



**IFAKARA HEALTH INSTITUTE**  
research | training | services

**LONDON  
SCHOOL of  
HYGIENE  
& TROPICAL  
MEDICINE**



## HOUSEHOLD QUESTIONNAIRE

**“The useful life of bednets for malaria control in Tanzania: Attrition, Bioefficacy, Chemistry, Durability and insecticide Resistance”**

Introduction: Hello my name is “.....” I am from IHI / NIMR

Do you agree to take part in the questionnaire?

INFORMED CONSENT OBTAINED: ☐ Yes

☐ No - STOP

Household Identification number |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

0.1 Code of interviewer |\_\_|\_\_|

0.2 Date of interview |\_\_|\_\_| / |\_\_|\_\_| / |\_\_|\_\_| (Day/Month/Year)

0.3 Name of district

|\_\_\_\_\_|

0.4 Name of ward

|\_\_\_\_\_|

0.5 Name of village/street

|\_\_\_\_\_|

0.7 GPS coordinates of household:

N |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

E |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

## SECTION 1. HOUSEHOLD and HOUSE CHARACTERISTICS

**A:** First, please would you list the people who usually sleep in this household?  
Please start by listing household heads and older people, then younger people.

1.1 In total, how many people sleep in this household? |\_|\_|

1.2 Now please list the people who usually sleep in this household. We will only take the first letter of each name and not the full name. Please estimate the age to your best knowledge.

<i>Number of the person</i>	<i>Initials of Person</i>	<i>Sex 1=M 2=F</i>	<i>Age (in full years)</i>	<i>Did the person sleep in the household last night? 1 = Yes 0 = No</i>

**B:** I would now like to ask you some questions about the head of household, the people living here and assets

Q #	Questions and filters	Coding category		Answer (enter coding)
1.3	Who is responding to the questions?	Head of household	1	<input type="text"/>
		Wife of household head	2	
		Other adult	3	
1.4	Sex of person responding to questionnaire	Male	1	<input type="text"/>
		Female	2	
1.5	Age (in full years) of person responding to questionnaire			<input type="text"/> <input type="text"/>
1.6	What is the highest level of education of the head of the household	None	1	<input type="text"/> .....
		Primary school	2	
		Secondary school	3	
		Higher education (University/College)	4	
		Other, specify	5	
1.7	What is the main source of income for the household	Salary	1	<input type="text"/> .....
		Business	2	
		Farming	3	
		Livestock	4	
		Service ( barber, tailor etc)	5	
		Casual labour	6	
		Fishing	7	
		Other, specify	8	
1.8	What is the main material of the roof? <b>Observe</b>	Grass / banana leaves	1	<input type="text"/> .....
		Thatch	2	
		Iron sheets	3	
		Tiles	4	
		Other, specify	5	
1.9	What is the main material of the walls? <b>Observe</b>	Grass	1	<input type="text"/> .....
		Mud	2	
		Burnt bricks	3	
		Cement bricks	4	
		Other, specify	5	
1.10	What is the material of the floor? <b>Observe</b>	Earth or sand	1	<input type="text"/> .....
		Cement	2	
		Tiles	3	
		Carpet	4	
		Other, specify	5	
1.11	What is the main source of light in your house?	Electricity	1	<input type="text"/>
		Hurricane lamp	2	
		Candle	3	
		Traditional lamp	4	
		Rechargeable battery	5	
		Torch	6	
		None	7	
1.12	What is the main source of energy	Fire wood	1	

