DATE:

The objective of this questionnaire is to better understand the situation of people with regard to drinking water.

Dear <<Name>> <<Surname>>

SECTION A – DEMOGRAPHICS

1. Gender
2. What is your age?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 🞎 | Less than 20  | 🞎 | Between 20 and 30 | 🞎 | Between 40 and 50 |
| 🞎 | Between 50 and 60 |  | Older than 60  |  |  |

1. Number of adults in the household

SECTION B – DRINKING WATER

1. What is your main source of water? (Circle the applicable one. Multiple responses are possible.)
	1. Bore hole
	2. Public tap
	3. Open well
	4. Household water supply
	5. Other
2. How does the water smell?

SECTION C – GENERAL

1. Do you pay for water?
2. How much do you pay a month?

*Thank you for completing this questionnaire.*

*NAME SIGNATURE*