No.

Date _____

Name_____

[1] Your family (This question for who knows your family members' dairy lives.)

1. Please describe age, sex of people living with you. And check the cell if they go to school/work.

2. How often do you have meal at home per day?

	Go to school/work	Age	Female or Male	2. How often do you have meal at home per day?					
				Weekday			Weekend		
				Breakfast	Lunch	Dinner	Breakfast	Lunch	Dinner
a	☐		F / M						
b	☐		F / M						
c	☐		F / M						
d	☐		F / M						
e	☑		F / M						
f	☐		F / M						
g	☐		F / M						
h	☐		F / M						
i	☐		F / M						
j	☐		F / M						

[2] Kitchen

1.How many times do you usually cook at home?

Weekday	Weekend

2. How do you throw kitchen garbage?

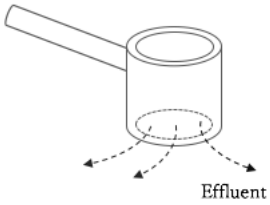
□ Put it in the garbage bin □ Throw it down the drain

3. How do you throw food scraps on the dishes?

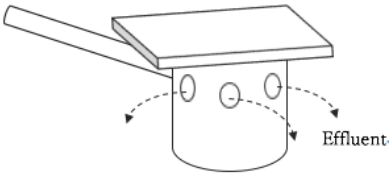
□ Wipe them □ Wash them down the drain

[3] Wastewater (This question for who manage water supply/ wastewater treatment.)

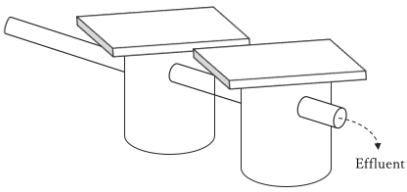
Pit



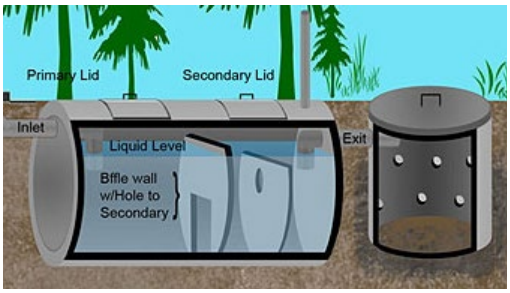
Septic tank



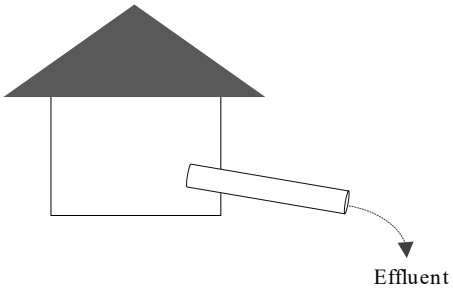
Septic tank with treatment



Buffalo tank



dispose directly



1. How to discharge wastewater of your house now? Please fill "A" in the cell below table.

2. Do you have a realistic plan for wastewater sanitation in the near future?

If you have, please fill "F" in.

* If you have more than one sanitation system, please describe separately with other letters (B, C…).

	Wastewater from…			
	Toilet	**Kitchen**	**Bath**	**Laundry**
Dispose into drains, street or soil directly				
Pit				
Septic tank				
Septic tank with treatment				
Buffalo tank				
Others ( )				

3. the depth of your onsite sanitation system

_____ m

4. How often do you remove the sludge?

□ within a few years □ more than five years ago □ never

5. When was the last/the second from the last removal?

The last removal	
The second from the last removal	

6. How do you think about the frequency? (Residents will write the line)

[4] Personal care products

Please specify the category of household products you use at home

Clothes washing	Bathroom	Kitchen and others
☐ Powder detergent	☐ Shampoo	☐ Dish washer
☐ Liquid detergent	☐ Conditioner	☐ Multi-purpose floor cleaner
☐ Bleach, whitening agent	☐ Soap	☐ Disinfectant
☐ Soap	☐ Body wash	☐ Degreaser
☐ Softener	☐ Fragrance, perfume	☐ Soap
☐ Others:	☐ Cosmetic	☐Others:
	☐ Others:	

[5] Medicines

1. Did you purchase/receive medicines in the last 3 months?

	No	Yes (1-3 times)	Yes (> 3 times)
Non-prescription medicine	☐	☐	☐
Prescription medicine	☐	☐	☐

2. Please specify the category medicine you keep at home (more than 1 answer is possible)

Non-prescription medicine	Prescription medicine
☐ Cold or influenza drugs	☐ Ulcer, cancer
☐ Pain-killers, analgesics	☐ Hypertensive, cardiovascular
☐ Digestive aids	☐ Liver, gall, pancreas (not including liver supplement)
☐ Allergy drugs	☐ Parkinson
☐ Anti-inflammatory	☐ Virus
☐ Anti-biotic	☐ Fungus, bacterial contamination
☐ Dietary supplementary (vitamin, iron supplement, joint-pain, liver function …)	☐ Tuberculosis
☐ Cream, paste, ointment, liquid medicine for external use	☐ Malaria
☐ Others:	☐ Gout
	☐ Endocrine disorder
	☐ Immune system relating
	☐ Insomniac
	☐ Kidney
	☐ Psychology, mental disorder
	☐Others:

3. Have you ever received guideline on how to dispose the unused/expired medicines?

☐ No

☐ Yes (please specify: …….)

4. What do you do with the unused/expired medicines?

	Keep at home	Dispose at home	Give it to others	Return to pharmacy	Others
Expired medicine	☐	☐	☐	☐	☐
Unsued medicine	☐	☐	☐	☐	☐

5. How do you dispose unused/expired medicine?

(If you have not disposed yet, please indicate the way you might do.)

☐ Household trash ☐ Flush down sink ☐ Flush down toilet

☐ Burnt with solid waste ☐ Others (please specify: ……)