

Resource 2.9: Sample questionnaire for water treatment with chlorine

Sample questions for water treatment with chlorine – behavioural outcomes	
Behavioural outcomes	Question example with response scale
<i>Behaviour (frequency)</i>	<p>How much of your household’s drinking water do you chlorinate?</p> <p> <input type="checkbox"/>⁰ (Almost) none (0%) <input type="checkbox"/>¹ Less than half of the water (25%) <input type="checkbox"/>² Half of the water (50%) <input type="checkbox"/>³ More than half of the water (75%) <input type="checkbox"/>⁴ (Almost) all of the water (100%) </p>
<i>Intention</i>	<p>How strongly do you intend to chlorinate all your drinking water?</p> <p> <input type="checkbox"/>⁰ Not at all strongly <input type="checkbox"/>¹ A little strongly <input type="checkbox"/>² Quite strongly <input type="checkbox"/>³ Strongly <input type="checkbox"/>⁴ Very strongly </p>
<i>Habit</i>	<p>How automatically do you chlorinate all your drinking water?</p> <p> <input type="checkbox"/>⁰ Not automatically <input type="checkbox"/>¹ A little automatically <input type="checkbox"/>² Quite automatically <input type="checkbox"/>³ automatically <input type="checkbox"/>⁴ Very automatically </p>
Sample questions for water treatment with chlorine – psychosocial factors	
Psychosocial factors	Question example with response scale
<p><i>Factual Knowledge</i> (adapt options with misconcepts collected in phase 1)</p>	<p>“I will present you some potential causes of diarrhea. Could you please tell me for each whether it is a cause of diarrhea or not?”*</p> <p>Eating contaminated food <input type="checkbox"/>⁰ No <input type="checkbox"/>¹ Yes <input type="checkbox"/>⁹ Do not know</p> <p>Mosquito bite <input type="checkbox"/>¹ No <input type="checkbox"/>⁰ Yes <input type="checkbox"/>⁹ Do not know</p> <p>Walking in the sun for a long distance <input type="checkbox"/>¹ No <input type="checkbox"/>⁰ Yes <input type="checkbox"/>⁹ Do not know</p> <p>Drinking contaminated water <input type="checkbox"/>⁰ No <input type="checkbox"/>¹ Yes <input type="checkbox"/>⁹ Do not know</p>
<i>Vulnerability</i>	<p>How high do you feel is the risk that you contract diarrhea?</p>

	⁰ <input type="checkbox"/>	¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>
	Not high	A little high	Quite high	High	Very high
<i>Severity</i>	Imagine that you get diarrhea, how severe would be the impact on your life?				
	⁰ <input type="checkbox"/>	¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>
	Not severe	A little severe	Quite severe	Severe	Very severe

Sample questions for water treatment with chlorine – psychosocial factors (continued)	
Psychosocial factors	Question example with response scale
<i>Beliefs about Costs and Benefits</i> (adapt financial/non-financial costs after phase 1)	<p>How time-consuming is it for you to chlorinate all your drinking water?*</p> <p>⁰ <input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³ <input type="checkbox"/> ⁴ <input type="checkbox"/></p> <p>Not time-consuming A little time-consuming Quite time-consuming Time-consuming Very time-consuming</p> <p>How costly do you think is chlorinating all your drinking water?*</p> <p>⁰ <input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³ <input type="checkbox"/> ⁴ <input type="checkbox"/></p> <p>Not costly A little costly Quite costly Costly Very costly</p>
<i>Feelings</i> (adapt feelings after phase 1)	<p>How much do you like the taste of chlorinated drinking water?*</p> <p>⁰ <input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³ <input type="checkbox"/> ⁴ <input type="checkbox"/></p> <p>Don't like it Like it a little Quite like it Like it Like it very much</p>
<i>Others' Behaviour</i>	<p>How many people of your community chlorinate all their drinking water?</p> <p>⁰ <input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³ <input type="checkbox"/> ⁴ <input type="checkbox"/></p> <p>(Almost) nobody (0%) Less than half of them (25%) Half of the them (50%) More than half of them (75%) (Almost) all of them (100%)</p>
<i>Others' (Dis)Approval</i>	<p>People who are important to you, how much do they approve chlorination of drinking water?</p> <p>⁰ <input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³ <input type="checkbox"/> ⁴ <input type="checkbox"/></p> <p>They don't approve They disapprove a little They quite approve They approve of it They approve of it very much</p>
<i>Personal norms</i>	<p>How important is it for you to chlorinate all your drinking water?</p> <p>⁰ <input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³ <input type="checkbox"/> ⁴ <input type="checkbox"/></p> <p>Not important A little important Quite important Important Very important</p>

<i>Action Knowledge</i>	Can you please tell me all the different steps to correctly chlorinate your drinking water?		
	If water is turbid, filter the water through a clean cotton cloth.	⁰ <input type="checkbox"/> Not mentioned	¹ <input type="checkbox"/> Mentioned
	Add the needed amount of chlorine to the water	⁰ <input type="checkbox"/> Not mentioned	¹ <input type="checkbox"/> Mentioned
	Cover the storage container	⁰ <input type="checkbox"/> Not mentioned	¹ <input type="checkbox"/> Mentioned
	Wait at least 30 min until drinking the water	⁰ <input type="checkbox"/> Not mentioned	¹ <input type="checkbox"/> Mentioned

Sample questions for water treatment with chlorine – psychosocial factors (continued)	
Psychosocial factors	Question example with response scale
<i>Confidence in Ability</i>	How confident are you that you can chlorinate all your drinking water? ⁰ <input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³ <input type="checkbox"/> ⁴ <input type="checkbox"/> Not confident at all A little confident Quite confident Confident Very confident
<i>Confidence in Continuation</i>	How confident are you that you can continuously chlorinate all your drinking water? ⁰ <input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³ <input type="checkbox"/> ⁴ <input type="checkbox"/> Not confident at all A little confident Quite confident Confident Very confident
<i>Confidence in Recovering (adapt to barriers assessed in phase 1)</i>	“Imagine you have stopped chlorinating your drinking water for several days, for example because there was no chlorine available. How confident are you to start continuously chlorinating all your drinking water again?”* ⁰ <input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³ <input type="checkbox"/> ⁴ <input type="checkbox"/> Not confident at all A little confident Quite confident Confident Very confident
<i>Action Planning</i>	Do you have a plan when during the day to chlorinate your drinking water? ⁰ <input type="checkbox"/> No ¹ <input type="checkbox"/> Yes <i>If yes: Can you please specify when?</i> Do you have a plan how much water to chlorinate per day? ⁰ <input type="checkbox"/> No ¹ <input type="checkbox"/> Yes <i>If yes: Can you please specify how much of your drinking water you plan to chlorinate?</i>
<i>Action Control</i>	How keenly do you try to chlorinate all your drinking water? ⁰ <input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³ <input type="checkbox"/> ⁴ <input type="checkbox"/> Not at all A little Quite Much Very much
<i>Barrier Planning</i>	Do you have a plan how you can treat all your drinking water even if there is no chlorine at home? * ⁰ <input type="checkbox"/> No ¹ <input type="checkbox"/> Yes

<i>(adapt to barriers assessed in phase 1)</i>	<i>If yes: Can you please specify how?</i>
<i>Remembering</i>	<p>How often does it happen that you forget to chlorinate your drinking water?</p> <p> ⁰ <input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³ <input type="checkbox"/> ⁴ <input type="checkbox"/> </p> <p> (Almost) never (0%) Less than half of the times (25%) Half of the times (50%) More than half of the times (75%) (Almost) always (100%) </p>
<i>Commitment</i>	<p>How committed do you feel to chlorinating all your drinking water?</p> <p> ⁰ <input type="checkbox"/> ¹ <input type="checkbox"/> ² <input type="checkbox"/> ³ <input type="checkbox"/> ⁴ <input type="checkbox"/> </p> <p> Not committed A little committed Quite committed Committed Very committed </p>
Sample questions for water treatment with chlorine – contextual factors	
Contextual factors	Question example with answer format
<i>Age of the respondent</i>	How old are you? years
<i>Education</i>	How many years of formal education did you attend? years
<i>Household's income</i>	What is the monthly income of your household? Kenyan Shilling
<i>Price of chlorine</i>	What is the price to buy chlorine? Kenyan Shilling for what kind of product?
<i>Availability of chlorine</i>	On how many days in a month is chlorine available in a nearby shop?days/month

*** these questions need input from Step 1.2 and Step 1.3**