

NO:

Interviewer:

QUESTIONNAIRE

Domestic water consumption pattern in urban Batticaloa, Manmunai Pattu

1) General

- 1.1 G.N Division :
- 1.2 Town :
- 1.3 Ethnicity :
- 1.4 Religion:

2) Respondent

- 2.1 Name :
- 2.2 Sex : (1) Male (2) Female

3) Household information

- 3.1 Name of the household head :
- 3.2 Family size :
- 3.3 Average monthly total household income (Rs.) :
- (1) 5,000 – 10,000 (5) 25,001 – 30,000
- (2) 10,001 – 15,000 (6) 30,001 – 40,000
- (3) 15,001 – 20,000 (7) 40,001 – 50,000
- (4) 20,001 – 25,000 (8) > 50,000
- 3.5 Living standard of the family (Interviewer point of view)
- (1) Poor (2) Medium (3) Rich

3.6 House ownership

- (1) Own
- (2) Shared
- (3) Rented
- (4) Temporary in own land
- (5) Others

3.7 Family details

No	Relationship to HH Head	Age	Sex	Marital status	Education	Occupation	Income

- Relationship: (1) Husband (2) Wife (3) Son (4) Daughter (5) Parents (6) Grandparent (8) Siblings (9) Others
- Marital status: (1) Single (2) Married (3) Divorced (4) Separated (5) Windowed
- Occupation: (1) Government (2) Private/NGO (3) Business (4) Farmer (5) Fishing (6) Day-wage labour (7) Household work (8) Others
- Education: (1) Primary (1-5) (2) Intermediate (6-11) (3) Advanced (12-13) (4) higher (dip/graduate) (5) Non
- Income (Rs.)

(1) 5,000 – 10,000	(3) 15,001 – 20,000	(5) 25,001 – 30,000	(7) 40,001 – 50,000
(2) 10,001 – 15,000	(4) 20,001 – 25,000	(6) 30,001 – 40,000	(8) > 50,000

4. Household Water Consumption of water per day

4.1 What is the major source of household water supply?

- | | |
|-------------------|--------------|
| 1. Pipeline water | 3. Tube well |
| 2. Dug Well | 4. Other |

4.2 What are the major water using appliances in your home?

- | | | |
|--------------------|--------------------|-------------------|
| 1. Shower | 4. Bath tub | 7. Other: Specify |
| 2. Flushing toilet | 5. Washing machine | |
| 3. Hand basin | 6. Water heater | |

4.3 How many taps are there in the household?

- | | | |
|--------|----------|------------------|
| 1. One | 3. Three | 5. Five and more |
| 2. Two | 4. Four | |

4.4 Consumption of water per day (Common)

Water Use	Consumption of water per day																													
	Pipeline							Well							Tube well						Others									
	Age group							Age group							Age group						Age group									
	0-4	5-14	15-24	25-34	35-44	45-54	55-64	64<	0-4	5-14	15-24	25-34	35-44	45-54	55-64	64<	0-4	5-14	15-24	25-34	35-44	45-54	55-64	0-4	5-14	15-24	25-34	35-44	45-54	55-64
Toilets																														
Bathing																														
Drinking																														
Total																														

4.5 Consumption of water per day (Specific)

Water Use	Consumption of water per day			
	Pipeline	Well	Tube well	Others
Clothes washing				
Utensils Cleaning				
Cooking				
Watering the Garden				
House Cleaning				
Others				
Total				

5. Water use habits

5.1 Bathing habits

5.1.1 Your usual way of washing yourself is:

1. Shower
2. Bath
3. Rubbing with towel

5.1.2 Frequency of shower is:

1. More than 2 times/day
2. 2 times/day
3. Once every day
4. Once every 2 days
5. Longer

5.1.3 Time length of each shower:

1. Less than 5 min
2. 5 min
3. 10 min
4. 20 min
5. More than 30 min

5.2 Utensils cleaning habits

5.2.1 Do you wash dishes at home?

1. Yes
2. No

5.2.2 Frequency of washing:

1. More than 2 times/day
2. 2 times/day
3. Once every day
4. Once every 2 days
5. Longer

5.2.3 Time length of each wash:

1. Less than 10 min
2. 10 min
3. 30 min
4. >30 min

5.3 Drinking water habits

5.3.1 What is the major source of household drinking water?

1. Piped water
2. Well water
3. Bottle water
4. Tube well
5. Other: Specify

5.3.2 What is the general family practice adopted in drinking water?

1. Boil and Drink
2. Filter and Drink
3. Drink without boiling or filtering
4. Combination of method

5.4 Outdoor use

How much of your lot area is watered (irrigated)

During a typical dry season, how frequently do you irrigate?

1. Less than once a week
2. Once a week
3. Every other day
4. Daily

When do you irrigate?

1. Early morning
2. Late morning
3. Afternoon
4. Evening

How do you irrigate? (Please check all that apply)

1. By hand (hose or bucket)
2. Manual sprinkler (one you move around)
3. In-ground sprinkler
4. Other (please specify)

Do you use any additional sources for irrigation water? (Please check all that apply)

1. No
2. Nearby surface water (stream, pond, river, lake)
3. Rain barrel
4. Purchase water

How were you affected by last year's drought?

1. No problem
2. Not enough water to irrigate as much as I wanted to
3. Couldn't irrigate at all
4. Well(s) went completely dry

6. Water supply

5.1 Do you know how much do you pay for each cubic meter of water?

1. Yes
2. No
3. Other: Specify

5.2 What do you think about the current water rate?

1. Too high
2. Normal
3. Too low
4. Do not know

5.3 Do you face an irregular water supply?

1. Yes
2. No

5.4 Quality of your domestic tap water

1. Turbidity (1) Transparent (2) Slightly turbid (3) Moderately turbid (4) severely turbid
2. Color (1) Colorless (2) Others _____
3. Taste (1) Good (2) Just so (3) Uncomfortable/Bad
4. Smell (1) Normal (2) Abnormal

5.5 Quality of your supply water

1. Turbidity (1) Transparent (2) Slightly turbid (3) Moderately turbid (4) severely turbid
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7. Water awareness

7.1 Do you limit how much water you use for any of these reasons?

1. Not sure well has enough water
2. Keep electrical bill down
3. Keep water bill down
4. Not sure septic system can handle all wastewater
5. Want to conserve water to protect the resource
6. Other (Please specify)

7.2 Have you done any of these actions to conserve water?

1. Take shorter showers
2. Installed low-flow plumbing fixture(s)
3. Water outdoors during early morning or evening
4. Installed a water efficient irrigation system
5. Reduced landscape area irrigated
6. Other (Please specify)

7.3 How do you deal with running or leaky toilets and other faucets?

1. Never had the problem
2. Repair running toilet immediately
3. Call a plumber immediately
4. Fix leaks within one week
5. Fix leaks eventually
6. Other (Please specify)

7.4 Are you concerned about the quality of your water?

1. No
2. Yes, we drink only bottled water
3. Yes, we have had our well water tested during the past year
4. Yes, we look at the water quality report sent by our water company
5. Yes, we have our own treatment system
6. Other (Please specify)