

Fecal Sludge Management at Households and Establishments

Schedule No:

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Date:

D	D	M	M	Y	Y	Y	Y

Interview start time:

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Vanakkam! my name is _____ and I am from [NAME OF THE AGENCY]. We are currently doing a survey to understand the current sanitation arrangements at the household and establishment level. This survey is being conducted in all households in [INSERT LOCATION NAMES]. The information collected from the survey will help the respective ULB to design and monitor projects that will help improve the existing sanitation conditions in your area.

The interview will last for about 20 minutes and please be assured that the information you provide us will remain confidential and will not be used for any other reason other than the study. Should you choose to participate, please remember that there are no correct or wrong answers. There are no disadvantages if you decide not to participate or not to answer certain questions. However, we would greatly appreciate your cooperation.

Thank you!

Consent obtained	Yes.....1 No2
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PART A – GENERAL and SOCIO-ECONOMIC DETAILS

Instructions:

1. Circle the appropriate number in the coding categories given
2. Write in the space provided for each question

Q. No	Questions	Categories	Skip to
001	Name of Town		
002	Is this a household or establishment?	Household 1 Establishment 2	
003	Household/Establishment Unique ID <i>EB Card No.</i>		
004	Household/ Establishment Number Door Number		
005	Ward no.		
006	Slum/Non-slum	Slum..... 1 Non-Slum 2	→Q.007
a.	Slum name		

Q. No	Questions	Categories	Skip to
b.	If slum, notified or non-notified	Notified..... 1 Non-notified 2	
007	Street Name		
008	GPS coordinates	a. Latitude	
		b. Longitude	
Q.009 TO BE FILLED FOR ESTABLISHMENTS ONLY			
009	Type of establishment	Hotel/ Guest house/ Lodges 1 Office..... 2 Hospital/ Clinic/ Nursing home 3 Departmental store/shop 4 School/College/other educational institution 5 Manufacturing industry..... 6 Cottage industry 7 Others (Specify) 8 _____	
Q.010 TO Q.020 TO BE FILLED FOR HOUSEHOLDS ONLY			
010	Name of the Head of Household		
011	Contact Number		
012	Gender of Respondent	Male 1 Female 2 Transgender 3	
013	No. of Adults in the family (Age >18 years)	<input type="text"/> <input type="text"/>	
014	No. of children (1- 18 years)	<input type="text"/> <input type="text"/>	
015	No. of infants (Less than 1 year)	<input type="text"/> <input type="text"/>	
016	Frequency of property Tax paid	Monthly..... 1 Quarterly..... 2 Half-yearly 3 Annually..... 4	
017	Frequency of Water tax/ bill paid	Monthly..... 1 Quarterly..... 2 Half-yearly 3 Annually 4	
018	Others (Private party)	Monthly..... 1 Quarterly..... 2 Half-yearly 3 Annually 4	

Q. No	Questions	Categories	Skip to
019	Frequency of Electricity bill paid	Monthly..... 1 Quarterly..... 2 Half-yearly 3 Annually 4	
020	Frequency of Fee for garbage collection	Monthly..... 1 Quarterly..... 2	

PART B – WATER SUPPLY AND ACCESS TO TOILET DETAILS

Instructions:

1. Circle the appropriate number in the coding categories given
2. Record 'Others' and units in the space provided

Q. No	Questions	Categories	Skip to
021	What is/ are the main sources of drinking and cooking (potable) water for the household/ establishment? MULTIPLE CODING POSSIBLE	Piped water into dwelling/ yard 1 Own hand pump/ Own tube well..... 2 Own well, protected..... 3 Own well, unprotected 4 Public tap water 5 Public hand pump / tube well..... 6 Public open well..... 7 Surface water (river/stream) 8 Tanker / Truck..... 9 Spring 10 Bottled Water..... 11 Don't Know/ Can't Say 12	
022	Where is the greywater (wastewater from Kitchen and bathroom) disposed?	To Soak-pit/leach pit within premises 1 To plants within premises 2 To the drain outside house..... 3 To septic tank/Pit (constructed for the Toilet) 4 Others, specify 5 _____	
023	Do you have a toilet in your house/ establishment?	Yes 1 No 2	→Q.025
024	If the household/establishment does not have a toilet, where do members defecate?	Open defecation 1 Community toilet..... 2 Shared toilet [neighbours/ relatives] 3	Thank & Terminate
025	How many toilets do you have in your house/ establishment?	<input type="checkbox"/> <input type="checkbox"/>	
026	Which year was the toilet constructed in? YYYY [Year]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Q. No	Questions	Categories	Skip to
027	Where is the toilet located?	Inside the house/building 1 Outside the house/building but attached 2 Outside the house/building but detached/ stand-alone 3 Others (Please Specify) 4 _____	
028	Is there drainage facility outside house?	Yes, open drain 1 Yes, Closed drain 2 No drain 3	
029	Do you share any of these toilets with other households?	Yes 1 No 2	
030	What are the improvements in your toilets that you would like to see?	No improvement needed..... 1 Increase number of toilets/ Build New Toilets 2 Change fixtures inside toilets (eg. pan seat, cistern, basin, mirror, bathing etc.) 3 Change toilet containment structure type (eg. make a 2-pit, septic tanks)..... 4 _____ Make other changes (Specify) 5 _____ Don't Know /Can't say 6	
031	Predominant material of roof of toilet	Reinforced Cement Concrete (RCC) 1 Burnt brick/ stone 2 Asbestos 3 Bamboo/ Wood..... 4 Thatch/ Biomass..... 5 Tin/ Metal sheet 6 Tarpaulin/ Cloth 7 Earthen tiles..... 8 Plastic / PVC sheets 9 No Roof 10 Others (Specify) 11 _____	
032	Predominant material of wall of toilet	Burnt brick/ Stone/ Concrete Block..... 1 Mud/ Earth 2 Bamboo/ Wood..... 3 Thatch/ Other Biomass 4 Tin/ Metal sheet 5 Plastic/ Cloth 6 Others (Specify) 7 _____	

Q. No	Questions	Categories	Skip to
033	What kind of flushing facility does your toilet have?	Cistern flush 1 Pour flush..... 2 Automatic Flush 3 No flush required 4 Don't know..... 5	
034	What is the Pan/Platform type in your Toilet(s)?	Slab with a Hole (Dry Toilet) 1 Squatting Pan (with Water Seal intact – Indian toilet) 2 Western Commode (with Water Seal intact) 3 Urine Diversion Dry Toilet (UDDT)/ EcoSan 4 Others (Specify) 5 _____	

PART C – ACCESS TO CONTAINMENT DETAILS

Instructions:

1. Circle the appropriate number in the coding categories given
2. Record 'Others' and units in the space provided

Q. No	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
035	What is the outlet of the pan/platform of the toilet(s) connected to: [PREDOMINANT CONTAINMENT SYSTEM]	Sewer System (UGD) 1 On-site System (Single Pit) 2 On-site System (Twin Pit) 3 Septic Tank..... 4 Drain (Direct Discharge) 5 Open Areas (Direct Discharge) 6 Water Bodies (Canal, Pond, Lake, River etc.) 7 Dewats treatment system (Community Septic Tank) 8 Not connected (hole in the ground) 9 Not connected (Bucket/ pan is manually removed) 10 Connected to Bio-Tank (DRDO) 11 Do not know 12 Others (Specify) 13 _____	

Q.036 TO Q.038 ONLY THOSE CODED 2 OR 3 OR 4 OR 11 IN Q.035 – REST THANK AND TERMINATE

Q. No	Questions	Categories	Skip to
036	Where is the pit/septic tank/Bio tank located?	In front of the building 1 Behind the building 2 On one side of the building 3 Along the road..... 4 Below the pan/ platform (below the building)5 Others (Specify) 6 _____ Don't know 7	
037	What were the material(s) used for construction of walls of the on-site system?	Stone or Rubble 1 Burnt Brick 2 Plain Cement Concrete (PCC) 3 Reinforced Cement Concrete (RCC) 4 Pre-cast RCC Slabs5 RCC Rings 6 Stone Slabs 7 Others (Specify) 8 _____	
038	What were the material(s) used for construction of the top slab of the on-site system?	Reinforced Cement Concrete (RCC) 1 Pre-cast RCC Slabs 2 Stone Slabs3 Metal Sheet 4 Wood or Thatch5 Others (specify) 6 _____	
THOSE CODED 4 IN Q.035 – CONTINUE THOSE CODED 11 IN Q.35 – SKIP TO Q.043 THOSE CODED 2 OR 3 IN Q.035 – SKIP TO Q.052			
Q. No	Questions	Categories	Skip to
039	Is your septic tank made of Fiber Reinforced Plastic or hard plastic like Sintex??	Yes 1 No 2	→Q.039
040	If No, what is the material used for the base of the tank?	No material – just ground.....1 Brick bats or aggregates or sand.....2 Brick with cement.....3 Stone/rubble with cement4 PCC or RCC5 Others, specify (provide space for details) ..6 _____	→Q.042
041	Is the base floor of the septic tanks plastered?	Yes 1 No 2	
042	Is the wall of the septic tank fully plastered and non-porous?	Yes 1 No 2	

Q. No	Questions	Categories	Skip to
043	Are there partition walls in your on-site system?	Yes 1 No 2	
044	If yes, how many chambers are there?	One 1 Two 2 Three 3 Four 4	
045	Is the top slab provided with a manhole (opening and cover) or a Pipe with cap for easy access?	No 1 Yes, manhole opening with cover 2 Yes, Pipe with cap 3	
046	Where does the wastewater from the septic tank/Bio-Tank go in to?	No outlet 1 Soak/Leach Pit..... 2 Open/Surface Drains 3 Open Areas 4 Water Bodies 5 Sewer System 6 Reed Bed 7 Others (specify) 9 _____	→Q.048 →Q.048
047	Is there space to construct a soak-away?	Yes 1 No 2	
048	Is your septic tank/Bio-tank water tight?	Yes 1 No 2	
Q.049 TO Q.051 THOSE CODED 4 IN Q.035			
049	Septic Tank Length (feet)	<input type="text"/> <input type="text"/> feet. <input type="text"/> <input type="text"/> inches	
050	Septic Tank Breadth (feet)	<input type="text"/> <input type="text"/> feet. <input type="text"/> <input type="text"/> inches	
051	Septic Tank Depth (feet)	<input type="text"/> <input type="text"/> feet. <input type="text"/> <input type="text"/> inches	→Q.059
Q.052 TO Q.058 THOSE CODED 2 OR 3 IN Q.035			
052	What is the material used for constructing the wall of the pit ?	Burnt Brick..... 1 Stone/rubble 2 RCC Concrete rings 3 Others, specify (provide space for details) .. 4 _____	
053	Is the wall of the Pit plastered?	Fully plastered 1 Minimal plastering with holes/gaps left in the wall 2 Plastered to a certain depth from ground level 3	
054	If plastered, to what depth (feet)?	<input type="text"/> <input type="text"/> feet	

Q. No	Questions	Categories	Skip to
055	What is the material used for the base of the pit?	No material – just ground..... 1 Brick bats or aggregates or sand..... 2 Others, specify (provide space for details) .. 3 _____	
056	Is the base of the pit plastered?	Yes 1 No 2	
057	Pit Diameter (feet)	<input type="text"/> <input type="text"/> feet. <input type="text"/> <input type="text"/> inches	
Q. No	Questions	Categories	Skip to
058	Pit Depth (feet)	<input type="text"/> <input type="text"/> feet. <input type="text"/> <input type="text"/> inches	
Q.059 TO Q.069 THOSE CODED 2 OR 3 OR 4 OR 11 IN Q.035			
059	What is the distance of the pit/septic tank/ Bio-tank to the nearest access road? Distance (in feet)	Less than 10 feet 1 10 – 20 feet 2 Greater than 20 feet 3	
060	What is the width of the nearest access road?	Less than 5 feet 1 5 – 10 feet..... 2 Greater than 10 feet..... 3	
061	What is the distance between the septic tank/Pit/Bio-tank and the nearest location that a truck can park? (Considering a truck of 5000 L capacity, the road width at parking should be at least 3 m.) (meters)	Less than 5 feet 1 5 – 10 feet..... 2 Greater than 10 feet..... 3	
062	Is there a rise or fall between the truck parking location and the septic tank/pit?	Yes 1 No 2	→Q.062
063	If yes, what is the height difference (in meters)?	<input type="text"/> <input type="text"/> meters	
064	Distance of drinking water source within the household/ establishment premises to the pit/ septic tank (metres)	<input type="text"/> <input type="text"/> meters	
065	Has the septic tank/ pit ever been emptied?	Yes 1 No 2	→End interview
066	When was the toilet pit/septic tank last emptied (year)? Write as YYYY [Year]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
067	Who emptied septic tank/Pit?	Government/ULB..... 1 Private 2 Self 3 Not applicable..... 4	

Q. No	Questions	Categories	Skip to
068	How much did you spend on emptying? [Record in Rupees]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
069	What is the interval of emptying (Years or months)?	Emptied only once 1 Interval in months <input type="checkbox"/> <input type="checkbox"/> 2 Interval in years <input type="checkbox"/> <input type="checkbox"/> 3	

PART D- Photographs

070	Top view of containment on the ground - one gets two dimensions in visible and whether access ports are there
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