	used for cooking?	Charcoal	2	<input type="checkbox"/>																																	
		Kerosene	3																																		
		Gas	4																																		
		Electricity	5																																		
1.13	What is the principal type of toilet facility used by members of the household?	Own flush toilet	1	<input type="checkbox"/>  .....																																	
		Shared flush toilet	2																																		
		Own pit latrine	3																																		
		Shared pit latrine	4																																		
		Bush or field	5																																		
		Other, specify	6																																		
1.14	Where is the water source located?	In own dwelling	1	<input type="checkbox"/> <b>If answer is 1 or 2, proceed to Qu 1.16</b>																																	
		In own yard/plot	2																																		
		Elsewhere	3																																		
1.15	How long does it take to go there, get water and come back?	0 – 30 Minutes	1	<input type="checkbox"/>																																	
		31 – 59 Minutes	2																																		
		Over one hour	3																																		
		Don't know	99																																		
1.16	Does your household possess any of the following items?  <b>Prompt each category</b>		Yes	No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																
		1. Mobile phone	1	0																																	
		2. Radio	1	0																																	
		3. Refrigerator	1	0																																	
		4. Electric fan	1	0																																	
		5. Electric iron	1	0																																	
		6. Television	1	0																																	
		7. Satellite dish	1	0																																	
1.17	Does the household (any member) have any means of transport?  <b>Prompt each category</b>		Yes	No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																
		1. Bicycle	1	0																																	
		2. Motorbike	1	0																																	
		3. Car or Truck	1	0																																	
		4. Animal and/or cart	1	0																																	
		5. Canoe, boat / ship	1	0																																	
		6. Bajaj	1	0																																	
1.18	Number of livestock animals the household owns.  <b>Prompt each category. Write 000 if none.</b>	1. Chicken			<table border="1"> <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> <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> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>																																
		2. Ducks and turkeys																																			
		3. Goats and sheep																																			
		4. Pigs																																			
		5. Cows																																			
		6. Donkeys																																			
		7. Other, specify.																																			
1.19	Does your household own land used for farming?	Yes	1	<input type="checkbox"/>																																	
		No	0																																		
		Don't Know	99																																		
				<b>If answer is 0 or 99, go to Qu 1.25</b>																																	

1.20	Indicate approximate size of land for farming in acres			_ _ _ .  _	
1.21	Which type of farming system is practiced on your land?  <b>Multiple answers allowed</b>	Household garden	1	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="text-align: center;">.....</div>	
		Subsistence farming	2		
		Cash crop farming	3		
		Other. Specify	4		
1.22	Which type of crops do you grow on your farming systems?  <b>Multiple answers allowed</b>	Vegetables	1	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="text-align: center;">.....</div>	
		Fruit	2		
		Grains (rice, millet, sorghum...)	3		
		Cassava	4		
		Maize	5		
		Pulses (beans, nuts)	6		
		Other. Specify	7		
1.23	Do you use any chemical products in your farm?	Yes	1	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	
		No	0		
		Don't know	99		
1.24	If YES, What is this chemical used against? <i>Observe chemical product bottles, note</i>  <b>Name the most important products according to respondent.</b>  <b>Purpose:</b> 1= Insects, 2=Plants 3=Fungi 4=other	#	Name of product	Purpose	Times/year
		1		<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="text-align: center;">.....</div> </div>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="text-align: center;">.....</div> </div>
		2		<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="text-align: center;">.....</div> </div>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="text-align: center;">.....</div> </div>
		3		<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="text-align: center;">.....</div> </div>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="text-align: center;">.....</div> </div>
		4		<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="text-align: center;">.....</div> </div>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="text-align: center;">.....</div> </div>
		5		<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="text-align: center;">.....</div> </div>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="text-align: center;">.....</div> </div>
1.25	At any time in the past 12 months has anyone come into your dwelling to spray the interior walls against mosquitoes?	Yes	1	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	
		No	0		
		Don't Know	99		
1.26	Who sprayed the dwelling?	Government worker/Program	1	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> <div style="text-align: center;">.....</div>	
		Private Company	2		
		Non-Governmental Organization (NGO)	3		
		Other ( <b>Specify</b> )	4		
		Don't know	99		
1.27	How often has this household been sprayed?	Every year	1	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	
		Every 6 months	2		
		Every 3 months	3		
		Every month	4		
		Don't know	99		
1.28	Do you use household pesticides/chemical products?	Yes	1	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	
		No	0		
		Don't know	99		
1.29	Which household pesticide	#	Name of product	Purpose	Times/month

<p>products are used?</p> <p><i>Observe pesticide bottles, note</i></p> <p><b>Name the most important household pesticide products according to respondent.</b></p> <p><b>Purpose:</b>  1=Mosquitoes and flies  2=Cockroaches  3= Other insects,  4=Rodents  5=other (<b>specify</b>)</p>	1		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border-top: 1px dashed black; width: 100%;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
	2		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border-top: 1px dashed black; width: 100%;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
	3		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border-top: 1px dashed black; width: 100%;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
	4		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border-top: 1px dashed black; width: 100%;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
	5		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border-top: 1px dashed black; width: 100%;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>

## SECTION 2. NETS OWNED AND USED BY THE HOUSEHOLD

I would like to ask you some questions about the nets you own and use in your household.

Q #	Questions and filters	Coding Category	Answer (enter coding)				
2.1	How many sleeping places (that can be used to sleep in) does your household have? (Enter total number of sleeping places)		<input type="text"/> <input type="text"/>				
2.2	Does the household own any mosquito nets for sleeping under?	Yes No	1 0				
			<b>If 0, go to Q 2.4</b>				
2.3	How many bednets does this household own?		<input type="text"/> <input type="text"/> <b>Go to Q 2.5</b>				
2.4	Why do you not own a mosquito net? <b>Enter first reason answered</b>	Don't like them Nets are not available Cultural issues, specify Don't need a net, specify Nets are expensive No mosquitoes Other, specify	1 2 3 4 5 6 7				
			<input type="text"/> ..... ..... <b>Go to Section 3</b>				
Q #	Questions and filters	Coding Category	Net 1	Net 2	Net 3	Net 4	Net 5
2.5	Could you show me the nets in the household? (those that are used and not used)	Observed Not observed	1 0	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2.6	Is this net currently used?	Yes No	1 0	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2.7	Where is the net located? >> <b>Observe</b>	Hanging loose over sleeping place Hanging and folded up or tied Not hanging but not stored Stored away unpacked Stored away still in package Temporarily taken away	1 2 3 4 5 6	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2.8	What type of sleeping place	Bed frame (finished)	1	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

	has this net been used for mostly?	Bed frame (sticks)	2					
		Foam mattress (no frame)	3					
		Reed mat (no frame)	4					
		Grass	5					
		Ground	6					
		Never used	7					
2.9	What is the main material of the roof? <b>Observe</b>	Grass / banana leaves	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Thatch	2	.....	.....	.....	.....	.....
		Iron sheets	3					
		Tiles	4					
		Other, specify	5					
2.10	What is the main material of the walls? <b>Observe</b>	Grass	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Mud	2	.....	.....	.....	.....	.....
		Burnt bricks	3					
		Cement bricks	4					
		Other, specify	5					
2.11	What is the material of the floor? <b>Observe</b>	Earth or sand	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Cement	2	.....	.....	.....	.....	.....
		Tiles	3					
		Carpet	4					
		Other, specify	5					
2.12	Do you cook in the room this net is in?	Always	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Sometimes	2					
		Never	3					
		Don't know	99					
2.13	Do you ever store food in the room this net is in?	Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		No	0					
		Don't know	99					
2.14	In the last 6 months, have you seen any rats or mice in this room or their traces (faeces or damage)?	Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		No	0					
		Don't know	99					
2.15	Do cats have access to this room?	Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		No	0					
		Don't know	99					
2.16	What is the shape of the net? <b>(Observe)</b>	Rectangular	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Conical	2					
2.17	What is the colour of the net? <b>(Observe)</b>	White	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Green	2	.....	.....	.....	.....	.....
		Dark Blue	3					
		Blue & white stripes	4					
		Light Blue	5					
		Other	6					
		Don't know	99					



2.18	How long have you had the net?	Less than 1 month	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1-6 months	2					
		6-12 months	3					
		1-2 years	4					
		More than 2 years	5					
		Don't know	99					
2.19	Was this net used last night?	Yes → <b>go to Qu 2.21</b>	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		No	0					
		Don't know → <b>go to Qu 2.21</b>	99					
2.20	If no, why not? <b>Go to Qu 2.23</b>	No mosquitoes	1	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
		There is no malaria	2					
		Too hot	3					
		Don't like smell	4					
		Feel "closed in"	5					
		Net too old or torn	6					
		Net too dirty	7					
		Net not available last night (washing)	8					
		Usual user(s) did not sleep here last night	9					
		Too small	10					
		Adverse reaction, (specify)	11					
		Other, specify	12					
		Don't know	99					
2.21	Who slept under this net last night? <b>(Multiple answers per net acceptable)</b>	Number of person <b>(as per household roster)</b>	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Don't Know	99					
2.22	Was this net big enough for the person(s) sleeping under?	Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		No	0					
2.23	How many people usually sleep under this net?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.24	How many nights has this net been used in the last week?	Every night (7 nights)	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Most nights (5-6)	2					
		Some nights (1-4)	3					
		Not used last week	4					
		Net is not used at all	5					
		Don't know	99					
2.25	Have you ever been given nets for free by the government?	Yes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		No → <b>go Q 2.29</b>	0					
		Don't know	99					
2.26	Where did you receive the nets from?	Clinic	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Bought at the shop using voucher	2					

