**Catholic Relief Services
PROJECT PAGLAUM**Compostela Valley and Davao Oriental

Enumerator’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date of Survey:\_\_\_\_\_\_\_\_\_\_\_\_
Encoder’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date Encoded:\_\_\_\_\_\_\_\_\_\_\_\_\_

***Group Work 1 – Single Form Survey***

**HYGIENE PROMOTION
*KAP SURVEY***

*Instructions:*

1. *Randomly select from the attendees the participants who will be given this survey, but make sure that there is an equal number of male and female respondents.*
2. ***Each respondent should come from a household that has at least one child under-5 years of age.***
3. *Please follow the instructions indicated after each question.*

**Respondent’s Information:**
Name of HP Participant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of HP event:\_\_\_\_\_\_\_\_\_\_\_(for Post HP survey only)

Gender: \_\_\_ Age:\_\_\_\_ Family Size:\_\_\_\_\_ Child under-5 years in the household? Yes No

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Purok/Village:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Municipality/Block:\_\_\_\_\_\_\_\_\_\_\_\_

Province/District:\_\_\_\_\_\_\_\_\_\_\_\_

1. ***Water Use and Storage***
2. What is your usual source of drinking water? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Where do you get drinking water if your usual source of water in not available?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Do you use separate containers for drinking water and non-drinking water? *(Instruction: Check the box that corresponds to the respondents answer.*

 YES NO

1. Is your drinking water container covered? *(Instruction: Check the box that corresponds to the respondents answer.*

 YES NO

5. Do you treat your water? *(Instruction: Check the box that corresponds to the respondents answer.)*

 YES (If Yes, Answer Q6) NO (If No, Answer Q7)

 6. What is the most frequent method of treatment do you use? *(Instruction: Check only 1 box.)*

 Aquatab/Hyposol Boiling Filtration

 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 7. Why do you not treat your water? *(Instruction: Check the box that corresponds to the respondent’s answer.)*

 Use Mineral Water Water Supply is Safe

 Do not have the resources/knowledge Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Have you or any member of your family fallen ill due to the water you are using? *(Instruction: Check the box that corresponds to the respondent’s answer.)*

 YES (If Yes, Answer Q9) NO

 9. What illness?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Where do you store your drinking water containers? *(Instruction: Check the box that corresponds to the respondents answer.)*

 FAR FROM CONTAMINANT NEAR CONTAMINANTS