Group: ❑ Doer ❑ Non-Doer

**Barrier Analysis Questionnaire on**

**Treating drinking water with chlorine/aquatab**

**for use with Mothers of Children 0-59 months**

**Behavior Statement**

Mothers/Caregivers of children 0-59 months treat/chlorinate the

drinking water consumed by the family in the home all the times.

**Demographic Data**

Interviewer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Questionnaire No.: \_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_ Community: \_\_\_\_\_\_\_\_\_\_\_

Scripted Introduction:

Hi, my name is\_\_\_\_\_\_\_\_\_; and I am part of a study team looking into diarrhea prevention practices. The study includes a discussion of this issue and will take about 20 minutes. I would like to hear your views on this topic. You are not obliged to participate in the study and no services will be withheld if you decide not to. Likewise, if you decide to talk with me you won’t receive any gifts, services or remuneration. Everything we discuss will be held in strict confidence and will not be shared with anyone else. Would you like to participate in the study? [ If not, thank them for their time.]

**Section A - Doer/Non-doer Screening Questions**

1. How old is your youngest child? \_\_\_\_\_\_\_\_\_ 🡨 *write in the age in months*

❑ A. 0-59 months

❑ B. Above 59 months *🡪 End interview and look for another respondent*

❑ C. Don’t know 🡪 *End interview and look for another respondent*

2.Do you have drinking water stored here at home*?*

❑ A. Yes

❑ B. No*🡪 End interview and look for another respondent*

3. Did you do anything to kill the germs in this drinking water? (to make the water safe to drink?)

❑ A. Yes

❑ B. No

❑ C. Do not remember / no response 🡪 End interview and look for another respondent

4. What did you do to make your water safe to drink?

❑ A. treated it/ chlorinated it/ used aqua tab/

❑ B. Other 🡪 *Mark as Non-doer and continue to Section B*

❑ C. Doesn’t recall/ no response 🡪 End interview and look for another respondent

5. Do you have chlorine/aqua tap at home now?

❑ A. Yes

❑ B. No 🡪 *Mark as Non-doer and continue to Section B*

6. Can I please see the chlorine/aqua tab you use?

❑ A. Yes

❑ B. No 🡪 Mark as Non-doer and continue to Section B

7. Can I taste the water you use for drinking?

❑ A. Waters tastes like it was treated

❑ B. No taste of chlorine 🡪 Mark as Non-doer and continue to section B

***In the table below identify the screening questions and how they need to be answered to be considered either a Doer, Non-doer, or a person not to be interviewed DOER /NON-DOER CLASSIFICATION TABLE***

|  |  |  |
| --- | --- | --- |
| **DOER**  (ALL of the following) | **Non-Doer**  (any ONE of the following) | **Do Not Interview**  (any ONE of the following) |
| Question 1 =A |  | Question 1 = B or C |
| Question 2 = A | Question 2 =B | Question 2 = C |
| Question 3 = A | Question 3 =B | Question 3 = C |
| Question 4 = A | Question 4 =B | Question 4 = C |
| Question 5 = A | Question 5 =B |  |
| Question 6 = A | Question 6 =B |  |
| Question 7 = A | Question 7 =B |  |

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**Section B – Research Questions**

**Behavior Explanation** (as needed)

In thefollowing questions I am going to be talking about treating your drinking water. By this I mean using any product that is meant to kill the germs to make the water safe to drink.

*(Perceived Positive Consequences)*

**1a.** ***Doers:*** What are the ***advantages*** of treating your drinking water?

**1b. *Non-doers:*** What would be the ***advantages*** of treating your drinking water?

***(Write all responses below. Probe with “What else?”)***

*(Perceived Negative Consequences)*

**2a.** ***Doers:*** What are the ***disadvantages*** of treating your drinking water?

**2b. *Non-doers:*** What would be the ***disadvantages*** of treating your drinking water?

***(Write all responses below. Probe with “What else?”)***

*(Perceived Self-efficacy)t*

***3a. Doers***: What makes it ***easier*** for you to treat your drinking water?

**3b.** ***Non-doers***: What would make it ***easier*** for you to treat your drinking water?

***(Write all responses below. Probe with “What else?”)***

*(Perceived Self-efficacy)*

**4a. *Doers***: What makes it ***difficult*** for you to treat your drinking water?

**4b.** ***Non-doers***: What would make it ***difficult*** for you to treat your drinking water?

***(Write all responses below. Probe with “What else?”)***

*(Perceived Social Norms )*

**5a.** ***Doers:*** Who are the people that ***approve*** of you treating your drinking water**?**

**5b.** ***Non-doers:*** Who are the people that ***would approve*** of you treating your drinking water?

***(Write all responses below. Probe with “Who else?”)***

*(Perceived Social Norms )*

**6a.** ***Doers:*** Who are the people that ***disapprove*** of you treating your drinking water?

**6b.** ***Non-doers:*** Who are the people that ***would disapprove*** of you treating your drinking water?

***(Write all responses below. Probe with “Who else?”)***

*(Perceived Access)*

**7a.** ***Doers:*** How difficult is it to get the products you need to treat your drinking water?

**7b. *Non-doers:*** How difficult would it be to get the products you need to treat your drinking water?

❑ a. Very difficult

❑ b. Somewhat difficult

❑ c. Not difficult at all.

❑ d. Don’t Know / Won’t say

*(Perceived Cues for Action / Reminders)*

**8a. *Doers:*** How difficult is it to remember to treat your drinking water before anyone consumes it? Very difficult, somewhat difficult, or not difficult at all?

**8b. *Non-doers:*** How difficult do you think it would be to remember to treat your drinking water before you or anyone else consumed it? Very difficult, somewhat difficult, or not difficult at all?

❑ a. Very difficult

❑ b. Somewhat difficult

❑ c. Not difficult at all.

❑ d. Don’t Know / Won’t say

*(Perceived Cues for Action / Reminders)*

**9a. *Doers:*** How difficult is it to remember the correct way to use the treatment products to treat your drinking water? Very difficult, somewhat difficult, or not difficult at all?

**9b. *Non-doers:*** How difficult do you think it would be to remember the correct way to use the treatment products to treat your drinking water? Very difficult, somewhat difficult, or not difficult at all?

❑ a. Very difficult

❑ b. Somewhat difficult

❑ c. Not difficult at all.

❑ d. Don’t Know / Won’t say *1*

*(Perceived Susceptibility / Perceived Risk)*

**10.** ***Doers and Non-doers*:** How likely is it that you, your child or any family member will get diarrhea in the next 3 months? Very likely, somewhat likely, or not likely at all?

❑ a. Very likely

❑ b. Somewhat likely

❑ c. Not likely at all

❑ d. Don’t Know / Won’t say

*(Perceived Severity)*

**11.** **Doers and Non-doers:** How serious would it be if you, your child or any family member got diarrhea? A very serious, somewhat serious, or not serious at all?

❑ a. Very serious

❑ b. Somewhat serious

❑ c. Not serious at all

❑ d. Don’t Know / Won’t say

*(Action Efficacy)*

**12. Doers and Non-doers** How likely is it that you or your child would get diarrhea if you did not treat your drinking water?

❑ a. Very likely

❑ b. Somewhat likely

❑ c. Not likely at all

❑ d. Don’t Know / Won’t say

*(Perception of Divine Will)*

**13a.*****Doers:***Do you think that **God approves** of you treating your drinking water?

**13b. *Non-doers****:* Do you think that **God would approve** of you treating your drinking water?

❑ a. Yes

❑ b. No

❑ c. Don’t Know / Won’t say

*(Policy)*

**14. *Doers* *and Non-doers*:** Are there any policies, laws or rules that make it more likely that you treat your drinking water?

❑ a. Yes

❑ b. No

❑ c. Don’t Know / Won’t say

*(Culture)*

**15. Doers and Non-doers:** Are there any cultural beliefs or taboos that you know of against treating your drinking water?

❑ a. Yes

❑ b. No

❑ c. Don’t Know / Won’t say

Now I am going to ask you a question unrelated to treating drinking water.

*(Question on Universal Motivators)*

**16. Doers and Non-doers:** What is the one thing that you desire most in life?

***THANK THE RESPONDENT FOR HIS OR HER TIME!***