WATER QUALITY TESTING QUESTIONNAIRE
Name and year of survey

WATER QUALITY TESTING INFORMATION PANEL	WQ

WQ1. *Cluster number:* ___ ___ ___	**WQ2**. *Household number:* ___ ___

WQ3. *Measurer's name and number:*

NAME _____ ___ ___ ___

WQ4. *Interviewer's name and number:*

NAME _____ ___ ___ ___

WQ5. *Day / Month / Year:*

___ ___ /___ ___ / 2 0 1 ___

WQ6. *Check HH10 in the HOUSEHOLD INFORMATION PANEL in the HOUSEHOLD QUESTIONNAIRE: Is the household selected for blank testing?*	YES..1 NO 2

WQ7. *Name of the respondent to Water Quality Testing Questionnaire:*

NAME _____

WQ8. *Check HH44. Is permission given to test water?*	YES, PERMISSION IS GIVEN .... 1 NO, PERMISSION IS NOT GIVEN 2	1 ⇨*WQ10* 2 ⇨*WQ31*

WQ31. *Result of Water Quality Testing Questionnaire.* *Discuss any result not completed with Supervisor.*	COMPLETED...01 PERMISSION NOT GIVEN ....02 GLASS OF WATER NOT GIVEN ....03 PARTLY COMPLETED ....04 OTHER (*specify*) _____ 96

WATER QUALITY TESTING		
WQ10. *Record the time:*	HOURS: ....____ ____ MINUTES: ....____ ____	
WQ11. Could you please provide me with a glass of the water that members of your household usually drink?	YES.. 1 NO... 2	2⇨ *WQ31 and record '03'*
WQ12. *Observe and record whether the water was collected directly from the source or from a separate storage container.*	DIRECT FROM SOURCE....................................... 1 COVERED CONTAINER .... 2 UNCOVERED CONTAINER................................. 3 UNABLE TO OBSERVE.. 8	
WQ13. *Label sample **H-XXX-YY**, where **XXX** is the cluster number (WQ1) and **YY** is the household number (WQ2).*		
WQ14. Have you or any other member of this household done anything to this water to make it safer to drink?	YES .... 1 NO... 2 DK... 8	2⇨*WQ17* 8⇨*WQ17*
WQ15. What has been done to the water to make it safer to drink? *Probe:* Anything else? *Record all items mentioned.*	BOILED IT .... A ADDED BLEACH/CHLORINE ....B STRAINED IT THROUGH A CLOTH ....C USED A WATER FILTER (CERAMIC, 　SAND, COMPOSITE, ETC.) .... D SOLAR DISINFECTION..E LET IT STAND AND SETTLE...............................F OTHER (*specify*) _____ X DK..Z	

WQ17. What source was this water collected from?	**PIPED WATER**
	   PIPED INTO DWELLING.....................................11
	   PIPED TO YARD / PLOT....................................12
	   PIPED TO NEIGHBOUR....................................13
	   PUBLIC TAP / STANDPIPE 14
	
	TUBE WELL / BOREHOLE 21
	
	DUG WELL
	   PROTECTED WELL 31
	   UNPROTECTED WELL.......................................32
	SPRING
	   PROTECTED SPRING 41
	   UNPROTECTED SPRING 42
	
	RAINWATER 51
	TANKER-TRUCK 61
	CART WITH SMALL TANK 71
	WATER KIOSK 72
	SURFACE WATER (RIVER, DAM, LAKE,
	   POND, STREAM, CANAL, IRRIGATION
	   CHANNEL) 81
	
	PACKAGED WATER
	   BOTTLED WATER 91
	   SACHET WATER..92
	
	OTHER (*specify*) _____ 96	

WQ18. Can you please show me the source of the glass of drinking water so that I can take a sample from there as well?
 	
If 'No' probe to find out why this is not possible?
	YES, SHOWN 1
	
	NO
	  WATER SOURCE WAS NOT
	   FUNCTIONAL.. 2
	  WATER SOURCE TOO FAR............................... 3
	  UNABLE TO ACCESS SOURCE 4
	  DO NOT KNOW WHERE SOURCE IS
	   LOCATED 5
	
	OTHER REASON
	  (*specify*)_____ 6
		
		2⇨*WQ20*
		3⇨*WQ20*
		4⇨*WQ20*
		
		5⇨*WQ20*
		
		6⇨*WQ20*

WQ19. *Record whether source water sample collected.* *Label sample **S-XXX-YY**, where **XXX** is the cluster number (WQ1) and **YY** is the household number (WQ2).*	SOURCE WATER COLLECTED ....1 SOURCE WATER NOT COLLECTED (*specify*)_____ 2	
WQ20. *Check WQ6: Is the household selected for blank testing?*	YES..1 NO..2	 2⇨*WQ22*

WQ21. *Take out the sample of sterile/mineral water that you got from your supervisor.* *Label* **B-XXX-YY***, where* **XXX** *is the cluster number (WQ1) and* **YY** *is the household number (WQ2).* *Record whether the sample is available.*	BLANK WATER SAMPLE AVAILABLE.............. 1 BLANK WATER SAMPLE NOT AVAILABLE (*specify*)_____ 2	
WQ22. *Conduct test within 30 minutes of collecting sample. Record the results following 24-48 hours of incubation.*		
WQ23. *Record the time.*	HOURS AND MINUTES .... __ __ : __ __	

MICS6.WQ.4

WATER QUALITY TESTING RESULTS		
Following 24-48 hours of incubation the results from the water quality tests should be recorded.		
WQ24. *Day / Month / Year of recording test results:*	___ ___ /___ ___ / 2 0 1 ___	
WQ25. *Record the time:*	HOUR AND MINUTES ....___ ___ : ___ ___	

WQ26. *Household water test (100ml):*
 	
Record 3-digit count of colonies.
  If 101 or more colonies are counted, record '101'
  If it is not possible to read results, record '991'
  If the results are lost, record '992'
	NUMBER OF BLUE COLONIES ___ ___ ___	

WQ26A. *Check WQ19: Was a source water sample collected?*	YES, WQ19=1 .... 1 NO, WQ19=2 OR BLANK................................... 2	2⇨*WQ28*
WQ27. *Source water test (100ml):*	NUMBER OF BLUE COLONIES ___ ___ ___	
WQ28. *Check WQ21: Was a blank water sample available?*	YES, WQ21=1 .... 1 NO, WQ21=2 OR BLANK................................... 2	2⇨*WQ31*
WQ29. *Blank water test (100ml):*	NUMBER OF BLUE COLONIES ___ ___ ___	⇨*WQ31*

MEASURER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS