

## SES and water exposure questionnaire

[1] Participant ID: \_\_\_\_\_

[2] Interview Date: \_\_\_/\_\_\_/\_\_\_\_\_(Day/Month/Year)

[3] Interviewer's name: \_\_\_\_\_

[4] Participant's full name: \_\_\_\_\_

[5] What is your home district and county \_\_\_\_\_

- a. Have you ever lived outside this area for longer than a year?  Yes  No  
If yes, where? \_\_\_\_\_ For how long? \_\_\_\_\_

[6] How long have you lived in Kisumu \_\_\_\_\_

- A. If not from Kisumu when did you move to Kisumu? \_\_\_\_\_

[7] In your Family's house is there:

- |                 |                              |                             |  |                              |                             |
|-----------------|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| b. Electricity  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | g. Motorcycle                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Radio        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | h. Car   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Television   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | i. Mobile phone                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Refrigerator | <input type="checkbox"/> Yes | <input type="checkbox"/> No | j. Domestic worker not related to household head | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Bicycle      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |                              |                             |

8) Do any members of your household work on their own or their family's agricultural land? es  No

9) What is the principal source of drinking water in your family's household? (*Select one*)

- |                                       |   |
|---------------------------------------|---|
| k. Piped drinking water in residence  | p. Rain for drinking water                    |
| l. Piped drinking water in public tap | q. River, canal or surface water for drinking |
| m. Piped drinking water in compound   | r. Other source of drinking water             |
| n. Inside well drinking water         |   |
| o. Public well                        |   |

10) What is the principal type of toilet facility used by the members of your household? (*Select one*)

- |                                  |                           |
|----------------------------------|---------------------------|
| s. Own flush toilet in residence | v. VIP latrine            |
| t. Shared flush toilet           | w. Bush, field as latrine |
| u. Pit latrine                   | x. Other type of latrine  |

11) What is the principal type of flooring in the dwelling where your family sleeps? (*Select one*)

- |                 |                            |
|-----------------|----------------------------|
| y. Dirt, earth  | bb. Tile flooring          |
| z. Wood, planks | cc. Other type of flooring |
| aa. Cement      |                            |

12) What is the principal type of roofing on the dwelling where your family sleeps? (*Select one*)

- |                              |                           |
|------------------------------|---------------------------|
| dd. Natural material roofing | gg. Other type of roofing |
| ee. Corrugated iron          |                           |
| ff. Roofing tiles            |                           |

- 2) How often do you do your work by the lake (cleaning or selling fish, etc.)? (if never skip a-c)
- Never       Sometimes       Often
- a. How long are you normally in contact with the water during this time?
- Briefly       A while       A long time
- b. Which parts of your body are exposed to the water during this time?
- Arms       Legs       Head       Whole body
- c. At what time of day do you normally work by the lake?
- Morning       Midday       Afternoon       Evening
- 3) How often do you bathe in the lake? (if never skip a-c)
- Never       Sometimes       Often
- a. How long are you normally in contact with the water during this time?
- Briefly       A while       A long time
- b. Which parts of your body are exposed to the water during this time?
- Arms       Legs       Head       Whole body
- c. At what time of day do you normally bathe in the lake?
- Morning       Midday       Afternoon       Evening
- 4) How often do you wash things in the lake (clothes, household items including dishes)? (if never skip a-c)
- Never       Sometimes       Often
- a. How long are you normally in contact with the water during this time?
- Briefly       A while       A long time
- b. Which parts of your body are exposed to the water during this time?
- Arms       Legs       Head       Whole body
- c. At what time of day do you normally carry out this activity?
- Morning       Midday       Afternoon       Evening
- 5) How often do you collect water from the lake? (if never skip a-c)
- Never       Sometimes       Often
- a. How long are you normally in contact with the water during this time?
- Briefly       A while       A long time
- b. Which parts of your body are exposed to the water during this time?
- Arms       Legs       Head       Whole body
- c. At what time of day do you normally carry out this activity?
- Morning       Midday       Afternoon       Evening
- 6) Do you bathe, wash, or collect water from sources other than the lake more than once a week?
- Yes       No
- 7) If yes, please check the source(s):
- Pond (continue with questions)  River (continue questions)  Well (no further questions)

How often do you do your work by the pond? (if never skip a-c)

- Never       Sometimes       Often
- a. How long are you normally in contact with the water during this time?
- Briefly       A while       A long time
- b. Which parts of your body are exposed to the water during this time?
- Arms       Legs       Head       Whole body
- c. At what time of day do you normally work in the pond?
- Morning       Midday       Afternoon       Evening

8) How often do you bathe in water from the pond? (if never skip a-c)

- Never       Sometimes       Often
- a. How long are you normally in contact with the water during this time?
- Briefly       A while       A long time
- b. Which parts of your body are exposed to the water during this time?
- Arms       Legs       Head       Whole body
- c. At what time of day do you normally bathe in water from the pond?
- Morning       Midday       Afternoon       Evening

9) How often do you wash things in the pond? (if never skip a-c)

- Never       Sometimes       Often
- a. How long are you normally in contact with the water during this time?
- Briefly       A while       A long time
- b. Which parts of your body are exposed to the water during this time?
- Arms       Legs       Head       Whole body
- c. At what time of day do you normally carry out this activity?
- Morning       Midday       Afternoon       Evening

10) How often do you collect water from the pond? (if never skip a-c)

- Never       Sometimes       Often
- a. How long are you normally in contact with the water during this time?
- Briefly       A while       A long time
- b. Which parts of your body are exposed to the water during this time?
- Arms       Legs       Head       Whole body
- c. At what time of day do you normally carry out this activity?
- Morning       Midday       Afternoon       Evening

16) How often do you do your work by the stream/river? (if never skip a-c)

- Never       Sometimes       Often
- d. How long are you normally in contact with the water during this time?
- Briefly       A while       A long time
- e. Which parts of your body are exposed to the water during this time?
- Arms       Legs       Head       Whole body
- f. At what time of day do you normally work in the stream/river?
- Morning       Midday       Afternoon       Evening

11) How often do you bathe in the stream/river? (if never skip a-c)

- Never       Sometimes       Often
- a. How long are you normally in contact with the water during this time?
- Briefly       A while       A long time
- b. Which parts of your body are exposed to the water during this time?

Arms       Legs       Head       Whole body

c. At what time of day do you normally bathe in the stream/river?

Morning       Midday       Afternoon       Evening

12) How often do you wash things in the stream/river? (if never skip a-c)

Never       Sometimes       Often

a. How long are you normally in contact with the water during this time?

Briefly       A while       A long time

b. Which parts of your body are exposed to the water during this time?

Arms       Legs       Head       Whole body

c. At what time of day do you normally carry out this activity?

Morning       Midday       Afternoon       Evening

13) How often do you collect water from the stream/river? (if never skip a-c)

Never       Sometimes       Often

a. How long are you normally in contact with the water during this time?

Briefly       A while       A long time

b. Which parts of your body are exposed to the water during this time?

Arms       Legs       Head       Whole body

c. At what time of day do you normally carry out this activity?

Morning       Midday       Afternoon       Evening