

Post-Filter Survey

Village Name _____ Country _____ Date _____

Organization, Leader, Phone #s _____

Number of filters distributed _____ Date of distribution _____ # of households _____

#	<p>1) Where do you get your water?</p> <p>2) Do you use the filtered water for drinking and cooking? ALWAYS SOMETIMES NEVER</p> <p>3) Any problems with the filter? Describe any problems</p> <p>4) Do you wash dishes in filtered water? ALWAYS SOMETIMES NEVER</p> <p>5) Cases of diarrhea (watery stool) per week. List separate number for Adults _____ Children _____</p> <p>6) Does the original filter recipient live in this household? YES NO</p> <p>7) Demonstrates unassisted ability to clean (backwash) filter. CORRECT NEEDS IMPROVEMENT</p> <p>Describe problems.</p> <p>8) Person talked to: Female or Male</p>
	<p>1)</p> <p>2) ALWAYS SOMETIMES NEVER</p> <p>3)</p> <p>4) ALWAYS SOMETIMES NEVER</p> <p>5) Adults _____ Children _____</p> <p>6) YES NO</p> <p>7) CORRECT NEEDS IMPROVEMENT Comments:</p> <p>8) Female or Male</p>
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Village GPS Coordinates and Comments:

Lat. _____ Long. _____ Comments _____

Interviewer Name and Phone Number: _____

Nation, City _____