

Sheet1

This survey investigated greywater users and perceptions of their greywater system. It was delivered in person to 66 households for a total of 83 systems by trained enumerators, using PDAs and the ODK form program, between May and June, 2012. Respondents were asked only the questions that applied to the systems in use at their residence.

	Text	Type of entry
	Blue text: Notes for investigators to read. Red text: Notes for programmer	
1	Site number	Text entry
2	City	Text entry
3	Investigator- your name	Select from the list.
4	Date	
5	Start time	
6	Name of person being interviewed	Text entry.
7	How many people live in your home?	First question to be asked inside the household. Text entry
8	How many children (under 18)?	Text entry
9	Note: if Q 8 > 0, ask Q 9 and start with the youngest child, "What is the child's age? Note: Q 9 repeats for each child.	Text entry
10	How many people lived in your home when your greywater system was installed? Enter 99 if "don't know"	Text entry
11	Do you own or rent?	Single selection
	1 own	
	2 rent	

Sheet1

12	What is your age range? Read choices.	Single selection
	1 18-24	
	2 25 to 34	
	3 35 to 44,	
	4 45 to 54	
	5 55 to 64.	
	6 Over 64	
13	What is your occupation?	Text entry
14	How many bathrooms are in the house?	Single selection
	1	1
	2	2
	3	3
	4 4 or more	
15	How many showers do you have?	Single selection
	0	
	1	1
	2	2
	3	3
	4 4 or more	
	5	0
16	How many bathtubs?	Single selection
	0	
	1	1
	2	2
	3	3
	4 4 or more	
	5	0
17	Do you own a washing machine?	Single selection
	1 yes	
	2 no	
18	How many greywater systems do you have?	Single selection
	1 one	
	2 two	
	3 three	
	4 more than three	
19	Do you also harvest rainwater?	Single selection
	1 Yes	
	2 No	
20	Note if Q19 = 1 then ask Q 20,21,22, 23. How is the rainwater stored?	Multiple selection
	1 in barrels	
	2 in a cistern	
	3 in a rain garden / swale	
	4 Other	

Sheet1

21		How much rainwater can you store?	Single selection
	1	1-100 gallons	
	2	101-300 gallons	
	3	301-600 gallons	
	4	601-2,000 gallons	
	5	more than 2,000 gallons	
22		Please describe where rainwater is used: _	Multiple selection
	1	for irrigation	
	2	for washing or cleaning	
	3	to flush toilets	
	4	in the washing machine	
	5	for emergency supply	
	6	for drinking	
	7	Other	
23		Do you plan to install a larger system in the future?	Single selection
	1	Yes	
	2	No	
	3	maybe	
24		Describe your [insert “first, second or third” if Q18 >1] greywater system(s). (Investigator asks probing questions to see what kind of system the person has.) [radio button] Note: Repeat question 24 up to 3 times depending on # of systems reported in Q 18. ODK should assign each system a # 1, 2, or 3.	Single selection
	1	laundry to landscape	
	2	branched drain	
	3	pumped system- no filters	
	4	pumped system- with filters	
	5	constructed wetland system	
	6	laundry barrel system	
	7	bucket system	
	8	manufactured system	
	9	other (please describe)	
25		Which fixtures in your house are connected to your _____ greywater system? Note: Insert 1st, 2nd, 3rd, if Q 18 > 1. Repeat question 25 up to 3 times depending on # of systems reported in Q 18.	Multiple selection
	1	Shower / bath	
	2	Washing machine	
	3	Kitchen sink	
	4	Lavatory sink	

Sheet1

	5	Dishwasher	
	6	Other	
26		Now I'm going to ask a few questions about the process of installing your first greywater system. How did you first learn about greywater reuse? Enter 99 for "don't know"	Multiple selection
	1	Media- newspaper article, magazine article, news show	
	2	Book	
	3	Friend/colleague	
	4	Class or workshop	
	5	Other	
27		Was there a particular event that motivated you to install this system? Describe. (mark all that apply) Enter 99 for "don't know"	Multiple selection
	1	Incentive program	
	2	Class or workshop to do it	
	3	Drought	
	4	Water rationing	
	5	General desire to save water	
	6	Limited local water supply (drying wells, drying creeks/rivers)	
	7	Other	
	8	None	
28		What goals did you have for your system? Enter 99 for "don't know"	Multiple selection
	1	Save water	
	2	Reuse- not waste	
	3	Reduce flows to sewer/septic	
	4	Be more ecological in home	
	5	Have automatic watering system in place	
	6	Other	
29		About how much time passed between when you first learned about greywater and the installation of your system? Enter 99 for "don't know"	Single selection
	1	Less than 1 year	
	2	1-3 years	
	3	4-6 years	
	4	6-10 years	
	5	More than 10 years	
		Now I am going to ask you some questions about how satisfied you are with your greywater system.	

30	<p>Overall, how satisfied are you with your _____greywater system? [note: If Q 18 > 1 insert name of system from Q 25] Note: If Q 25= 1 enter "shower", if Q 25 = 2 enter "washer", if Q 25 = 3 enter "kitchen sink". Note: If Q 18 > 1 repeat Q 30-33 for each system (up to 3 times depending on # of systems reported in Q 18). Read all options.</p>	Single selection
	1 Very satisfied	
	2 Satisfied	
	3 Neutral	
	4 Dissatisfied	
	5 Very dissatisfied	
31	<p>How satisfied are you with your _____greywater system's reliability or need for maintenance?[note: If Q 18 > 1 insert name of system from Q 25 Note: If Q 25= 1 enter "shower", if Q 25 = 2 enter "washer", if Q 25 = 3 enter "kitchen sink". Note: If Q 18 > 1 repeat Q 30- 33 for each system (up to 3 times depending on # of systems reported in Q 18).] Read all options.</p>	Single selection
	1 Very satisfied	
	2 Satisfied	
	3 Neutral	
	4 Dissatisfied	
	5 Very dissatisfied	
32	<p>How satisfied are you with how well your _____[note: If Q 18 > 1 insert name of system from Q 25 Note: If Q 25= 1 enter "shower", if Q 25 = 2 enter "washer", if Q 25 = 3 enter "kitchen sink".]greywater system waters your plants?Read all options.</p>	Single selection
	1 Very satisfied	
	2 Satisfied	
	3 Neutral	
	4 Dissatisfied	
	5 Very dissatisfied	

33	<p>Would you recommend your _____ [greywater system to others?note: If Q 18 > 1 insert name of system from Q 25] Note: If Q 25= 1 enter “shower”, if Q 25 = 2 enter “washer”, if Q 25 = 3 enter “kitchen sink”Note: If Q 18 > 1 repeat Q 30- 33 for each system (up to 3 times depending on # of systems reported in Q 18).]</p>	Single selection
	1 Yes	
	2 No	
	3 Yes, with modifications	
	4 Not sure	
34	<p>To your knowledge, have any of your friends or family members installed a greywater system after hearing about yours?</p>	Single selection
	1 Yes	
	2 No	
35	<p>What type of reactions, if any, have you encountered from others when you talk about your greywater system? Do not read choices. Mark all that apply.</p>	Multiple selection
	Positive comments	
	1 excited	
	2 good idea	
	3 jealous	
	4 interested	
	5 wants to do it too	
	6 other positive comments	
	Negative comments	
	7 yuck	
	8 step backwards	
	9 lowers property value	
	10 other negative comments	
36	<p>What benefits, if any, have you had from your greywater system? Do not read choices, ask probing question: “anything else”</p>	Multiple selection
	1 Water savings	
	2 Time savings	
	3 Plants health improvement	
	4 Money savings	
	5 Knowledge of keeping water out of sewer system	
	6 Ability to grow new / specialized plants	
	7 Use healthier products	
	8 Other	
	9 none	

Sheet1

37	What problems or hassles, if any, have you had from your greywater system?	Multiple selection
	1 clogging	
	2 broken parts	
	3 bad smells/odors	
	4 Not irrigating properly	
	5 Pooling greywater	
	6 Attracting pests (ants, racoons, etc)	
	7 a lot of work	
	8 unpleasant maintenance	
	9 Other	
	10 None	
	Note: If Q 18 > 1 repeat Q 38, 39, 40a-c, for each system (up to 3 times depending on # of systems reported in Q 18).	
38	How old is the _____ [note: If Q 18 > 1 insert name of system from Q 25] greywater system? Note: If Q 25= 1 enter "shower", if Q 25 = 2 enter "washer", if Q 25 = 3 enter "kitchen sink". Enter 99 for "don't know"	Single selection
	1 Less than 1 year	
	2 1-3 years	
	3 4-6 years	
	4 6-10 years	
	5 More than 10 years	
39	Who installed the _____ [note: If Q 18 > 1 insert name of system from Q 25] system? Allow for multiple answers. [radio buttons] Note: If Q 25= 1 enter "shower", if Q 25 = 2 enter "washer", if Q 25 = 3 enter "kitchen sink". Enter 99 for "don't know"	Multiple selection
	1 Self	
	2 Family member	
	3 Through a class or workshop	
	4 Professional installation	
	7 Other	
40a	How much did the _____ [note: If Q 18 > 1 insert name of system from Q 25] system cost you overall? I'll ask the breakdown of costs shortly.[drop down menu] Note: If Q 25= 1 enter "shower", if Q 25 = 2 enter "washer", if Q 25 = 3 enter "kitchen sink". Enter 99 for "don't know"	Single selection
	1 0-\$100,	
	2 \$101-200	
	3 \$201-300	

Sheet1

	4	\$301-500	
	5	\$501-700	
	6	\$701-1,000	
	7	\$1001-3,000	
	8	More than \$3,000	
40b		What was included in that amount? (mark all that apply) Enter 99 for "don't know"	Multiple selection
	1	Plumbing supplies (Pipes, valves, fittings)	
	2	Pump(s)	
	3	Filter(s)	
	4	Tank(s)	
	5	Irrigation components	
	6	Plants	
	7	Landscaping supplies (compost, mulch, gravel)	
	8	Labor	
	9	Permits	
	10	Other prep work ie. Removing concrete	
40c		Note: If 40b = 8 (labor) ask Q 40c. What was the labor cost? Enter 99 for "not sure"	Single selection
	1	0-\$100,	
	2	\$101-200	
	3	\$201-300	
	4	\$301-500	
	5	\$501-700	
	6	\$701-1,000	
	7	\$1001-3,000	
	8	More than \$3,000	
40d		Did you receive a rebate or incentive for installing the system?	
	1	Yes	
	2	No	
40e		Note: If Q 40d = 1, then ask Q 40e Who gave you the rebate?	Single selection
	1	water district/department	
	2	city (not water department)	
	3	Other	
40f		Note: If Q 32d = 1, then ask Q 40f How much was the rebate or incentive?	Single selection
	1	0-\$100,	
	2	\$101-200	
	3	More than \$200	

Sheet1

41	Note: If Q18> 1, ask: “Which system was this rebate for?” Radio button shower, laundry, kitchen sink, other	Multiple selection
	1 shower	
	2 laundry	
	3 kitchen sink	
	4 Other	
	“May I please see the shower that is connected to your greywater system?” This screen should only pop up if Q 25=1.	
	Note: If Q 25 = 1, ask Q 42-48	
42	How many showers per week are taken in this shower?	Text entry
43	How many times a week does someone take a bath?	Text entry
44	What is the flow rate of your shower head? Enter 99 for “don't know”. Observe showerhead for rating.	Single selection
	1.5 gpm	
	2 gpm	
	2.5 gpm	
	> 2.5 gpm	
	other (if showerhead shows another flow rate enter it here)	Text entry
45	How many minutes would you say an average shower lasts?	Text entry
46	What bathing products do you use in the system? [Ask to observe bathroom photograph products] Note: Take photograph of shampoo, conditioner, make sure labels are visible. Note: Insert photo prompts, photo 1, photo 2	Photo entry
47	What products are used to clean the shower / sink / bathtub? Note: Insert photo prompts Take photo	Photo entry
48	Did you change the products used in the shower/sink after installing the system?	Single selection
	1 Yes	
	2 No	
	3 Some products	
	Note: if Q 25= 2, ask Q 49- 58	
	“May I please see the washing machine that is connected to your greywater system?” This screen should only pop up if Q 25=2.	
49	Is this washing machine	Single selection

Sheet1

	1	(a) top loader	
	2	(b) front loader	
50		What brand of washing machine do you have?	Single selection. Look at machine if they don't know.
	1	Amana	
	2	Bosch	
	3	Electrolux	
	4	Fisher & Paykel	
	5	Frigidaire	
	6	GE	
	7	Kenmore	
	8	LG	
	9	Maytag	
	10	Miele	
	11	Samsung	
	12	Whirlpool	
	13	Other	
51		Approximately how old is your machine?	Single selection
		Less than 1 year	
		1-3 years	
		4-7 years	
		8-15 years	
		Over 15 years	
52		How many loads of laundry per week are done in this machine?	Text entry
53		Do you typically do large, medium, or small loads of laundry?	Single selection
	1	large	
	2	medium	
	3	small	
54		What laundry products do you use in the system? [[Ask to observe products photograph products] Note: Take photo of detergents and other products. Note: Insert photo prompts, photo 1, photo 2	Photo entry
55		Brand of detergent: Observation. Mark what brand of detergent you see.	Single selection
	1	Oasis	
	2	Biopac	
	3	ECOS	
	4	Other	
56		Observation. Mark what other products you observe	Multiple selection
	1	Chlorine bleach	
	2	hydrogen peroxide bleach	
	3	Stain remover -note brand	
	4	Other	

Sheet1

57		Did you change your clothes washing products after you installed your system?	Single selection
	1	Yes	
	2	No	
	3	Some products	
58		Observation. Do you see a diverter valve near machine?	Observation
	1	Yes	
	2	No	
59		Note: If Q 58=1, ask Q 59. Observation. Do you see a sign near the valve indicating how to operate it?	Observation
	1	Yes	
	2	No	
60		Note: Repeat Q 60 if Q 18 > 1 and insert type of system. If Q 25= 1 enter "shower", if Q 25 = 2 enter "washer", if Q 25 = 3 enter "kitchen sink". If Q 58 = 2, ask Q 60 . If Q 25 = 1 or 3, ask Q 60 Is there a way to redirect your _____greywater to the sewer or septic system? Enter 99 for "don't know". Note: If they need to disconnect and reconnect pipes mark "no".	Single selection
	1	Yes	
	2	No	
61		When, if ever, have you directed your greywater to the sewer or septic system?	Multiple selection
	1	Rainy season	
	2	unhealthy products for plants	
	3	problems with system	
	4	washing diapers	
	5	other	
	6	Never	
62		To your knowledge, have any substances that could harm your plants entered the greywater system? (Mark yes for any substances on clothes)	Single selection
	1	Yes	
	2	No	
63		Note: If Q62=1 Ask Q 63. What substances?	Single selection
	1	paint/chemical/ on clothes/body	
	2	dirty diapers	
	3	bleach	
	4	"wrong" detergent or products	

Sheet1

	5	Other	
64		[Note: If Q62=1 Ask Q 64] Why did this occur?	Multiple selection
	1	forgot to turn valve,	
	2	visitors/guests did it	
	3	noticed it occurred because of ill health of plants	
	4	Didn't think it really mattered if the products went outside a few times	
	5	Didn't have a way to redirect greywater to sewer/septic.	
	6	Other	
65		To your knowledge, has any person or pet come into direct contact with the greywater, other than when someone was doing maintenance?	Single selection
	1	Yes	
	2	No	
66		[Note: If Q 65= 1 ask Q 66] How did this contact occur?	Multiple selection
	1	while gardening	
	2	child playing in/near system	
	3	greywater entered pathway or other similar location	
	4	Other	
67		How would you describe your level of understanding of how your _____ greywater system works? [note: If Q 18 > 1 insert name of system from Q 25, If Q 25= 1 enter "shower", if Q 25 = 2 enter "washer", if Q 25 = 3 enter "kitchen sink" Note: If Q 18 > 1 repeat Q 67, 68, 69, 70, 73 for each system (up to 3 times depending on # of systems reported in Q 18). Read options.	Single selection
	1	Very well	
	2	well	
	3	neutral	
	4	not well	
	5	not well at all	
68		Do you have an owners manual describing the _____ [note: If Q 18 > 1 insert name of system from Q 25] greywater system? Note: If Q 25= 1 enter "shower", if Q 25 = 2 enter "washer", if Q 25 = 3 enter "kitchen sink" Enter 99 for "don't know".	Single selection
	1	Yes	

Sheet1

	2	No	
69		<p>Does your _____greywater system have multiple zones? (you can direct it to different areas of the landscape) [note: If Q 18 > 1 insert name of system from Q 25] Note: If Q 25= 1 enter "shower", if Q 25 = 2 enter "washer", if Q 25 = 3 enter "kitchen sink" Enter 99 for "don't know".</p>	Single selection
	1	Yes	
	2	No	
70		<p>Now I'm going to ask you some questions about how your system works . Have any parts broken in your _____greywater system? [note: If Q 18 > 1 insert name of system from Q 25] Note: If Q 25= 1 enter "shower", if Q 25 = 2 enter "washer", if Q 25 = 3 enter "kitchen sink" Enter 99 for "don't know".</p>	
	1	Yes	
	2	No	
71		<p>[Note: If Q 70 = 1 ask Q 71-72] What parts?</p>	Multiple selection
	1	Valve	
	2	Pipe or tubing	
	3	Filter	
	4	Pump	
	5	Other	
72		<p>How many times has this happened? Enter 99 for "don't know"</p>	Single selection
	1	once	
	2	2-5 times	
	3	6-10 times	
	4	more than 10 times	
73		<p>[Note: If Q 73 = 1 ask Q 74-76] Have you ever noticed clogging in the system?</p>	Single selection
	1	Yes	
	2	No	
74		<p>Where? [Show labeled diagram of each system to aid in recall]</p>	Multiple selection
	1	Drain	
	2	Valve	
	3	Outlet	
	4	Branch	
	5	Other	

Sheet1

75	How often does this occur?	Single selection
	1 only once	
	2 Every 1-2 months	
	3 Once every 3-6 months	
	4 Once a year	
	5 Once every two years	
	6 Less than once every two years	
76	What did you do to fix the problem?	Multiple selection
	1 Unclogged it myself,	
	2 hired someone,	
	3 turned off the system and haven't turned it back on,	
	4 redesigned system	
	5 Other	
77	How often do you check on the greywater outlet pipes?	
	1 Never,	
	2 when I notice a problem,	
	3 more than 1/year,	
	4 about 1/year,	
	5 less than 1/year	
78	Do you have mulch basins?	
	1 Yes	
	2 No	
79	[Note: If Q 78 = 1 ask Q 79] What maintenance, if any, have you done to the mulch basins?	Multiple selection
	1 Nothing,	
	2 dug out area around greywater outlet and replaced mulch,	
	3 added new mulch to top of basin,	
	4 other	
80	[Note: If Q 78 = 2, ask Q 80] What maintenance, if any, have you done to the area under the greywater outlets?	Multiple selection
	1 Nothing,	
	2 dug out soil, replaced it	
	3 Other	
81	Have you noticed any changes in the soil around or under the greywater outlets or mulch basins?	
	1 Yes	
	2 No	
82	[Note: If 81=1 ask Q 82] Describe what you noticed.	Multiple selection
	1 more earth worms	

Sheet1

	2	less earthworms	
	3	poorer looking soil	
	4	richer looking soil	
	5	tighter, less friable soil	
	6	looser, more friable soil	
	7	Other	
83		Have you ever noticed ponding on the surface of the ground where your greywater is used?	Single selection
	1	Yes	
	2	No	
84		Have you ever noticed runoff on the surface of the ground where your greywater is used?	Single selection
	1	Yes	
	2	No	
85		[Note: If Q 18> 1 AND Q 83 = 1 or Q 84 =1 ask Q 85]. Which greywater system had ponding or runoff?	Multiple selection
	1	shower system	
	2	washing system	
	3	kitchen sink system	
	4	combined system	
86		[Note: If Q 83= 1 or Q 84 =1 ask Q 86, 87, 88] When did this ponding or runoff happen?	Multiple selection
	1	During rainy time	
	2	Larger then normal greywater production (ie. Visitors)	
	3	During regular use	
	4	Didn't switch zones	
	5	Other	
87		Approximately how many times did this happen?	Single selection
	1	only once	
	2	Every 1-2 months	
	3	Once every 3-6 months	
	4	Once a year	
	5	Once every two years	
	6	Less than once every two years	
88		What actions, if any, did you take to fix this?	Multiple selection
	1	Replaced mulch,	
	2	make mulch basin larger	
	3	hired someone,	
	4	turned off system and haven't turned it back on,	
	5	redesigned system	
	6	Other	

89	<p>After you installed your greywater system, have you or anyone in your household made any other changes in how you use water? [mark all that apply; probe only generally]</p>	Multiple selection
	1 no changes	
	2 installed low flow fixtures (e.g. showerheads, faucet aerators)	
	3 installed high-efficiency appliances (e.g. clotheswasher, dishwasher)	
	4 installed, upgrade landscaping and irrigation system to be water efficient	
	5 installed rainwater harvesting system	
	6 installed additional greywater systems	
	7 took shorter showers or less baths	
	8 Captured "clear water" in bucket in shower	
	9 Installed (or started using) shower shut off valve	
	10 Turned off water when not using it (ie when washing dishes or brushing teeth)	
	11 Other	
90	<p>To estimate how much water you may be saving from your greywater system we would like your permission to have access to your water records from the water company. Do you authorize us to look at the past water records? (have them sign form)</p>	Single selection
	1 Yes	
	2 No	
91	<p>Based on your experience of living with a greywater system, do you think that anyone could get sick from your greywater system?</p>	Single selection
	Yes	
	No	
	<p>Now we'll be going outside to look at the plants irrigated with greywater.</p>	
	<p>Please show me the area of your yard that you irrigate.</p>	Record on site map, not in ODK
	<p>Please show me the area that is irrigated by your greywater system(s).</p>	Record on site map, not in ODK. Measure later.

Sheet1

92	<p>Before you installed your greywater system, what kind of landscaping did you have here? Enter 99 for "don't know"</p>	Multiple selection
	1 Hardscape / no landscaping	
	2 Partially landscaped area	
	3 Lawn	
	4 Edible landscaping (fruit trees, fruiting vines, bushes, shrubs, etc.- but not-vegetables)	
	5 Vegetable garden	
	6 Drought-tolerant landscaping	
	7 Water-intensive landscaping	
93	<p>[Note: If more than one response for 92 ask Q 93. For each type mentioned in Q 92 ask, "What % _____" and pop up as many times as they have responses to Q 92]</p>	
94	<p>Please describe how you irrigated this area before your greywater system was installed.</p>	Multiple selection
	1 no supplemental water	
	2 hand watered by hose	
	3 in ground irrigation system	
	4 automatic timer/controller	
	5 manual control	
	6 with a drip irrigation system	
	7 with a spray irrigation system	
	8 with a soaker hose	
	9 with rainwater	
	10 other	
95	<p>How would you describe the summer soil moisture level in your landscape before you began irrigating with greywater? Enter 99 for "don't know"</p>	Single selection
	1 Consistently moist	
	2 often dry	
	3 very dry	
96	<p>Did you start to irrigate this area with greywater immediately after it the system was installed? Enter 99 for "don't know"</p>	Single selection
	1 Yes	
	2 No	
97	<p>Note: If Q 96= 2 ask Q 97] How long after installing the system did you begin to irrigate with greywater?</p>	Single selection
	1 Less than on month	
	2 1-6 months	

Sheet1

	3	7months-1 year	
	4	More than a year (note how many years)	
98		I see you have _____ plants in this area being irrigated with the greywater system Observation. (enter number of plants on the system),	Text entry
99		Do you think these plant are all receiving equal amounts of greywater?	Single selection. Record on site map any information about how much water each plant is getting.
	1	Yes	
	2	No	
100		[Note: If Q 99 = 2 ask Q 100]. Ask more about how greywater is distributed to the plants and record on the site map (ie. If one tree is getting two outlets, while others are only getting one outlet.	Record on site map, not in ODK
101		When you installed your greywater system, how old were the plants? Mark all that apply. Enter 99 for "don't know".	Multiple selection
	1	Just planted	
	2	1-2 years	
	3	3-4 years	
	4	more than 4 years	
102		What types of changes, if any, did you notice in the plants that are irrigated with greywater after they begin receiving greywater irrigation? Enter 99 for "don't know".	Multiple selection
	1	No change	
	2	Plants died	
	3	Plants wilted	
	4	Plants grew bigger	
	5	Plants grew more leaves	
	6	Plant leaves turned a weird color	
	7	Color of plant improved	
	8	Plants fruited more than before	
	9	Plants fruited less than before	
	10	other positive affects	
	11	other negative affects	
103		What is the source of your irrigation water?	Multiple selection
	1	Municipal water (write in name of water provider)_____	
	2	On-site well	
	3	Rainwater	

Sheet1

	4	Other (explain)	
104		What month do you typically begin irrigating this yard? [Note: drop down with months] [select month]	Single selection
		What month do you typically stop irrigating this yard? [Note: drop down with months] [select month]	Single selection
105		Since the greywater system was installed how often do you water the other plants in your yard during the irrigation season that are not receiving greywater? (excluding new starts or any plants in pots)	Single selection
	1	never	
	2	less than once a month	
	3	1/month	
	4	2 times a month	
	5	Once a week	
	6	twice a week	
	7	three times a week	
	8	4-6 times a week	
	9	every day	
106		[Note: If Q 104 = 2-9 ask Q 105 (ask for all responses except 1)] When you water the other plants in your yard that are not receiving greywater how long do you typically water them for? [enter response in minutes]	Text entry
107		Are there any plants in this greywater irrigated area that are receive supplemental irrigation?	Single selection
	1	Yes	
	2	No	
108		[note: If Q105= 1 ask Q 106] How many?	Text entry
109		Have you done anything to improve the soil in this area?	Single selection
	1	Yes	
	2	No	
110		[Note: If Q 107=1 ask Q 108] what exactly did you do?	Multiple selection
	1	add compost	
	2	add fertilizer	
	3	add coffee grounds	
	4	Other	
111		[Note: If Q 107=1 ask Q 109] when was the last time you did this?	Single selection
	1	within a month	
	2	within 6 months	

Sheet1

4	Latin name (look up if needed)	look up after interview is over
5	Take a photograph of the plant with the numbered flag. [Note: insert photo prompt]	
6	Approximately how large was this plant when it was planted? Enter 99 for "don't know"	Single selection
	1 Seed	
	2 from 4 or 6 pack	
	3 1-3 gallon pot	
	4 larger than 5 gallon	
	5 bare root tree,	
	6 other	
7	Approximately how long ago was this plant planted? Enter 99 for "don't know"	
	1 Less than 1 year,	
	2 1-2 years,	
	3 2-5 years,	
	4 more than 5 years	
8	When did this plant begin receiving greywater? Enter 99 for "don't know"	Single selection
	1 immediately after it was planted	
	2 6 months-2 years after it was planted	
	3 over 2 years after it was planted	
9	Approximately how much greywater is this plant receiving? (fraction of the system) Enter 99 for "don't know"	Text entry
10	Since the greywater system was installed, do you water this plant with supplemental irrigation water?	Single selection
	1 Yes	
	2 No	
11	[Note: If Q 10= 1 ask Q 11, 12] How often do you water this plant with supplemental irrigation water?	Single selection
	1 less than once a month	
	2 1/month	
	3 2 times a month	
	4 Once a week	
	5 twice a week	
	6 three times a week	
	7 4-6 times a week	
	8 every day	

Sheet1

12	How long do you water this plant when you water it with supplemental irrigation water? [enter in minutes]	Text entry
13	How was this plant irrigated before it was irrigated with greywater?	Multiple selection
	1 it has always received greywater irrigation	
	2 hand watered	
	3 irrigation system	
	4 no supplemental water	
14	[Note: If Q13 = 2 or 3 ask Q 14-15] How often did you water this plant during the irrigation season before it was irrigated with greywater?	Single selection
	1 less than once a month	
	2 1/month	
	3 2 times a month	
	4 Once a week	
	5 twice a week	
	6 three times a week	
	7 4-6 times a week	
	8 every day	
15	How long did you water this plant each time you watered it? [enter in minutes]	Text entry
16	Describe the sun exposure of this plant. Read choices.	Single selection
	1 Full sun (6 or more hours direct sun)	
	2 Morning sun,(at least 3 hours)	
	3 Afternoon sun (at least 3 hours)	
	4 Mostly shade (less than 3 hours sun a day)	
17	Was this plant in good health prior to greywater irrigation? Enter 99 for "don't know"	Single selection
	1 Yes	
	2 no	
	3 not sure	
18	Enter site number for house	Text entry
	Note: Allow this form to be repeated several times (up to 4)	