

NIGERIA MALARIA INDICATOR SURVEY  
 HOUSEHOLD QUESTIONNAIRE

NIGERIA  
 NATIONAL MALARIA ELIMINATION PROGRAMME  
 NATIONAL POPULATION COMMISSION

IDENTIFICATION																
STATE _____	<table border="1" style="margin: auto;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>															
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NAME OF HOUSEHOLD HEAD _____																
CLUSTER NUMBER .....	<table border="1" style="margin: auto;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>															
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INTERVIEWER VISITS																
	1	2	3	FINAL VISIT												
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INTERVIEWER'S NAME	_____	_____	_____	INT. NO. <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>												
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NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td></tr> </table>												
TIME	_____	_____														
<b>*RESULT CODES:</b>  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>												
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## INTRODUCTION AND CONSENT

Greetings. My name is \_\_\_\_\_. I am working with the National Malaria Elimination Program and the National Population Commission. We are conducting a survey about malaria all over Nigeria. 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 15-20 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 following persons:

National Malaria Elimination Program Contact Person: Dr. Perpetua Uhomoibhi; Phone number: 08059121416

National Population Commission Contact Person: Mrs. Bintu Abba; Phone number: 08033138277

National Health Research Ethics Committee Contact Person: NHREC Secretary; Email: secretary@nhrec.net  
NHREC Desk Officer; Email: deskofficer@nhrec.net  
Phone number: 095238367

Health Strategy and Delivery Foundation Contact Person: Dr. Ify Aniebo; Phone number: 09063727555

IF INTERESTED, ALLOW RESPONDENT TO COPY CONTACT INFORMATION

We also are taking measures to reduce the risk of transmission of COVID-19, including wearing face masks, keeping a distance of 2 meters from respondents to the survey, and washing our hands frequently.

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.	<div style="display: flex; justify-content: space-between;"><div>HOURS .....</div><div>MINUTES .....</div></div> <div style="display: flex; align-items: center; justify-content: flex-end;"><div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div><div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div><div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div><div style="border: 1px solid black; width: 30px; height: 30px;"></div></div>
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## 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 ASKING QUESTIONS 2-7 FOR EACH PERSON ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	<p>How old is (NAME)?</p> <p>IF 95 OR MORE, RECORD '95'.</p>	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
01		<div><div></div><div></div></div>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <div><div></div><div></div></div>	01	01
02		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	02	02
03		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	03	03
04		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	04	04
05		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	05	05
06		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	06	06
07		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	07	07
08		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	08	08
09		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	09	09
10		<div><div></div><div></div></div>	1 2	1 2	1 2	<div><div></div><div></div></div>	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  
02 = WIFE OR HUSBAND  
03 = SON OR DAUGHTER  
04 = SON-IN-LAW OR  
DAUGHTER-IN-LAW  
05 = GRANDCHILD  
06 = PARENT

07 = PARENT-IN-LAW  
08 = BROTHER OR SISTER  
09 = OTHER RELATIVE  
10 = ADOPTED/FOSTER/  
STEPCHILD  
11 = NOT RELATED  
12 = 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 ASKING QUESTIONS 2-7 FOR EACH PERSON ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</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</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>

## 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 (SPECIFY)	<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 (SPECIFY)	<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: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; 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)	          → 109
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 <span style="border: 1px solid black; padding: 2px 10px;">0</span>  10 OR MORE HOUSEHOLDS . . . . . 95 DON'T KNOW . . . . . 98	
108	Where is this toilet facility located?	IN OWN DWELLING . . . . . 1 IN OWN YARD/PLOT . . . . . 2 ELSEWHERE . . . . . 3	
109	In your household, what type of cookstove is MAINLY used for cooking?	ELECTRIC STOVE . . . . . 01 SOLAR COOKER . . . . . 02 LIQUIFIED PETROLEUM GAS (LPG)/ COOKING GAS STOVE . . . . . 03 PIPED NATURAL GAS STOVE . . . . . 04 BIOGAS STOVE . . . . . 05 KEROSENE STOVE . . . . . 06 MANUFACTURED SOLID FUEL STOVE . . . . 07 TRADITIONAL SOLID FUEL STOVE . . . . . 08 THREE STONE STOVE/OPEN FIRE . . . . . 09  NO FOOD COOKED IN HOUSEHOLD . . . . . 95 OTHER _____ 96 (SPECIFY)	          → 111          → 111
110	What type of fuel or energy source is used in this cookstove?	ALCOHOL/ETHANOL . . . . . 01 GASOLINE/DIESEL . . . . . 02 KEROSENE/PARAFFIN . . . . . 03 COAL/LIGNITE . . . . . 04 CHARCOAL . . . . . 05 WOOD . . . . . 06 STRAW/SHRUBS/GRASS . . . . . 07 AGRICULTURAL CROP . . . . . 08 ANIMAL DUNG/WASTE . . . . . 09 PROCESSED BIOMASS (PELLETS) OR WOODCHIPS . . . . . 10 GARBAGE/PLASTIC . . . . . 11 SAWDUST . . . . . 12  OTHER _____ 96 (SPECIFY)	
111	How many rooms in this household are used for sleeping?	ROOMS <span style="border: 1px solid black; padding: 2px 10px;"></span>	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
112	Does this household own any livestock, herds, other farm animals, or poultry?	YES ..... 1 NO ..... 2	→ 114																
113	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) Camels?	<div style="display: flex; align-items: center;"> <div style="flex: 1;"> a) COWS/BULLS .....  b) OTHER CATTLE .....  c) HORSES/DONKEYS/MULES .....  d) GOATS .....  e) SHEEP .....  f) CHICKENS/POULTRY .....  g) PIGS .....  h) CAMELS ..... </div> <div style="flex: 1; text-align: center;"> <table border="1" style="border-collapse: collapse; width: 100px;"> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> </table> </div> </div>																	
114	Does any member of this household own any agricultural land?	YES ..... 1 NO ..... 2	→ 116																
115	How many plots/acres/hectares of agricultural land do members of this household own?          IF 95 OR MORE, CIRCLE '950'.	PLOT ..... 01 <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table> . <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table> ACRES ..... 02 <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table> . <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table> HECTARES ..... 03 <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table> . <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table> 95 OR MORE PLOTS/ACRES/HECTARES... 950 DON'T KNOW ..... 998																	
116	Does your household have:	<div style="display: flex; justify-content: space-between;"> YES NO </div> a) ELECTRICITY ..... 1 ..... 2 b) A radio? ..... 1 ..... 2 c) A television? ..... 1 ..... 2 d) A non-mobile telephone? ..... 1 ..... 2 e) A computer? ..... 1 ..... 2 f) A refrigerator? ..... 1 ..... 2 g) A table? ..... 1 ..... 2 h) A chair? ..... 1 ..... 2 i) A bed? ..... 1 ..... 2 j) A sofa? ..... 1 ..... 2 k) A cupboard? ..... 1 ..... 2 l) An air conditioner? ..... 1 ..... 2 m) An electric iron? ..... 1 ..... 2 n) A generator? ..... 1 ..... 2 o) A fan? ..... 1 ..... 2																	
117	Does any member of this household own:	<div style="display: flex; justify-content: space-between;"> YES NO </div> a) WATCH ..... 1 ..... 2 b) A mobile phone? ..... 1 ..... 2 c) A bicycle? ..... 1 ..... 2 d) A motorcycle or motor scooter? ..... 1 ..... 2 e) An animal-drawn cart? ..... 1 ..... 2 f) A car or truck? ..... 1 ..... 2 g) A boat with a motor? ..... 1 ..... 2 h) A canoe? ..... 1 ..... 2 i) A keke napep? ..... 1 ..... 2																	
118	Does any member of this household have an account in a bank or other financial institution?	YES ..... 1 NO ..... 2																	



HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
119	Does any member of this household use a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES ..... 1 NO ..... 2	
120	Does your household have any mosquito nets?	YES ..... 1 NO ..... 2	→ 132
121	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS ..... <input type="text"/>	

## MOSQUITO NETS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD. OBSERVE AND ANSWER THE QUESTIONS FOR EACH NET, ONE BY ONE.		
122	ASSIGN EACH NET A SEQUENTIAL NUMBER AND RECORD THE NUMBER HERE.	NET NUMBER <input type="text"/>	
123	WAS THIS NET OBSERVED?	OBSERVED ..... 1 NOT OBSERVED ..... 2	
124	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	
125	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> PERMANET ..... 11 OLYSET ..... 12 ICONLIFE ..... 13 DURANET ..... 14 NETPROTECT ..... 15 BASF INTERCEPTOR ..... 16 YORKOOL ..... 17 MAGNET ..... 18 DAWAPLUS 2.0 ..... 19 ROYAL SECURITY ..... 20 ROYAL SENTRY ..... 21 PERMANET 2.0 ..... 22 PERMANET 3.0 ..... 23 VEERALIN ..... 24 INTERCEPTOR G2 ..... 25 ROYAL GUARD ..... 26  OTHER/DON'T KNOW BRAND (LLIN) .... 36  OTHER TYPE (NOT LLIN) ..... 96 DON'T KNOW TYPE ..... 98	
126	Did you get the net through a mass distribution campaign, during an antenatal care visit, or during an immunization visit?	YES, MASS DISTRIBUTION CAMPAIGN ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION VISIT ..... 3  NO ..... 4	→ 128
127	Where did you get the net?	GOVERNMENT HEALTH FACILITY ..... 01 PRIVATE HEALTH FACILITY ..... 02 PHARMACY ..... 03 SHOP/MARKET ..... 04 CHW ..... 05 RELIGIOUS INSTITUTION ..... 06 SCHOOL ..... 07  OTHER _____ 96 SPECIFY  DON'T KNOW ..... 98	
128	Did anyone sleep inside this mosquito net last night?	YES ..... 1 NO ..... 2 NOT SURE ..... 8	→ 130 → 131

MOSQUITO NETS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
129	<p>Who slept inside this mosquito net last night?</p> <p>RECORD THE PERSON'S NAME AND LINE NUMBER FROM HOUSEHOLD SCHEDULE.</p>	<p>NAME _____</p> <p>LINE NUMBER ..... <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NUMBER ..... <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NUMBER ..... <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NUMBER ..... <input type="text"/> <input type="text"/></p>	<p>→ 131</p>
130	<p>What was the MAIN REASON this net was not used last night?</p>	<p>NO MOSQUITOES ..... 01</p> <p>NO MALARIA ..... 02</p> <p>TOO HOT ..... 03</p> <p>DON'T LIKE SMELL ..... 04</p> <p>FEEL 'CLOSED IN' ..... 05</p> <p>NET TOO OLD/TORN ..... 06</p> <p>NET TOO DIRTY ..... 07</p> <p>NET NOT AVAILABLE LAST NIGHT (WASHING) ..... 08</p> <p>USUAL USERS DID NOT SLEEP HERE LAST NIGHT ..... 09</p> <p>NET NOT NEEDED LAST NIGHT ..... 10</p> <p>BED BUGS ..... 11</p> <p>OTHER ..... 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW ..... 98</p>	
131	<p>GO BACK TO 122 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 132.</p>		

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
132	<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 TILES ..... 33</p> <p>CEMENT ..... 34</p> <p>CARPET ..... 35</p> <p>OTHER ..... 96</p> <p align="center">(SPECIFY)</p>									
133	<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>GRASS ..... 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>METAL/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>ASBESTOS ..... 37</p> <p>OTHER ..... 96</p> <p align="center">(SPECIFY)</p>									
134	<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>DIRT ..... 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>									
135	<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:

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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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