



FEDERAL REPUBLIC OF NIGERIA
FEDERAL MINISTRY OF WATER RESOURCES
NATIONAL WATER SUPPLY AND SANITATION BASELINE SURVEY

FORM 04 - WATER RELATED DISEASES SURVEY Date.....

a. Status of location of health institution			
i. Rural <input type="checkbox"/>	ii. Small Town <input type="checkbox"/>	iii. Urban <input type="checkbox"/>	iv State Capital <input type="checkbox"/>
b. State:Town/City.....			
c. LGA:			
d. Name of Ward:			
e. Enumerators Name:			

1. Type of Health Institution (please tick the appropriate one and state name of institution)

	Name of Health Institution
1.Primary Health Centre:	<input type="checkbox"/>
2.Comprehensive Health Centre:	<input type="checkbox"/>
3. General Hospital:	<input type="checkbox"/>
4. Teaching Hospital:	<input type="checkbox"/>
5. Private Clinic/Hospital:	<input type="checkbox"/>
6. Federal Medical Center	<input type="checkbox"/>
7. Specialist Hospital	<input type="checkbox"/>
8. Military Reference Hospital	<input type="checkbox"/>
9. Others (specify).....	<input type="checkbox"/>

2 How many cases of the following diseases were reported in your health institution in 2005?

Diseases	No. of cases reported monthly												Total
	J	F	M.	A	M	J	J	A	S	O	N	D	
1. Diarrhea													
2. Guinea worm													
3. Dysentery													
4. Typhoid Fever													
5. Malaria													
6. Schistosomiasis													
7. Scabies													
8. Ring worm													
9. Cholera													
1. Trachoma													
11. Hepatitis B													
12. Streptococci													
13. Onchocerciasis													
14. Other water related diseases (specify)													
.....													
.....													

NOTE: The table contains diseases against months

Head of Health Institution/Designate

Name.....

Signature.....

Date.....

Telephone of Health Institution.....

E-mail.....

GUIDE TO COMPLETING FORM 04

1.	Purpose	To capture the incidence of reported cases of diseases that are caused by lack of access to safe water, contaminated water, poor sanitation and exposure to water based disease vectors. This will cut across rural areas, small towns and urban areas
2.	Surveyor	Health Officer in the Baseline consultant team
3.	Respondent	Head of relevant health institutions
4.	Coverage	Information on prevalent water related diseases

Basic Definitions:

This is to specify whether the health institution is located in rural area, small town or urban/state capital.

- i. Town/Ward/Community - The name of the town/ward/community where the questionnaire is to be administered.
- ii. LGA: Local Government Area.
- iii. State: Name of the state the questionnaire is administered.
- iv. Surveyor's Name: Name of personnel administering the questionnaire.
- v. Type of Health Institution: Types of health care facilities available in Urban, Small Towns and Rural areas for the use of the people.
- vi. Cases of water related diseases reported: Cases of water related diseases reported in the LGA area in the past one year

This form is to be signed by the Head of the Health Institution for quality control.