**Survey of demographics, satisfaction, water access and disease in Roma settlements throughout Romania**

 **Date of interview:**

 **Start time:**

 **COMMUNITY ID#:**

 **Household ID#:**

**INTERVIEWER:**

**Household characteristics**. ***First, I’d like ask some questions about your household.***

1. What is the number of people in this household? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How long has your household been living here?

 Year: \_\_\_\_\_\_\_\_\_\_\_\_\_ OR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_years ago

1. What is the relationship of the respondent to the head of household? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1 = Male, 2 = Female, 3 = Male and female together (who is head of household)
2. Number of men 50+ years \_\_\_\_\_\_\_

5. Number of women 50+ years \_\_\_\_\_\_

1. Number of men 15-49 years \_\_\_\_\_\_
2. Number of women 15-49 years \_\_\_\_\_\_
3. Number of men 15 or less years \_\_\_\_\_\_
4. Number of women 15 or less years \_\_\_\_\_\_
5. Number of literate men (15+ years old) \_\_\_\_\_\_\_
6. Number of literate women (15+ years old) \_\_\_\_\_\_\_
7. What is your religion? Orthodox Christian 1[ ]  Catholic Christian 2[ ]  Protestant Christian 3[ ]  Muslim 4[ ]  Other 5[ ]  (specify) \_\_\_\_\_\_\_\_\_\_\_\_

\*\*Simplify for R analysis: 1 = Orthodox 2 = Other

**RESPONDANT CHARACTERISTICS. *Now, I’d like to ask you a little bit about yourself and your background.***

1. What is your gender? Male 1[ ]  Female 2[ ]
2. Do you know how old you are? Yes 1[ ]  No 2[ ]

 If yes, how old are you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (in years)

1. What is your marital status? Married, living with spouse 1[ ]  Married, living separate 2[ ]  Living with partner3 [ ]  Divorced/Separated 4[ ]  Widow(er) 5[ ]  Single 6[ ]
2. What is your highest level of education? No formal school 1[ ]  Some primary 2[ ]  Primary completed 3[ ]  Some secondary 4[ ]  Secondary completed 5[ ]  Required grades complete 6[ ] Traditional High school complete 7[ ]  Vocational 8[ ]  University/College 9[ ]  Post-graduate 10[ ]  If less than primary completed, why were you unable to finish primary school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Do you work outside of your home? Yes, full time employment 1[ ]  Yes, day labor or scavenger 2[ ]  No, retired or pensioner 3[ ]  No, unemployed 4[ ]  No, unemployed with social aid 5[ ]  No, Student 6[ ]

 If yes, what is your occupation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your ethnicity? Roma 1[ ]  Romanian 2[ ]  Rudar 3[ ]  Hungarian 4[ ]  Other 5[ ]

**HOUSEHOLD’S WATER SOURCES and activities. *Next, I’d like to ask you about the water sources used by your household and daily activities.***

1. What type of *drinking* water source do you have access to on a daily basis? (Check all that apply)

 Piped water into home 1 [ ]

 Neighbor’s piped water 2 [ ]

 Public protected well 3 [ ]

 Public unprotected well 4 [ ]

 Public hand pump 5 [ ]

 Public outdoor tap 6[ ]

 Private protected well 7[ ]

 Private unprotected well 8[ ]

 River, pond, dam or spring 9 [ ]

 Rainwater collection 10 [ ]

 Private outdoor tap 11 [ ]

Other 12[ ]  (specify)\_\_\_ (bottled water) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Of these *drinking* water sources, which ones do you use frequently (more than 3 times a week)?

 Piped water into home 1 [ ]

 Neighbor’s piped water 2 [ ]

 Public protected well 3 [ ]

 Public unprotected well 4 [ ]

 Public hand pump 5 [ ]

 Public tap 6[ ]

 Private protected well 7[ ]

 Private unprotected well 8[ ]

 River, pond, dam or spring 9 [ ]

 Rainwater collection 10 [ ]

 Private Tap 11 [ ]

Other 12[ ]  (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is the main source of water used by your household for other purposes, such as cooking and washing (non-drinking water source)?

 Piped water into home 1 [ ]

 Neighbor’s piped water 2 [ ]

 Public protected well 3 [ ]

 Public unprotected well 4 [ ]

 Public hand pump 5 [ ]

 Public tap 6[ ]

 Private protected well 7[ ]

 Private unprotected well 8[ ]

 River, pond, dam or spring 9 [ ]

 Rainwater collection 10 [ ]

 Private Tap 11 [ ]

Other 12[ ]  (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Who uses this water source? Adult Men 1[ ]  Adult women 2 [ ]  male children 3[ ]  female children 4[ ]  All adults 5 [ ]  All children 6[ ]  Everyone 7[ ]
2. Do you believe that your primary drinking water source is safe to drink? Yes 1[ ]  No 2[ ]

 Why or why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How far is your primary drinking water source from your home? Meters 1[ ]  Kilometers 2[ ]  In home 3[ ]
2. How long does it take to go there, get water, and come back? No. of minutes \_\_\_\_\_\_\_\_\_\_\_\_

 Water in home 1 [ ]  0-15 minutes 2 [ ]  15-30 minutes 3[ ]  30-45 minutes 4[ ]

45-60 minutes 5[ ]

1. Do you pay for access to *drinking* water? Yes 1[ ]  No 2 [ ]
2. Do you treat your water in any way to make it safer to drink? Yes 1[ ]  No 2[ ]

 Why or why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If yes, what do you usually do to the water to make it safer to drink?

 Boil 1[ ]

 Add bleach/chlorine 2[ ]

 Strain it through a cloth 3[ ]

 Use a water filter 4[ ]

 Solar disinfection (let it sit out in the sun) 5[ ]

 Let it stand and settle 6[ ]

 I don’t know 7 [ ]

 Other 8 [ ]  (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Overall, are you satisfied with your current drinking water availability?

 [ ] 1 Generally satisfied

 [ ] 2 Somewhat dissatisfied

 [ ] 3 Very dissatisfied

 [ ] 4 Don’t know / No response

 Why are you satisfied / Why are you not satisfied?

Satisfied: (Do not prompt- check all mentioned):

 [ ]  01 Takes little time to get water

 [ ]  02 Water source is close by

 [ ]  03 Adequate water for home use

 [ ]  04 Water can be collected by children

 [ ]  05 Water supply is not costly

 [ ]  06 Water supply is safe for drinking

 [ ]  07 Water supply is reliable

 [ ]  08 Good management of system

 [ ]  09 Other (specify):

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Not Satisfied: (Do not prompt-check all mentioned):

 [ ] 01 Takes too much time to get water

 [ ]  02 Water source is too distant

 [ ]  03 Not enough water for home use

 [ ]  04 Water can’t be collected by children

 [ ]  05 Water supply is too costly

 [ ]  06 Water supply is unsafe

 [ ]  07 Water supply is unreliable

 [ ]  08 Poor management of system

 [ ]  09 Other (specify):

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How much time each day do you spend on household chores? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hrs, mins)
2. How much time each day does your spouse spend on household chores (if married)? \_\_\_\_\_\_\_\_\_\_\_\_\_ (hrs, mins)
3. Do your children (if any) attend school? Yes 1[ ]  No 2[ ]  No children 3[ ]  Why or why not?
4. Open-ended question: Can you describe a ‘typical’ day in your life?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WELLNESS. *Next, I’d like to ask you about the hygiene and health of you and your family members.***

 1. Do you have a bathroom?

 Yes, in the house = 1

 Yes, outside = 2

 No = 3

2***.*** What kind of toilet facility do members of your household usually use?

 Indoor flush to piped sewer 1[ ]

 Indoor flush to septic tank 2[ ]

 Outdoor flush to septic tank 3[ ]

 Outdoor flush to pit latrine/hole 4[ ]

 Composting toilet 5[ ]

 Bucket 6[ ]

 Hanging toilet 7[ ]

 No facilities / open bush or field 8[ ]

 Other 11[ ] (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Do you share this facility with other households? Yes 1[ ]  No 2[ ]

 If yes, how many other households? \_\_\_\_\_\_\_\_\_\_\_

4. As best as you can remember, have you or your family members had a diarrheal illness in the last:

 year: Yes 1[ ]  No 0[ ]

 Six months: Yes 3[ ]  No 4[ ]

 Three months: Yes 5[ ]  No 6[ ]

 Month: Yes 7[ ]  No 8[ ]

 Two weeks: Yes 9[ ]  No 10[ ]

 Not at all for any of the above time periods = 11

5. If ‘yes’ to any of #3, which family member was ill (adult male, adult female, male child, female

 child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (list as many as are relevant)

6. How many times in the same time period (year, months, weeks, etc) has this individual had diarrheal

 symptoms? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (obtain info for each individual listed in #4)

7. Have you ever received an immunization (shot) of any kind against an illness? Yes 1[ ]  No 0[ ]

 If yes, do you remember which one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (list all)

8. Have your children received an immunization (shot) of any kind against an illness? Yes 1[ ]  No 2[ ]

 No children 3[ ]

 If yes, do you remember which one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (list all)

9. Do you have access to a primary care physician? Yes 1[ ]  No 0[ ]

 If no, would you take your children to a physician if you had access to one? Yes 1[ ]  No 2[ ]

10. Do you have medical insurance Yes =1, No = 0

11. When was the last time you went to the doctor?

 A year ago, = 1

 Six months ago, = 2

 Three months ago, = 3

 One month ago, = 4

 Two weeks ago, = 5

12. Would you take your child to the doctor if he or she was ill?

 Every time =1

 Sometimes =2

 Never = 3 Why not?

**wealth and assets. *Next, I’d like to ask you additional questions about your household.***

1. How much land do you use to grow your own food? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ m3

2. How many of each of the following animals does your household currently own?

 1. Cattle ………………. \_\_\_\_\_\_ 6. Goats ……………. \_\_\_\_\_\_\_\_

 2. Sheep ……………… \_\_\_\_\_\_ 7. Poultry …………. \_\_\_\_\_\_\_\_

 3. Horses ……………... \_\_\_\_\_\_ 8. Rabbits …………. \_\_\_\_\_\_\_\_

 4. Donkeys …………… \_\_\_\_\_\_ 9. Other ……………\_\_\_\_\_\_\_\_

 5. Pigs \_\_\_\_\_\_

3. About how much does your household spend PER WEEK on regular expenses like food, transport, school fees, etc?

*(\*\*\*Help the respondent calculate their expenses if necessary) CFA* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_ /week

4. Do you have proof of ownership/property documents for your home? Yes = 1 No = 2

5. Does anyone in your household own the following items? *(\*\*\*Read list and mark answer for each item.)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes | No |  | Yes | No |
| 1. Radio?
 | [ ]  1 | [ ]  0 | 1. Car
 | [ ]  1 | [ ]  0 |
| 1. TV?
 | [ ]  1 | [ ]  0 | 1. Plow?
 | [ ]  1 | [ ]  0 |
| 1. Generator?
 | [ ]  1 | [ ]  0 | 1. Tractor?
 | [ ]  1 | [ ]  0 |
| 1. Bicycle?
 | [ ]  1 | [ ]  0 | 1. Cart?
 | [ ]  1 | [ ]  0 |
| 1. Computer?

11. Refrigerator | [ ]  1[ ]  1 | [ ]  0[ ]  0 | 10. Mobile Phone12. Stove | [ ]  1[ ]  1 | [ ]  0[ ]  0 |

6. Does your household have electricity service?

 [ ]  1 Yes

 [ ]  2 Yes, but disconnected now

 [ ]  3 No

7. Do you have gas (piped)?

 Yes =1

 Yes, but disconnected now = 2

 No, we use tanks =3

 No, we use fire =4

8. In your household, WHO DECIDES how the income earned by WOMEN will be used?

 [ ]  1 Husband only

 [ ]  2 Wife only

 [ ]  3 Husband and wife TOGETHER

 [ ]  4 Husband and wife SEPARATELY

 [ ]  5 All adults

 [ ]  6 Children

 [ ]  7 All members of the family

 [ ]  8 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Do you think there are conflicts between Roma and non-Roma in your community?

 [ ]  1 Yes, why\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  2 Sometimes

 [ ]  3 No

 [ ]  4 Don’t know/ no answer

10. Do you think the Roma community is segregated or separated from the majority?

 [ ]  1 Yes, why\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  2 Sometimes

 [ ]  3 No

 [ ]  4 Don’t know/ no answer

11. Would you say most people in this community are willing to help you if you need it?

 [ ]  1 Yes

 [ ]  2 Maybe

 [ ]  3 No

 [ ]  4 Don't know / No answer

12. *\*\*\*Observe if possible:*

|  |  |  |
| --- | --- | --- |
| 1. *What are the walls of the house made of primarily?*
 | 1. *What is the roof of the house made of primarily?*
 | 1. *What is the floor of the house made of primarily*
 |
| [ ]  1 Stone / Brick / Cement [ ]  2 Wood [ ]  3 Clay / Mud [ ]  4 Metal [ ]  5 Sticks [ ]  6 Plastic [ ]  7 Other [ ]  8 Don't know  | [ ]  1 Metal / Corrugated metal [ ]  2 Thatch / Branches [ ]  3 Cement / Concrete [ ]  4 Wood [ ]  5 Plastic sheeting [ ]  6 Other [ ]  7 Don't know  | [ ]  1 Cement / Concrete [ ]  2 Tile [ ]  3 Wood [ ]  4 Mud / sand / dirt [ ]  5 Cow dung [ ]  6 Other [ ]  7 Don't know  |

13. \*\*\**Observe if possible:*

 *Are toilet facilities upwind or downwind of water sources? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *If not in home, approximately how far from home is the water source? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *Is there stagnant water or waste visible on the streets? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\*\*\* This is the end of our interview. THANK YOU for your time. \*\*\**

*(\*\*\*Interviewer: Please record any additional notes here)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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