

**KNOWLEDGE, ATTITUDES AND PRACTICE (KAP)**  
**HOUSEHOLD SURVEY QUESTIONNAIRE**  
**PHILIPPINES APPROACH TO TOTAL SANITATION (PHATS)**

**FEBRUARY 2016**

**INFORMED CONSENT**

I am \_\_\_\_\_, a representative of REACH, an independent consulting entity, which is contracted for a endline field survey of UNICEF's Early Recovery program in the Yolanda affected areas.

This programme aims to improve sanitation practices, through targeted behavioural change communication and demand creation, access to safe drinking water, WASH in schools (WINS), sanitation marketing, solid waste, waste water and drainage management in a phased approach

We are conducting a household survey and would appreciate your participation.

I would like to ask about water, hygiene and sanitation related aspects of the community and your family. This information will help UNICEF and partners to assess and plan for water, hygiene/health and sanitation related services in the community.

The survey takes around 30-45 minutes to complete.

*All information provided will be kept strictly confidential and will be dealt with anonymity.*

*Participation in this survey is voluntary and you can choose not to answer any individual questions. However, we hope that you will participate in this survey since your views are important.*

*At this time, do you want to ask me anything about the survey?*

RESPONDENT AGREES TO BE INTERVIEWED

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED

 **END**


**INSTRUCTIONS:**

Respondent shall be selected following the below listed criteria:

- Head of household (or if head of household not available, another adult)
- Respondents shall not be from the same HH/family

*Household is defined as a group of family members contributing to a single kitchen (In case of multiple kitchens – the respondent should respond only in relation to earnings related to the one he/she is part of/contributing to).*

**THIS SECTION NEEDS TO BE COMPLETED PRIOR TO START OF THE INTERVIEW**

## Philippine Approach to Total Sanitation – PhATS – Endline

TEAM #: (Drop down list 1-5)

INTERVIEWER #: (Drop down list 1-7)

PROVINCE: (Drop down list)

LGU: (Drop down list)

BARANGAY: (Drop down list)

URBAN/RURAL: Urban  Rural COASTAL/UPLAND: Coastal  Upland 

## ALL QUESTIONS ARE TO BE ADDRESSED TO THE RESPONDENT

Sex of Respondent: Male  Female Age of Respondent: 18-24  25-44  45-64  65+  Refused 

Respondent's Level Of Education:

None  Grades 1-4 (Primary)  Grades 5-6 (Elementary)  Grades 7-10 (Secondary) Vocational  College  Refused Is this a female headed household? Yes  No  Refused 

Relationship of respondent to the head of household: \_\_\_\_\_

Household head  Spouse of HH  Son/daughter/son-in-law/daughter-in-law of HH  Grandchild of HH  Parent of HH  Grandparent of HH  Sibling of HH  Other relative of HH  Unrelated to HH  Refused Total HH members including respondent: \_\_\_\_ (ODK constraint 50) Refused  (Skip to disability question)

Number of boys under 5 \_\_\_\_ Number of girls under 5 \_\_\_\_

Number of boys 5-17 \_\_\_\_ Number of girls 5-17 \_\_\_\_

Number of adults including the respondent \_\_\_\_

(ODK constraint: total number of girls, boys and adults must add to answer given for "total HH members")

Do any members of the household have a physical disability?: Yes  No  Refused House type: Hut   
Timber frame   
Timber and concrete   
Concrete   
Other (Specify): \_\_\_\_\_

<b>A - Access To Water, Use Of Household Water Treatment And Safe Storage</b>			
1.	What is the main source of drinking water for your household? PLEASE OBSERVE.	Piped Water Into Dwelling (House) <input type="checkbox"/> Piped Water To Yard/Plot <input type="checkbox"/> Public Tap/Standpipe <input type="checkbox"/> Tube Well/Borehole <input type="checkbox"/> Protected Dug Well <input type="checkbox"/> Unprotected Dug Well <input type="checkbox"/> Protected Spring <input type="checkbox"/> Unprotected Spring <input type="checkbox"/> Rainwater Collection <input type="checkbox"/> Bottled Water <input type="checkbox"/> Cart With Small Tank/Drum <input type="checkbox"/> Tanker-Truck <input type="checkbox"/> Surface Water <input type="checkbox"/> DK <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/>	
2.	Where is the drinking water point located?	Inside the house/yard <input type="checkbox"/> Outside the house/yard <input type="checkbox"/> DK <input type="checkbox"/>	
3.	Do you treat your drinking water?	Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/>	
4.	How do you treat your drinking water? <b>RECORD ALL MENTIONED</b>	Boil <input type="checkbox"/> Add Bleach/Chlorine <input type="checkbox"/> Strain It Through A Cloth <input type="checkbox"/> Use A Water Filter (ceramic, sand, etc) <input type="checkbox"/> Solar Disinfection <input type="checkbox"/> Let It Stand And Settle <input type="checkbox"/> Don't Know <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/>	Only ask if 'yes always' or 'yes sometimes' at Q A3.
5.	What is the main way you store drinking water? Interviewer note: containers include bucket, jerry can, jerkin, bottle, drum	In Containers <input type="checkbox"/> Tank <input type="checkbox"/> No Water Stored <input type="checkbox"/> Don't Know <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/>	

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6.	<b>OBSERVATION ONLY:</b> If water is stored in CONTAINERS: Are the containers covered?	All Are <input type="checkbox"/> Some Are <input type="checkbox"/> None Are <input type="checkbox"/> Not Observed/Allowed <input type="checkbox"/>	Ask only if 'containers' at Q A5.
7.	Do you have access to water for purposes other than drinking (such as cooking, cleaning and bathing)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8.	What is the main source of water used by your household for purposes other than drinking (such as cooking, cleaning and bathing)? PLEASE ASK TO OBSERVE WATER SOURCE.	Piped Water Into Dwelling (House) <input type="checkbox"/> Piped Water To Yard/Plot <input type="checkbox"/> Public Tap/Standpipe <input type="checkbox"/> Tube Well/Borehole <input type="checkbox"/> Protected Dug Well <input type="checkbox"/> Unprotected Dug Well <input type="checkbox"/> Protected Spring <input type="checkbox"/> Unprotected Spring <input type="checkbox"/> Rainwater Collection <input type="checkbox"/> Bottled Water <input type="checkbox"/> Cart With Small Tank/Drum <input type="checkbox"/> Tanker-Truck <input type="checkbox"/> Surface Water <input type="checkbox"/> DK <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/>	Ask only if yes at Q A7.
9.	Who usually goes to fetch water for your household?	Adult woman (15+) <input type="checkbox"/> Adult man (15+) <input type="checkbox"/> Female Child (Under 15 Years) <input type="checkbox"/> Male Child (Under 15 Years) <input type="checkbox"/> N/A (eg. piped, delivered, etc) <input type="checkbox"/> DK <input type="checkbox"/> Refused <input type="checkbox"/>	
10.	How long does it take to go there, get water, and come back? <b>PROBE: Try to probe the amount of time spent on socialization that should be excluded in the time value.</b>	Less Than 15 Minutes <input type="checkbox"/> 15 Minutes To 30 Minutes <input type="checkbox"/> 30 Minutes To 1 Hour <input type="checkbox"/> More Than 1 Hour <input type="checkbox"/> N/A (eg. piped, delivered, etc) <input type="checkbox"/> DK <input type="checkbox"/>	
11.	How many times is water collected on average per day?	Less often than once per week <input type="checkbox"/> Less than once per day (but at least once a week) <input type="checkbox"/> Once per day <input type="checkbox"/> 2-3 times per day <input type="checkbox"/>	

