1. Form No. 

2. Province
- Lanao Del Sur
- North Cotabato

3. Municipality
- Arakan
- Kapatagan
- President Roxas

4. Barangay
- AR_Ganatan
- AR_Maria Caridad
- AR_Tumanding
- PR_Datu Inda
- PR_Kimahuring
- KP_Bongabong
- KP_proper Kapatagan
- AR_Kinawayan
- AR_Meocan
- PR_Bato-Bato
- PR_Datu Sundungan
- PR_Lamalama
- KP_Daguan
- Other

5. If 'Other', please specify: 

6. Sitio / Purok

7. Household No.
8. Date

9. Survey team / members

A. INFORMATION ABOUT THE FAMILY (General Information)

10. Name of the Household Head

11. Respondent's Gender
- Male
- Female

12. Husband Name

13. Age

14. Ethnic Affiliation
- Manobo
- Iiranon
- Tagalog
- Others
- Maguindanao
- Bisaya
- Ilokano
- Maranao
- Ilongo
- Cebuano

15. If 'Others', please specify: 

16. Work

17. Instruction Level

18. Wife Name

19. Pregnant or Lactating mother
- Pregnant
- Lactating

20. Age

21. Ethnic Affiliation
- Manobo
- Iiranon
- Tagalog
- Others
- Maguindanao
- Bisaya
- Ilokano
- Maranao
- Ilongo
- Cebuano

22. If 'Others', please specify: 

23. Work

24. Instruction Level
Knowledge, Attitude and Practices Survey

**WASH**

**I. Attitude**

25. Did you pay for the water?  ○ No  ○ Yes

26. If 'Yes', how much (monthly payment)?
   ○ 20php  ○ 20php_  ○ 100php  ○ metered water
   ○ others

27. If 'others', please specify: _____________________________

28. How much you invested in water facility or contributed?
   ○ Invested
   ○ Contributed labor only
   ○ Contributed for community facility

29. If 'Invested', how much? _____________________________

30. If 'Contributed to community facility', how much? _____________________________

31. Are you sharing WASH facility with other HHs or neighbors?  ○ No  ○ Yes

32. Are you willing to share WASH facility with other HHs or neighbors?  ○ No  ○ Yes

33. Are you willing to pay for water or for an improved services?  ○ No  ○ Yes

34. If 'Yes', how much (monthly)?
   ○ 20php  ○ 50php  ○ 100php  ○ Other

35. If 'Other', please specify: _____________________________

36. Are you willing to invest in sanitation facility or improve the existing facility?  ○ No  ○ Yes

37. If 'Yes', how much?
   ○ 1000php  ○ 1500php  ○ 2000php  ○ 5000php
   ○ Other

38. If 'Other', please specify: _____________________________

39. Are you willing to take a credit or loan to improve your WASH situation at HH?  ○ No  ○ Yes

40. Did your household or neighbors lobbied with BLGU/MLGU to improve the WASH situation in your area and did the situation improved?  ○ No lobby  ○ Yes, resulted in improved WASH
   ○ Yes, but the situation remain the same

41. Is there any problem related to existing water source in the area?  ○ No
   ○ Yes, conflict related to the use of water source  ○ Other

42. If 'Other', please specify: _____________________________

**II. Practice**

43. Where did you get your drinking water? (Check appropriate box)
   ○ Spring with protection
   ○ unprotected spring
   ○ protected HP well
   ○ unprotected HP well
   ○ protected dug well
   ○ unprotected dug well
   ○ river
   ○ community tap stand
   ○ Household connection - GFS/water district
   ○ Buy (bottled water/vendor)

44. Is the current water supply / source accesible and reliable throughout the year?
   ○ Yes, Accessible and reliable throughout the year
   ○ No, No access during the flood
   ○ No, Not reliable during the dry season (well dry)
   ○ Other

45. If 'Other', please specify: _____________________________
46. In what kind of container do you keep the water at home?
   - Open jar
   - Close jar
   - Close bucket
   - Open bucket
   - Close container
   - Open container
   - Other
   47. If ‘Other’, please specify: 

48. How many liters of water that the household consumes in a day for drinking?
   - 5 liters
   - 8 liters
   - 10 liters
   - other
   49. If ‘other’, please specify: 

50. How many liters of water that the household consumes in a day for cooking and hygiene practices?
   - 20 liters
   - 40 liters
   - 60 liters
   - other
   51. If ‘other’, please specify: 

52. How often the water containers / HH storage are cleaned?
   - Every day
   - Each time before storing water
   - once a week
   - other
   53. If ‘other’, please specify: 

54. Do you use the water container for storing other things such as storing oil and etc?
   - No
   - Yes
   55. How is the water being transported from the source to HH?
   - In closed containers / bucket / jeri cans
   - in open containers / bucket / jeri cans
   - through pipe system
   - Directly taken from faucet in case of household water supply connection

56. Who usually collects water from your household?
   - Father
   - Female children
   - Hired / vendor
   - Mother
   - Male children

57. If ‘Hired / Vendor’, how much you pay per day?

58. What kind of facility is your households use for excreta disposal?
   - Water sealed latrine
   - Open pit latrine
   - Open field
   - River
   - Other

59. If ‘Other’, please specify:

60. is the Sanitation facility shared with other household?
   - No
   - Yes, with 2-3 HHs
   - Yes, with 4-5 HHs
   - Other

61. If ‘Other’, please specify:

62. How children excreta are disposed?
   - Pit toilet
   - Open field
   - drainage: Potty
   - Other

63. If ‘Other’, please specify:

64. What or how treatment was provided when the HH member get sick(diarrhea, etc.)?
   - At RHU
   - At MHO
   - Traditional Healer
   - Herbal Medicine
   - ORESOL
   - Other

65. If ‘Other’, please specify:

66. What do you use as cleaning materials for hand washing?
   - Soap
   - Ash
   - Sand
   - Other

67. If ‘Other’, please specify:

68. What is your water treatment practice at home?
   - Boiling
   - Chlorination
   - Filtration
   - None

69. Where did you dispose your solid wastes?
   - River
   - Drainage
   - Collected by LGU
   - Dug pit
   - Anywhere
   - Burned

70. Do you segregate your waste?
   - No
   - Yes

71. What types of waste segregation does you practice / manner of waste segregation?
   - Biodegradable and Non-biodegradable
   - Recyclable, residual or special
   - none
III. Knowledge

72. Did you received or attended awareness sessions related on good hygiene practices?
- Yes
- No

73. If 'Yes', what are the topics covered in the sessions?
- Importance of personal hygiene
- Importance of safe excreta disposal and usage of latrine
- Importance of handwashing using soap during key times
- Diseases caused by poor water, sanitation and hygiene (WASH) practices
- Household water treatment
- How to keep water safe
- Importance of proper solid waste disposal

74. How do you participate in the awareness sessions?
- Group sessions
- Through BHW / RHU home visitation
- Others

75. If 'Others', please specify: 

76. In the last 6 months, is there anyone in the household had water, sanitation and hygiene related diseases?
- Diarrhea
- Respiratory diseases
- Parasitism
- Skin diseases
- Recurring fever
- Others

77. If 'Others', please specify: 

78. Who among the family members got sick?
- Child (0-5yo)
- Teen (age)___
- Elder in the family (age)___

79. What do you think causes of diarrhea?
- Drinking dirty water
- Eating food contaminated by hands unwashed after defecation / in contact with faeces
- Eating contaminated food due to flies in contact with faeces lying in open field, drainage, etc
- Other

80. If 'Other', please specify: 

81. How can you prevent diarrhea?
- Safe disposal of faeces by using safe latrine
- Drink clean water
- Protect drinking water from contamination
- Washing hand before eating and preparing food after handling / contact with stool

82. When do you think are the important time to wash your hands?
- Before preparing food
- Before eating
- Before feeding your children
- After handling a child's stool
- After using latrine / after defecation
- Others

83. If 'Others', please specify: 

84. Is your WASH facility located in a safe place (away from flood, land slide prone area)?
- Yes
- No, in risk prone area

Observation

Is there rubbish lying around in or near the house?
- Yes
- No

If 'Yes'

Is water storage clean and covered?
- Yes
- No

If 'No'

Drainage problem / stagnant water (water points)
- Yes
- No

If 'Yes'
## Knowledge, Attitude and Practices Survey

### C. NUTRITION

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>91. Child's Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>92. Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>94. Sex</td>
<td>Male  Female</td>
<td></td>
</tr>
<tr>
<td>95. Ever breastfed?</td>
<td>Yes  No  Doesn't know</td>
<td></td>
</tr>
<tr>
<td>96. If so, when did you first put your child to the breast?</td>
<td>Immediately  Within one hour after birth  Within the first day  Doesn't know</td>
<td>Since mature milk (not colostrum) has arrived</td>
</tr>
<tr>
<td>97. If answer to # 95 is 'Since mature milk (not colostrum) has arrived', what day?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>98. Have you given anything other than breast milk to your child when he or she was born?</td>
<td>Water, water with sugar, tea or coffee  Animal milk (cow, goat, sheep), powdered milk, meat or fish soup  Rice, corn, ampalaya extract  Biscuits  Nothing but breast milk</td>
<td></td>
</tr>
<tr>
<td>99. How old was your child when you started to feed him/her with liquid/solid food for the first time.</td>
<td>Age in months  Has not given other than breast milk yet  Doesn't know</td>
<td>Please provide the exact age and tick the appropriate age group in the next question.</td>
</tr>
<tr>
<td>100. Please tick the appropriate age group on the answer above</td>
<td>&lt;6 months  6-11 months  12-18 months  18-23 months  24+ months</td>
<td>Please provide the exact age and tick the appropriate age group in the next question.</td>
</tr>
<tr>
<td>101. (ONLY IF THE CHILD IS 0 - 23.9MOS) In the last 24 hours, during the day or at night, has the child been breastfeed?</td>
<td>Yes  No  Doesn't know</td>
<td></td>
</tr>
<tr>
<td>102. If 'Yes', how many times been breastfeed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>103. (ONLY IF THE CHILD IS 0 - 5.9MOS) Yesterday, during the day or at night, has your child drunk or eaten any of the following things?</td>
<td>Vitamins or mineral supplements or medicines  Water  Water with sugar, holy water, fruit juices, infusions or tea  ORS (Oral Rehydration Solution) or water with sugar or with salt  Commercially available children food  Bottled, powder or fresh milk  Solid or semi-solid foods (puree...)  Other liquids-leaves or roots decoction, ampalaya extract  nothing but breastmilk</td>
<td>Read out loud the name of every element and write down the answer before going to the next question.</td>
</tr>
<tr>
<td>104. In general, what keeps/kept you from breastfeeding your child?</td>
<td>Too much work, too busy or tired  The night (she never breastfeeds at night time)  A disease  Nothing (she breastfeed her child anytime he/she asks for it)  She doesn't breastfeed her child anymore</td>
<td></td>
</tr>
<tr>
<td>105. How old was your child when you have completely stopped breastfeeding? (Choose only one answer).</td>
<td>Age in month  She hasn't stopped completely yet  Doesn't know</td>
<td>Please provide the exact age and tick the appropriate age group in the next question.</td>
</tr>
<tr>
<td>106. Please tick the appropriate age group on the answer above</td>
<td>0-5 mos  6-8 mos  9-23 mos  2-3 years  4-5 years  6 yrs+</td>
<td></td>
</tr>
</tbody>
</table>
107. How many meals (solid, semi-solid or soft food - including milk if the child is not breastfed) have you given your child in the last 24 hours? (Choose only one answer)

| 0-5 mos | 6-8 mos |
| 9-23 mos | 2-3 years |
| 4-5 years | 6 yrs+ |

The child doesn't have anything but breast milk yet

108. What kind of food have you given your child in the last 24 hours?

- Grains (rice, millet, corn, sorghum, pasta), roots, tubers (potatoes, cassava, camote)
- Legumes and nuts (baked beans, lentils, peanuts)
- Dairy products (milk and milk products)
- Flesh foods (meat, chicken, fish, seafood, guinea fowl, sheep, beef)
- Eggs
- Vitamin A rich fruits and vegetables (green leafy vegetables, mango, carrots)
- Other fruits and vegetables
- Oil-fried foods, fat foods (butter)

109. Does the child eat from his/her own bowl?

- Yes
- No
- He/she doesn't eat yet, only breast milk

110. In your family who is served first, men, women or children?

- Men
- Women
- No difference, all members are served together

111. Do you use iodized salt?

- Yes
- No
- Doesn't know

112. What do you do when your child rejects the food?

- Give him the food he/she likes
- Reduce the quantity and feed him/her more often
- Feed him/her less frequently
- Not to feed him/her and wait until he's better
- Force him/her to eat
- He/she doesn't eat yet, only breast milk

113. Has your child suffered from a severe diarrhea (more than 3 liquid stools per day), cough, breathing difficulties; fever, or has lost weight in the last two weeks?

- Diarrhea
- Cough
- Breathing difficulty
- Fever
- Weight lose
- No disease

114. Last time your child was ill, what did you do?

- Hasn't done anything (waited until it was over - God or Allah's will)
- Has asked for advise from family, neighbours and/or friends
- Has used self-medication (plant based medicines, neighbour's advises, etc.)
- Has used traditional medicine (healer, medicine man)
- Has gone to the health center
- Has gone to the pharmacy
- Has bought the medicines from the sari-sari store
- Ask advice from the BNS or BHW
- Other
- Doesn't know

115. If 'Other', please specify:

116. Why?

- That's the traditional way
- That's what I have been taught by ____________
- My husband/mother in law/another person in the HH decided to do (who) ____________
- That is what I can afford
- That is what is easier to reach (accessible)
- Other

117. If 'Other', please specify:
II. Knowledge

118. When a baby should start to be breastfeed?
- Immediately
- Within the first day
- Doesn't know

119. What do you think about the first milk or colostrum (yellow and dense)?
- This milk is bad for the child, it's dirty and causes diarrhoea to the child
- This milk is good for the child, it protects him/her from diseases
- This milk is not enough for nourishing and hydrating the child
- Doesn't know

120. What's the main food that should be given to a child aside from the mother's milk starting when he/she is six months old?
- Grains (rice, millet, corn, sorghum, pasta), roots, tubers (potatoes, cassava, camote)
- Legumes and nuts (baked beans, lentils, peanuts)
- Dairy products (milk and milk products)
- Flesh foods (meat, chicken, fish, seafood, guinea fowl, sheep, beef)
- Eggs
- Vitamin A rich fruits and vegetables (green leafy vegetables, mango, carrots)
- Other fruits and vegetables
- Oil-fried foods, fat foods (butter)

121. At what age should breastfeeding be stopped? Age in months
- Before 6 months
- 6 - 11 months
- 12 - 23 months (>1 year)
- 24 - 35 months (>2 years)
- 36 months and over (>3 years)
- Doesn't know

After answering the specific month, please tick at which age group the answer belongs to

122. What foods are good for avoiding anemia (pale)? (More than one is accepted)
- Meat (liver, organ meat), fish, chicken
- Green leafy vegetables
- Beans, legumes
- Doesn't know

123. If ‘Other’, please specify:

124. According to you, what modifications in her diet should a pregnant woman do? (More than one answer is accepted)
- Eat and drink more than usual
- Eat and drink less than usual
- Eat and drink as usual
- Consume iron rich foods (liver, lentils...)
- Consume vitamin A rich foods (tomatoes, carrots, eggs, green leafy vegetables, zucchini, camote tops/yellow camote, mango, papaya)

125. And what about breastfeeding woman? (More than one answer is accepted)
- Eat and drink more than usual
- Eat and drink less than usual
- Eat and drink as usual
- Consume iron rich foods (liver, lentils...)
- Consume vitamin A rich foods (tomatoes, carrots, eggs, green leafy vegetables, zucchini, camote tops/yellow camote, mango, papaya)

126. How far is the closest health center?
- Less than 15 minutes walk
- 15 - 30 minutes walk
- More than 30 minutes - 1 hour walk and needs transport system (bicycle, motorcycle, jeepney) if available
- More than 1 hour to half day walking and needs transport system (bicycle, motorcycle, jeepney) if available
- More than half day walking and needs transport system (bicycle, motorcycle, jeepney) if available

127. How often it is open with health staff around?
- Everyday open (Monday to Friday) with midwife
- Everyday open (Monday to Friday) with midwife present at least 2x a week
- Everyday open (Monday to Friday) with midwife present at least 2x a month
- Everyday open (Monday to Friday) with midwife present at least every other month
- Everyday open (Monday to Friday) with BNS/BHW only
- Opens at least once a week with or without the midwife
- Opens at least once a month with or without the midwife
- Opens every other month only when there's a midwife
### III. Local Policies

**128. Where you informed about the local development priorities and plan from the local authorities?**
- [ ] No
- [ ] Yes but at Barangay level only
- [ ] Yes but at Municipal level only
- [ ] Yes at both Barangay and Municipal level

**129. If No, why?**
- [ ] Not interested
- [ ] No access to information or never been informed

**130. If Yes, do you think these policies and plans take into consideration the needs of the community?**
- [ ] Yes
- [ ] No
- [ ] Don't know

**131. Have you participated directly or indirectly in the development and design of the existing Local Development Plan in your Barangay?**
- [ ] Yes
- [ ] No

**132. If No, would you like to be consulted in the process of designing local policies and development plan?**
- [ ] Yes
- [ ] No

**133. If No, why?**

**134. If Yes, how? (specific PO, specific consultation, other)**

**135. In the past year, have you received and Nutrition support / services?**
- [ ] Yes
- [ ] No

**136. If Yes, from whom?**
- [ ] Local NGO
- [ ] INGO
- [ ] LGU
- [ ] Other

**137. If 'Other', please specify:**

**138. And what kind of support?**
- [ ] IYCF, ENA, PGN, Counselling, Family Development Session
- [ ] Feeding program
- [ ] Prenatal care, Family Planning, Responsible Parenthood
- [ ] Screening of children under 5 years old for acute malnutrition
- [ ] Vitamin A for children
- [ ] Deworming of children
- [ ] Treatment of Severe Acute Malnutrition

**139. Are you currently receiving any support / service related to WASH?**
- [ ] Yes
- [ ] No

**140. If Yes, from whom and what kind?**

**141. Are you currently receiving any support / service related to Food Security and Livelihood?**
- [ ] Yes
- [ ] No

**142. If Yes, from whom and what kind?**

**143. Have you received any awareness on Government's responsibilities related to socio-economic services?**
- [ ] Yes
- [ ] No

**144. If Yes, from which area / sector?**
- [ ] National Economic and Development Authority (NEDA)
- [ ] Local Government Code
- [ ] City Land Use Plan (CLUP) and Municipal Land Use Plan (MLUP)
- [ ] Disaster Risk Reduction and Management (DRRM)
- [ ] Comprehensive Agrarian Reform Program (CARP)
- [ ] Clean Water Act of Philippines
- [ ] Conditional Cash Transfer (4Ps)
- [ ] RA 9003 (Ecological Solid Waste Management)
IV. Questions on Pregnancy

145. During your last pregnancy, did you attend prenatal care in a health center?
- Yes
- No

146. How many times did you go for prenatal visit at the Health Center prior to delivery?
- [ ]

147. If you went for prenatal check-up for your last pregnancy, at what age of gestation did you have your first visit?
- [ ] 1st trimester
- [ ] 2nd trimester
- [ ] 3rd trimester

148. And what services did you receive from the health facilities?
- [ ] Iron / folic acid pills
- [ ] De-worming pills
- [ ] Immunization (tetanus shot)
- [ ] provision of antibiotic
- [ ] laboratory (CBC, Urinalysis, Fecalysis, Ultrasound, STD check-up, etc.)

V. Questions on Psychosocial Care of Children

CHILD STIMULATION for their growth and physical, cognitive, emotional and social development)

If your child is younger than 2 years old

150. Does your child show an interest on things around him by looking at sights or turning towards sounds?
- [ ] Most of the times
- [ ] Sometimes
- [ ] Never
- [ ] Can't tell

151. Does he/she respond to people talking or playing with him/her by making sounds, faces or saying any words?
- [ ] Most of the times
- [ ] Sometimes
- [ ] Never
- [ ] Can't tell

152. What does the child play with at home? (More than one answer is accepted, except if the answer is “he/she doesn't play”)
- [ ] Homemade toys (dolls, cars, toys built at home)
- [ ] Toys bought in a shop or manufactures
- [ ] Household objects
- [ ] He doesn't play

153. Who does your child play with at home? (More than one answer is accepted, except if the answer is “he/she doesn't play”)
- [ ] Mother
- [ ] Father
- [ ] Siblings
- [ ] Other members of the family
- [ ] Neighbors
- [ ] Friends
- [ ] He doesn't play

VI. Questions to Assess the Parent-Child Bonding

These statements concern the different sorts of emotional reactions parents have when caring for young babies

Please select the response which is closest to your own feeling

155. I can understand what my baby needs or wants
- [ ] Always
- [ ] Usually
- [ ] Sometimes
- [ ] Never

156. When I am with the baby
- [ ] I always get a lot of enjoyment / satisfaction
- [ ] I usually get a lot of enjoyment / satisfaction
- [ ] I sometimes get a lot of enjoyment / satisfaction
- [ ] I never get a lot of enjoyment / satisfaction

VII. Questions to Assess How Supported by the Family and the Community what the Mother Feels

It has an impact on the mother's psychosocial status and care practices the mother provides to the child.

157. How much support do you currently receive for raising your child?
- [ ] No support at all
- [ ] Not enough support
- [ ] Enough support
- [ ] A lot of support

158. Who is the person who provides most of that support?
- [ ] Father
- [ ] Brother or sister
- [ ] Grandparents
- [ ] Other family members
- [ ] Neighbors
- [ ] Friends

159. How satisfied are you with the amount of support you are currently receiving?
- [ ] Not satisfied at all
- [ ] More or less satisfied
- [ ] Satisfied
- [ ] Very satisfied