

REPUBLIC OF CAMEROON
MINISTRY OF PUBLIC HEALTH
NATIONAL MALARIA PROGRAMME

NATIONAL INSTITUTE OF STATISTICS

2022 CAMEROON MALARIA INDICATOR SURVEY (2022 CMIS)
HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION																
REGION	<input style="width: 90%;" type="text"/>															
DIVISION	<input style="width: 90%;" type="text"/>															
SUB-DIVISION	<input style="width: 90%;" type="text"/>															
LOCALITY	<input style="width: 90%;" type="text"/>															
NAME OF HOUSEHOLD HEAD	<input style="width: 90%;" type="text"/>															
CLUSTER NUMBER	<table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>															
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INTERVIEWER VISITS																
	1	2	3	FINAL VISIT												
DATE	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	DAY <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> MONTH <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> YEAR <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle; text-align: center;"> <tr><td>2</td><td>0</td><td>2</td><td>2</td></tr> </table> INT. NO. <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	2	0	2	2								
2	0	2	2													
INTERVIEWER'S NAME	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	RESULT* <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>												
NEXT VISIT: DATE	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>												
*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 <input style="width: 150px;" type="text"/> (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>												
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TEAM <table border="1" style="width: 60px; height: 20px; margin: 5px auto;"></table> NUMBER			TEAM SUPERVISOR <table border="1" style="width: 100px; height: 20px; margin: 5px auto;"></table> NAME													

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INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the NATIONAL INSTITUTE OF STATISTICS. In collaboration with the MINISTRY OF PUBLIC HEALTH, we are conducting a survey about malaria all over Cameroon. The information we collect will help 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 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?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED .. 1

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



100	RECORD THE TIME.	HOURS	<input type="text"/>	<input type="text"/>
		MINUTES	<input type="text"/>	<input type="text"/>

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 7A-7C 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		<input type="text"/> <input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/> <input type="text"/>	01	01
02		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	02	02
03		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	03	03
04		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	04	04
05		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	05	05
06		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	06	06
07		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	07	07
08		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	08	08
09		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	09	09
10		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	10	10

7A) 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"/>
7B) 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"/>
7C) 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/
STEPCHILD |
| 05 = GRANDCHILD | 11 = NOT RELATED |
| 06 = PARENT | 12 = 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 SACHET WATER 92 OTHER _____ 96 (SPECIFY)	<div style="position: relative; height: 100px;"> → 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 NEIGHBOF..... 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: 100px;"> → 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: 30px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; 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)	→ 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 <table border="1"><tr><td>0</td><td></td></tr></table> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	0		
0					
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 LIQUID FUEL 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)	<table border="1"><tr><td>→ 111</td></tr></table> <	→ 111	
→ 111					