		Collected at distributions points set up by government	3					
		Somebody came to my house	4					
2.27	Who were the nets for? <b>(target group)</b>	Children	1	_	_	_	_	_
		Pregnant women	2					
		Everyone in the house	3					
2.28	When did you start using the received nets from the government?	Soon after I received it	1	□ .....	□ .....	□ .....	□ .....	□ .....
		Six months later	2					
		One year later	3					
		Other, specify	4					
		Don't know	99					
2.29	<b>If net present, attach barcode and put in bag. Record return barcode (last digit)</b>			_	_	_	_	_
2.30	<b>Give replacement net 1 per sleeping place Record net code number (5 digits)</b>			_	_	_	_	_
				_	_	_	_	_
				_	_	_	_	_
				_	_	_	_	_
				_	_	_	_	_

### SECTION 3. NETS FROM CAMPAIGNS

I would like to ask you some questions about whether you have received bed nets from government campaigns and whether you still own them now.

Q #	Questions and filters	Coding Category	Answer (enter coding)																							
3.1	How many nets in total did you receive from a net distribution campaign?	Universal Coverage Campaign	_ _																							
	<b>If there are 00 and 00, go to Section 4</b>	Under 5's campaign	_ _																							
3.2	How many of those campaign nets do you still have?		<table border="1"> <thead> <tr> <th>U5</th><th>UCC</th></tr> </thead> <tbody> <tr> <td> _ _ </td><td> _ _ </td></tr> </tbody> </table>	U5	UCC	_ _	_ _																			
U5	UCC																									
_ _	_ _																									
3.3	Can you tell me what happened to the nets, from campaigns that are no longer present?	<table border="1"> <tbody> <tr> <td>Net was stolen (<b>go Section 4</b>)</td><td>1</td></tr> <tr> <td>Net was destroyed accidentally (<b>go Section 4</b>)</td><td>2</td></tr> <tr> <td>Net was sold (<b>go Qu 3.5</b>)</td><td>3</td></tr> <tr> <td>Net was given away to relatives (<b>go Qu 3.4</b>)</td><td>4</td></tr> <tr> <td>Net was given away to others (<b>go Qu 3.4</b>)</td><td>5</td></tr> <tr> <td>Net was thrown away (<b>go Qu 3.5</b>)</td><td>6</td></tr> <tr> <td>Material used for other purpose, specify</td><td>7</td></tr> <tr> <td>Don't know</td><td>99</td></tr> </tbody> </table>	Net was stolen ( <b>go Section 4</b> )	1	Net was destroyed accidentally ( <b>go Section 4</b> )	2	Net was sold ( <b>go Qu 3.5</b> )	3	Net was given away to relatives ( <b>go Qu 3.4</b> )	4	Net was given away to others ( <b>go Qu 3.4</b> )	5	Net was thrown away ( <b>go Qu 3.5</b> )	6	Material used for other purpose, specify	7	Don't know	99	<table border="1"> <tbody> <tr> <td> _ </td></tr> <tr> <td> _ </td></tr> <tr> <td> _ </td></tr> <tr> <td> _ </td></tr> <tr> <td> _ </td></tr> <tr> <td> _ </td></tr> <tr> <td>.....</td></tr> </tbody> </table>	_	_	_	_	_	_	.....
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3.4	If the net was given away to relatives or others, what was the main reason?	<table border="1"> <tbody> <tr> <td>I gave it to them as a gift</td><td>1</td></tr> <tr> <td>They asked for it</td><td>2</td></tr> <tr> <td>I had too many extra nets</td><td>3</td></tr> <tr> <td>Other, specify</td><td>4</td></tr> <tr> <td>Don't know</td><td>99</td></tr> </tbody> </table>	I gave it to them as a gift	1	They asked for it	2	I had too many extra nets	3	Other, specify	4	Don't know	99	<table border="1"> <tbody> <tr> <td> _ </td></tr> <tr> <td>.....</td></tr> </tbody> </table>	_	.....											
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3.5	If net was discarded, what was the main reason for discarding it?  <b>Do not prompt. Enter first reason mentioned.</b>	<table border="1"> <tbody> <tr> <td>Net was too torn, too many holes</td><td>1</td></tr> <tr> <td>Net was too dirty</td><td>2</td></tr> <tr> <td>Net was not needed at the time</td><td>3</td></tr> <tr> <td>We did not like the net</td><td>4</td></tr> <tr> <td>We needed the money</td><td>5</td></tr> <tr> <td>Other</td><td>6</td></tr> <tr> <td>Don't know</td><td>99</td></tr> </tbody> </table>	Net was too torn, too many holes	1	Net was too dirty	2	Net was not needed at the time	3	We did not like the net	4	We needed the money	5	Other	6	Don't know	99	<table border="1"> <tbody> <tr> <td> _ </td></tr> <tr> <td>.....</td></tr> </tbody> </table>	_	.....							
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## SECTION 4. NET DISPOSAL AND OTHER BEDNET USES

4.1	How did you generally dispose of an old net?  <b>Do not prompt. Enter first reason mentioned.</b>	<table border="1"> <tr><td></td><td></td></tr> <tr><td>Burned</td><td>1</td></tr> <tr><td>Buried</td><td>2</td></tr> <tr><td>Threw away as rubbish</td><td>3</td></tr> <tr><td>Brought to health centre to recycle</td><td>4</td></tr> <tr><td>Gave to children to play</td><td>5</td></tr> <tr><td>Used in garden</td><td>6</td></tr> <tr><td>Other</td><td>7</td></tr> <tr><td>Don't know</td><td>99</td></tr> </table>			Burned	1	Buried	2	Threw away as rubbish	3	Brought to health centre to recycle	4	Gave to children to play	5	Used in garden	6	Other	7	Don't know	99	<div style="text-align: center;"> _ _ </div> <hr/>
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4.2	Do you use your net for other purposes than for sleeping under?	<table border="1"> <tr><td>Yes</td><td>1</td></tr> <tr><td>No</td><td>0</td></tr> </table>	Yes	1	No	0	<div style="text-align: center;"> _ </div> <p><b>If 0 continue to Section 5</b></p>														
Yes	1																				
No	0																				
4.3	Please <b>specify</b> what other purposes you use the net for, other than sleeping	<div style="text-align: center;">.....</div>																			
4.4	What is the reason for using it for this other purpose?	<div style="text-align: center;">.....</div>																			

**SECTION 5. FEVER**

5.1	Has any individual in this household had a <b>fever</b> in the last 48 hours?	Yes	1	<input type="checkbox"/> <b>If 0 → Qu 5.3</b>
		No	0	

**5.2 Please specify details below (FEVER 48 HOURS)**

Individual no. (This should correspond with number on household roster)	Was it diagnosed?	Where diagnosed?	What was the diagnosis?	Treatment
	1=Yes 0=No	1=Hospital, 2=Clinic 3=Other, specify	1=Malaria 0=No Malaria	1=Admitted at nearby hospital/clinic, 2=Took drugs only, 3= No action, 4=Other, specify

5.3	Has any other individual in this household had a <b>fever</b> in the last 2 weeks?	Yes	1	<input type="checkbox"/> <b>If 0 → END questionnaire</b>
		No	0	

**5.4 Please specify details below (FEVER 2 WEEKS)**

Individual no. (This should correspond with number on household roster)	Was it diagnosed?	Where diagnosed?	What was the diagnosis?	Treatment
	1=Yes 0=No	1=Hospital, 2=Clinic 3=Other, specify	1=Malaria 0=No Malaria	1=Admitted at nearby hospital/clinic, 2=Took drugs only, 3= No action, 4=Other, specify


\*\*\*\*\* END OF QUESTIONNAIRE \*\*\*\*\*

*Thank the respondents for their time and cooperation and ask the respondents if they have any questions.*

INTERVIEWER NOTES: PLEASE NOTE ANY PROBLEMS YOU HAD WITH COMPLETING THE INTERVIEW FOR THIS HOUSEHOLD.

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