

BEFORE SURVEY -- Instructions

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Instructions to survey administrators:

Before administering the survey, you must obtain verbal consent from each participant. Read the Verbal Script for Informed Consent form and ask them if they consent to participate. Emphasize that the results of this survey will not be linked to them and any information shared will be anonymous. If they agree start the survey. If they do not agree, thank them for their time and give them the contact information card so that they may reach the study team if they change their mind.

When administering the survey do not read the answer choices to the participants unless noted in the question. Anything listed in the survey after the "SAY" should be said to all survey participants. If a survey participant does not want to answer a question, they may skip that question and continue on with the survey. Please enter "skip" in the answer field and continue.

BEFORE SURVEY -- Survey Administrator & Location Questions**1. Survey Administrator Name:****1.1. Second Survey Administrator Name (if applicable):****2. Survey Date (enter as DD/MM/YYYY):**

2.1. Survey Time (enter as 24-hour HH:MM):

3. Household Location

3.1. Village name

3.2. Para Name:

. Please record location in front of the household

3.3. Household Latitude

3.4. Household Longitude

4. Household Study Identification Number (HSIN) (VV-HHH):

	Village VV	Household HHH
HSIN	<input type="text"/>	<input type="text"/>

4.1. Houseowner Name:

4.2. Father/Husband (of houseowner) Name:

BEFORE SURVEY -- Verbal Consent

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Read the entirety of the Verbal Script for Informed Consent Form to the household key informant.

5.

Did the household key informant indicate they understood the study purpose and their role?

☐ (1)Yes

☐ (2)No

6.

Did the household key informant have any questions?

☐ (1)Yes

☐ (2)No

6.1.

What were the questions?

7.

Did the household key informant consent to participate in this survey?

(If the key informant is under 18 years old, the parent or guardian must consent for them to continue.)

☐ (1)Yes

☐ (2)No

SURVEY -- Key Informant Demographics

. KEY INFORMANT DEMOGRAPHICS

Note: Start voice recording

SAY: Thank you for participating in our study.

REMINDER. Have you started voice recording?

☐ (1)Yes

8. Key Informant Information

	First name:	Last name:	Mobile number	Alternate mobile number	Age	Male
Key Informant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>

8.1. Including you, how many people of all ages live in this household?

8.2. Are you the head of household?

☐ (1)Yes

☐ (2)No

8.3. Are you the one that normally collects water for the household?

☐ (1)Yes

☐ (2)No

. HOUSEHOLD ASSETS & CONSUMPTION

SAY: Now we are going to ask you a few questions about your household.

9. What type of latrine does your household usually use?

- ☐ (1) No toilet facility/free range (bush, field)
- ☐ (2) Flush or pour toilet
- ☐ (3) Pit latrine (ventilated improved, with slab)
- ☐ (4) Bucket or pan
- ☐ (5) Other (specify)

10. Does your household have:

	Choose one:		If answered yes:
	Yes	No	How many?
(1) Electricity	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
(2) Television	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
(3) Gas burner	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
(4) Refrigerator	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
(5) Motorcycle	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

10.1. Does your household have:

	Choose one:		If answered yes:
	Yes	No	How many decimals?
(1) Agriculture land (own)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
(2) Agriculture land (lease)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
(3) Property (home) land	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
(4) Other (specify) <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

SURVEY -- Water Sources (Introduction)**. WATER SOURCE AND QUALITY INFORMATION**

SAY: *We are now going to talk about your water. We will be asking questions to learn about where you get your water and how you use water.*

11.

What are the different drinking and cooking water sources that you use through the year?*(Read each of the options below to the informant and select all that apply)*

	<u>Drinking water</u> (Select all that apply)	<u>Cooking water</u> (Select all that apply)
(1)AIRP (arsenic iron removal plant)	<input type="checkbox"/>	<input type="checkbox"/>
(2)DTW (Deep Tube Well)	<input type="checkbox"/>	<input type="checkbox"/>
(3)DWSF (dug well sand filter)	<input type="checkbox"/>	<input type="checkbox"/>
(4)Pond/river/baor	<input type="checkbox"/>	<input type="checkbox"/>
(5)PSF (pond sand filter)	<input type="checkbox"/>	<input type="checkbox"/>
(6)PWSS (piped water supply system)	<input type="checkbox"/>	<input type="checkbox"/>
(7)RW (ring well)	<input type="checkbox"/>	<input type="checkbox"/>
(8)RWH (rainwater harvest system)	<input type="checkbox"/>	<input type="checkbox"/>
(9)SIDKO Plant	<input type="checkbox"/>	<input type="checkbox"/>
(10)STW (shallow tube well)	<input type="checkbox"/>	<input type="checkbox"/>
(11)Other (specify) <input style="width: 200px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. How do you store water once you bring it to your household?*(Select all that apply)*

<input type="checkbox"/> (1)Plastic container with lid	<input type="checkbox"/> (3)Metal container with lid	<input type="checkbox"/> (5)Natural container with lid
<input type="checkbox"/> (2)Plastic container without lid	<input type="checkbox"/> (4)Metal container without lid	<input type="checkbox"/> (6)Natural container without lid
<input type="checkbox"/> (7)Other (specify) <input style="width: 200px;" type="text"/>		

SURVEY -- Drinking water**. Drinking Water****SAY: We are now going to talk about your current drinking water source only****13.****Current primary drinking water source**

	13a. Where do you currently collect drinking water from?	13b. Is this a private water source?	13c. How satisfied are you with the <u>location</u> of this drinking water source?
Current primary drinking water source			
	▼	▼	▼

14. Are there any issues with the quality of drinking water from this source?

(Do not read answers but select all that apply)

- ☐ (1)Bad taste
- ☐ (2)Bad smell
- ☐ (3)Color
- ☐ (4)Too warm
- ☐ (5)Too cold
- ☐ (6)Causes illness or discomfort
- ☐ (7)Arsenic
- ☐ (8)Iron too high
- ☐ (9)Cloudy
- ☐ (10)Other (specify)
- ☐ (11)No issues

14.1. What tells you that arsenic is an issue with your primary drinking water device?

15. Explain the steps from collection of water until you drink it.

(Do not read answers but select all that apply)

- ☐ (1)Boil (specify time)
- ☐ (2)Add chlorine (specify how much)
- ☐ (3)Use water filter (specify type/brand)
- ☐ (4)Strain through cloth
- ☐ (5)Use solar disinfection

- ☐ (6) Let iron settle out
- ☐ (7) Other (specify)
- ☐ (8) No intentional treatment

16. Do you face any difficulty in collecting water from this source?

(Do not read answers but select all that apply)

- ☐ (1) Not available
- ☐ (2) Long wait time
- ☐ (3) Distance to collection point is too far
- ☐ (4) Area surrounding collection point is not clean
- ☐ (5) Minor maintenance needed (specify)
- ☐ (6) Major maintenance needed (specify)
- ☐ (7) Not socially acceptable to use
- ☐ (8) No problem
- ☐ (9) Other (specify)

17. Do you sometimes drink water directly from your private shallow tube well? (Eg. if it is a hot day)

- ☐ (1) Yes
- ☐ (2) No

SURVEY -- Cooking water

18. Do you currently use water from the same source for drinking and cooking?

- ☐ (1) Yes
- ☐ (2) No

. Cooking Water

SAY: We are now going to talk about your current cooking water source only

19.

Current primary cooking water source

	19a. Where do you currently collect cooking water from?	19b. Is this a private water source?	19c. How satisfied are you with the <u>location</u> of this cooking water source?
Current primary cooking water source	▼	▼	▼

20. Are there any issues with cooking water from this source?*(Do not read answers but select all that apply)*

- ☐ (1)Bad taste
- ☐ (2)Bad smell
- ☐ (3)Color
- ☐ (4)Too hot
- ☐ (5)Too cold
- ☐ (6)Causes illness or discomfort
- ☐ (7)Arsenic
- ☐ (8)Iron too high
- ☐ (9)Cloudy
- ☐ (10)Other (specify)
- ☐ (11)No issues

20.1. What tells you that arsenic is an issue with your cooking water source?

21. Explain the steps from collection of water until you use for cooking.*(Do not read answers but select all that apply)*

- ☐ (1)Boil (specify time)
- ☐ (2)Add chlorine (specify how much)
- ☐ (3)Use water filter (specify type/brand)
- ☐ (4)Strain through cloth
- ☐ (5)Use solar disinfection

- ☐ (6) Let iron settle out
- ☐ (7) Other (specify)
- ☐ (8) No intentional treatment

22. Do you face any difficulty in collecting cooking water from this source?

(Do not read answers but select all that apply)

- ☐ (1) Not available
- ☐ (2) Long wait time
- ☐ (3) Distance to collection point is too far
- ☐ (4) Area surrounding collection point is not clean
- ☐ (5) Minor maintenance needed (specify)
- ☐ (6) Major maintenance needed (specify)
- ☐ (7) Not socially acceptable to use
- ☐ (8) No
- ☐ (9) Others (specify)

23. Do you sometimes cook with water directly from your shallow tube well?

- ☐ (1) Yes
- ☐ (2) No

SURVEY -- Water Quality & Source (Conclusion)

24.
If you face any problem with your water supply do you feel adequately able to solve the problem?

- ☐ (1) Yes
- ☐ (2) No (specify why)

25.
If you needed assistance is there someone you could call?

- ☐ (1) Local Mistry

- ☐ (2)DPHE Mechanic
- ☐ (3)Pani Poridoshak
- ☐ (4)Friend/Neighbor
- ☐ (5)UP Member/Chairman
- ☐ (6)Others (specify)

26.

Is there anything you can think of that would make this drinking and/or cooking water system better?

27. Do you know if other villages have a better drinking and/or cooking water arrangement? If yes, tell me about the way(s) you think their system better?

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WATER SUPPLY: MAINTENANCE & REPAIR

SURVEY -- Water Supply: Maintenance & Repair

. You had indicated previously that your drinking water source was not private ie. it is shared with others in the community.

. You had indicated previously that your cooking water source was not private ie. it is shared with others in the community.

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WATER SUPPLY: MAINTENANCE & REPAIR

Since the household has indicated they are only using private sources for drinking and cooking water, questions 28-37 will be skipped.

WATER SUPPLY: MAINTENANCE & REPAIR

Since the household has indicated they are only using private sources for drinking water, questions 28-37 will be skipped.

. The next few questions will be about this shared drinking/cooking water source

28. Do you pay a service fee to obtain drinking/cooking water from this source?

- ☐ (1) Yes
- ☐ (2) No

28.1. If yes, how much per month?

29. Who do you feel should be responsible for making sure the drinking/cooking water is safe?
(Select all that apply)

- ☐ (1) Household/Myself
- ☐ (2) All households that use safe water device
- ☐ (3) Local Government - Union Parishad
- ☐ (4) Local Government - Upazilla Parishad
- ☐ (5) Government - Department of Public Health and Engineering (DPHE)
- ☐ (6) Water device caretaker
- ☐ (7) Non-governmental organizations (NGOs) (specify)
- ☐ (8) Other (specify)
- ☐ (9) No one
- ☐ (10) Don't know

30. Who is actually responsible for making sure the drinking/cooking water is safe?
(Select all that apply)

- ☐ (1) Household/Myself
- ☐ (2) All households that use safe water device

- ☐ (3)Local Government - Union Parishad
- ☐ (4)Local Government - Upazilla Parishad
- ☐ (5)Government - Department of Public Health and Engineering (DPHE)
- ☐ (6)Water device caretaker
- ☐ (7)Non-governmental organizations (NGOs)
- ☐ (8)Other (specify)
- ☐ (9)No one
- ☐ (10)Don't know

31. Do you believe regular repair/maintenance of your water source is necessary to make water safe to drink or cook with?

- ☐ (1)Yes
- ☐ (2)No

31.1. What maintenance of your device is necessary for safe drinking water?

- ☐ (1)Tube well painting
- ☐ (2)Tube well oiling
- ☐ (3)Gate valve opening
- ☐ (4)Sand bed scraping
- ☐ (5)Gravel chamber washing
- ☐ (6)Keeping collection point clean
- ☐ (7)Keeping area surrounding collection point clean
- ☐ (8)Other (specify)

32. If repair/maintenance of your device does not occur regularly, what will happen?

- ☐ (1)Water will smell bad
- ☐ (2)Water will taste bad
- ☐ (3)Arsenic level will increase
- ☐ (4)Filter will stop working
- ☐ (5)Hand pump will be damaged
- ☐ (6)Filter will be damaged
- ☐ (7)Other (specify)
- ☐ (8)Don't know

☐ (9) Nothing will happen

33. Does this repair/maintenance of your device cost money?

☐ (1) Yes

☐ (2) No

33.1. What does repair/maintenance cost?

34. Who spends money on repair/maintenance of your drinking water device?

☐ (1) Household/Myself

☐ (2) Landowner

☐ (3) 1-3 households

☐ (4) 4-6 households

☐ (5) All users

☐ (6) Other (specify)

☐ (7) No one

35. Do you believe all users should pay for regular maintenance?

☐ (1) Yes

☐ (2) No

35.1. If yes,

☐ (1) Everyone should pay same amount

☐ (2) Amount can vary based on household income or other considerations

36.

If maintenance is not regular, do you believe the repair cost will be high?

