

KAP SURVEY

**Section 1: Interview details**

Respondent name \_\_\_\_\_

<b>Surveyor</b>	
<b>Province</b>	
<b>District:</b>	
<b>Commune:</b>	
<b>Village:</b>	
<b>Date of interview:</b>	
<b>Household Number:</b>	

(start new household number (from '1') in each village)

**I am working with Water for Cambodia. We would like to ask you some questions about the water and sanitation situation in the village and with your family. All answers will be confidential and not shared with anyone. Do you agree to participate in the interview?**

1. yes \_\_\_\_\_ 2. No \_\_\_\_\_ (finish interview)

1a. Sex of Respondent male \_\_\_\_\_ female \_\_\_\_\_

1b. Age of Respondent \_\_\_\_\_ years

2.

A) ID Poor 1 \_\_\_\_\_

B) ID Poor 2 \_\_\_\_\_

C) Not ID Poor \_\_\_\_\_

D) don't know \_\_\_\_\_

3. Household members

Total number HH members under 5 years old: \_\_\_\_\_

Total number HH member between 5 and 17 years old (including 17):

\_\_\_\_\_

Total number HH member 18 years old and over: \_\_\_\_\_  
 (note: include the person answering the survey in the totals)

4. What is the biggest health problem in your family?	1. _____
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<b>Section 2: Water Access and Contamination</b>
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1. What is your <u>main</u> source of <b>drinking water</b> ? <i>(read out)</i>	Choose one WET SEASON	Choose one DRY SEASON
	<input type="checkbox"/> 1. Pond	<input type="checkbox"/> 1. Pond
	<input type="checkbox"/> 2. Bore Well	<input type="checkbox"/> 2. Bore Well
	<input type="checkbox"/> 3. Dug Well	<input type="checkbox"/> 3. Dug Well
	<input type="checkbox"/> 4. Rain Water	<input type="checkbox"/> 4. Rain Water
	<input type="checkbox"/> 5. Buy (tanker)	<input type="checkbox"/> 5. Buy (tanker)
	<input type="checkbox"/> 6. Buy (bottles)	<input type="checkbox"/> 6. Buy (bottles)
<input type="checkbox"/> 7. Stream/river	<input type="checkbox"/> 7. Stream/river	

2. How much do you spend a week buying water?	WET SEASON	DRY SEASON
	1. _____ riel / week	1. _____ riel / week

3. How many minutes does it take to walk to your main drinking water source?  <i>Mark '0' if on-site or next door</i>	WET SEASON	DRY SEASON
	1. _____ minutes	1. _____ minutes

4. Ask to see the <u>drinking water</u> storage.  <i>OBSERVE: Are there drinking water storage containers?</i>	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No (skip to 5)
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4a. If yes, are they all covered?	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
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4b. Are the containers clean?  <i>(observation)</i>	<i>Multiple answers possible</i>	
	<input type="checkbox"/> 1. Dirty outside	
	<input type="checkbox"/> 2. Growth on walls inside (eg algae)	
	<input type="checkbox"/> 3. Sediment inside	
	<input type="checkbox"/> 4. Dirty finger prints inside	
	<input type="checkbox"/> 5. Other	

4c. How is water taken from the drinking water containers?  <i>(observation)</i>	<i>Check one box</i>	
	<input type="checkbox"/> 1. Pouring	<input type="checkbox"/> 5. Don't know
	<input type="checkbox"/> 2. Water scooper with handle (hands don't touch water or scoop)	<input type="checkbox"/> 6. Other
	<input type="checkbox"/> 3. Cup or scoop with no handle (hands touch water or scoop)	
	<input type="checkbox"/> 4. Container has spigot or tap	

4d If a scoop or cup is used, is it visibly dirty (handle or scoop part)?	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
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4e. Why do you store your drinking water?  <i>Do not read out answers</i>	<i>Multiple answers possible</i>	
	<input type="checkbox"/> 1. Prevent contamination	<input type="checkbox"/> 5. So I don't have to walk as many times to the water source
	<input type="checkbox"/> 2. Keep it clean	<input type="checkbox"/> 6. Other
	<input type="checkbox"/> 3. Limit/ reduce water treatment tasks	<input type="checkbox"/> 7. Don't know
	<input type="checkbox"/> 4. Keep safe	

5. (all respondents) Do you treat your drinking water?	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No (skip to 6)
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5a. How do you treat your drinking water? (don't read out answers)  <i>Do not read out answers</i>	<i>Multiple answers possible</i>	
	<input type="checkbox"/> 1. Boil	<input type="checkbox"/> 6. Solar disinfection
	<input type="checkbox"/> 2. Add Bleach/ Chlorine?	<input type="checkbox"/> 7. Let it Stand and Settle
	<input type="checkbox"/> 3. White Alum	<input type="checkbox"/> 8. Other
	<input type="checkbox"/> 4. Strain through a cloth	
	<input type="checkbox"/> 5. Water Filters (Ceramic, Sand, etc.)	

