




## 2- Water and sanitation condition.

What are the following facilities/ condition are present in your home [if an situation/facility is available to household than answer is coded as (1) otherwise (0)]

source of water; What is the domestic water source in your home?							
i-Piped/tap water	ii-Motor pump	iii-well	iv-spring	v-Hand pump	vi-Water truk/water vendor	Vii Water tank	Viii others
distance of water source from house in km -----							
Water quality Describe the available drinking water quality with reference to these parameters							
Are you satisfied with water color?	Are you satisfied with water taste?	Are there dust particle present in water?	Any Odor in water				
Drinking water treatment practice What type of following water treatment practices used your family for drinking purposes?							
Boiling	Bottled water from market	filter water	Use of chlorine for purification	none			
Water storage;							
Is water store in your home?							
If yes, where your family does stores the water?							

covered underground cemented tank	uncovered underground cemented tank	Buckets	Roof top covered cemented tank	roof top uncover cemented tank	roof top covered plastic tank	roof top uncovered plastic tank
Water container cleanliness						
Is water container cleanliness done?						
If yes, then after how much frequency?						
Weekly	Monthly	Quarterly	semi annually	annually		
Toilet						
use of toilet						
				Yes	No	
1-Toilet facility available in your house?						
2-Is toilet maintain/clean daily?						
3-Is Hand wash facility available near to toilet?						
Type of toilet What type of toilet facility does this household used?						
flush toilet	Covered Pit toilet	uncovered pit toilet		Porcelain squat toilet		others

- 3- **Household waste management:**[if an situation/condition is available to household then answer is coded as (1) otherwise (0)]

Garbage collection What type of garbage collection method do you have in your home?		
Collected by municipality from outside the house	Collected by municipality from the house	Garbage heap present around the house

Refuse disposal What type of refuse disposal method do you have in your home?					
Throw outside the house	Disposed to a wild disposal area	Disposed to a predefined landfill	Disposed to the stream/lake	Burning	
Fecal collection					
Are fecal waste collect by municipality?	Are fecal waste Collect by private sources?			others	
Sewerage water What type of waste water system do you have in your house?					
Discharge in open drains	Discharge in close drains	Discharge around the house	Discharged directly to stream / land		

- 4- **Food storage and quality**[if an situation/condition is available to household than answer is coded as (1) otherwise (0)]

Food item storage		
Are you store food item in open air?	Are you store food items in cover jars/utensils?	
Quality of food items From where your family purchased food items?		
Street vendors?	Big shopping center	Common/local shop

- 5- **Housing conditions** [ if an situation/condition is available to household than answer is coded as (1) otherwise (0)]

Room space for sleeping purposes	
How many rooms in your home for sleeping purpose?	
How much space (in foot) in a room?	

Place for cooking or preparing meal	
Are there proper separate room for cooking in your home?	
Are you cooking in open air place?	
Are you cooking in veranda?	
Are you cooking in a multipurpose room?	
Ventilation	
Are there ventilators are present in every room?	
Is at cooking place chimney present in your home?	
Fly door and window	
Are fly window present in every room?	
Are fly door present in every room?	

- 6- **Fuel consumption** [answer is coded as (1) for a fuel type that is consume by household, otherwise coded as (0)]

What type of fuel your family used for cooking purposes?						
Fire wood	Animal dung	Gas/LPG fuel	Bio gas	coal	Kerosene oil	Other(specify)

- 7- **Preventive measures from mosquito's** [answer is coded as (1) for a preventive measure that is used by household, otherwise coded as (0)]

Is your family use any of following precautionary measure from mosquitos?				
spray	Mat/quile	sleep under a mosquito net	others	none

- 8- **Smoking**[answer is coded as(1) if any member of household smoke cigarettes, otherwise as (0)]

Is any member of household smoke cigarettes?	
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- 9- **Disease profile:**

Are any household member suffer from the following diseases in the last 12 months, if more than one member suffer from below mention disease then also mention [ answer yes is coded as (1) and no as(0)]

Name of disease	Suffer/not	How much time suffer in last 12 month	Gender Female=1 Male=0	age (in year)
Diarrhea				
Dysentery				
Cholera				
Typhoid				
Bronchitis				
Asthma				
Pneumonia				
Malaria				