



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

**Form No 05: HOUSEHOLD SURVEY QUESTIONNAIRE** Date.....

**Note:** This form is to be randomly administered by trained enumerators to a minimum of 22 Households in each political council ward.

a. State: .....
b. LGA: .....
c. Status of location of the community Rural <input type="checkbox"/> Small Town <input type="checkbox"/> Urban <input type="checkbox"/> State Capital <input type="checkbox"/>
d. Ward: .....
e. Address.....
f. Describe how the house can be identified..... ..... .....
g. Enumerator's Name:.....

**PART A - WATER SUPPLY**

1.	What is your family's main source of drinking water?(Please tick one from the options below)	
	<b>A</b>	<b>B</b>
a.	Household Connections <input type="checkbox"/>	a. Unprotected Traditional hand dug wells <input type="checkbox"/>
b.	Boreholes with hand pump <input type="checkbox"/>	b. Unprotected wells <input type="checkbox"/>
c.	Motorized borehole <input type="checkbox"/>	c. Vendor provided water <input type="checkbox"/>
d.	Protected Dug well <input type="checkbox"/>	d. Bottled/sachets water <input type="checkbox"/>
e.	Public Standpipe <input type="checkbox"/>	e. Tanker truck provided water <input type="checkbox"/>
f.	Rain water harvesting <input type="checkbox"/>	f. Streams <input type="checkbox"/>
g.	Protected Spring <input type="checkbox"/>	g. River <input type="checkbox"/>
		h. Pond <input type="checkbox"/>
		i. Broken pipes <input type="checkbox"/>

2. Who is responsible for the provision of the main source of drinking water?  
(Please tick from the options below)

- i. Government.....
- ii. Community.....
- iii. Donor Agencies.....
- Iv. Private.....

- v. Religious Bodies.....
- vi. Private supplier for a fee.....
- vii. Others (please specify).....

3. How far is the water source/point from your home?

Rainy Season	Dry Season
.....Meters	.....Meters

4. State the number and sex of children and adult members of your household who fetch water for the family as in the table below.

Status	Sex		Total
	Male	Female	
1. Children			
2. Adults			
Total			

- 5. How many times does each of them collect water everyday?..... times
- 6. How many liters of water does your family use in a day?.....liters  
(Surveyor to assess)
- 7. How many people live in the house?.....
- 8. What is the average cost of water used per day? ₦.....

**PART B- SANITATION FACILITIES**

1. Which of the following Toilet Facilities does your household use? (tick as applicable from the options below)	
A	B
a. Simple pit latrines (covered) <input type="checkbox"/>	j. Service or bucket latrines (where excreta are manually removed) <input type="checkbox"/>
b. Sanplat latrines <input type="checkbox"/>	k. Public latrines Govt. owned <input type="checkbox"/>
c. VIP latrines <input type="checkbox"/>	l. Public latrines privately owned <input type="checkbox"/>
d. Water closets <input type="checkbox"/>	m. Public latrines community owned <input type="checkbox"/>
e. Hand washing facilities <input type="checkbox"/>	n. Latrine with open pit <input type="checkbox"/>
f. Septic system <input type="checkbox"/>	o. Uncovered pit latrines <input type="checkbox"/>
g. Public server <input type="checkbox"/>	p. Toilet on water <input type="checkbox"/>
h. Sullage disposal system <input type="checkbox"/>	q. None (Bush or any other hidden places) <input type="checkbox"/>
i. Storm water disposed system <input type="checkbox"/>	r. Others (specify) <input type="checkbox"/>

- 2. What is/are the distance(s) of the facility/facilities available to you if not in-house?.....meters
- 3. Are/is the facilities/ facility adequate for you? Yes  No
- 4. If you use a communal latrine, how many people share it?.....people
- 5. Is the latrine currently in use? Yes  No
- 6. Are there any problems with the facility? Yes  No
- 7. If yes, state the problems.....  
.....

8. How do you dispose of the excreta of children 3 years or younger?

- a. Throw away somewhere within the compound
- b. Throw outside the yard
- c. Throw into a toilet/latrine
- d. No child below 3 years in the house
- e. Others

Specify.....

9. If you pay to use a public pay toilet, how much do you pay per visit? ₦.....

10. Have you ever received any health education/hygiene promotion message? Yes  No

**PART C – WATER RELATED DISEASES**

Did any member of the household suffered from any of the following diseases in 2005?

	Yes	No
1. Diarrhea1. ....	<input type="checkbox"/>	<input type="checkbox"/>
2. Guinea worm.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Dysentery.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Typhoid Fever.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Malaria.....	<input type="checkbox"/>	<input type="checkbox"/>
7. Scabies.....	<input type="checkbox"/>	<input type="checkbox"/>
8. Ring worm.....	<input type="checkbox"/>	<input type="checkbox"/>
9. Cholera.....	<input type="checkbox"/>	<input type="checkbox"/>
10. Trachoma.....	<input type="checkbox"/>	<input type="checkbox"/>
11. Hepatitis B.....	<input type="checkbox"/>	<input type="checkbox"/>
12. Streptococci.....	<input type="checkbox"/>	<input type="checkbox"/>
13. Onchocerciasis.....	<input type="checkbox"/>	<input type="checkbox"/>
14. Other water related diseases (specify) .....		