

2016 SIERRA LEONE MALARIA INDICATOR SURVEY
 HOUSEHOLD QUESTIONNAIRE

SIERRA LEONE
 MINISTRY OF HEALTH AND SANITATION, NATIONAL MALARIA CONTROL PROGRAMME
 STATISTICS SIERRA LEONE
 CATHOLIC RELIEF SERVICES

IDENTIFICATION				
LOCALITY NAME _____	[][][]			
NAME OF HOUSEHOLD HEAD _____				
CLUSTER NUMBER	[][][]			
HOUSEHOLD NUMBER	[][][][]			
DISTRICT	[][][][]			
PROVINCE	[][][][]			
CHIEFDOM	[][][][][]			
SECTION	[][][][][][]			
ENUMERATION AREA	[][][][][][][]			
URBAN-RURAL (RURAL=1 , URBAN=2)	[]			
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY [][] MONTH [][] YEAR [2][0][1][6] INT. NO. [][] RESULT* []
INTERVIEWER'S NAME	_____	_____	_____	
RESULT*	_____	_____	_____	_____
NEXT VISIT: DATE	_____	_____		
TIME	_____	_____		TOTAL NUMBER OF VISITS []
*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 [][] TOTAL ELIGIBLE WOMEN [][] LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE [][]
LANGUAGE OF QUESTIONNAIRE**	[0][1]	LANGUAGE OF INTERVIEW**	[][]	NATIVE LANGUAGE OF RESPONDENT** [][] TRANSLATOR USED (YES = 1, NO = 2) []
LANGUAGE OF QUESTIONNAIRE** ENGLISH				
**LANGUAGE CODES: 01 ENGLISH 05 MADINGO 09 KISSI 13 KRIM 96 OTHER 02 KRIO 06 LOKO 10 KONO 14 YALUNKA 03 MENDE 07 SHERBRO 11 SUSU 15 KORANKO 04 TEMNE 08 LIMBA 12 FULLAH 16 VAI				
SUPERVISOR				
_____ NAME [][][][] NUMBER				

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INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the Ministry of Health and Sanitations (MoHS). We are conducting a survey about malaria all over Sierra Leone. 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 any of the people listed on this card.

GIVE CARD WITH CONTACT INFORMATION

2016 SLMIS Principle Investigator: Dr. Foday Sahr; +232 76 480288; Email: fodayssahr1@gmail.com
Chairman of Ethics Committee: Professor Hector G. Morgan; +232 76 629251; Email: hmorg2007@yahoo.com
Director of Policy, Planning, & Information: Dr. Samuel A.S. Kargbo; +232 76 603274; Email: saskargbo@gmail.com
National Malaria Control Programme (NMCP): Dr. Samuel Juana Smith; +232 76 611042; Email: samueljuana@yahoo.com
Catholic Relief Services: Mr. Ebrima Jarjou; +232 79 250636; Email: ebrima.jarjou@crs.org

As part of the survey we would first like to ask some questions about your household. All of the answers you give will be confidential. As part of this survey, we are asking that children all over the country take an Anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or disease. This survey will help the government to develop programs to prevent and treat Anemia. As part of this survey, we are asking that children all over the country take a test to see if they have malaria. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. If the malaria test is positive, treatment will be offered. This survey will help the government to develop programs to prevent malaria. Participation in the survey is completely voluntary. If we should come to 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. However, we hope you will participate in the survey because your views are important.

At this time, do you want to ask me anything about the survey?

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	ELIGIBILITY	
1	2	3	4	5	6	7	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>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 YEARS</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5 YEARS</p>
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	09	09
10		<input type="text"/>	1 2	1 2	1 2	<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	08 = BROTHER OR SISTER
02 = WIFE OR HUSBAND	09 = NIECE/NEPHEW BY BLOOD
03 = SON OR DAUGHTER	10 = NIECE/NEPHEW BY MARRIAGE
04 = SON-IN-LAW OR DAUGHTER-IN-LAW	11 = OTHER RELATIVE
05 = GRANDCHILD	12 = ADOPTED/FOSTER/STEPCHILD
06 = PARENT	13 = NOT RELATED
07 = PARENT-IN-LAW	14 = CO-WIFE
	98 = DON'T KNOW

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY	
1	2	3	4	5	6	7	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>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 YEARS</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5 YEARS</p>
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	20	20

TICK HERE IF CONTINUATION SHEET USED ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD	08 = BROTHER OR SISTER
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07 = PARENT-IN-LAW	14 = CO-WIFE
	98 = DON'T KNOW

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOR 13 PUBLIC TAP/STANDPIPE 14 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING 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 WATER SACHETS 92 OTHER _____ 96 (SPECIFY)	<div style="position: relative; height: 400px;"> → 105 → 103 → 103 </div>
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOR 13 PUBLIC TAP/STANDPIPE 14 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING 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 (SPECIFY)	<div style="position: relative; height: 400px;"> → 105 </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;"> → 105 </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.	FLUSH OR POUR FLUSH TOILET 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 PIT LATRINE 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 <input type="text" value="0"/> IF LESS THAN 10 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 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 <input type="text" value=""/> <input type="text" value=""/>	
109A	How many sleeping facilities are currently in use in this household, including any beds, mattresses, mats, or rugs? ASK FOR BOTH INSIDE AND OUTSIDE OF DWELLING. IF THE NUMBER IS MORE THAN 25, RECORD 95.	NUMBER OF SLEEPING FACILITIES <input type="text" value=""/> <input type="text" value=""/>	
110	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 112

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
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?	<div> <div> a) COWS/BULLS </div> <div> b) OTHER CATTLE </div> <div> c) HORSES/DONKEYS/MULES </div> <div> d) GOATS </div> <div> e) SHEEP </div> <div> f) CHICKENS/POULTRY </div> <div> g) PIGS </div> </div> <div> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> </div>																												
112	Does any member of your household own any agricultural land?	YES 1 NO 2	→ 114																											
113	How many acres of agricultural land do members of this household own? IF 95 OR MORE, CIRCLE '950'.	ACRES <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table> 95 OR MORE ACRES 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? f) A refrigerator?	<table> <tr> <th></th><th>YES</th><th>NO</th></tr> <tr> <td>a) ELECTRICITY</td><td>1</td><td>2</td></tr> <tr> <td>b) RADIO</td><td>1</td><td>2</td></tr> <tr> <td>c) TELEVISION</td><td>1</td><td>2</td></tr> <tr> <td>d) NON-MOBILE TELEPHONE ..</td><td>1</td><td>2</td></tr> <tr> <td>e) COMPUTER</td><td>1</td><td>2</td></tr> <tr> <td>f) REFRIGERATOR</td><td>1</td><td>2</td></tr> </table>		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							
	YES	NO																												
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d) NON-MOBILE TELEPHONE ..	1	2																												
e) COMPUTER	1	2																												
f) REFRIGERATOR	1	2																												
115	Does any member of this household own: a) A 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?	<table> <tr> <th></th><th>YES</th><th>NO</th></tr> <tr> <td>a) WATCH</td><td>1</td><td>2</td></tr> <tr> <td>b) MOBILE PHONE</td><td>1</td><td>2</td></tr> <tr> <td>c) BICYCLE</td><td>1</td><td>2</td></tr> <tr> <td>d) MOTORCYCLE/SCOOTER</td><td>1</td><td>2</td></tr> <tr> <td>e) ANIMAL-DRAWN CART</td><td>1</td><td>2</td></tr> <tr> <td>f) CAR/TRUCK</td><td>1</td><td>2</td></tr> <tr> <td>g) BOAT WITH MOTOR</td><td>1</td><td>2</td></tr> <tr> <td>h) BOAT WITHOUT MOTOR</td><td>1</td><td>2</td></tr> </table>		YES	NO	a) 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	
	YES	NO																												
a) WATCH	1	2																												
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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/village savings and loans/osusu?	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	→ 118A																											
118	Who sprayed the dwelling?	GOVERNMENT WORKER/PROGRAM A PRIVATE COMPANY B NONGOVERNMENTAL ORGANIZATION (NGO) C OTHER X (SPECIFY) DON'T KNOW Z																												

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
118A	Now I would like to talk to you about mosquito nets. What shape of mosquito nets do you prefer, conical or rectangular? SHOW PHOTO OF NETS	CONICAL 1 RECTANGULAR 2 EITHER 3 DON'T KNOW 8	
118B	If you have a choice, what color of mosquito net do you prefer?	WHITE 1 BLUE 2 GREEN 3 OTHER 6	
118C	Do you prefer a mosquito net where the material is soft (MADE OF POLYESTER) or hard (MADE OF POLYETHYLENE)? SHOW SAMPLES PIECES	SOFT(POLYESTER) 1 HARD (POLYETHYLENE) 2 DON'T KNOW 8	
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 NOT HANGING 2 NOT OBSERVED HANGING 3 NOT HANGING 4	OBSERVED HANGING 1 NOT HANGING 2 NOT OBSERVED HANGING 3 NOT HANGING 4	OBSERVED HANGING 1 NOT HANGING 2 NOT OBSERVED HANGING 3 NOT HANGING 4
122	How many months ago did your household get the mosquito net? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO 95 NOT SURE 98	MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO 95 NOT SURE 98	MONTHS AGO <input type="text"/> <input type="text"/> 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.	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PERMANET 11 OLYSET 12 DURANET 13 OTHER/DON'T KNOW BRAND 16 (SKIP TO 126) ← OTHER TYPE 96 DON'T KNOW TYPE 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PERMANET 11 OLYSET 12 DURANET 13 OTHER/DON'T KNOW BRAND 16 (SKIP TO 126) ← OTHER TYPE 96 DON'T KNOW TYPE 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PERMANET 11 OLYSET 12 DURANET 13 OTHER/DON'T KNOW BRAND 16 (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 AGO <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO 95 NOT SURE 98	MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO 95 NOT SURE 98	MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO 95 NOT SURE 98
126	Did you get the net through the June-July 2014 mass distribution campaign, during an antenatal care visit, or during an immunization visit?	YES, [JUNE-JULY 2014 MASS DIST. CAMPAIGN] 1 YES, ANC 2 YES, IMMUNIZATION VISIT 3 (SKIP TO 128) ← NO 4	YES, [JUNE-JULY 2014 MASS DIST. CAMPAIGN] 1 YES, ANC 2 YES, IMMUNIZATION VISIT 3 (SKIP TO 128) ← NO 4	YES, [JUNE-JULY 2014 MASS DIST. CAMPAIGN] 1 YES, ANC 2 YES, IMMUNIZATION VISIT 3 (SKIP TO 128) ← NO 4
127	Where did you get the net?	GOVT HOSPITAL/ HEALTH CENTER 01 MOBILE CLINIC 02 COMMUNITY HEALTH WORKER 03 PVT HOSPITAL/ CLINIC 04 MISSION/FAITH-BASED HOSPITAL 05 MISSION/FAITH-BASED CLINIC 06 PHARMACY 07 PVT MOBILE CLINIC 08 NGO 09 SCHOOL 10 SHOP 11 TRADITIONAL HEALER 12 DON'T KNOW 98 OTHER 96 (SPECIFY)	GOVT HOSPITAL/ HEALTH CENTER 01 MOBILE CLINIC 02 COMMUNITY HEALTH WORKER 03 PVT HOSPITAL/ CLINIC 04 MISSION/FAITH-BASED HOSPITAL 05 MISSION/FAITH-BASED CLINIC 06 PHARMACY 07 PVT MOBILE CLINIC 08 NGO 09 SCHOOL 10 SHOP 11 TRADITIONAL HEALER 12 DON'T KNOW 98 OTHER 96 (SPECIFY)	GOVT HOSPITAL/ HEALTH CENTER 01 MOBILE CLINIC 02 COMMUNITY HEALTH WORKER 03 PVT HOSPITAL/ CLINIC 04 MISSION/FAITH-BASED HOSPITAL 05 MISSION/FAITH-BASED CLINIC 06 PHARMACY 07 PVT MOBILE CLINIC 08 NGO 09 SCHOOL 10 SHOP 11 TRADITIONAL HEALER 12 DON'T KNOW 98 OTHER 96 (SPECIFY)

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"/> <hr/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> <hr/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> <hr/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> <hr/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> <hr/> NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/> <hr/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> <hr/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> <hr/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> <hr/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> <hr/> NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/> <hr/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> <hr/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> <hr/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> <hr/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> <hr/> 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>NATURAL FLOOR</p> <p>EARTH/SAND 11</p> <p>DUNG 12</p> <p>RUDIMENTARY FLOOR</p> <p>WOOD PLANKS 21</p> <p>PALM/BAMBOO 22</p> <p>FINISHED FLOOR</p> <p>PARQUET OR POLISHED WOOD 31</p> <p>VINYL OR ASPHALT STRIPS 32</p> <p>CERAMIC TILES 33</p> <p>CEMENT 34</p> <p>CARPET 35</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>NATURAL ROOFING</p> <p>NO ROOF 11</p> <p>THATCH/PALM LEAF 12</p> <p>SOD 13</p> <p>RUDIMENTARY ROOFING</p> <p>RUSTIC MAT 21</p> <p>PALM/BAMBOO 22</p> <p>WOOD PLANKS 23</p> <p>CARDBOARD 24</p> <p>FINISHED ROOFING</p> <p>ZINC 31</p> <p>WOOD 32</p> <p>CALAMINE/CEMENT FIBER 33</p> <p>CERAMIC TILES 34</p> <p>CEMENT 35</p> <p>ROOFING SHINGLES 36</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>NATURAL WALLS</p> <p>NO WALLS 11</p> <p>CANE/PALM/TRUNKS 12</p> <p>DIRT 13</p> <p>RUDIMENTARY WALLS</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>FINISHED WALLS</p> <p>CEMENT 31</p> <p>STONE WITH LIME/CEMENT 32</p> <p>BRICKS 33</p> <p>CEMENT BLOCKS 34</p> <p>WATTLE 35</p> <p>WOOD PLANKS/SHINGLES 36</p> <p>ZINC 37</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>									
134	<p>RECORD THE TIME.</p>	<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:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS
