

WATER PROJECT SURVEY 2009

REPUBLIC OF THE MARSHALL ISLANDS  
ECONOMIC POLICY, PLANNING AND STATISTICS OFFICE

IDENTIFICATION											
NAME OF ATOLL _____											
ZONE/VILLAGE _____											
HOUSEHOLD NUMBER . . . . .											
GPS UNIT NUMBER . . . . .											
GPS WAYPOINT NUMBER . . . . .											
LATITUDE (N) . . . . .	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td></td><td></td><td>°</td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>			°							
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LONGITUDE (E) . . . . .	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td></td><td></td><td>°</td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>			°							
		°									
NAME OF HOUSEHOLD HEAD _____											
CAMERA NO. _____											
PHOTO ID _____											

INTERVIEWER VISITS										
	1	2	3	FINAL VISIT						
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td></tr></table> MONTH <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td></tr></table>						
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td></tr></table>						
RESULT	1. Completed 2. Partly Completed 3. Refused 4. Vacant 5. Household Not Around 6. Other, Specify _____			<input type="checkbox"/>						
START TIME	_____	_____		TOTAL NUMBER OF VISITS <input type="checkbox"/>						
FINISH TIME	_____	_____								
TEAM SUPERVISOR				OFFICE EDITOR						
NAME _____				<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td></tr></table>						
DATE _____				<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td></tr></table>						

**Interviewer Introduction**

Hello, my name is \_\_\_\_\_, and I work for Economic Policy, Planning and Statistics Office (EPPSO). We are currently conducting a survey on Drinking Water in \_\_\_\_\_. This questionnaire has been prepared by EPPSO in conformity with the Statistical Act 1986, which protects the CONFIDENTIALITY of its contents. No individual or household will be identified in subsequent analysis. May I speak to an adult member of the household?

**Instruction to Interviewer: Please use blue pen and write the code in legible handwriting in the box/line provided for responses. "GOOD LUCK!!"**

Q1 to Q9 are to be answered by the respondent	
<b>Section 1. Demographic Question</b>	
<b>1. Name of Respondent</b> _____	
<b>2. Gender of respondent</b> 1 Male 2 Female	<input type="checkbox"/>
<b>3. What is your age?</b>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<b>4. Type of family</b> 1 Immediate 2 Joint/extended	<input type="checkbox"/>
<b>5. What is the ethnicity or race of the hh member?</b> 27 Marshallese                      52 Japanese 30 Micronesian                      54 Phillipino 41 Australian                        65 USA 42 New Zealander                  66 Other 51 Chinese	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<b>6. No. of People living in the house?</b>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Male	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Female	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<b>7. State the number of people in the following age-groups live in the household most the year?</b>	
0 - 4 yrs ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	40 - 44 yrs ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
5 - 9 yrs ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	45 - 49 yrs ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
10 - 14 yrs ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	50 - 54 yrs ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
15 - 19 yrs ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	55 - 59 yrs ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
20 - 24 yrs ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	60 and over..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
25 - 29 yrs ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
30 - 34 yrs ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
35 - 39 yrs ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
<b>8. How many members in the household are currently working (earning a paycheck) either part-time or full time?</b>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<b>9. What is the total annual income for all members of the household?</b>	_____