5x. Do you treat your drinking water	1. <input type="checkbox"/> always	2. <input type="checkbox"/> sometimes
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5b. Why do you treat your water?  <i>Do not read out answers</i>	<i>Multiple answers possible</i>	
	<input type="checkbox"/> 1. Prevent illness / sickness -- if yes, answer 5c	<input type="checkbox"/> 5. Kill bacteria
	<input type="checkbox"/> 2. Better family health	<input type="checkbox"/> 6. Improve taste
	<input type="checkbox"/> 3. Usual habit/custom	<input type="checkbox"/> 7. Other
	<input type="checkbox"/> 4. Good hygiene	<input type="checkbox"/> 8. Don't know

5c. If answer number 1 from previous question was checked [prevent illness/sickness]:  What sort of illness are you trying to prevent? ( <i>Do not read out answers</i> )	<i>Multiple answers possible</i>	
	<input type="checkbox"/> 1. diarrhea/stomach pain	
	<input type="checkbox"/> 2. urinary tract infections / kidney infections	
	<input type="checkbox"/> 3. other	

6. (all respondents) Do you have a water filter?	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No (skip to 7)
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6a. Do you use the water filter?	1. <input type="checkbox"/> Yes (skip to 6c)	2. <input type="checkbox"/> No
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6b. If no, why don't you use the water filter?  <i>Do not read out answers</i>  <b>When finished, skip to 7</b>	<i>Multiple answers possible</i>
	<input type="checkbox"/> 1. Broken
	<input type="checkbox"/> 2. Blocked
	<input type="checkbox"/> 3. Difficult to use/clean
	<input type="checkbox"/> 4. Takes too much time
	<input type="checkbox"/> 5. Don't believe it will be effective (don't believe it really cleans water)
	<input type="checkbox"/> 6. Other (explain) _____
<input type="checkbox"/> 7. Don't know	

6c. Do you use the filter for <u>all</u> drinking water used in your house? (read answer)	1. <input type="checkbox"/> Always (skip to 7)	2. <input type="checkbox"/> Sometimes
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7. (all respondents) When do you wash your hands?  <i>Do not read out answers, but can prompt 'any other time?' after each answer</i>  <i>Multiple answers possible</i>	<input type="checkbox"/> 1. When hands are dirty	<input type="checkbox"/> 6. Before preparing food
	<input type="checkbox"/> 2. When returning to house from work/ from outside	<input type="checkbox"/> 7. After cleaning infant who has defecated
	<input type="checkbox"/> 3. Before eating	<input type="checkbox"/> 8. After touching animals
	<input type="checkbox"/> 4. After eating	<input type="checkbox"/> 9. After disposal of animal faeces
	<input type="checkbox"/> 5. After defecation	<input type="checkbox"/> 10. Other
		<input type="checkbox"/> 11. Don't wash hands skip to 9

8. What do you wash your hands with? <i>read out</i>  <i>Choose only one.</i>	<input type="checkbox"/> 1. Water only	<input type="checkbox"/> 4. Ash only
	<input type="checkbox"/> 2. Water and soap	<input type="checkbox"/> 5. Water with ash
	<input type="checkbox"/> 3. Soap only	<input type="checkbox"/> 6. Other

9. (all respondents) At home, do you have a fixed place to wash hands?	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No if no, skip to 9
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9a. OBSERVE: ask to see the hand washing place. Is there soap? <b>Go to Question 10</b>	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
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9b. If no fixed hand washing place, where do you wash your hands?  <i>Do not read out answers</i>	<i>Multiple answers possible</i>
	<input type="checkbox"/> 1. Neighbour or relative's house
	<input type="checkbox"/> 2. When I am at a pond/stream/well
	<input type="checkbox"/> 3. Other (explain) _____
	<input type="checkbox"/> 4. I don't wash my hands

