Mini-survey for baseline data

N.B This is intended for people living in camps or temporary shelters

This format has been made in sections so easy cut and pasting – although there are 45 questions, you can adapt to suit your own environment.

		Demogra	phics					
1	Name of village from which	the household						
	originates							
2	Total number in household		Adult Male	<5 Male		5-15 year old Male		
			Adult	<5		5-15 year	ar old	
			Female	Female		Female		
3	Female-headed or male head		Female		Male			
4	How many people in your f	amily can read and	Female Ma			le		
_	write?							
5	Date of interview							
6	Interviewer							
U	Interviewer							
		Wate	r 					
7	From where do you get your drinking water?							
8	How long did you have to wait to collect water yesterday							
9	How many containers for water collection do you have Total L's							
10	How many containers do you use every day for your whole family						Total L's	
			1.			Yes		
11	1 Do you have a separate container for storing drinking water							
10		. 1				No Uses a	T T	
12	$\int \int d^{2}x d^{$						Uses	
	drink?						dirty utensil	
					_	utensil	Container	
						Uses		
10	De service de la constitución de	1.4	C11 · · · · · · · · · · · ·			hand Yes	has a tap	
13	Do you consider your drinking water to be safe for drinking?					Yes No		
Or	 oservations					110		
14	Is the drinking water	Clean		Yes		No		
14	container	Cicaii		162		110		
	Contuition	Covered		Yes		No		
1		Corolea		100		1.0		

Hygiene										
15	When do you think are the	After the toilet				Ве	Before eating			
	important times to wash your hands	Before preparing food			A	After handling children's excreta				
	Milds	After feeding & watering animals					CICU			
16	With what do you wash your hands?	Soap Ash				Only water		Other		
Oh	servations					W	ater			
17	Are there flies in the house	Yes		Many	Fe	***	N	one	<u> </u>	
				Many	re	w	IN	OH		
18	Is there rubbish lying around	Yes								
	either in or near the house	No								
19	Is left over food covered	Yes								
		No								
20	Is there a household drying	Yes								
	rack for utensils	No								
21	Are there faeces seen lying	Yes								
	around the outside of house	No								
22	Ask to wash your hands -	Yes								
	were you offered soap	No								
23	Where do the adults in your									
	family defecate?	T -4t		Dl	_	D:			\4l	
	During the day	Latrine		Bushe				Other		
	During the night	Latrine		Bushe	S	Ri	River Other			
24	Where do the small children (under five) defecate?									
	During the day	Latrine	Bush	es]	River	(Oth	er	
	During the night	Latrine	Bush	es	_	River				
25	What do you do with the faeces	Put them in	ı latrin	e Bu		Dog	eats		Othe	r
	of small babies?			the	•	then				
		Househo	ld Hea							
26	.Has anyone in your household	had diarrhoea	a (more	e	Yes					
	than 3 loose stools a day) over t									
27	If yes, who was it?	Men			n Wo		omen Childi		Children	
										< 5
28	How can you prevent it?									
20	List ways									
29	Is anyone sick in your household at the moment									
					No					
30	If yes, list illness	Men W			men			Children < 5		
				+						
				+						
31	What do you think causes skin	problems								
32	What do you think causes eye i	nfactions		1						
JA	vvnat uo you unin tauses eye i	11166(110112		1						

33	The last time your child had diarrhoea, what did you do to treat it?	i			
34	Have you heard of ORS?		Yes No		
35	lave you heard of sugar and salt solution? Yes No				
36	Can you tell me how to make sugar and salt solution?		Pinch of salt	Handful of sugar	Liter of water
	Refuse/Environmer	ntal Sa	anitation		<u> </u>
37	39. What do you do with your rubbish from the house?				
38	40. Are the animals kept near the house? Yes No				
	General Obse	ervatio	ons		
39	Cleanliness of the communal latrines - if prese	ent:			
	No smell		Yes/no		
	No flies		Yes/no		
	No faeces around the hole		Yes/no		
40 Cleanliness around the communal water collection point:					
	No standing water			Yes/no	
	No animals drinking from the puddles		Yes/no		
	No flies	Yes/no			

Vector-borne disease								
41	Have you or any of your family suffered form malaria in the past three months?	Yes No						
42	If yes, where did you	Self-treated		Clinic/Hospital				
	go for the first line	Local herbalist/tradition	al healer	Pharmacy				
	treatment?	Health post		No treatment				
		Other						
43	Have you or any of your family ever used an insecticide-treated net?	Yes No						
44	If yes, what are the important points to remember when using a net?	Pregnant women and children under five have priority Net should be tucked	Don't wash too often (minimum once a month) Insecticide lasts too years					
	· ·	in		,				
		No holes or tears	Don't hang out in the sun					
		Other						
45	How do you prevent	Sleeping under a net	Coils	Cutting/burning grass				
	malaria?	Indoor spraying	Lotions/body sprays	Other				