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>	
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) Pig? g) Chickens or other poultry?	<div> a) COWS/BULLS <input type="text"/> <input type="text"/> b) OTHER CATTLE <input type="text"/> <input type="text"/> c) HORSES/DONKEYS/MULES <input type="text"/> <input type="text"/> d) GOATS <input type="text"/> <input type="text"/> e) SHEEP <input type="text"/> <input type="text"/> f) PIG <input type="text"/> <input type="text"/> g) CHICKENS/POULTRY <input type="text"/> <input type="text"/> </div>	
114	Does any member of this household own any agricultural land?	YES 1 NO 2	→ 116
115	How many hectares of agricultural land do members of this household own? IF 95 OR MORE, CIRCLE '950'. 1 HECTARE = 10 000m ² =100mX100m	HECTARES <input type="text"/> <input type="text"/> . <input type="text"/> 95 OR MORE HECTARES 950 DON'T KNOW 998	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
116	Does your household have:	YES	NO	
	a) Electricity?	a) ELECTRICITY 1	2	
	b) A radio?	b) RADIO 1	2	
	c) A television?	c) TELEVISION 1	2	
	d) A non-mobile telephone?	d) NON-MOBILE TELEPHONE .. 1	2	
	e) A desktop computer?	e) DESKTOP COMPUTER 1	2	
	f) A refrigerator/freezer?	f) REFRIGERATOR/FREEZER .. 1	2	
	g) A cooker?	g) COOKER 1	2	
	h) A gas stove?	h) GAS STOVE 1	2	
	i) An air conditioner?	i) AIR CONDITIONNER 1	2	
	j) A fan?	j) FAN 1	2	
	k) A CD/DVD player?	k) CD/DVD PLAYER 1	2	
	l) A grain mill ou mixer?	l) GRAIN MILL/MIXER 1	2	
	m) A modem/router unit for internet?	m) MODEM/ROUTER 1	2	
	n) A cable network / satellite dish?	n) CABLE/SATELLITE DISH .. 1	2	
	o) A generator?	o) GENERATOR 1	2	
	p) A solar panel?	p) SOLAR PANEL 1	2	
	q) A water pump?	q) WATER PUMP 1	2	
	r) A clock?	r) CLOCK 1	2	
117	Does any member of this household own:	YES	NO	
	a) A wrist watch?	a) WATCH 1	2	
	b) A mobile phone?	b) MOBILE PHONE 1	2	
	c) A bicycle?	c) BICYCLE 1	2	
	d) A motorcycle or motor scooter?	d) MOTORCYCLE/SCOOTER .. 1	2	
	e) An animal-drawn cart?	e) ANIMAL-DRAWN CART 1	2	
	f) A car or truck?	f) CAR/TRUCK 1	2	
	g) A boat with a motor?	g) BOAT WITH MOTOR 1	2	
	h) A laptop computer/?	h) LAPTOP COMPUTER 1	2	
	i) A tablet computer?	i) TABLET COMPUTER 1	2	
118	Does any member of this household have an account in a bank or other financial institution?	YES 1	NO 2	
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"/> <input type="text"/>	
123	WAS THIS NET OBSERVED?	OBSERVED 1 NOT OBSERVED 2	
124	How many months ago did your household get this 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.	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET NET 11 OLYSET PLUS 12 PERMANET 13 DURANET 14 YORKOOL 15 DAWA PLUS 16 INTERCEPTOR 17 ROYAL SENTRY 18 ROYAL GUARD 19 MAGNET 20 VEERALIN 21 YAHE LLIN 22 SAFI NET 23 PANDA NET 24 OTHER/DON'T KNOW BRAND (LLIN) .. 26 OTHER TYPE (NOT LLIN) 96 DON'T KNOW TYPE 98	
126	Did you get the net through the 2015-2016 distribution campaign (6-7 years ago), the 2019-2021 distribution campaign (1-3 years ago), this year (2022) distribution campaign, during an antenatal care visit, or during an immunization visit?	YES, 2015-2016 CAMPAIGN 1 YES, 2019-2021 CAMPAIGN 2 YES, 2022 CAMPAIGN 3 YES, ANC 4 YES, IMMUNIZATION VISIT 5 NO 6	→ 128
127	Where did you get the net?	PUBLIC HEALTH FACILITY 01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 SHOP/MARKET 04 COMMUNITY HEALTH WORKER 05 RELIGIOUS INSTITUTION 06 ASSOCIATION/NGO 07 PARENT/FRIEND 08 OTHER 96 DON'T KNOW 98	
128	Did anyone sleep under 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 under this mosquito net last night?</p> <p>RECORD THE PERSON'S NAME AND LINE NUMBER FROM HOUSEHOLD SCHEDULE.</p>	<div>NAME _____</div> <div>LINE NUMBER <input type="text"/> <input type="text"/></div> <hr/> <div>NAME _____</div> <div>LINE NUMBER <input type="text"/> <input type="text"/></div> <hr/> <div>NAME _____</div> <div>LINE NUMBER <input type="text"/> <input type="text"/></div> <hr/> <div>NAME _____</div> <div>LINE NUMBER <input type="text"/> <input type="text"/></div>	<div>→ 131</div>
130	<p>What was the main reason this net was not used last night?</p>	<div>DON'T LIKE NET SHAPE 01</div> <div>DON'T LIKE NET COLOR 02</div> <div>DON'T LIKE NET MATERIAL/FABRIC 03</div> <div>DON'T LIKE NET SIZE 04</div> <div>DON'T LIKE SMELL 05</div> <div>UNABLE TO HANG NET 06</div> <div>SLEPT OUTDOORS 07</div> <div>USUAL USER DIDN'T SLEEP HERE LAST NIGHT 08</div> <div>NO MOSQUITOES/NO MALARIA 09</div> <div>EXTRA NET/SAVING FOR LATER 10</div> <div>OTHER 96</div> <div align="center">(SPECIFY)</div>	
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>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>	
133	<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>METAL 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>	
134	<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>COVERED ADOBE 35</p> <p>WOOD PLANKS/SHINGLES 36</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
134a	<p>OBSERVE THE COURTYARD AND IN THE VICINITY OF THE DWELLING. ARE THERE PUDDLES OR POINTS OF STAGNANT OR ALMOST STAGNANT WATER WITHIN A RADIUS OF ABOUT 100 METERS FROM THE DWELLING OF THE HOUSEHOLD?</p> <p>LOOK FOR SWAMP, LAKE, LAGOON, RIVER, POND, UNCOVERED WELL, SPRING, AND WATER TRAPPED IN DISCARDED CANS, PLANT POTS, TIRES, DUG-OUTS, ROOFS, TREE TRUNKS ETC.</p>	<p>STAGNANT WATER OBSERVED 1</p> <p>NO STAGNANT WATER OBSERVED 2</p>	
134b	<p>OBSERVE THE COURTYARD AND THE VICINITY OF THE DWELLING. ARE THERE BUSHES OR TREES WITHIN A RADIUS OF ABOUT 100 METERS FROM THE HOUSEHOLD DWELLING?</p> <p>RECORD OBSERVATION.</p>	<p>BUSHES / TREES OBSERVED 1</p> <p>NO BUSHES / TREES OBSERVED 2</p>	
134c	How long does it take in minutes to go from your home to the nearest public healthcare facility?	<p>MINUTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>	
134d	How long does it take in minutes to go from your home to the nearest private healthcare facility?	<p>MINUTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>	
135	RECORD THE TIME.	<p>HOURS <input type="text"/> <input type="text"/></p> <p>MINUTES <input type="text"/> <input type="text"/></p>	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS
