



2016 GHANA MALARIA INDICATOR SURVEY  
 HOUSEHOLD QUESTIONNAIRE

MINISTRY OF HEALTH

GHANA STATISTICAL SERVICES

IDENTIFICATION																																				
LOCALITY NAME _____																																				
NAME OF HOUSEHOLD HEAD _____																																				
REGION .....																																				
DISTRICT .....																																				
CLUSTER NUMBER .....																																				
HOUSEHOLD NUMBER .....																																				
INTERVIEWER VISITS																																				
	1	2	3	FINAL VISIT																																
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2</td><td>0</td><td>1</td><td>6</td></tr><tr><td></td><td></td><td></td><td></td></tr></table> INT. NO. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table> RESULT* <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>									2	0	1	6																				
2	0	1	6																																	
INTERVIEWER'S NAME	_____	_____	_____																																	
RESULT*	_____	_____	_____																																	
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>																																
TIME	_____	_____																																		
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>  TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>  LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>																																
LANGUAGE OF QUESTIONNAIRE** <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>0</td><td>1</td></tr></table> LANGUAGE OF INTERVIEW** <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table>					0	1																														
0	1																																			
LANGUAGE OF QUESTIONNAIRE** <b>ENGLISH</b> **LANGUAGE CODES: 01 ENGLISH    03 GA    06 OTHER _____ 02 AKAN      04 EWE    (SPECIFY)																																				
SUPERVISOR _____ NAME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> NUMBER																																				

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### INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_. I am working with Ghana Statistical Service and the Ministry of Health. We are conducting a survey about malaria all over Ghana. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

Do you have any questions?  
May I begin the interview now?

SIGNATURE OF INTERVIEWER \_\_\_\_\_ DATE \_\_\_\_\_

RESPONDENT AGREES  
TO BE INTERVIEWED . . 1



RESPONDENT DOES NOT AGREE  
TO BE INTERVIEWED . . 2 → END

100	RECORD THE TIME.	HOURS .....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
		MINUTES .....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				

## HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 0-5 YEARS	ELIGIBILITY	
				5	6		7	7A	8
1	2	3	4	5	6	7	7A	8	9
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-9 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME)?</p> <p>IF 95 OR MORE, RECORD '95'.</p>	<p>What is (NAME)'s date of birth?</p> <p>On what day, month, and year was (NAME) born?</p> <p>IF DON'T KNOW DAY, RECORD '98'. IF DON'T KNOW MONTH, RECORD '98'. IF DON'T KNOW YEAR, RECORD '9998'.</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	DAY MONTH YEAR <input type="text"/>	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10	10

2A) Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed?	YES <input type="checkbox"/>	ADD TO TABLE	NO <input type="checkbox"/>
2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?	YES <input type="checkbox"/>	ADD TO TABLE	NO <input type="checkbox"/>
2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?	YES <input type="checkbox"/>	ADD TO TABLE	NO <input type="checkbox"/>

## CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD	07 = PARENT-IN-LAW
02 = WIFE OR HUSBAND	08 = BROTHER OR SISTER
03 = SON OR DAUGHTER	09 = OTHER RELATIVE
04 = SON-IN-LAW OR DAUGHTER-IN-LAW	10 = ADOPTED/FOSTER/
05 = GRANDCHILD	11 = NOT RELATED
06 = PARENT	98 = DON'T KNOW

## HOUSEHOLD SCHEDULE

							IF AGE 0-6 YEARS		
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	DATE OF BIRTH	ELIGIBILITY	
1	2	3	4	5	6	7	7A	8	9
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-9 FOR EACH PERSON.</p>	What is the relationship of (NAME) to the head of the household?	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	<p>What is (NAME)'s date of birth?</p> <p>On what day, month, and year was (NAME) born?</p> <p>IF DON'T KNOW DAY, RECORD '98'. IF DON'T KNOW MONTH, RECORD '98'. IF DON'T KNOW YEAR, RECORD '9998'.</p>	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	20	20

TICK HERE IF CONTINUATION SHEET USED ☐

## CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD	07 = PARENT-IN-LAW
02 = WIFE OR HUSBAND	08 = BROTHER OR SISTER
03 = SON OR DAUGHTER	09 = OTHER RELATIVE
04 = SON-IN-LAW OR DAUGHTER-IN-LAW	10 = ADOPTED/FOSTER/STEPCHILD
05 = GRANDCHILD	11 = NOT RELATED
06 = PARENT	98 = DON'T KNOW

STEPCHILD

## HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PIPED TO NEIGHBOR ..... 13 PUBLIC TAP/STANDPIPE ..... 14  TUBE WELL OR BOREHOLE ..... 21 <b>DUG WELL</b> PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 <b>WATER FROM SPRING</b> PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42  RAINWATER ..... 51 TANKER TRUCK ..... 61 CART WITH SMALL TANK ..... 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 81 BOTTLED WATER ..... 91 SACHET WATER ..... 92  OTHER _____ 96 <div style="text-align: center;">(SPECIFY)</div>	<div style="position: relative; height: 100px;"> <span style="position: absolute; top: 0; right: 0;">→ 105</span> <span style="position: absolute; bottom: 0; right: 0;">→ 103</span> <span style="position: absolute; bottom: 0; right: 0;">→ 103</span> </div>
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PIPED TO NEIGHBOR ..... 13 PUBLIC TAP/STANDPIPE ..... 14  TUBE WELL OR BOREHOLE ..... 21 <b>DUG WELL</b> PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 <b>WATER FROM SPRING</b> PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42  RAINWATER ..... 51 TANKER TRUCK ..... 61 CART WITH SMALL TANK ..... 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 81  OTHER _____ 96 <div style="text-align: center;">(SPECIFY)</div>	<div style="position: relative; height: 100px;"> <span style="position: absolute; top: 0; right: 0;">→ 105</span> </div>
103	Where is that water source located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3	<div style="position: relative; height: 100px;"> <span style="position: absolute; top: 0; right: 0;">→ 105</span> </div>
104	How long does it take to go there, get water, and come back?	MINUTES ..... <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> DON'T KNOW ..... .998	

## HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
105	What kind of toilet facility do members of your household usually use?  IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	<b>FLUSH OR POUR FLUSH TOILET</b> FLUSH TO PIPED SEWER SYSTEM ..... 11 FLUSH TO SEPTIC TANK ..... 12 FLUSH TO PIT LATRINE ..... 13 FLUSH TO SOMEWHERE ELSE ..... 14 FLUSH, DON'T KNOW WHERE ..... 15 <b>PIT LATRINE</b> VENTILATED IMPROVED PIT LATRINE ..... 21 PIT LATRINE WITH SLAB ..... 22 PIT LATRINE WITHOUT SLAB/OPEN PIT .. 23  COMPOSTING TOILET ..... 31 BUCKET TOILET ..... 41 HANGING TOILET/HANGING LATRINE ..... 51 NO FACILITY/BUSH/FIELD ..... 61  OTHER ..... 96 (SPECIFY)	→ 108
106	Do you share this toilet facility with other households?	YES ..... 1 NO ..... 2	→ 108
107	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 ..... 0  10 OR MORE HOUSEHOLDS ..... 95 DON'T KNOW ..... 98	
108	What type of fuel does your household mainly use for cooking?	ELECTRICITY ..... 01 LPG ..... 02 NATURAL GAS ..... 03 BIOGAS ..... 04 KEROSENE ..... 05 COAL, LIGNITE ..... 06 CHARCOAL ..... 07 WOOD ..... 08 STRAW/SHRUBS/GRASS ..... 09 AGRICULTURAL CROP RESIDUE ..... 10 ANIMAL DUNG ..... 11  NO FOOD COOKED IN HOUSEHOLD ..... 95 OTHER ..... 96 (SPECIFY)	
109	How many rooms in this household are used for sleeping?	ROOMS .....	
110	Does this household own any livestock, herds, other farm animals, or poultry?	YES ..... 1 NO ..... 2	→ 112
111	How many of the following animals does this household own? IF NONE, RECORD '00'. IF 95 OR MORE, RECORD '95'. IF UNKNOWN, RECORD '98'.  a) Milk cows or bulls?  b) Other cattle?  c) Horses, donkeys, or mules?  d) Goats?  e) Sheep?  f) Chickens or other poultry?  g) Pigs?  h) Rabbits?  i) Grasscutter?	a) COWS/BULLS ..... b) OTHER CATTLE ..... c) HORSES/DONKEYS/MULES ..... d) GOATS ..... e) SHEEP ..... f) CHICKENS/POULTRY ..... g) PIGS ..... h) RABBITS ..... i) GRASSCUTTER .....	



HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	Does any member of your household own any agricultural land?	YES ..... 1 NO ..... 2	→ 114
113	How many hectares or acres or plots of agricultural land do members of this household own?  IF 95 OR MORE HECTARES, CIRCLE '950' IF 95 OR MORE ACRES, RECORD IN HECTARES IF 95 OR MORE PLOTS, RECORD IN ACCRES	HECTARES ..... 1 <input type="text"/> <input type="text"/> <input type="text"/>  ACRES ..... 2 <input type="text"/> <input type="text"/> <input type="text"/>  PLOTS ..... 3 <input type="text"/> <input type="text"/> <input type="text"/>  95 OR MORE HECTARES ..... 950 DON'T KNOW ..... 998	
114	Does your household have: a) Electricity? b) A radio? c) A television? d) A non-mobile telephone? e) A computer/Tablet computer? f) A refrigerator? g) A freezer h) An electric generator/Invertor? i) A washing machine? j) A photo camera? (NOT ON PHONE) k) A video deck/DVD/VCD? l) A sewing machine? m) A bed? n) A table? o) A chair p) A Cabinet/cupboard?	YES NO a) ELECTRICITY ..... 1 2 b) RADIO ..... 1 2 c) TELEVISION ..... 1 2 d) NON-MOBILE TELEPHONE ..... 1 2 e) COMPUTER ..... 1 2 f) REFRIGERATOR ..... 1 2 g) FREEZER ..... 1 2 h) GENERATOR ..... 1 2 i) WASHING MACHINE ..... 1 2 j) CAMERA ..... 1 2 k) VIDEO/DVD/VCD ..... 1 2 l) SEWING MACHINE ..... 1 2 m) BED ..... 1 2 n) TABLE ..... 1 2 o) CHAIR ..... 1 2 p) CABINET ..... 1 2	
115	Does any member of this household own: a) A wrist watch? b) A mobile phone? c) A bicycle? d) A motorcycle or motor scooter? e) An animal-drawn cart? f) A car or truck? g) A boat with a motor? h) A boat without a motor?	YES NO a) WRIST WATCH ..... 1 2 b) MOBILE PHONE ..... 1 2 c) BICYCLE ..... 1 2 d) MOTORCYCLE/SCOOTER ..... 1 2 e) ANIMAL-DRAWN CART ..... 1 2 f) CAR/TRUCK ..... 1 2 g) BOAT WITH MOTOR ..... 1 2 h) BOAT WITHOUT MOTOR ..... 1 2	
116	Does any member of this household have a bank account?	YES ..... 1 NO ..... 2	
117	At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 119
118	Who sprayed the dwelling?	GOVERNMENT WORKER/PROGRAM ..... A PRIVATE COMPANY ..... B NONGOVERNMENTAL ORGANIZATION (NGO) .. C  OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
119	Does your household have any mosquito nets?	YES ..... 1 NO ..... 2	→ 131
120	How many mosquito nets does your household have?  IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS ..... <input type="text"/>	

MOSQUITO NETS

		NET #1	NET #2	NET #3
121	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD.  IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED HANGING .. 1 OBSERVED NOT HANGING/ PACKAGED ..... 2 NOT OBSERVED ..... 3	OBSERVED HANGING .. 1 OBSERVED NOT HANGING/ PACKAGED ..... 2 NOT OBSERVED ..... 3	OBSERVED HANGING .. 1 OBSERVED NOT HANGING/ PACKAGED ..... 2 NOT OBSERVED ..... 3
122	How many months ago did your household get the mosquito net?  IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS <input type="text"/> <input type="text"/> AGO .....  MORE THAN 36 MONTHS AGO ..... 95  NOT SURE ..... 98	MONTHS <input type="text"/> <input type="text"/> AGO .....  MORE THAN 36 MONTHS AGO ..... 95  NOT SURE ..... 98	MONTHS <input type="text"/> <input type="text"/> AGO .....  MORE THAN 36 MONTHS AGO ..... 95  NOT SURE ..... 98
123	OBSERVE OR ASK BRAND/TYPE OF MOSQUITO NET.  IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> OLYSET ..... 11 PERMANET ..... 12 INTERCEPTOR ..... 13 NETPROTEC ..... 14 DURANET ..... 15 LIFE NET ..... 16 DAWA PLUS ..... 17 MAGNET ..... 18 YORKOOL ..... 19 OTHER/DON'T KNOW BRAND ..... 20 (SKIP TO 126) ←  OTHER TYPE ..... 96 DON'T KNOW TYPE .. 98	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> OLYSET ..... 11 PERMANET ..... 12 INTERCEPTOR ..... 13 NETPROTEC ..... 14 DURANET ..... 15 LIFE NET ..... 16 DAWA PLUS ..... 17 MAGNET ..... 18 YORKOOL ..... 19 OTHER/DON'T KNOW BRAND ..... 20 (SKIP TO 126) ←  OTHER TYPE ..... 96 DON'T KNOW TYPE .. 98	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> OLYSET ..... 11 PERMANET ..... 12 INTERCEPTOR ..... 13 NETPROTEC ..... 14 DURANET ..... 15 LIFE NET ..... 16 DAWA PLUS ..... 17 MAGNET ..... 18 YORKOOL ..... 19 OTHER/DON'T KNOW BRAND ..... 20 (SKIP TO 126) ←  OTHER TYPE ..... 96 DON'T KNOW TYPE .. 98
124	Since you got the net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes?	YES ..... 1 NO ..... 2 (SKIP TO 126) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 126) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 126) ← NOT SURE ..... 8
125	How many months ago was the net last soaked or dipped?  IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS <input type="text"/> <input type="text"/> AGO .....  MORE THAN 24 MONTHS AGO ..... 95  NOT SURE ..... 98	MONTHS <input type="text"/> <input type="text"/> AGO .....  MORE THAN 24 MONTHS AGO ..... 95  NOT SURE ..... 98	MONTHS <input type="text"/> <input type="text"/> AGO .....  MORE THAN 24 MONTHS AGO ..... 95  NOT SURE ..... 98
126	Did you get the net through the 2014-2016 mass distribution campaign, during an antenatal care visit, or during an immunization visit?	YES, 2014-2016 MASS DIST. CAMPAIGN ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION VISIT ..... 3 (SKIP TO 128) ← NO ..... 4	YES, 2014-2015 MASS DIST. CAMPAIGN ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION VISIT ..... 3 (SKIP TO 128) ← NO ..... 4	YES, 2014-2015 MASS DIST. CAMPAIGN ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION VISIT ..... 3 (SKIP TO 128) ← NO ..... 4
127	Where did you get the net?	GOVERNMENT HEALTH FACILITY ..... 01 PRIVATE HEALTH FACILITY ..... 02 PHARMACY/ CHEMIST/ DRUG STORE ..... 03 SHOP/MARKET ..... 04 COMMUNITY HEALTH WORKER (CHW) ..... 05 RELIGIOUS INSTITUTION ..... 06 NGO ..... 07 COMMUNITY BASED .. AGENTS (CBAs) ..... 08 PETROL STATION/ MOBILE MART ..... 09 PRIMARY SCHOOLS .. 10 OTHER ..... 96 DON'T KNOW ..... 98	GOVERNMENT HEALTH FACILITY ..... 01 PRIVATE HEALTH FACILITY ..... 02 PHARMACY/ CHEMIST/ DRUG STORE ..... 03 SHOP/MARKET ..... 04 COMMUNITY HEALTH WORKER (CHW) ..... 05 RELIGIOUS INSTITUTION ..... 06 NGO ..... 07 COMMUNITY BASED .. AGENTS (CBAs) ..... 08 PETROL STATION/ MOBILE MART ..... 09 PRIMARY SCHOOLS .. 10 OTHER ..... 96 DON'T KNOW ..... 98	GOVERNMENT HEALTH FACILITY ..... 01 PRIVATE HEALTH FACILITY ..... 02 PHARMACY/ CHEMIST/ DRUG STORE ..... 03 SHOP/MARKET ..... 04 COMMUNITY HEALTH WORKER (CHW) ..... 05 RELIGIOUS INSTITUTION ..... 06 NGO ..... 07 COMMUNITY BASED .. AGENTS (CBAs) ..... 08 PETROL STATION/ MOBILE MART ..... 09 PRIMARY SCHOOLS .. 10 OTHER ..... 96 DON'T KNOW ..... 98

MOSQUITO NETS

		NET #1	NET #2	NET #3
128	Did anyone sleep under this mosquito net last night?	YES ..... 1 NO ..... 2 (SKIP TO 130) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 130) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 130) ← NOT SURE ..... 8
129	Who slept under this mosquito net last night?  RECORD THE PERSON'S NAME AND LINE NUMBER FROM HOUSEHOLD SCHEDULE.	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>
		NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>
		NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>
		NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>
130		GO BACK TO 121 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 131.	GO BACK TO 121 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 131.	GO TO 121 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 131.

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
131	<p>OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p>	<p><b>NATURAL FLOOR</b></p> <p>EARTH/SAND ..... 11</p> <p>DUNG ..... 12</p> <p><b>RUDIMENTARY FLOOR</b></p> <p>WOOD PLANKS ..... 21</p> <p>PALM/BAMBOO ..... 22</p> <p><b>FINISHED FLOOR</b></p> <p>PARQUET OR POLISHED WOOD ..... 31</p> <p>VINYL OR ASPHALT STRIPS ..... 32</p> <p>CERAMIC/MARBLE/PORCELAIN</p> <p>TILES/TERRAZO ..... 33</p> <p>CEMENT ..... 34</p> <p>WOOLEN CARPET/SYNTHETIC CARPET .. 35</p> <p>LINOLEUM/RUBBER CARPET ..... 36</p> <p>OTHER ..... 96</p> <p align="center">(SPECIFY)</p>									
132	<p>OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p>	<p><b>NATURAL ROOFING</b></p> <p>NO ROOF ..... 11</p> <p>THATCH/PALM LEAF ..... 12</p> <p>SOD ..... 13</p> <p><b>RUDIMENTARY ROOFING</b></p> <p>RUSTIC MAT ..... 21</p> <p>PALM/BAMBOO ..... 22</p> <p>WOOD PLANKS ..... 23</p> <p>CARDBOARD ..... 24</p> <p><b>FINISHED ROOFING</b></p> <p>ZINC/ALUMINIUM ..... 31</p> <p>WOOD ..... 32</p> <p>CALAMINE/CEMENT FIBER ..... 33</p> <p>CERAMIC/BRICK TILES ..... 34</p> <p>CEMENT ..... 35</p> <p>ROOFING SHINGLES ..... 36</p> <p>ASBESTOS/SLATE ROOFING SHEETS .. 37</p> <p>OTHER ..... 96</p> <p align="center">(SPECIFY)</p>									
133	<p>OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p>	<p><b>NATURAL WALLS</b></p> <p>NO WALLS ..... 11</p> <p>CANE/PALM/TRUNKS ..... 12</p> <p>MUD/LANDCRETE ..... 13</p> <p><b>RUDIMENTARY WALLS</b></p> <p>BAMBOO WITH MUD ..... 21</p> <p>STONE WITH MUD ..... 22</p> <p>UNCOVERED ADOBE ..... 23</p> <p>PLYWOOD ..... 24</p> <p>CARDBOARD ..... 25</p> <p>REUSED WOOD ..... 26</p> <p><b>FINISHED WALLS</b></p> <p>CEMENT ..... 31</p> <p>STONE WITH LIME/CEMENT ..... 32</p> <p>BRICKS ..... 33</p> <p>CEMENT BLOCKS ..... 34</p> <p>COVERED ADOBE ..... 35</p> <p>WOOD PLANKS/SHINGLES ..... 36</p> <p>OTHER ..... 96</p> <p align="center">(SPECIFY)</p>									
134	RECORD THE TIME.	<p>HOURS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr></table></p> <p>MINUTES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr></table></p>									

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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