

I. HOUSEHOLD

1. Type of House:

Roof: a) Pucca b) Kachha c) Mix d) None

Walls: a) Pucca b) Kachha c) Mix d) Wall(s) missing

Floor: a) Pucca b) Kachha c) Mix d) Dirt

2. Number of rooms: _____

3. People per room: _____

4. Bathroom: a) Separate b) Shared c) Common d) Other

5. Toilet : a) Separate b) Shared c) Common d) Other

6. Kitchen: a) Separate b) Part of the living room

7. Cooking Fuel: a) Firewood b) Cow dung c) Charcoal d) kerosene
e) Electricity f) Other

8. Drainage: a) Open b) Common c) Pucca d) Other

9. Pets / poultries (How many?) a) Poultries b) Cow c) Sheep
d) Goat e) Other

Where do the animals stay at night? a) Inside b) Outside

10. Water Storage a) Closed vessel b) Open vessel

11. Water Treatment: a) Boiling b) Filtering c) Other
d) None

12. Do you clean your house at least once a week? a) Yes b) No

II. ENVIRONMENT

1. What is the main source of water your household uses for bathing/washing?

- a) Piped water in home b) Shared piped water c) Groundwater in home
- d) Shared ground water e) Well water in home f) Public well
- g) Surface Water h) Rainwater

2. What is the main source of drinking water?

- a) Piped water in home b) Shared piped water c) Groundwater in home
- d) Shared ground water e) Well water in home f) Public well
- g) Surface Water h) Rainwater

3. What kind of toilet facility does your household have?

- a) personal flush toilet b) Shared flush toilet c) Public flush toilet
- d) personal pit toilet e) Shared pit toilet f) Public pit toilet
- g) no facility/bush/field h) Other

4. What is the main source of lighting for your household?

- a) None b) Electricity c) Kerosene d) Gas e) Oil
- f) Other

5. How is garbage disposed of in household?

III. HYGIENE

1. Do you brush your teeth everyday?
a) Yes b) No c) Other
2. What do you use to brush your teeth?
a) Toothpaste /toothpowder b) Charcoal/abrasives
c) Other
3. How often do you bathe?
a) Every day b) Twice a week c) Once a week
d) Less than once a week
4. How frequently do you wash your hair?
a) Twice a week b) Once a week c) Less than once a week
5. What do you use to wash your hair?
a) Shampoo b) Soap c) Just water
5. Do you trim your nails regularly? a) Yes b) No
6. Does anyone in your home frequently get infested with lice?
a) Yes b) No
7. Do you wash your hands every time before eating? a) Yes b) No
c) Sometimes
8. Do you wash your hands after defecation? a) Yes b) No
c) Sometimes
9. (For women only!) What do you use for your periods?
a) Sanitary napkins b) Reused clothes c) Disposable clothes
d) Other
10. Do you always use footwear every time you step out of the house?
a) Yes b) No c) Sometimes d) When going to the toilet

V. NUTRITION

1. Members of household are: a) Vegetarian b) Non-vegetarian

2. Fruits, how many items does your family eat per week:

What kind most frequently:

3. Vegetables: how many meals contain vegetables per week:

What kind most frequently:

4. Meat, how many meals contain meat per week:

What kind most frequently:

5. Paruppu, how many meals contain paruppu per week:

What kind most frequently, in what form:

6. Does anyone take supplements? Yes No

Type and person:

7. Eating out, how many times per week:

VI. EDUCATION

1. Highest Educational Qualification:

2. Are you interested in some academic/vocational training?

If Yes,

a) What type of training (English language, basic finance education, vocational training etc.)

3. Do your children go to school?

If Yes, do you want your child to complete education (school & college)?

If No,

a) Why not? What are the reasons?

b) Do they currently work somewhere?

c) Are you interested in vocational training for your children?