☐ (1) Yes

- ☐ (2)No
- ☐ (3)Dont know

SURVEY -- Water Supply: Arsenic Testing

37.

If you wanted to test the safety (or quality) of your water, what would you do?

- ☐ (1)Test it myself (specify)
- ☐ (2)NGO (specify)
- ☐ (3)Ask government to test it (specify)
- ☐ (4)It is not possible to test the water (specify)
- ☐ (5)Don't know
- ☐ (6)Other (specify)

38.

If this drinking water source tested above government limit for arsenic, what would you do?

- ☐ (1)Keep using this drinking water source without change
- ☐ (2)Keeping using this drinking water source and make a change (specify)
- ☐ (3)Use a different safe drinking water source
- ☐ (4)Pay for water
- ☐ (5)Other (specify)

39.

If there was a service to test your drinking water for arsenic levels, would you want to pay 150Tk to check arsenic levels of your drinking water?

- ☐ (1)Yes
- ☐ (2)No

39.1. Why not?

- ☐ (1)Cost is too high

- ☐ (2)Not necessary
- ☐ (3)Know the arsenic level
- ☐ (4)Tested recently
- ☐ (5)Government should test
- ☐ (6)Other (specify)

Survey -- Health and Arsenic

40. Have you or a member of your family been hospitalized for any reason (excluding child birth) in the past 12 months?

- ☐ (1) Yes (specify total number of instances)
- ☐ (2) No
- ☐ (3) I prefer not to answer this question

40.1. Do you or anyone in your family currently have any skin problems such as discoloured spots or patches on the skin, or skin lesions?

- ☐ (1)Yes (specify total number of people affected)
- ☐ (2)No
- ☐ (3)I prefer not to answer this question
- ☐ (4)Other (add any notes if applicable)

**40.2. At any point in time, has a doctor diagnosed anyone in your household of arsenicosis?
(remember to specify that we are only asking about a doctors diagnosis)**

- ☐ (1)Yes
- ☐ (2)No
- ☐ (3)I prefer not to answer this question

40.2.1. If yes, list the most recent instance

- ☐ (1) In the past 1 year
- ☐ (2) 1-5 years ago
- ☐ (3) 5-10 years ago

☐ (4) More than 10 years ago

40.3. Do you personally know anyone who has died due to arsenicosis?

- ☐ (1) Yes
- ☐ (2) No
- ☐ (3) I prefer not to answer this question

40.3.1. If yes, how did you know it was because of arsenicosis?

- ☐ (1) Doctor's diagnosis
- ☐ (2) Friend/family member told me
- ☐ (3) Cancer
- ☐ (4) Other (specify)

SURVEY -- Conclusion

41. Do you have any questions or comments?

42. Did the participant find any of the questions confusing? If yes, specify which ones (note the question number). Also, please include any clarifications the participant asked for or comments the participant made about them.

- ☐ Yes (specify)
- ☐ No

43. Any other notes or feedback from this survey?

45.

If a household member has agreed to provide a nail sample please ask the following questions to the person from whom the nail sample is collected. If you need to return at a later time to collect the sample then mark "NA" in the following answer fields and complete "Supplementary Nail Sampling Form"

45.1. Is this the key informant? (if not, name sex and age will need to be entered)

- ☐ Yes
- ☐ No

45.2. Nail sample subject details

	First name:	Last name:	Mobile number	Age	Male	Female
Nail sample provider	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>

45.3. Nail sample subject details

	Click to write Column 3 Weight in Kilograms (of person providing nail sample)	Do you chew or smoke tobacco? Yes No Do not wish to answer	How many times per week do you eat - Rice Seafood
Nail sample provider	<input type="text"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="text"/> <input type="text"/>

44. Drinking water source location

Ask the informant to show you their current primary drinking water source. Record GPS reading at drinking water source, collect water sample and label it with the HHID, date, and source type.

44.1. Latitude

44.2. Longitude

. Ask the informant to show you where water is stored and in what containers. If they agree, place the water sample collection bottle with label visible beside the containers and take a picture. If not make a note of the container type and condition on the survey notes.

PHOTO: If the respondent consented for you to take a picture, attach the picture here

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END OF SURVEY

***SAY:** This is the end of the survey. Thank you so much for taking the time to answer the questions. We are so grateful for your help! If you have any questions, you are welcome to contact us.*

Give the key informant a contact card and write the HHID on the card for easy identification if they do contact us.

REMINDER. Have you stopped the voice recording?

☐ Yes

. You have reached the end of the survey.

☐ Click here to end

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