Q9 to Q10 are to be answered by the respondent and by observation																																										
<p><b>Section 2. Building Status</b></p> <p><b>10. Type of Dwelling</b> <input style="float: right;" type="checkbox"/></p> <p>1 Residential                  2 Residential/commercial                  3 Trailer                  4 Condo/duplex                  5 Apartment                  6 Government                  7 Community</p> <p><b>11. Year Building/House was Built</b> <input style="float: right; width: 40px;" type="text"/></p> <p>1 2008                      7 1990-1986                  2 2007                      8 1985-1981                  3 2006                      9 1980 or earlier                  4 2005-2001              10 Don't know                  5 2000-1996                  6 1995-1991</p>	<p><b>20. Gutter Materials</b> <input style="float: right;" type="checkbox"/></p> <p>1 Asbestos                  2 Plastic                  3 Other (specify) _____</p> <p><b>21. Gutter Type</b> <input style="float: right;" type="checkbox"/></p> <p>1 Half pipe                  2 Rectangular                  3 Other (specify) _____</p> <p><b>22. Down Pipe Available</b> <input style="float: right;" type="checkbox"/></p> <p>1 Yes                  2 No    ➔    <i>If "NO" skip to Q24</i></p> <p><b>23. Down pipe condition</b> <input style="float: right;" type="checkbox"/></p> <p>1 Fully working                  2 Needs Repair                  3 Needs Replacing</p>																																									
Q12 to Q28 are to be answered by mere observation if doubtful, ask the respondent																																										
<p><b>12. Construction Materials of the Outer/Outside Walls</b> <input style="float: right;" type="checkbox"/></p> <p>1 Concrete/Brick/Stone                  2 Wood                  3 Half concrete/brick/stone/half wood                  4 Galvanized iron/Aluminum                  5 Other (specify) _____</p>	<p><b>Section 4. Water Catchment</b></p> <p><b>24. Water Catchment/Storage Tank Available?</b> <input style="float: right;" type="checkbox"/></p> <p>1 Yes                  2 No    ➔    <i>If "NO" skip to Q34</i></p> <p><b>25. How many Catchment/Storage Tanks are available?</b> <input style="float: right;" type="checkbox"/></p> <p><b>26. If Yes, capacity of Water Tank (in gallons)</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">T1 <input style="width: 40px;" type="text"/></td> <td style="width: 33%;">T4 <input style="width: 40px;" type="text"/></td> <td style="width: 33%;">T7 <input style="width: 40px;" type="text"/></td> </tr> <tr> <td>T2 <input style="width: 40px;" type="text"/></td> <td>T5 <input style="width: 40px;" type="text"/></td> <td>T8 <input style="width: 40px;" type="text"/></td> </tr> <tr> <td>T3 <input style="width: 40px;" type="text"/></td> <td>T6 <input style="width: 40px;" type="text"/></td> <td>T9 <input style="width: 40px;" type="text"/></td> </tr> </table> <p><b>27. Down pipe connected to Storage Tank (s)?</b> <input style="float: right;" type="checkbox"/></p> <p>1 Yes                      2 No    ➔    <i>If "NO" skip to Q29</i></p> <p><b>28. Number of Storage Tanks Connected to down pipe?</b> <input style="float: right;" type="checkbox"/></p> <p><b>29. Water Catchment/Storage Tank Materials</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>29a Concrete</td><td><input style="width: 60px;" type="text"/></td></tr> <tr><td>29b Tin/aluminum</td><td><input style="width: 60px;" type="text"/></td></tr> <tr><td>29c Plastic</td><td><input style="width: 60px;" type="text"/></td></tr> <tr><td>29d Fiber glass</td><td><input style="width: 60px;" type="text"/></td></tr> <tr><td>29e Barrel</td><td><input style="width: 60px;" type="text"/></td></tr> <tr><td>29f Other (Specify) _____</td><td><input style="width: 60px;" type="text"/></td></tr> </table> <p><b>30. Water Catchment/Storage Tank Condition</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>30a Fully working</td><td><input style="width: 60px;" type="text"/></td></tr> <tr><td>30b Needs Repair</td><td><input style="width: 60px;" type="text"/></td></tr> <tr><td>30c Needs Replacing</td><td><input style="width: 60px;" type="text"/></td></tr> </table> <p><b>31. Geometry of Catchment/Storage Tanks</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>31a Cylindrical</td><td><input style="width: 60px;" type="text"/></td></tr> <tr><td>31b Rectangular</td><td><input style="width: 60px;" type="text"/></td></tr> <tr><td>31c Other (Specify) _____</td><td><input style="width: 60px;" type="text"/></td></tr> </table> <p><b>32. Outlet used in Catchment/Storage Tanks</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>32a Tap</td><td><input style="width: 60px;" type="text"/></td></tr> <tr><td>32b Pump</td><td><input style="width: 60px;" type="text"/></td></tr> <tr><td>32c Bucket/Manual</td><td><input style="width: 60px;" type="text"/></td></tr> <tr><td>32d Siphon</td><td><input style="width: 60px;" type="text"/></td></tr> </table> <p><b>33. Gauze Available?</b> <input style="float: right;" type="checkbox"/></p> <p>1 Yes                  2 No</p>	T1 <input style="width: 40px;" type="text"/>	T4 <input style="width: 40px;" type="text"/>	T7 <input style="width: 40px;" type="text"/>	T2 <input style="width: 40px;" type="text"/>	T5 <input style="width: 40px;" type="text"/>	T8 <input style="width: 40px;" type="text"/>	T3 <input style="width: 40px;" type="text"/>	T6 <input style="width: 40px;" type="text"/>	T9 <input style="width: 40px;" type="text"/>	29a Concrete	<input style="width: 60px;" type="text"/>	29b Tin/aluminum	<input style="width: 60px;" type="text"/>	29c Plastic	<input style="width: 60px;" type="text"/>	29d Fiber glass	<input style="width: 60px;" type="text"/>	29e Barrel	<input style="width: 60px;" type="text"/>	29f Other (Specify) _____	<input style="width: 60px;" type="text"/>	30a Fully working	<input style="width: 60px;" type="text"/>	30b Needs Repair	<input style="width: 60px;" type="text"/>	30c Needs Replacing	<input style="width: 60px;" type="text"/>	31a Cylindrical	<input style="width: 60px;" type="text"/>	31b Rectangular	<input style="width: 60px;" type="text"/>	31c Other (Specify) _____	<input style="width: 60px;" type="text"/>	32a Tap	<input style="width: 60px;" type="text"/>	32b Pump	<input style="width: 60px;" type="text"/>	32c Bucket/Manual	<input style="width: 60px;" type="text"/>	32d Siphon	<input style="width: 60px;" type="text"/>
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<p><b>Section 3. Roof</b></p> <p><b>13. Roof Materials</b> <input style="float: right;" type="checkbox"/></p> <p>1 Asbestos                  2 Tin/aluminum                  3 Plastic                  4 Concrete                  5 Thatched                  6 Other (Specify) _____</p> <p><b>14. Roof Condition</b> <input style="float: right;" type="checkbox"/></p> <p>1 Fully Working                  2 Needs Repair                  3 Needs Replacing</p> <p><b>15. Roof Slope</b> <input style="float: right;" type="checkbox"/></p> <p>1 Flat (&lt; 2.5")                  2 Low (2.5" - 20")                  3 Steep (&gt;20")</p> <p><b>16. % Tree Cover</b> <input style="float: right;" type="checkbox"/></p> <p>1 No tree cover                  2 25%                  3 50%                  4 75%                  5 100%</p> <p><b>18. Gutter Available</b> <input style="float: right;" type="checkbox"/></p> <p>1 Yes                  2 No    <i>If "NO" Skip to Q22</i></p> <p><b>17. Roof capture</b> <input style="float: right;" type="checkbox"/></p> <p>1 0%                      4 75%                  2 25%                    5 100%                  3 50%</p> <p><b>19. Gutter Condition</b> <input style="float: right;" type="checkbox"/></p> <p>1 Fully working                  2 Needs Repair                  3 Needs Replacing</p>																																										

Q29 to Q33 are to be answered by the respondent

**Section 5. Water Supply**

**34. What is the main source of Drinking Water?**

1 Public piped water  
 2 Rain catchment  
 3 Bottled water  
 4 Well  
 5 Other (Specify)\_\_\_\_\_

**35. Is water available (from your main source) throughout the year?**

1 Yes      ➔      *if "YES" Skip to Q37*  
 2 No

**36. How often do you most face scarcity of drinking water?**

1 Often  
 2 Sometimes  
 3 Not much

**37. What is the main source of water for everyday use?**

1 Public piped water  
 2 Rain catchment  
 3 Bottled water  
 4 Well  
 5 Other (Specify)\_\_\_\_\_

**38. Is water available (from your main source) throughout the year?**

1 Yes      ➔      *if "YES" Skip to Q40*  
 2 No

**39. How often do you most face scarcity of water for everyday use?**

1 Often  
 2 Sometimes  
 3 Not much

**Section 6. Household Characteristics**

**40. What is your main source of Fuel for cooking?**

1 Kerosene  
 2 Electricity  
 3 Gas/Propane  
 4 Wood  
 5 Other (Specify)\_\_\_\_\_

**41. What kind of toilet use by the hh member ?**

1 Flush toilet, inside dwelling  
 2 Flush toilet, outside dwelling  
 3 Water sealed  
 4 Pit latrine  
 5 Beach/bushes

**Roof Calculation**

Length (ft)	Width (ft)	Area (sq ft)

Comments

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