Supplemental Information

Evaluation of factors that influence water treatment behavior in low-income communities in the Peruvian Amazon

Household Screening

| Location and Date | Response |
|-------------------|----------|
| S1 Town/Population Center |          |
| S2 Address        |          |
| S3 Interview Date (e.g. 01-JAN-2010) | ____ ____ ____ day  ____ ____ ____ month  ____ ____ ____ year |
| S4 Interviewer Code | ______ |

Verification of Household Eligibility

| Eligibility Criterion | Response |
|-----------------------|----------|
| E1 How old is the person who manages the water your family drinks at home? | ____ ____ ____ years Is the person 18 years or older? Yes 1 No 0 IF NO, END |
| E2 Does a child under the age of five live in this house? | Yes 1 No 0 |
### Evaluation of factors that influence water treatment behavior in low-income communities in the Peruvian Amazon

#### Household Sampling

| Location and Date | Response |
|-------------------|----------|
| S1 Town/Population Center |          |
| S2 Address |          |
| S3 Interview Date (e.g. 01-JAN-2010) | [Day] [Month] [Year] |
| S4 Interviewer Code |          |

#### Verification of Participant Eligibility

| Eligibility Criterion | Response |
|-----------------------|----------|
| E1 Are you the person who manages the water your family drinks at home? | Yes 1 |
|                        | No 0     | **IF NO, END** |
| E2 How old are you?    | [___|___| years] |
|                        | Is the participant 18 years or older? |
|                        | Yes 1 |
|                        | No 0  | **IF NO, END** |
| E3 Does a child under the age of five live in this house? | Yes 1 |
|                        | No 0  | **IF YES, COMPLETE INFORMED CONSENT AND SURVEY** |

#### Participant Identification Information

| Consent and Name | Response |
|------------------|----------|
| P1 Consent has been read and obtained | Yes 1 |
|                  | No 0     | **IF NO, END** |
| P2 Family Surname(s) |          |
| P3 First Name(s)   |          |
| P4 Contact phone number |          |
Baseline Interview

1. Sex (1) Male (2) Female

2. What is your date of birth? (Ex. 01-JAN-2013) DD MMM YY

If the participant does not know their date of birth, ask to see their DNI (national identity card). If the participant does not have a DNI and does not know their date of birth, write 99-999-1999 as the date.

3. How many years of education have you completed?
   (1) No formal education
   (2) Primary school incomplete
   (3) Primary school complete (grades 1-6)
   (4) Secondary school incomplete
   (5) Secondary school complete
   (6) Some superior (technical school/university)
   (7) Superior completed – technical
   (8) Superior completed – university
   (9) Refused

4. During the last 12 months, what has been your main occupation?
   (1) Government employee
   (2) Nongovernment employee
   (3) Self-employed
   (4) Not working for pay
   (5) Student
   (6) Homemaker/caring for family
   (7) Retired
   (8) Unemployed (can work)
   (9) Unemployed (unable to work)

5. How many people, including yourself, live in your household?
   A household is defined as a group of people who share the same living area (living room).

   Number of adults age 18 and over
   Number of children 5-17
   Number of children 0-4

6. What is the main source of drinking water of your household?
   Piped water
   (1) Inside the house
   (2) In the yard
   Natural water source
   (7) Surface water
   (8) Rainwater
Follow Up Visit # _____

Date (DD – MMM) ______  ______  ______

**Covered well (or with pump)**

(3) Inside the house
(4) Public/comunal

**Uncovered well**

(5) Inside the house
(6) Public/comunal

**Other Sources**

(9) Tanker truck
(10) Bottled water
(11) Other (Specify) ________________

7. **a.** Do you use sources other than this one to get drinking water? (1/0/9)  ____

   **b.** If Yes: Besides your main water source, what other source do you most often use?  ____  ____  ____

**Piped water**

(1) Inside the house
(2) In the yard

**Natural water source**

(7) Surface water
(8) Rainwater

**Covered well (or with pump)**

(3) Inside the house
(4) Public/comunal

**Uncovered well**

(5) Inside the house
(6) Public/comunal

8. **a.** Do you do anything to treat the water you use for drinking? (1/0/9)  ____

   [If the answer to qu. 8a is “No”, skip to Qu. 9.]

