WATER QUALITY TESTING QUESTIONNAIRE
Multiple Indicator Cluster Survey (MICS) Punjab, 2017

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 .... NO, PERMISSION IS NOT GIVEN 2	1 ⇨*WQ9* 2 ⇨*WQ31*

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

WATER QUALITY TESTING		
WQ9. *Record the time:*	HOURS: ....___ ___ MINUTES: ....___ ___	
WQ10. Could you please provide me with a glass of the water that members of your household usually drink?	YES .... 1 NO... 2	1 ⇨ *WQ12* 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-XXXX-YY**, where **XXXX** 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 ⇨*WQ16* 8 ⇨*WQ16*
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 LEFT IT STAND AND SETTLE .... F OTHER (*specify*)_____X DK...Z	
WQ16. Is this water from the main source of drinking water used by members of your household?	YES .... 1 NO... 2	1 ⇨*WQ18*

WQ17. What source was this water collected from?	**PIPED WATER**
	   PIPED INTO DWELLING 11
	   PIPED TO COMPOUND/ YARD / PLOT 12
	   PIPED TO NEIGHBOUR 13
	   PUBLIC TAP / STANDPIPE........................... 14
	
	BOREHOLE
	   TUBE WELL 21
	   MOTORIZED PUMP...................................... 22
	   HAND PUMP (MECHNICAL) 23
	
	DUG WELL
	   PROTECTED WELL 31
	   UNPROTECTED WELL 32
	SPRING
	   PROTECTED SPRING................................... 41
	   UNPROTECTED SPRING 42
	
	RAINWATER (POND) 51
	TANKER-TRUCK... 61
	CART WITH SMALL TANK /DRUM/CANE .. 71
	WATER KIOSK 72
	SURFACE WATER (RIVER, DAM, LAKE,
	POND, STREAM, CANAL, IRRIGATION
	CHANNEL) 81
	
	PACKAGED WATER
	   BOTTLED WATER.. 91
	
	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-XXXX-YY**, where **XXXX** 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. *Record the time.*	HOURS AND MINUTES .... __ __ : __ __	
WQ23. *Conduct all the water quality tests within 30 minutes and then record the results following 24-48 hours of incubation*		

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 .... ___ ___ : ___ ___	
In the boxes below: • *Record 3-digit count of colonies.* • *If 101 or more colonies are counted, record '101'* • *If it is not possible to read results / results are lost, record '998'*		
WQ26. <u>*Household*</u> *water test (100ml):*	NUMBER OF BLUE COLONIES ___ ___ ___	
WQ26A. *Check WQ19: Was a source ewater sample collected?*	YES, WQ19=1 ....1 NO, WQ19=2 OR BLANK 2	2⇨*WQ28*
WQ27. <u>*Source*</u> *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. <u>*Blank*</u> *water test (100ml):*	NUMBER OF BLUE COLONIES ___ ___ ___	⇨*WQ31*

MEASURER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS