will increase the family's status in the society	<input type="radio"/>				
	<b>7</b> Women in the family will now be safer with this toilet.	<input type="radio"/>				
	<b>8</b> The family will save time	<input type="radio"/>				

	because they now have this toilet.					
Perceived Costs	<b>9</b> Toilets are unhealthy because they stink.	<input type="radio"/>				
	<b>10</b> Family members will get less exercise due to the toilet.	<input type="radio"/>				
	<b>11</b> Family members will miss out on spending time with others because of this toilet.	<input type="radio"/>				
	<b>12</b> Family members might get sick more easily when using this toilet.	<input type="radio"/>				
	<b>13</b> The family will have to spend more time fetching water because of the toilet	<input type="radio"/>				

**VIGNETTES TO ASSESS EXPECTED REDUCTIONS IN HEALTH EXPENDITURES FROM HAVING A TOILET.**

**WC3.6** Manu is a farmer, and lives in a house with 2 rooms, and no toilet or bathroom, with his family in a village similar to yours. In the last year, his family spent Rs. 3000 in health expenditures, to cover costs including doctor fees, medicines, tests and hospitalisations. This year, he has decided to build a toilet of type A or B. Do you think his health expenditures will be higher than, lower than or about the same as last year?

1 Higher than last year → Go to WC3.7

2 Lower than last year → Go to WC3.8

3 Same as last year → Go to WC4.1

99 Don't know → Go to WC4.1

**WC3.7** You said that you think Manu's health expenditures this year will be higher than last year. How much higher would you say they would be?

\_\_\_\_\_ Rs

99 – Can't say

**WC3.8** You said that you think Manu's health expenditures this year will be lower than last year. How much lower would you say they would be?

\_\_\_\_\_ Rs

99 – Can't say

#### WC4. MENSTRUATION

**READ TO RESPONDENT:** *The next questions are about what you do when you have your menstruation. As before, you can of course decide not to answer these questions, which we would understand as they are quite personal. Nevertheless, we would very much appreciate your input in this study and hope that you will not mind giving us answers.*

#### WC4.1 Do you still get your menstruation? *CIRCLE ANSWER*

- 1 Yes
- 2 No → Go to section WD

#### WC4.2 When you have your menstruation, what kind of protection do you use to prevent bloodstains from becoming evident? *CIRCLE ANSWER. MULTIPLE ANSWERS POSSIBLE*

- 1 Cloth
- 2 Cotton
- 3 Sanitary Napkin
- 88 Other (*SPECIFY*): \_\_\_\_\_

#### WC4.3 How do you dispose of it? *CIRCLE ANSWER. MULTIPLE ANSWERS POSSIBLE*

- 1 I throw it in the toilet pit
- 2 I throw it away in the field
- 3 I throw it away along with other rubbish from the house?
- 4 I burn it
- 5 I wash and re-use
- 88 Other (*SPECIFY*): \_\_\_\_\_

#### WD. HEALTH

#### WD1. How good would you say your physical health is, extremely poor, poor, fair, good, very good, excellent?

- 1 Extremely poor health
- 2 Poor health
- 3 Fair health
- 4 Good health
- 5 Very good health
- 6 Excellent health

#### WD2. In the last 4 weeks, have you been able to do your normal daily activities?

- 1 Easily
- 2 With Difficulty
- 3 Unable to do

#### WD3. Are you able to do the following activities:

1. To walk 1 km	1 Easily 2 With Difficulty 3 Unable to do
2. To bathe without assistance	1 Easily 2 With Difficulty 3 Unable to do
3. To bow, squat, kneel	1 Easily 2 With Difficulty 3 Unable to do
4. To carry a heavy load (such as a pail of water) for 20 metres	1 Easily 2 With Difficulty 3 Unable to do

