

ID number:

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Please indicate the gender of the respondent

☐ Male

☐ Female

Water Consumption Survey SETSWANA

2010

Date entered:.....

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Date checked:.....

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INTERVIEWER INSTRUCTIONS

- *All questions must be answered unless told otherwise, by your fieldwork manager.*
- *Under no circumstances should you re-translate or re-word any question within this questionnaire.*
- *Pay close attention to all instructions within the questionnaire.*
- *Please tick the correct answer.*
- *Please fill in the identification information **BEFORE** you start the interview.*
- *Questionnaires must be handed to the team leader at the end of each day for quality control checks.*

General Information Sheet

Filled by the interviewer

First Attempt:

Date	Month	Time

Second Attempt:

Date	Month	Time

1. Location:

.....

2. Interviewer:

.....

Please indicate the type of residence.

O nna mo ntlung e jang.

1. ☐ Detached house

Ntlo e ikemetseng

2. ☐ Informal dwelling / shack

Mokhukhu / mogwafatshe

3. ☐ Combination

Folete

4. ☐ Other, please specify

Tse dingwe, Ka kopo tlhalosa

Section 1: Water Use
Karolo 1: Tiriso ya metsi

1. How many of the following do you have in your home or on your property?

Ke tse kae mogo tse di latelang tse dileng teng fo lapeng?

- | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|------------------------------------|
| a. Flush toilets
<i>Ntlwana</i> | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 or more |
| b. Standpipe
<i>Pompo ya metsi</i> | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 or more |
| c. Bathtub
<i>Bata ya gotlhapela</i> | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 or more |
| d. Shower
<i>Shawara</i> | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 or more |
| e. Bathroom tap
<i>Sinki ya ntlobotlhapelo</i> | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 or more |
| f. Kitchen tap
<i>Pompo ya ntloboapelo</i> | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 or more |

2. Do you have any of the following in your home or on your property?

A o nale tse di latelang mo lapeng/ntlung ya gago?

- | | | |
|--|--------------------------------|---------------------------------|
| Clothes washing machine
<i>Mochini wa go tlhatswa diaparo</i> | 0. <input type="checkbox"/> No | 1. <input type="checkbox"/> Yes |
| Dishwashing machine
<i>Mochini wago tlhatswa dijana/dikotlele</i> | 0. <input type="checkbox"/> No | 1. <input type="checkbox"/> Yes |
| Lawn area
<i>Tlhaga</i> | 0. <input type="checkbox"/> No | 1. <input type="checkbox"/> Yes |
| Flower garden
<i>Tshimo ya dithunya/disheshe</i> | 0. <input type="checkbox"/> No | 1. <input type="checkbox"/> Yes |
| Vegetable garden
<i>Tshimo ya merogo</i> | 0. <input type="checkbox"/> No | 1. <input type="checkbox"/> Yes |

3. In addition to the water purchased from your water utility, do you use any of the following sources of water?

Mo godimo ga metsi a o a rekileng, o berekisa ditsela dife mo go tse dilatelang go bona metsi?

a. Canal / ditch- *Noka e nyane*

- | | |
|--|--|
| 1. <input type="checkbox"/> Never | 5. <input type="checkbox"/> Once a week |
| 2. <input type="checkbox"/> Less than once a month | 6. <input type="checkbox"/> A few times a week |
| 3. <input type="checkbox"/> Once a month | 7. <input type="checkbox"/> Every day |
| 4. <input type="checkbox"/> 2-3 times per month | 8. <input type="checkbox"/> Don't know |

b. Borehole / cistern- *Metsi a a borilweng*

- | | |
|--|--|
| 1. <input type="checkbox"/> Never | 5. <input type="checkbox"/> Once a week |
| 2. <input type="checkbox"/> Less than once a month | 6. <input type="checkbox"/> A few times a week |
| 3. <input type="checkbox"/> Once a month | 7. <input type="checkbox"/> Every day |
| 4. <input type="checkbox"/> 2-3 times per month | 8. <input type="checkbox"/> Don't know |

c. Well water – *Metsi a sediba*

- | | |
|--|--|
| 1. <input type="checkbox"/> Never | 5. <input type="checkbox"/> Once a week |
| 2. <input type="checkbox"/> Less than once a month | 6. <input type="checkbox"/> A few times a week |
| 3. <input type="checkbox"/> Once a month | 7. <input type="checkbox"/> Every day |
| 4. <input type="checkbox"/> 2-3 times per month | 8. <input type="checkbox"/> Don't know |

d. Stream / river - *Noka*

- | | |
|--|--|
| 1. <input type="checkbox"/> Never | 5. <input type="checkbox"/> Once a week |
| 2. <input type="checkbox"/> Less than once a month | 6. <input type="checkbox"/> A few times a week |
| 3. <input type="checkbox"/> Once a month | 7. <input type="checkbox"/> Every day |
| 4. <input type="checkbox"/> 2-3 times per month | 8. <input type="checkbox"/> Don't know |

e. Communal tap or tank – *Pompo ya botlhe*

- | | |
|--|--|
| 1. <input type="checkbox"/> Never | 5. <input type="checkbox"/> Once a week |
| 2. <input type="checkbox"/> Less than once a month | 6. <input type="checkbox"/> A few times a week |
| 3. <input type="checkbox"/> Once a month | 7. <input type="checkbox"/> Every day |
| 4. <input type="checkbox"/> 2-3 times per month | 8. <input type="checkbox"/> Don't know |

f. Other, please specify: _____

Tse dingwe, ka kopo, tlhalosa

- | | |
|--|--|
| 1. <input type="checkbox"/> Never | 5. <input type="checkbox"/> Once a week |
| 2. <input type="checkbox"/> Less than once a month | 6. <input type="checkbox"/> A few times a week |
| 3. <input type="checkbox"/> Once a month | 7. <input type="checkbox"/> Every day |
| 4. <input type="checkbox"/> 2-3 times per month | 8. <input type="checkbox"/> Don't know |

4. During the winter months of the year, how often do you typically water any part of your landscape, using water you purchase from the utility?

Mo dikgweding tsa mariga, o noseta ga kae o berekisa metsi a o a rekileng?

- | | |
|--|--|
| 1. <input type="checkbox"/> Never | 5. <input type="checkbox"/> Once a week |
| 2. <input type="checkbox"/> Less than once a month | 6. <input type="checkbox"/> A few times a week |
| 3. <input type="checkbox"/> Once a month | 7. <input type="checkbox"/> Every day |
| 4. <input type="checkbox"/> 2-3 times per month | 8. <input type="checkbox"/> Don't know |

5. During the summer months of the year, how often do you typically water any part of your landscape, using water you purchase from the utility?

Mo dikgweding tsa selemo, o nosetsa ga kae o berekisa metsi a o a rekileng?

- | | |
|--|--|
| 1. <input type="checkbox"/> Never | 5. <input type="checkbox"/> Once a week |
| 2. <input type="checkbox"/> Less than once a month | 6. <input type="checkbox"/> A few times a week |
| 3. <input type="checkbox"/> Once a month | 7. <input type="checkbox"/> Every day |
| 4. <input type="checkbox"/> 2-3 times per month | 8. <input type="checkbox"/> Don't know |

6. How often do you wash your car(s) at home using water you purchase from the utility?

O tlhatswa sejanaga/dijanaga ga kae mo lapeng o berekisa metsi a o a rekileng?

- | | |
|--|--|
| 1. <input type="checkbox"/> Never | 5. <input type="checkbox"/> Once a week |
| 2. <input type="checkbox"/> Less than once a month | 6. <input type="checkbox"/> A few times a week |
| 3. <input type="checkbox"/> Once a month | 7. <input type="checkbox"/> Every day |
| 4. <input type="checkbox"/> 2-3 times per month | 8. <input type="checkbox"/> Don't know |

7. How often do you lend water to your neighbors using water you purchase from the utility? *O adimana ga kae ka metsi a o a rekileng go baagisane?*

- | | |
|--|--|
| 1. <input type="checkbox"/> Never | 5. <input type="checkbox"/> Once a week |
| 2. <input type="checkbox"/> Less than once a month | 6. <input type="checkbox"/> A few times a week |
| 3. <input type="checkbox"/> Once a month | 7. <input type="checkbox"/> Every day |
| 4. <input type="checkbox"/> 2-3 times per month | 8. <input type="checkbox"/> Don't know |

Section 2: Satisfaction with the quality of the service
Karolo2: Kgotsotfalo ka boleng ba ditirelo

8. How satisfied are you with the overall performance of your water provider in providing water and sanitation services to residents?

O kgotsotfetese gole go kae ka ditirelo ka kakaretso tsa ba lefapha la metsi, ka go go tsisetsa metsi le dipereko tsa bone mo bathong?

- | | |
|--|---|
| 1. <input type="checkbox"/> Very satisfied | 4. <input type="checkbox"/> Very dissatisfied |
| 2. <input type="checkbox"/> Somewhat satisfied | 5. <input type="checkbox"/> Don't know |
| 3. <input type="checkbox"/> Dissatisfied | |

If 2, 3 or 4: What is the biggest problem? _____

9. How satisfied or dissatisfied are you with each of the following?

O kgotsotfetse kgotsa gawa kgotsotfala gole go kae ka ditirelo tse di latelang?

a. Water pressure when you turn on the tap

Matla a metsi fa o bula pompo

- | | |
|--|---|
| 1. <input type="checkbox"/> Very satisfied | 4. <input type="checkbox"/> Very dissatisfied |
| 2. <input type="checkbox"/> Somewhat satisfied | 5. <input type="checkbox"/> Don't know |
| 3. <input type="checkbox"/> Dissatisfied | |

b. Quality of water to drink (taste, smell, colour of the water)

Boleng jwa metsi a a nwewang (tatso,monko, mmala wa metsi)

- | | |
|--|---|
| 1. <input type="checkbox"/> Very satisfied | 4. <input type="checkbox"/> Very dissatisfied |
| 2. <input type="checkbox"/> Somewhat satisfied | 5. <input type="checkbox"/> Don't know |
| 3. <input type="checkbox"/> Dissatisfied | |

10. How often do you buy bottled water to drink?

O reka gole go kae metsi a botlolo a a nwewang?

- | | |
|--|--|
| 1. <input type="checkbox"/> Never | 5. <input type="checkbox"/> Once a week |
| 2. <input type="checkbox"/> Less than once a month | 6. <input type="checkbox"/> A few times a week |
| 3. <input type="checkbox"/> Once a month | 7. <input type="checkbox"/> Every day |
| 4. <input type="checkbox"/> 2-3 times per month | 8. <input type="checkbox"/> Don't know |

11. Do you regularly receive a water / sanitation bill?

A o kereya lekwalo la tiriso ya gago ya metsi ka gale?

- | | |
|---------------------------------|--------------------------------|
| 1. <input type="checkbox"/> Yes | 0. <input type="checkbox"/> No |
|---------------------------------|--------------------------------|

12. Do you feel the water / sanitation bill is:
A o nagana gore lekwalo la gago la metsi le:

- 1. ☐ Very easy to understand
Bonolo go le tlhaloganya
- 2. ☐ Not so easy to understand
Ga le bonolo go le tlhaloganya
- 3. ☐ Almost impossible to understand
Thata go le tlhaloganya

13. How often do you monitor your water usage by checking the meter?
O tlhokomela gole go kae tiriso ya gago ya metsi (sekai, go tlhola mmitara)?

- | | |
|--|--|
| 1. <input type="checkbox"/> Never | 5. <input type="checkbox"/> Once a week |
| 2. <input type="checkbox"/> Less than once a month | 6. <input type="checkbox"/> A few times a week |
| 3. <input type="checkbox"/> Once a month | 7. <input type="checkbox"/> Every day |
| 4. <input type="checkbox"/> 2-3 times per month | 8. <input type="checkbox"/> Don't know |

Section 3: Water conservation
Karolo 3: Poloko ya metsi

14. In the last few years, has your household taken any of the following actions to conserve water? (*Please check all that apply.*)

Mo mengwageng e e fitileng, a ba lelapa la gago ba lekile ditsela tse di latelang go boloka metsi? (ka kopo, tlhola tsotlhe tse di batlegang)

A. ☐ Installed a borehole on the property

Go phunya metsi mo jarateng

B. ☐ Use greywater / reuse household water (such as from the bath)

Go berekisa metsi a a berekileng

C. ☐ Installed water efficient fittings on the taps / shower

A o tsentse dilwana tsa go boloka metsi mo pompong

D. ☐ Repaired leaks in faucet/toilets

A o bakantse metsi a a dutlang mo pompong ya ntlwana

E. ☐ Use washing machine less/use fuller loads

O berekisa mochini wa go tlhatswa gole gonye

F. ☐ Water lawn and shrubs less often / changed the type of landscape

O nosetsa dijalo sewelo

G. ☐ Installed water efficient irrigation system

O tsentse pompo e e gogang metsi ebile e a boloka

H. ☐ Other, please specify: _____

Tse dingwe, tlhalosa

I. ☐ No action taken

G a kea dira sepe

15. Do you think it would be important for people in your community to take some of the actions above to conserve water?

A o nagana gore go botlhokwa gore batho ba mo motseng ba berekise dingwe tsa ditsela tse re buileng ka tsone go boloka metsi

1. ☐ Very important

Go botlhokwa thata

2. ☐ Somewhat important

Go botlhokwa

3. ☐ Not important

Ga go botlhokwa

4. ☐ Don't know

Ga ke itse

Section 4: Demographics Karolo 4: Tsa botshelo ka kakaretso
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16. What is the last grade of formal education the primary wage earner has completed?
(Check one category only)
O badile go fitlhella kae?

- | | |
|---|--|
| 1. <input type="checkbox"/> No formal schooling | 5. <input type="checkbox"/> High school graduate |
| 2. <input type="checkbox"/> Some primary school | 6. <input type="checkbox"/> Some higher education |
| 3. <input type="checkbox"/> Primary school graduate | 7. <input type="checkbox"/> Completed higher education |
| 4. <input type="checkbox"/> Some high school | |

How many families reside full time at this address?

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more

17. How many people reside full-time at this address?
Go nale batho bale ba kae ba ba nnang mo lapeng?

_____Adults (18 +) _____Teenagers (13-17) _____Children (under 13)

18. What number of adults living at the residence are employed full-time OUTSIDE the home?
Ke bagolo bale bakae ba ba berekang mme ba nna mo lapeng?

- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more

19. Approximately how much do you earn each month?
Madi a tsenang mo lapeng ke bokae?

R.....

- | | | |
|---|---|---|
| 01. <input type="checkbox"/> R1 to R199 | 11. <input type="checkbox"/> R2000 to R2199 | 21. <input type="checkbox"/> R4500 to R4999 |
| 02. <input type="checkbox"/> R200 to R399 | 12. <input type="checkbox"/> R2200 to R2399 | 22. <input type="checkbox"/> R5000 to R5999 |
| 03. <input type="checkbox"/> R400 to R599 | 13. <input type="checkbox"/> R2400 to R2599 | 23. <input type="checkbox"/> R6000 to R6999 |
| 04. <input type="checkbox"/> R600 to R799 | 14. <input type="checkbox"/> R2600 to R2799 | 24. <input type="checkbox"/> R7000 to R7999 |
| 05. <input type="checkbox"/> R800 to R999 | 15. <input type="checkbox"/> R2800 to R2999 | 25. <input type="checkbox"/> R8000 to R8999 |
| 06. <input type="checkbox"/> R1000 to R1199 | 16. <input type="checkbox"/> R3000 to R3199 | 26. <input type="checkbox"/> R9000 to R9999 |
| 07. <input type="checkbox"/> R1200 to R1399 | 17. <input type="checkbox"/> R3200 to R3399 | 27. <input type="checkbox"/> R10000 to R10999 |
| 08. <input type="checkbox"/> R1400 to R1599 | 18. <input type="checkbox"/> R3400 to R3599 | 28. <input type="checkbox"/> R11000 to R11999 |
| 09. <input type="checkbox"/> R1600 to R1799 | 19. <input type="checkbox"/> R3600 to R3999 | 29. <input type="checkbox"/> R12000 to R13999 |
| 10. <input type="checkbox"/> R1800 to R1999 | 20. <input type="checkbox"/> R4000 to R4499 | 30. <input type="checkbox"/> R14000 to R15999 |

31. ☐ R16000 to R17999
32. ☐ R18000 to R19999

33. ☐ R20000+

34. ☐ Refused/Don't know

Does anyone else in the household earn a monthly income?
Approximately how much he or she earn?
R_____

Does anyone else in the household earn a monthly income?
Approximately how much he or she earn?
R_____

Does anyone else in the household earn a monthly income?
Approximately how much he or she earn?
R_____

20. Does your household have any of the following items in working order:

A o nale dilwana tse lateleng mo lapeng?

Hot running water.....0. ☐ No 1. ☐ Yes

TV.....0. ☐ No 1. ☐ Yes

DVD player.....0. ☐ No 1. ☐ Yes

Car.....0. ☐ No 1. ☐ Yes

Cellphone.....0. ☐ No 1. ☐ Yes

Fridge.....0. ☐ No 1. ☐ Yes

21. Are you operating any business at your home?

A go nale kwebo mo lapeng?

0. ☐ No

1. ☐ Yes

If yes, please specify (for example: hair salon, car wash etc.)

Fa gole jalo, ka kopo tlhalosa (sekai: kwebo ya go baakanya moriri, go tlhatswa dikoloi)