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		4-5 times per day <input type="checkbox"/>	
		6+ times per day <input type="checkbox"/>	
		N/A (eg. piped, delivered, etc) <input type="checkbox"/>	
		DK <input type="checkbox"/>	
12.	Do you pay for water used for drinking?	Yes <input type="checkbox"/>	
		No <input type="checkbox"/>	
		DK <input type="checkbox"/>	
		Refused <input type="checkbox"/>	
13.	Is this a fixed operations and maintenance cost or a water usage based cost?	Fixed O/M Cost <input type="checkbox"/>	Ask if yes at Q A12.
		Water usage based cost <input type="checkbox"/>	
		Other (specify): _____ <input type="checkbox"/>	
		DK <input type="checkbox"/>	
14.	How much does this cost per month (for drinking water only)?	<100 PHP <input type="checkbox"/>	Ask if yes at Q A12.
		101-250 PHP <input type="checkbox"/>	
		251-500 PHP <input type="checkbox"/>	
		501-750 PHP <input type="checkbox"/>	
		751-1000 PHP <input type="checkbox"/>	
		1000+ PHP <input type="checkbox"/>	
		DK <input type="checkbox"/>	
		Refused <input type="checkbox"/>	
15.	Are you paying for water for uses other than drinking (such as cooking, cleaning and bathing)?	Yes <input type="checkbox"/>	
		No <input type="checkbox"/>	
		DK <input type="checkbox"/>	
		Refused <input type="checkbox"/>	

## C - Health &amp; Hygiene Awareness And Practice Of Hand Washing

1.	Have you received any hygiene and sanitation related message in the last 6 months?	Yes <input type="checkbox"/>	
		No <input type="checkbox"/>	
		DK <input type="checkbox"/>	
2.	Of the sanitation and hygiene messages you received in the last six months, what messages can you remember? <b>RECORD ALL MENTIONED</b>	Personal Hygiene (excluding handwashing) <input type="checkbox"/>	Ask only if yes at QB1.
		Clean And Safe Water <input type="checkbox"/>	
		Environmental & Domestic Hygiene <input type="checkbox"/>	
		Safe Disposal Of Human Excreta <input type="checkbox"/>	
		Solid Waste (Garbage) Disposal <input type="checkbox"/>	
		Hand washing with soap <input type="checkbox"/>	
		None <input type="checkbox"/>	

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		Other (specify): _____ <input type="checkbox"/>	
		Refused <input type="checkbox"/>	
3.	Where did you get the message/s related to hygiene and sanitation? <b>RECORD ALL MENTIONED</b>	Health staff <input type="checkbox"/>	Ask only if yes at Q B1.
		Village Pharmacy/Shopkeeper <input type="checkbox"/>	
		Sanitary Inspector <input type="checkbox"/>	
		CBO/NGOs <input type="checkbox"/>	
		Religious Leaders <input type="checkbox"/>	
		Friend/Neighbour <input type="checkbox"/>	
		Radio/TV <input type="checkbox"/>	
		Print Media/Material <input type="checkbox"/>	
		Mothers/youth groups <input type="checkbox"/>	
		School Children <input type="checkbox"/>	
		Don't Know <input type="checkbox"/>	
		Other (specify) _____ <input type="checkbox"/>	
		Refused <input type="checkbox"/>	
4.	What source of sanitation and hygiene information do you trust most? <b>Record one.</b>	Health staff <input type="checkbox"/>	
		Village Pharmacy/Shopkeeper <input type="checkbox"/>	
		Sanitary Inspector <input type="checkbox"/>	
		CBO/NGOs <input type="checkbox"/>	
		Religious Leaders <input type="checkbox"/>	
		Friend/Neighbour <input type="checkbox"/>	
		Radio/TV <input type="checkbox"/>	
		Print Media/Material <input type="checkbox"/>	
		Mothers/youth groups <input type="checkbox"/>	
		School Children <input type="checkbox"/>	
		Don't Know <input type="checkbox"/>	
		Other (specify) _____ <input type="checkbox"/>	
		Refused <input type="checkbox"/>	
5.	What are the health risks of unsafe water? <b>[Record all mentioned]</b>	Diarrhoea <input type="checkbox"/>	
		Cholera <input type="checkbox"/>	
		Typhoid <input type="checkbox"/>	
		Dysentery <input type="checkbox"/>	
		Leptospirosis <input type="checkbox"/>	
		Hepatitis A/E <input type="checkbox"/>	
		Schistosomiasis/bilharzia <input type="checkbox"/>	
		Soil transmitted helminths (intestinal worms) <input type="checkbox"/>	
		Dengue <input type="checkbox"/>	
		Malaria <input type="checkbox"/>	
		Sickness (can't name any specific) <input type="checkbox"/>	

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		Other (specify) _____ <input type="checkbox"/>	
		DK <input type="checkbox"/>	
6.	Does your household have a designated place for hand washing?  <i>Interviewer note: If the same place is used for washing dishes/clothes etc, the answer is still YES.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/>	
7.	<b>Request to see the hand-washing facility, and OBSERVE:</b>	<p>a. Was there a place for handwashing?</p> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to check <input type="checkbox"/>	Ask only if yes at Q B6.
		<p>b. Is WATER present?</p> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to check <input type="checkbox"/>	
		<p>c. Is SOAP present?</p> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to check <input type="checkbox"/>	
8.	Is soap available in your house? <i>[Please ask respondent, this is not observation]</i>	Yes, always. <input type="checkbox"/> Yes, sometimes. <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/>	
9.	Can you please show me the soap?	Soap was seen <input type="checkbox"/> Soap was not seen <input type="checkbox"/> Unable to check <input type="checkbox"/>	Skip if no at Q B8.
10.	Observation only: record how long it took for respondent to bring the soap.	Soap was already at HWF <input type="checkbox"/> Less than one minute <input type="checkbox"/> More than one minute <input type="checkbox"/>	Ask only if 'soap was seen' at Q B9.
11.	In the last 24 hours, was there any time you washed your hands with soap?	1 time <input type="checkbox"/> 2 times <input type="checkbox"/> 3 times <input type="checkbox"/> 4 times <input type="checkbox"/> 5-6 times <input type="checkbox"/> 7-8 times <input type="checkbox"/> 9-10 times <input type="checkbox"/> More than 10 times <input type="checkbox"/>	

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		No/none <input type="checkbox"/>	
12.	In the last 24 hours, when did you wash your hands with soap?" <b>RECORD ALL MENTIONED; DON'T PROMPT.</b>	Before Eating <input type="checkbox"/> After Eating <input type="checkbox"/> Before Praying <input type="checkbox"/> Before Breastfeeding A Child <input type="checkbox"/> Before Feeding A Child <input type="checkbox"/> Before Cooking Or Preparing Food <input type="checkbox"/> After Defecation <input type="checkbox"/> After Urination <input type="checkbox"/> After Cleaning A Child That Has defecated/Changing A Child's Nappy <input type="checkbox"/> When your hands look dirty <input type="checkbox"/> After Cleaning The Toilet Or Potty <input type="checkbox"/> Never <input type="checkbox"/> DK <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/>	Skip if no at Q B11.
13.	In the past two weeks has any child under 5 years old in your household suffered from diarrhoea?	Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused <input type="checkbox"/>	Only to be asked for households with one or more child under 5.
14.	Was this a female child or a male child who suffered from diarrhoea in the past two weeks?	Male child/ren <input type="checkbox"/> Female child/ren <input type="checkbox"/> Male and female child/ren <input type="checkbox"/>	Ask if yes at Q B14.



### C - Access To & Use Of Sanitary Facilities And Disposal Of Human Excreta

1.	What kind of toilet facility do members of your household usually use? PLEASE OBSERVE FACILITY.  <b>Interviewer note: please ask to see the toilet.</b>	Flush/Pour Flush To: – Piped Sewer System <input type="checkbox"/> – Septic Tank <input type="checkbox"/> – Pit Latrine <input type="checkbox"/> – Elsewhere <input type="checkbox"/> – DK <input type="checkbox"/>  Ventilated Improved Pit (VIP) Latrine <input type="checkbox"/> Pit Latrine With Slab <input type="checkbox"/> Pit Latrine Without Slab/Open Pit <input type="checkbox"/> Composting Toilet <input type="checkbox"/> Bucket (Excreta collected from floor in bucket) <input type="checkbox"/> Hanging Toilet/Hanging Latrine <input type="checkbox"/> No facilities: bush/field/river/open <input type="checkbox"/> Other (specify) : _____ <input type="checkbox"/> Refused <input type="checkbox"/>	
2.	Is this toilet used by any member of your household with physical disabilities?	Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/>	
3.	Are there special adaptations in this toilet for person with physical disabilities?	Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/>	If yes, Q C2