10. (all respondents) Why is it important for you to wash your hands with soap?  <i>Multiple answers possible</i>  <i>Do not read out answers</i>	<input type="checkbox"/> 1. Prevents disease	<input type="checkbox"/> 9. Heard from other people
	<input type="checkbox"/> 2. Prevents diarrhea	<input type="checkbox"/> 10. Heard from radio/
	<input type="checkbox"/> 3. Cleans hands/removes dirt	<input type="checkbox"/> 11. Have seen other people do so
	<input type="checkbox"/> 4. Is good hygiene	<input type="checkbox"/> 12. Smells good
	<input type="checkbox"/> 5. Prevents dirt from getting into mouth	<input type="checkbox"/> 13. Looks/feels clean
	<input type="checkbox"/> 6. Prevents dirt from getting into food	<input type="checkbox"/> 14. Other
	<input type="checkbox"/> 7. Removes germs	
	<input type="checkbox"/> 8. Heard from parents/other family	

### Section 3: Latrine Access and Sanitation

1. Do you have a latrine?	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No <b>skip to 2</b>
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1a. Do you use it?	1. <input type="checkbox"/> Yes <b>skip to 1c</b>	2. <input type="checkbox"/> No
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1b. If you don't use it, why not?	<i>Multiple answers possible</i>
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<i>Do not read out answers</i>	
	<input type="checkbox"/> 1. Broken
	<input type="checkbox"/> 2. Full
	<input type="checkbox"/> 3. No water for cleaning yourself /flushing
	<input type="checkbox"/> 4. No soap for cleaning yourself
	<input type="checkbox"/> 5. Dirty
	<input type="checkbox"/> 6. Other (explain _____)

1c. How many other households use your latrine?	1. _____ HH (put 'zero' if no other families use it)
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1d. What do you do when your latrine is full?	<i>Select one</i>	
<i>Do not read out answers</i>	<input type="checkbox"/> 1. Build new latrine	<input type="checkbox"/> 4. Outdoors
	<input type="checkbox"/> 2. Pump-off latrine	<input type="checkbox"/> 5. Use public latrine
	<input type="checkbox"/> 3. Use neighbor/relative latrine	<input type="checkbox"/> 6. Other (explain _____)

1e. What happens to the waste when it is removed?	<i>Select one</i>	
<i>Do not read out answers</i>	<input type="checkbox"/> 1. Used as fertilizer in field	<input type="checkbox"/> 5. Other (explain _____)
	<input type="checkbox"/> 2. Dumped in the forest	
	<input type="checkbox"/> 3. Dumped in the river/ pond/ canal	
	<input type="checkbox"/> 4. Empty pit contents in a new hole	

1f. What do you do when your latrine is broken/ collapsed/ become unusable?	<i>Select one</i>	
<i>Do not read out answers</i>	<input type="checkbox"/> 1. Build new latrine	<input type="checkbox"/> 6. Other (explain _____)
	<input type="checkbox"/> 2. Fix/ repair latrine	
	<input type="checkbox"/> 3. Use neighbor/relative latrine	
	<input type="checkbox"/> 4. Use public latrine	
	<input type="checkbox"/> 5. Outdoors	

1g. Did your latrine flood last year?	<i>Check one</i>	
	<input type="checkbox"/> 1. yes	<input type="checkbox"/> 2. no

<p>2. Where do you usually defecate?</p> <p><i>Read out answers</i></p>	<i>Select One</i>
	<input type="checkbox"/> 1. Outdoors (ground/forest)
	<input type="checkbox"/> 2. Outdoors (in or by water (stream, pond))
	<input type="checkbox"/> 3. In your own latrine
	<input type="checkbox"/> 4. In neighbour latrine
	<input type="checkbox"/> 5. In public latrine
	<input type="checkbox"/> 6. In your yard / garden (outside)
	<input type="checkbox"/> 7. In neighbour's yard/garden (outside)
<input type="checkbox"/> 8. Other	

<p>2a. If you defecate outside on the ground, do you bury it? (read out answers)</p>	<input type="checkbox"/> 1. always
	<input type="checkbox"/> 1. sometimes
	<input type="checkbox"/> 2. never
	<input type="checkbox"/> 3. Don't defecate outside on ground

<p>3 . (all respondents) How far away from the drinking water source is the place you defecate? ('source' applies to pond/well/stream that water came from, not where you store it at home)</p> <p><i>Put '0' meters if defecation takes place in drinking water source (eg stream or river)</i></p>	<p>1. _____ meters</p>
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<p>4. (If there is an infant in the HHs) Where do you usually dispose of infants' faeces? (under 5)</p> <p><i>Do not read out answers</i></p> <p><i>One answer only</i></p>	
	<input type="checkbox"/> 0. No infant/child under 5 in household
	<input type="checkbox"/> 1. Bury
	<input type="checkbox"/> 2. Throw in forest/ bush
	<input type="checkbox"/> 3. Throw in water body (pond, stream, other water source)
<input type="checkbox"/> 4. Throw in your own	



	latrine
	<input type="checkbox"/> 5. Throw in neighbour latrine
	<input type="checkbox"/> 6. Throw in public latrine
	<input type="checkbox"/> 7. Throw in community dumpsite
	<input type="checkbox"/> 8. Other

<p>5. What are the <u>advantages</u> of owning your own latrine</p> <p><i>Do not read out answers</i></p> <p><i>multiple answers possible</i></p>	<input type="checkbox"/> 1. Improve hygiene/ cleanness	<input type="checkbox"/> 6. Improve safety
	<input type="checkbox"/> 2. Improve health	<input type="checkbox"/> 7. Improve status/prestige
	<input type="checkbox"/> 3. More privacy	<input type="checkbox"/> 8. Do not Know
	<input type="checkbox"/> 4. More comfortable	<input type="checkbox"/> 9. Other
	<input type="checkbox"/> 5. Convenience/save time	

<p>6. What are the possible ways of making/ encouraging you and people like you change your present defecation practices/ build a latrine?</p> <p><i>Do not read out answers, but can explain the options</i></p> <p><i>multiple answers possible</i></p>	Reasons
	<input type="checkbox"/> 1. If someone else provides it
	<input type="checkbox"/> 2. Provision of latrine materials (ring, slab)
	<input type="checkbox"/> 3. Microfinance/ loan sources
	<input type="checkbox"/> 4. Government law/ regulation
	<input type="checkbox"/> 5. Community pressure
	<input type="checkbox"/> 6. If have money
<input type="checkbox"/> 7. Other	

7. What is the highest amount that you would be willing to contribute towards a private latrine?	<p>1. _____</p> <p>Riel</p>
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**Section 4: Health & Social Impacts**

1. Has anyone in your family had diarrhea in the last two weeks?	<input type="checkbox"/> 1. Yes
	<input type="checkbox"/> 2. No (skip to 3)

2. If yes, how many family members had diarrhea in the last two weeks?	<i>Total numbers of HH members with diarrhea</i>
	1. Under 5 years _____ members
	2. Between 5 and 17 years (including 17 years) _____ members
	3. 18 years or older _____ members

3. How do you prevent getting diarrhea?  <i>Do not read out answers</i>	<i>Multiple answers possible</i>
	<input type="checkbox"/> 1. Don't know
	<input type="checkbox"/> 2. Cook food properly and eat it soon
	<input type="checkbox"/> 3. Be careful about food you eat
	<input type="checkbox"/> 4. Cover food from flies
	<input type="checkbox"/> 5. Treat drinking water (boil, filter, etc)
	<input type="checkbox"/> 6. Wash vegetables with clean water
	<input type="checkbox"/> 7. Wash hands
	<input type="checkbox"/> 8. Wash hands after defecation
	<input type="checkbox"/> 9. Wash hands before preparing food
	<input type="checkbox"/> 10. Clean cooking / eating utensils
<input type="checkbox"/> 11. Other	

4. Do you (does the household) have one or more children in school?	<input type="checkbox"/> 1. Yes
	<input type="checkbox"/> 2. No (skip to 5)

4a. If yes, how many times did a child miss a day of school in the last 12 months because of diarrhea or urinary tract/kidney infections?	1. _____ times
	2. Number of children in school _____

5. How many times did adults in the household miss a day of work in the last 12 months due to diarrhea or urinary tract/kidney infections?	1. _____ times
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6. Has anyone in your household received medical attention or medicine for diarrhea or urinary tract/kidney infections in the last 12 months?	<input type="checkbox"/> 1. Yes
	<input type="checkbox"/> 2. No (skip to 6c)

6a. If yes, how much money have you spent in the last 12 months on treating for diarrhea or urinary tract/kidney infections	1. _____ riel (doctor/nurse fee and medicine)
	2. _____ riel (transport)
	3. _____ riel (other associated costs)
	4. _____ don't know
	skip to 7

6c. If no, why did no one seek medical care?  <i>Multiple answers possible</i>  <i>Do not read out answers</i>	<input type="checkbox"/> 1. Not bad enough to need attention / no diarrhea / urinary tract infection in last year
	<input type="checkbox"/> 2. Not enough money
	<input type="checkbox"/> 3. Too far away
	<input type="checkbox"/> 4. Don't think it would help
	<input type="checkbox"/> 5. Other (explain _____)

7. How many family members had urinary tract/kidney infections in the last two weeks?	<i>Total numbers of HH members with diarrhea</i>
	1. Under 5 years _____ members
	2. Between 5 and 17 years (including 17) _____ members
	3. 18 years and older _____ members