   **b.** If Yes: Can you tell me how you usually treat the water you use for drinking? _________________________________

   **i.** Have you used this method in the last week? (1/0/9)  ____

   **ii.** Did you use this method to treat the water that is currently stored in your home? (1/0/9)  ____

   **iii.** How often do you use this method? (1) Never (2) Rarely (3) Sometimes (4) Most of the time (5) Always  ____

   **iv.** Why do you treat your water? What kinds of things remind you to treat it? _________________________________

_____________________________________________________________
v. Do you ever not treat the water you drink at home? (1/0/9)

[If the answer to Qu. 8b.v. is “No”, end interview.]

vi. Can you tell me why you sometimes do not treat the water you drink at home?

vii. What do you think would motivate you to treat it? Is there anything that you need to help you to treat it? If so, what?

9. If you never treat your water: a. why do you not treat it?

b. What do you think would motivate you to treat it? Is there anything that you need to help you to treat it? If so, what?
Follow Up Interview

1. Describe your water treatment practices. Are you treating the water you drink? If yes, how and when?

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

2. a. How was your experience using the indicator?

(1) It helped to treat your water
(2) It did not make water treatment easier or more difficult
(3) It made water treatment more difficult

b. Anything else?

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

3. Can you describe the advantages or disadvantages of using the indicator?

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

4. Are you using the indicator? _______

5. At what times do you use it most?

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

6. In your house, who uses the indicator most? Why does he/she use it most?

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________
Follow Up Visit # _____

Date (DD – MMM) ______ ______

7. Did your neighbors have any reaction/comment from seeing your indicator? Were they interested? Did they want one for themselves?

________________________________________________________________________

________________________________________________________________________

8. a. How did the indicator affect your water treatment?

(1) It made it more difficult    (2) It had no effect    (3) It made it easier

b. Anything else?

________________________________________________________________________

________________________________________________________________________

9. a. What do you think of the indicator?

(1) You like it    (2) You do not like it nor dislike it    (3) You dislike it

b. Anything else?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

10. a. Have you had any problems with the indicator? ___________

b. If Yes: What problems have you had?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Water Sampling and Indicator Assessment
(Complete at the Enrollment visit, Follow-Up visit 2, and Final visit)

E. coli Testing
Take a water sample from the household water source and from the stored drinking water container. Write the number of the house on the sample and on the survey.

Indicator Measures (Complete at Follow-up visit 2 and final visit)

1. Do you have your water pasteurization indicator? Can you please show me where it is?
   a. Is the water pasteurization indicator observed in the home? (1) Yes (0) No
   b. **If in the home:** How far is the water pasteurization indicator from the container in which water is boiled?
      (1) In the container (3) Between 1-3m of the container
      (2) <1m from the container (4) >3m of the container or in a different room

   Comments on indicator location/condition: __________________________

   c. Please show me how you use your water pasteurization indicator. You do not need to heat any water, just demonstrate and explain how you would use your indicator when heating water for drinking:
      i. Does the participant place the indicator in the water while it is heating? (1) Yes (0) No
      ii. Does the participant place the indicator in the water in a position such that the wax is at the top of the tube? (1) Yes (0) No

   d. When you heat water for drinking, how do you know when to stop heating the water? [DO NOT READ THE CHOICES TO THE PARTICIPANT] (1) When the water starts boiling
      (2) When the wax has fallen to the bottom of the indicator tube
      (3) Other (Specify):_________________

2. a. Does the indicator need to be replaced? (1) Yes (0) No
   b. **If Yes:** Specify the reason: ________________________________