**WD4. In the last 4 weeks, have you suffered from:**

- |  |       |      |               |
|--|-------|------|---------------|
| 1 Stomach ache   | 1 Yes | 2 No | 99 Don't Know |
| 2 Nausea/vomiting  | 1 Yes | 2 No | 99 Don't Know |
| 3 Diarrhoea (min. 3 times a day)                                   | 1 Yes | 2 No | 99 Don't Know |
| 4 Cough  | 1 Yes | 2 No | 99 Don't Know |
| 5 Fever  | 1 Yes | 2 No | 99 Don't Know |
| 6 Toothache  | 1 Yes | 2 No | 99 Don't Know |
| 7 A burning feeling during urination                               | 1 Yes | 2 No | 99 Don't Know |
| 8 A frequent and intense urge to urinate though little urine comes | 1 Yes | 2 No | 99 Don't Know |
| 9 Fatigue or shakiness   | 1 Yes | 2 No | 99 Don't Know |
| 10 A bad smelling genital discharge                                | 1 Yes | 2 No | 99 Don't Know |
| 11 Genital itching   | 1 Yes | 2 No | 99 Don't Know |

*If the individual answered Yes to any of the questions in WD4, go to WD5. Otherwise proceed to Section WE.*

**WD5. In the last 4 weeks, were you able to do your usual activities while suffering any of these symptoms?**

- 1 Yes                      2 No

**SECTION WE. CHILDREN**

**WE1 Do you have any children aged under 6 years? CIRCLE ANSWER.**

- 1 Yes                      2 No → GO TO SECTION WG

*WE1A: Please tell us the number of children aged under 6 years.*

*Number of children*

*INTERVIEWER, ask for the name and the age of each child under the age of 6 years and enter the information in the table below. ASK FOR LAST TWO LIVE BIRTHS. START WITH THE YOUNGEST FIRST.*

**READ TO RESPONDENT: I would first like to ask you a few questions about the health status and about feeding practices for your two youngest children aged under 6 years in turn. Let us start with the youngest.**

		1 (YOUNGEST)	2 (SECOND LAST)
WE2	NAME	_____	_____
WE3	AGE ( in months)		
WE4	HOUSEHOLD MEMBER CODE (INTERVIEWER: CHECK THE CODE FROM THE HH QUESTIONNAIRE )		
WE5	When [NAME] was born, how big was he/she?	1 Very large 2 Average 3 Very small 4 Don't know	1 Very large 2 Average 3 Very small 4 Don't know
WE6	GENDER CIRCLE ANSWER	1 Male 2 Female	1 Male 2 Female
WE7	If 6 is excellent health and 1 is extremely poor health, how good would you say your child's physical health is?	1 Extremely poor health 2 Poor health 3 Fair health 4 Good health 5 Very good health 6 Excellent health	1 Extremely poor health 2 Poor health 3 Fair health 4 Good health 5 Very good health 6 Excellent health
WE8	Compared to other children your child's age, in general how would you rate his/her health? CIRCLE ANSWER	1 Healthier 2 Same health level 3 Less healthy 99 Don't Know	1 Healthier 2 Same health level 3 Less healthy 99 Don't Know
WE9	Has [NAME] been vaccinated against: 1 BCG, 1st dose at zero months 2 POLIO, doses 1-3 at 1.5-3.5 months 3 DPT, doses 1-3 4 MEASLES, 1 dose 5 Pentavalent, 1 dose 6 Pentavalent, 2 dose 7 Pentavalent, 3 dose	1 Y / N / DK 2 Y / N / DK 3 Y / N / DK 4 Y / N / DK 5 Y / N / DK 6 Y / N / DK 7 Y / N / DK	1 Y / N / DK 2 Y / N / DK 3 Y / N / DK 4 Y / N / DK 5 Y / N / DK 6 Y / N / DK 7 Y / N / DK
WE10	In the last 7 days, did [NAME] have: 1 Vomiting 2 Fever 3 Skin rashes 4 Itching sores on feet and legs 5 Indigestion 6 Stomach Pain	1) 1 / 2 / 99 / 88 2) 1 / 2 / 99 / 88 3) 1 / 2 / 99 / 88 4) 1 / 2 / 99 / 88 5) 1 / 2 / 99 / 88	1) 1 / 2 / 99 / 88 2) 1 / 2 / 99 / 88 3) 1 / 2 / 99 / 88 4) 1 / 2 / 99 / 88 5) 1 / 2 / 99 / 88

	<p>7 Unusual tiredness</p> <p>8 Unusually paleness</p> <p>9 Diarrhoea (<b>Diarrhoea = liquid stools more than 3 times in a 24 hour period</b>) –if No, go to WE17</p> <p>OPTIONS:</p> <p>1 Yes</p> <p>2 No</p> <p>99 Don't Know</p> <p>88 No response</p>	<p>6) 1 / 2 / 99 / 88</p> <p>7) 1 / 2 / 99 / 88</p> <p>8) 1 / 2 / 99 / 88</p> <p>9) 1 / 2 / 99 / 88</p>	<p>6) 1 / 2 / 99 / 88</p> <p>7) 1 / 2 / 99 / 88</p> <p>8) 1 / 2 / 99 / 88</p> <p>9) 1 / 2 / 99 / 88</p>
<b>WE11</b>	<b>Number of days where [NAME] had diarrhoea within the last week. ENTER NO OF DAYS</b>	--	--
<b>WE12</b>	<b>Was there mucus in the stools?</b> CIRCLE ANSWER	1 Yes 2 No 99 Don't Know	1 Yes 2 No 99 Don't Know
<b>WE13</b>	<b>Was there blood in the stools?</b>	1 Yes 2 No 99 Don't Know	1 Yes 2 No 99 Don't Know
<b>WE14</b>	<b>Did you seek advice from somewhere about [NAME]'s diarrhoea?</b> IF 'NO' → GO TO WE17	1 Yes 2 No 99 Don't Know	1 Yes 2 No 99 Don't Know
<b>WE15</b>	<b>Who did you seek advice from? (ENTER CODE)</b> 1 Government/Public hospital/health centre 2 Sub-centre, ANM 3 Health camp 4 Mobile clinic 5 Anganwasi/ICDS centre 6 Asha worker 7 Private Hospital/Clinic 8 Pharmacy 9 Faith healer, herbalist, etc 10 Family member 11 Home remedy 88 Other		
<b>WE16</b>	<b>How many days after the diarrhoea began did you first seek advice or treatment for [NAME]? (If advice sought on the first day, record 0) ENTER NO OF DAYS</b>	--	--
<b>WE17</b>	<b>Has (NAME) taken any drug to get rid of intestinal</b>	1 Yes	1 Yes

	<b>worms in the past 6 months?</b> <i>CIRCLE ANSWER</i>	2 No 3 Don't Know	2 No 3 Don't Know
<b>INTERVIEWER: IF CHILD &gt; 2 YRS, GO TO SECTION WE21.</b>			
<b>WE18</b>	<b>Was/is [NAME OF INFANT] breastfed?</b>	1 Yes, he/she was but not anymore 2 Currently breastfed 3 Never breastfed	1 Yes, he/she was but not anymore 2 Currently breastfed 3 Never breastfed
<b>WE19</b>	<b>Now I would like to ask you about liquids [NAME] drank yesterday during the day or at night. Did [NAME] drink:</b> 1. Plain Water 2. Commercially produced infant formula? (eg. Lactogen...) 3. Watery items such as Dal/Rice water 4. Any other milk such as tinned, powdered, or fresh animal milk (buttermilk)? 5. Juice or juice drinks (Mango, orange, apple, lemon, etc)? 6. Butter milk/beaten curd 7. Any other liquids?, SPECIFY: _____	Y / N / DK  Y / N / DK Y / N / DK Y / N / DK Y / N / DK Y / N / DK	Y / N / DK  Y / N / DK Y / N / DK Y / N / DK Y / N / DK Y / N / DK
<b>WE20 Yesterday, did [NAME] consume any of the following foods at home or outside, during the day or at night?</b>			
<b>1</b>	<b>Any commercially fortified baby food such as Cerelac or Farex?</b>	Y / N / DK	Y / N / DK
<b>2</b>	<b>Any bread, roti, chapati, rice, kitchdi, noodles, idli, porridge or other foods from grains?</b>	Y / N / DK	Y / N / DK
<b>3</b>	<b>Any pumpkin, carrots, or sweet potatoes that are yellow or orange inside?</b>	Y / N / DK	Y / N / DK
<b>4</b>	<b>Any white potatoes, white yams, cassava, or any other foods made from roots?</b>	Y / N / DK	Y / N / DK
<b>5</b>	<b>Any dark green, leafy vegetables?</b>	Y / N / DK	Y / N / DK
<b>6</b>	<b>Any ripe mangoes, papayas, cantaloupe, or jackfruit?</b>	Y / N / DK	Y / N / DK
<b>7</b>	<b>Any other fruits or vegetables?</b>	Y / N / DK	Y / N / DK
<b>8</b>	<b>Is the child non-vegetarian?</b>	Y / N / DK	Y / N / DK
<b>9</b>	<b>Any meat?</b>	Y / N / DK	Y / N / DK
<b>10</b>	<b>Any eggs?</b>	Y / N / DK	Y / N / DK
<b>11</b>	<b>Any fresh or dried fish or shellfish?</b>	Y / N / DK	Y / N / DK