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4.	What type of toilet use the member of your household with physical disabilities? If other, specify:	Flush/Pour Flush To: – Piped Sewer System <input type="checkbox"/> – Septic Tank <input type="checkbox"/> – Pit Latrine <input type="checkbox"/> – Elsewhere <input type="checkbox"/> – DK <input type="checkbox"/> Ventilated Improved Pit (VIP) Latrine <input type="checkbox"/> Pit Latrine With Slab <input type="checkbox"/> Pit Latrine Without Slab/Open Pit <input type="checkbox"/> Composting Toilet <input type="checkbox"/> Bucket (Excreta collected from floor in bucket) <input type="checkbox"/> Hanging Toilet/Hanging Latrine <input type="checkbox"/> No facilities: bush/field/river/open <input type="checkbox"/> Other (specify) : _____ <input type="checkbox"/> Refused <input type="checkbox"/>	If no, QC2
5.	Do you share your sanitation facility with others who are not members of your household?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6.	Do you share this facility only with members of other households that you know, or is the facility open to the use of the general public?	Other households only (shared) <input type="checkbox"/> Communal toilet <input type="checkbox"/>	Ask only if yes at QC5.
7.	How many people use this facility?	20 or less <input type="checkbox"/> 21-50 <input type="checkbox"/> More than 50 <input type="checkbox"/>	Ask if 'other households only' at QC5.
8.	Do you own the toilet that you use?	Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/>	
9.	Would you like to have your own toilet?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Ask if no at QC8.
10.	What are the main barriers to having your own toilet? <b>List all mentioned; don't prompt.</b>	High Cost <input type="checkbox"/> Lack of Time (to construct) <input type="checkbox"/> No access to supplies/materials <input type="checkbox"/> No interest <input type="checkbox"/> Do not own the house <input type="checkbox"/> Don't know how to build one <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> DK <input type="checkbox"/>	Ask if no at QC8.
11.	If you were to construct a toilet, how would you pay for the construction cost?	Self-finance <input type="checkbox"/> Loan <input type="checkbox"/>	Ask if no at QC8.

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		Share the cost <input type="checkbox"/>	
		Other (specify) : _____ <input type="checkbox"/>	
		DK _____ <input type="checkbox"/>	
12.	Did your household construct the toilet that you use?	Yes <input type="checkbox"/>	Ask if yes at QC8.
		No <input type="checkbox"/>	
		DK <input type="checkbox"/>	
		Refused <input type="checkbox"/>	
13.	When did you construct the toilet?	Since Yolanda <input type="checkbox"/>	Ask if yes at QC8.
		In the last 3 years (but before Yolanda) <input type="checkbox"/>	
		In the last 5 years (but more than 3 years ago) <input type="checkbox"/>	
		More than 5 years ago <input type="checkbox"/>	
		DK <input type="checkbox"/>	
14.	Did you receive help with toilet construction from any organization? <b>Record all mentioned.</b>	Yes, help with technical design <input type="checkbox"/>	Ask if yes at QC8.
		Yes, financial help <input type="checkbox"/>	
		Yes, supplies <input type="checkbox"/>	
		Yes, labour <input type="checkbox"/>	
		No <input type="checkbox"/>	
		DK <input type="checkbox"/>	
		Refused <input type="checkbox"/>	
15.	What type of financial help did you receive? <b>Record all mentioned.</b>	Cash <input type="checkbox"/>	Ask if 'yes, financial help' at QC14.
		Voucher <input type="checkbox"/>	
		Rebate <input type="checkbox"/>	
		Loan <input type="checkbox"/>	
		Other (specify) _____ <input type="checkbox"/>	
		DK <input type="checkbox"/>	
		Refused <input type="checkbox"/>	
16.	What are the reasons that some people practice Open Defecation? <b>RECORD ALL MENTIONED</b>	No Toilet <input type="checkbox"/>	
		Toilets Are Dirty <input type="checkbox"/>	
		Toilets are unsafe <input type="checkbox"/>	
		Toilet smells bad <input type="checkbox"/>	
		No Privacy <input type="checkbox"/>	
		Toilet Is Far From House <input type="checkbox"/>	
		Long Waiting Time <input type="checkbox"/>	
		DK <input type="checkbox"/>	
		Other (specify): _____ <input type="checkbox"/>	
		Refused <input type="checkbox"/>	
17.	How often does a member of your household defecate openly?	Always <input type="checkbox"/>	
		Usually <input type="checkbox"/>	
		Sometimes <input type="checkbox"/>	
		Rarely <input type="checkbox"/>	

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		Never <input type="checkbox"/>	
		Refused <input type="checkbox"/>	
18.	Is it all household members who defecate openly?	All household members <input type="checkbox"/> Only some household members <input type="checkbox"/> Refused <input type="checkbox"/>	Ask if always, usually, sometimes or rarely at QC17.
19.	Which household members defecate openly – girls, boys, women, men?  <b>Record all mentioned.</b>	Female children <input type="checkbox"/> Male children <input type="checkbox"/> Women <input type="checkbox"/> Men <input type="checkbox"/> DK <input type="checkbox"/> Refused <input type="checkbox"/>	Ask if only some at QC18.
20.	Do household members defecate openly during the day only, night only or both?	Daytime only <input type="checkbox"/> Night-time only <input type="checkbox"/> Both <input type="checkbox"/>	If always, usually, sometimes or rarely at QC17.
21.	Do you have any children under the age of 3?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
22.	The last time your youngest child passed stools, how did you dispose of them?	Child Used Toilet <input type="checkbox"/> Put/Rinsed Into Toilet <input type="checkbox"/> Put/rinsed into drain or ditch <input type="checkbox"/> Thrown Into Garbage <input type="checkbox"/> Buried <input type="checkbox"/> Diaper left on ground (not in garbage or buried) <input type="checkbox"/> Not Disposed Of/Left On The Ground <input type="checkbox"/> DK <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Refused <input type="checkbox"/>	Ask only if yes at QC21.

## D - Solid Waste Management

1.	What do you do with your household garbage?	Open Pit <input type="checkbox"/> Closed Pit <input type="checkbox"/> Burning <input type="checkbox"/> Garbage Collector <input type="checkbox"/> Communal Waste Disposal Ground <input type="checkbox"/> Dump anywhere <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> DK <input type="checkbox"/>	
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		Refused	<input type="checkbox"/>	
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## E - Perception

	<p><i>I am now going to read out a list of statements.</i></p> <p><i>For each one, please tell me if you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree.</i></p> <p><i>Here is the first statement:</i></p>		
1.	<i>It's important to wash hands with soap after using the toilet</i>	Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Refused <input type="checkbox"/>	
2.	<i>I believe most people in my community wash their hands with soap after using the toilet</i>	Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Refused <input type="checkbox"/>	
3.	<i>It's important to wash hands with soap before feeding children.</i>	Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Refused <input type="checkbox"/>	
4.	<i>I believe most people in my community wash their hands with soap before feeding their children.</i>	Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Refused <input type="checkbox"/>	
5.	Most people in my community believe that defecating in the open is acceptable	Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/>	

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		Refused	<input type="checkbox"/>	
6.	I believe that defecating in the open is acceptable	Strongly agree	<input type="checkbox"/>	
		Agree	<input type="checkbox"/>	
		Neither agree nor disagree	<input type="checkbox"/>	
		Disagree	<input type="checkbox"/>	
		Strongly disagree	<input type="checkbox"/>	
		Refused	<input type="checkbox"/>	
7.	How many people in your community do you think are defecating in the open?	None	<input type="checkbox"/>	
		Less than 20%	<input type="checkbox"/>	
		21-40%	<input type="checkbox"/>	
		41-60%	<input type="checkbox"/>	
		61-80%	<input type="checkbox"/>	
		81-100%	<input type="checkbox"/>	
		DK	<input type="checkbox"/>	
8.	How many people in your community think that households should build their own toilets?	None	<input type="checkbox"/>	
		Less than 20%	<input type="checkbox"/>	
		21-40%	<input type="checkbox"/>	
		41-60%	<input type="checkbox"/>	
		61-80%	<input type="checkbox"/>	
		81-100%	<input type="checkbox"/>	
		DK	<input type="checkbox"/>	
9.	What are the risks/problems of open defecation? <b>Record all mentioned</b>	Dirty Surroundings	<input type="checkbox"/>	
		Diseases	<input type="checkbox"/>	
		Environmental Problems	<input type="checkbox"/>	
		Discomfort/inconvenience	<input type="checkbox"/>	
		Indignity	<input type="checkbox"/>	
		Threat of violence/sexual violence	<input type="checkbox"/>	
		Risk from wild animals	<input type="checkbox"/>	
		Other (specify): _____	<input type="checkbox"/>	
		None	<input type="checkbox"/>	
		DK	<input type="checkbox"/>	
		Refused	<input type="checkbox"/>	
10.	Do you talk with your neighbours about defecating openly?	Yes	<input type="checkbox"/>	
		No	<input type="checkbox"/>	
		DK	<input type="checkbox"/>	
		Refused	<input type="checkbox"/>	
11.	Have you received any information about a zero open defecation (ZOD) program or rewards for becoming a zero open defecation Barangay?	Yes	<input type="checkbox"/>	
		No	<input type="checkbox"/>	

<b>F - Work &amp; Income</b>			
1.	What type of work does the primary income earner in this household do?	Does Not Work <input type="checkbox"/> Self-Employee <input type="checkbox"/> Daily Labourer <input type="checkbox"/> Salaried Worker <input type="checkbox"/> Retired <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Refused <input type="checkbox"/>	
2.	What is the nature of the main work that the primary income earner does?	Harvesting/Farming <input type="checkbox"/> Shopkeeper <input type="checkbox"/> Street Vendor <input type="checkbox"/> Domestic Worker <input type="checkbox"/> Raising Live Stock <input type="checkbox"/> Fishing <input type="checkbox"/> Skilled Worker <input type="checkbox"/> Migrant Worker <input type="checkbox"/> Government Job <input type="checkbox"/> Refused <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/>	Ask if self-employee, daily labourer, salaried worker, or other at QF1.
3.	What is your household average monthly income?	Under 3, 333 PHP <input type="checkbox"/> 3, 334 – 5000 PHP <input type="checkbox"/> 5001 – 8, 333 PHP <input type="checkbox"/> 8, 334 – 20, 833 PHP <input type="checkbox"/> 28, 834 PHP and over <input type="checkbox"/> No income <input type="checkbox"/> DK <input type="checkbox"/> Refused <input type="checkbox"/>	

**Do you own the house you are living in?**

Yes  No  DK  Refused

**Do you own livestock?**

Yes  No  Refused

**Do you own land?**

Yes  No  Refused

**Do you (or does anyone in your household) own a bicycle?**

## Philippine Approach to Total Sanitation – PhATS – Endline

Yes  No  Refused **Do you (or does anyone in your household) own a motorcycle/scooter?**Yes  No  Refused **Do you(or does anyone in your household) own a cell phone?**Yes  No  Refused **Does your household have a radio?**Yes  No  Refused **Does your household have a television?**Yes  No  Refused 

Thank you for taking the time to meet with me and answer these questions. 😊

The information you provided will be kept strictly confidential and will be used with anonymity.