12	Any pulses/lentils/beans or food prepared with mixing pulses/lentils/legumes?	Y / N / DK	Y / N / DK
13	Any nuts or foods made from nuts such as peanuts, cashew nuts, almonds, etc?	Y / N / DK	Y / N / DK
14	Any milk (include tea with milk)?	Y / N / DK	Y / N / DK
15	Any cheese, yoghurt or other milk products?	Y / N / DK	Y / N / DK
16	Any food made with oil, fat, ghee or butter?	Y / N / DK	Y / N / DK
17	Any biscuits or other sweets?	Y / N / DK	Y / N / DK
18	Any other solid or semi-solid food?	Y / N / DK	Y / N / DK

**INTERVIEWER TO SAY: "I am now going to ask you some questions about how you dispose of the stools (poo/shit) of the youngest child in your household."**

**WE21 Do you have any children under the age of five?**

*CIRCLE ANSWER.*

- 1 Yes
- 2 No → SKIP TO NEXT SECTION

**WE22 What is the age of your youngest child?**

Months:

**INTERVIEWER TO SAY: Please can you identify the caregiver of this youngest child to answer the following questions. The caregiver should be the person in the family that normally bathes, feeds and clothes the child.**

**WE23 The last time the child passed stools [did poo-poo], what was the child wearing? (Read out responses. One response possible)**

- 1 Cloth nappy
- 2 Cotton nappy → GO TO WE26
- 3 Disposable nappy/diaper → GO TO WE26
- 4 Nothing → GO TO WE26
- 88 Other (SPECIFY): \_\_\_\_\_ → GO TO WE26

### Washing/handling of cloth/cotton nappies

**WE24 How did you wash the soiled cloth? (Do not read responses. Interviewer to probe 'anything else' until no more responses are provided). Multiple responses possible.**

- 1 Water
- 2 Soap / soap powder
- 3 Bleaching powder
- 88 Other (SPECIFY): \_\_\_\_\_

**WE25 How did you dispose of the wash water that was used to clean the cloth nappy? (Do not read responses. One response possible.) CIRCLE ANSWER**

- 1 Thrown in the toilet pit
- 2 Thrown in the field
- 3 Thrown away along with other rubbish from the house
- 4 Put/rinsed it into drain or ditch
- 88 Other (SPECIFY): \_\_\_\_\_

### **Disposal of stools**

**WE26 The last time the child passed stools/poo, did the child use a latrine or potty? CIRCLE ANSWER.**

- 1 Child used toilet or latrine
- 2 Child used child potty.
- 3 Child did not use toilet or latrine or potty

**WE27 After the last time the child passed stools/poo, what was done to dispose of the stools/poo? (Do not read responses. One response possible.) CIRCLE ANSWER**

- 1 Child used toilet or latrine
- 2 Put/rinsed into toilet or latrine
- 3 Put/rinsed into drain or ditch
- 4 Thrown into garage
- 5 Buried
- 6 Left in the open
- 88 Other (SPECIFY): \_\_\_\_\_

### **Handling of stools**

**WE28 How did you handle the child's stools/poo? (Do not read responses). Circle all that apply**

- 1 Hands only/bare hands
- 2 Cloth/paper/leaves
- 3 Scrap material to scoop feces
- 4 Did not handle the feces

88 Other (SPECIFY): \_\_\_\_\_

### Cleaning/washing of the child

**WE29 Did you clean the child's bottom? (Read out responses. One response possible).**

- 1 Yes
- 2 No, no one cleaned their bottom **SKIP to WE31**
- 3 No, child cleaned his/her own bottom **SKIP to WE31**

**WE30 What of the following did you use to clean the baby's bottom? (Read out responses. Circle all that apply).**

- 1 Hands Y/N
- 2 Foot Y/N
- 3 Sand and soil Y/N
- 4 Cloth Y/N
- 5 Leaf Y/N
- 6 Water Y/N
- 7 Soap/ Soap powder Y/N
- 8 Other (SPECIFY): \_\_\_\_\_

### Hand-washing

**WE31 Did you wash your hands after cleaning the child's bottom or/and disposing of the child's stools?**

- 1 Yes
- 2 No **SKIP TO SECTION WF**

**WE32 What did you use to clean your hands? (Do not read responses. Circle all that apply.)**

- 1 Soap
- 2 Water
- 3 Soil/Ash/Mud/Sand
- 88 Other (SPECIFY): \_\_\_\_\_

### **WF. CARE PRACTICES FOR DIARRHOEA**

**Now I would like to ask you about what you do when one of your children aged < 6 years has diarrhoea**

<b>WF.1</b>	<b>How much liquid do you give to your child when he/she is</b>	1 Much less
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	<p>suffering from diarrhoea?. Was he/she given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?</p>	<p>2 Somewhat less</p> <p>3 About the same</p> <p>4 More</p> <p>5 Nothing to drink</p> <p>6 Not applicable</p> <p>99 Don't know</p>
WF.2	<p>Did you provide any specific solution to drink? CIRCLE ANSWER, MULTIPLE ANSWERS POSSIBLE</p>	<p>1 Yes, ORS which was bought</p> <p>2 Yes, SSS which I prepared (sugar and salt solution, or other)</p> <p>3 Yes, other,</p> <p>4 No</p> <p>5 Not applicable</p>
WF.3	<p>How about food? Was he/she given less than usual to eat, about the same amount, or more than usual to eat?</p> <p>IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?</p>	<p>1 Much less</p> <p>2 Somewhat less</p> <p>3 About the same</p> <p>4 More</p> <p>5 Nothing to eat</p> <p>6 Not applicable</p> <p>99 Don't know</p>

**SECTION WG. HEALTH KNOWLEDGE**

**WG.1** Do you think water can carry diseases? *CIRCLE ANSWER.*

- 1 Yes
- 2 No

**WG.2** It happens that children sometimes have diarrhoea. According to you, what are the causes of diarrhoea? *CIRCLE ALL ANSWERS MENTIONED BY THE RESPONDENT.*

- 1 Dirty water
- 2 Eating spoiled food
- 3 Eating food touched by flies
- 4 An unbalanced diet
- 5 Not washing one's hands
- 6 Teething/New teeth arriving
- 7 Exposure to the sun
- 8 Certain types of vaccinations
- 9 Unwashed food
- 10 Changing weather
- 11 Mother's milk
- 12 Bottle feeding
- 13 Eating raw food
- 14 Using dirty toilets
- 15 Open defecation
- 16 Dirtiness of house
- 17 Dirtiness of neighbours/area
- 18 Any other? (SPECIFY) \_\_\_\_\_
- 19 No response

**WG.3** What do you think can be done to prevent household members from getting diarrhoea?

*CIRCLE ANSWER. MULTIPLE ANSWERS POSSIBLE*

- 1 Protect environment
- 2 Protect food
- 3 Protect water
- 4 Good personal hygiene
- 5 Wash hands before eating
- 6 Wash hands before cooking
- 7 Wash hands before serving
- 8 Wash hands after defecation
- 9 Washing hands after removing child or animal faeces
- 10 Eat less
- 11 Boil/sterilise drinking water
- 12 Avoid raw fruit
- 13 Cow dung on the floor
- 14 Nothing can be done – It is God’s will
- 15 Avoid spicy food
- 88 Any other? (SPECIFY) \_\_\_\_\_

**SECTION WH. ANTHROPOMETRICS**

INTERVIEWER: Please report here the results of the anthropometric measures. Ensure that they are undertaken as carefully as possible. Anthropometrics should be taken from all children up to the age of 2.

INTERVIEWER: Before proceeding, calibrate the weight scales, and confirm that this is done. Weights calibrated? 1. Yes 2 No

Calibration of weighing scale	Standard weight used <input type="checkbox"/> Kg <input type="checkbox"/> Grams
	Observed weight on the weighing machine <input type="checkbox"/> Kg <input type="checkbox"/> Grams

WH.1	WH.2	WH.3	WH.4	WH.5	WH.6	WH.7	WH.8	WH.9	WH.10	WH.11
Please let me know names of all children in this HH who are below 2 years of age	<b>INTERVIEWER:</b> Ask the respondent if she has available the child's birth certificate, and whether you can record information such as date of birth and birth weight from the certificate. Indicate Yes if respondent has birth certificate and agreed to share it. If No, skip to WH.5	Date of Birth (If respondent provided the birth certificate, record the date of birth from there. If this is not available, then write the answer provided by the respondent [Day/Month/year]  Check if age of child is below 2 years. If Yes, continue. If No, go to Next	<i>If birth certificate provided, record the birth weight</i>	Gender of the child 1. Male 2. Female	Status of Height and Weight measurement A. Height 1. Measured 2. Not Measured 3. Refused  B. Weight 1. Measured 2. Not Measured 3. Refused	Height/Length of child [cm]	Weight of Mother [kg, grams]	Weight of Mother + child [kg, grams]	Weight of child [kg, grams]	<b>Please select appropriate options for child (MR possible)</b> 1. Wearing light clothes 2. Wearing heavy clothes 3. Measurements taken with some difficulties as child was cranky 4. Measurements taken with extreme difficulties as child was cranky 5. Measurements taken at ease
	Y / N	Day:  _ _  Month:  _ _  Year:  _ _ _ _	_ _ _  kg  _ _ _  grams			_ _ _	_ _ _  kg  _ _ _  grams	_ _ _  kg  _ _ _  grams	_ _ _  kg  _ _ _  grams	
	Y / N	Day:  _ _  Month:  _ _  Year:  _ _ _ _	_ _ _  kg  _ _ _  grams			_ _ _	_ _ _  kg  _ _ _  grams	_ _ _  kg  _ _ _  grams	_ _ _  kg  _ _ _  grams	
	Y / N	Day:  _ _  Month:  _ _  Year:  _ _ _ _	_ _ _  kg  _ _ _  grams			_ _ _	_ _ _  kg  _ _ _  grams	_ _ _  kg  _ _ _  grams	_ _ _  kg  _ _ _  grams	

	Y / N	Day:  _ _  Month:  _ _  Year:  _ _ _ _   _ _ _ _	_ _ _  kg  _ _ _  grams			_ _ _	_ _ _  kg  _ _ _  grams	_ _ _  kg  _ _ _  grams	_ _ _  kg  _ _ _  grams	
	Y / N	Day:  _ _  Month:  _ _  Year:  _ _ _ _   _ _ _ _	_ _ _  kg  _ _ _  grams			_ _ _	_ _ _  kg  _ _ _  grams	_ _ _  kg  _ _ _  grams	_ _ _  kg  _ _ _  grams	
	Y / N	Day:  _ _  Month:  _ _  Year:  _ _ _ _   _ _ _ _	_ _ _  kg  _ _ _  grams			_ _ _	_ _ _  kg  _ _ _  grams	_ _ _  kg  _ _ _  grams	_ _ _  kg  _ _ _  grams	