

Introduction and Consent

Greetings. My name is _____ and I am working with the National Population Commission (NPopC) and the National Malaria Elimination Program (NMEP). We are conducting a national survey that asks women and men about various health issues. This study has been reviewed and granted approval by the National Health Research Ethics Committee, assigned number NHREC/01/01/2007-11/05/2015, for the data collection period of September 2015 to November 2015. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes between 20 and 30 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons. Should you have any questions, feel free to call any of the following contact person(s):

NMEP Contact Person: Dr. Nnenna Ezeigwe, National Coordinator; **Email:** drinaezeigwe@gmail.com; **Phone:** 08033000296
NPopC CONTACT PERSON: Mr. Bolaji Akinsulie, Project Director; **Email:** bolajiakinsulie@yahoo.com; **Phone:** 08023307806
NHREC Contact Person(s): Secretary, NHREC; **Email:** secretary@nhrec.net; **Phone:** 095238367
 Desk Officer, NHREC; **Email:** deskofficer@nhrec.net; **Phone:** ----

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 since 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: _____

Signature/thumb print of respondent: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED . . . 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 → END

100	RECORD THE TIME.	HOURS <table border="1" style="display: inline-table; vertical-align: middle; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				
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HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP	SEX	RESIDENCE		AGE	WOMEN AGE 15-49		CHILDREN 0-5
				Does (NAME) usually live here?	Did (NAME) stay here last night?		CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 YEARS	Is (NAME) currently pregnant?	
	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. AFTER LISTING THE NAMES, RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-14 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old was (NAME) at his/her last birthday?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 YEARS	Is (NAME) currently pregnant?	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5 YEARS
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
01		<input type="text"/>	M F 1 2	YES NO 1 2	YES NO 1 2	IN YEARS <input type="text"/>	01	YES NO/DK 1 2	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	02	1 2	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	03	1 2	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	04	1 2	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	05	1 2	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	06	1 2	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	07	1 2	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	08	1 2	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	09	1 2	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	10	1 2	10

2A) Just to make sure that I have a complete listing, are there any other persons such as small children or infants that we have not listed? YES ENTER EACH IN TABLE NO

2B) Are there any other people who may not be members of your family, like domestic servants, lodgers, or friends who usually live here? YES ENTER EACH IN TABLE NO

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES ENTER EACH IN TABLE NO

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- 01 = HEAD
- 02 = WIFE OR HUSBAND
- 03 = SON OR DAUGHTER
- 04 = SON-IN-LAW OR
- 08 = BROTHER OR SISTER
- 09 = NIECE/NEPHEW BY BLOOD
- 10 = NIECE/NEPHEW BY MARRIAGE
- 11 = OTHER RELATIVE

LINE NO.	IF AGE 5 YEARS OR OLDER		FOR EVERYONE FEVER AND TREATMENT			
	EVER ATTENDED SCHOOL		In the last 2 weeks, has (NAME) been sick with a fever at any time?	Did (NAME) get any treatment for the fever in the last 2 weeks?	Where did (NAME) first seek treatment?	How much did the treatment cost?
	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.			USE CODES BELOW.	INCLUDE COST OF DOCTOR, NURSE, DRUGS, TESTS. IF > 99990, WRITE '99990'. IF FREE, CIRCLE CODE '99995'. IF DON'T KNOW CODE '99998'
	(11)	(12)	(13)	(14)	(15)	(16)
01	Y N 1 2 ↓ GO TO 13	CLASS/ LEVEL YEAR [] []	Y N DK 1 2 8 ↓ NEXT LINE NO.	Y N DK 1 2 8 ↓ NEXT LINE NO.	[] []	NAIRA [] [] [] [] [] [] FREE 99995
02	1 2 ↓ GO TO 13	[] []	1 2 8 ↓ NEXT LINE NO.	1 2 8 ↓ NEXT LINE NO.	[] []	[] [] [] [] [] [] FREE 99995
03	1 2 ↓ GO TO 13	[] []	1 2 8 ↓ NEXT LINE NO.	1 2 8 ↓ NEXT LINE NO.	[] []	[] [] [] [] [] [] FREE 99995
04	1 2 ↓ GO TO 13	[] []	1 2 8 ↓ NEXT LINE NO.	1 2 8 ↓ NEXT LINE NO.	[] []	[] [] [] [] [] [] FREE 99995
05	1 2 ↓ GO TO 13	[] []	1 2 8 ↓ NEXT LINE NO.	1 2 8 ↓ NEXT LINE NO.	[] []	[] [] [] [] [] [] FREE 99995
06	1 2 ↓ GO TO 13	[] []	1 2 8 ↓ NEXT LINE NO.	1 2 8 ↓ NEXT LINE NO.	[] []	[] [] [] [] [] [] FREE 99995
07	1 2 ↓ GO TO 13	[] []	1 2 8 ↓ NEXT LINE NO.	1 2 8 ↓ NEXT LINE NO.	[] []	[] [] [] [] [] [] FREE 99995
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10	1 2 ↓ GO TO 13	[] []	1 2 8 ↓ NEXT LINE NO.	1 2 8 ↓ NEXT LINE NO.	[] []	[] [] [] [] [] [] FREE 99995

CODES FOR Q. 10B: EDUCATION

EDUCATION LEVEL:

0=PRE-PRIMARY/KINDERGARTEN
1 = PRIMARY
2 = SECONDARY
3 = HIGHER
8 = DON'T KNOW

EDUCATION YEAR:

01 - 03 = YEARS AT PRE-PRIMARY/KINDERGARTEN LEVEL
01 - 06 = YEARS 1 - 6 AT PRIMARY LEVEL
01 - 06 = YEARS 1 - 6 AT SECONDARY LEVEL
01 - TOTAL NUMBER OF YEARS AT HIGHER LEVEL*
00 = LESS THAN 1 YEAR COMPLETED
98 = DON'T KNOW

*FOR "HIGHER", TOTAL THE NUMBER OF YEARS AT THE POST-SECONDARY LEVEL

CODES FOR Q. 15: PLACE OF TREATMENT

01 = GOVERNMENT HOSPITAL
02 = GOVERNMENT HEALTH CENTER
03 = GOVERNMENT HEALTH CLINIC
04 = PRIVATE HOSPITAL/CLINIC
09 = SHOP
10 = TRADITIONAL PRACTITIONER
11 = ROLE MODEL CAREGIVER/ COMMUNITY WORKER
12 = DRUG HAWKER

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP	SEX	RESIDENCE		AGE	WOMEN AGE 15-49		CHILDREN 0-5
				Does (NAME) usually live here?	Did (NAME) stay here last night?		CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 YEARS	Is (NAME) currently pregnant?	
	<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, RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-14 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 was (NAME) at his/her last birthday?</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 YEARS</p>	<p>Is (NAME) currently pregnant?</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5 YEARS</p>

DAUGHTER-IN-LAW 12 = ADOPTED/FOSTER/STEPCHILD
 05 = GRANDCHILD 13 = NOT RELATED
 06 = PARENT 98 = DON'T KNOW
 07 = PARENT-IN-LAW

LINE NO.	IF AGE 5 YEARS OR OLDER		FOR EVERYONE FEVER AND TREATMENT			
	EVER ATTENDED SCHOOL		In the last 2 weeks, has (NAME) been sick with a fever at any time?	Did (NAME) get any treatment for the fever in the last 2 weeks?	Where did (NAME) first seek treatment? USE CODES BELOW.	How much did the treatment cost? INCLUDE COST OF DOCTOR, NURSE, DRUGS, TESTS. IF > 99990, WRITE '99990'. IF FREE, CIRCLE CODE '99995'. IF DONT KNOW CODE '99998'
	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.				

05 = PHARMACY
06 = PRIVATE DOCTOR
07 = MOBILE CLINIC
08 = CHEMIST/PMV

13 = SELF TREATMENT AT HOME
96 = OTHER
98 = DOES NOT KNOW

HOUSEHOLD SCHEDULE

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			M F	Y N	Y N	IN YEARS		Y N	
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	11	1 2	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	12	1 2	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	13	1 2	13
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15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	15	1 2	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	16	1 2	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	17	1 2	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	18	1 2	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	19	1 2	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	20	1 2	20
TICK HERE IF CONTINUATION SHEET USED			<input type="checkbox"/>						

- 2A) Just to make sure that I have a complete listing, are there any other persons such as small children or infants that we have not listed? YES ENTER EACH IN TABLE NO
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																							
104	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)	→ 107																																							
105	Do you share this toilet facility with other households?	YES 1 NO 2	→ 107																																							
106	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <table border="1" data-bbox="1255 873 1360 932" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; text-align: center;">0</td><td style="width: 20px;"></td></tr></table> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	0																																							
0																																										
107	Does your household have:	<table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr><td>a) ELECTRICITY</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>b) RADIO</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>c) TELEVISION</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>d) MOBILE TELEPHONE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>e) NON-MOBILE TELEPHONE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>f) REFRIGERATOR</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>g) CABLE TV</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>h) GENERATING SET</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>i) AIR CONDITIONER</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>j) COMPUTER</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>k) ELECTRIC IRON</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>l) FAN</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		YES	NO	a) ELECTRICITY	1	2	b) RADIO	1	2	c) TELEVISION	1	2	d) MOBILE TELEPHONE	1	2	e) NON-MOBILE TELEPHONE	1	2	f) REFRIGERATOR	1	2	g) CABLE TV	1	2	h) GENERATING SET	1	2	i) AIR CONDITIONER	1	2	j) COMPUTER	1	2	k) ELECTRIC IRON	1	2	l) FAN	1	2	
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108	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LIQUID PROPANE GAS/CYLINDER 02 NATURAL GAS 03 BIOGAS 04 KEROSENE 05 COAL, LIGNITE 06 CHARCOAL 07 WOOD 08 STRAW/SHRUBS/GRASS/SAWDUST 09 AGRICULTURAL CROP 10 ANIMAL DUNG 11 NO FOOD COOKED IN HOUSEHOLD 95 OTHER _____ 96 (SPECIFY)																																								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	<p>MAIN MATERIAL OF THE FLOOR.</p>	<p>NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY)</p>	
110	<p>MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.</p>	<p>NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 SOD 13 RUDIMENTARY ROOFING RUSTIC MAT 21 PALM/BAMBOO 22 WOOD PLANKS 23 CARDBOARD 24 FINISHED ROOFING ZINC / METAL 31 WOOD 32 CALAMINE/CEMENT FIBER 33 CERAMIC TILES 34 CEMENT 35 ROOFING SHINGLES 36 OTHER _____ 96 (SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
111	<p>MAIN MATERIAL OF THE EXTERIOR WALLS.</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>(SPECIFY)</p>																									
112	<p>How many rooms in total are in your household, including rooms for sleeping and all other rooms?</p> <p>INCLUDE ALL STRUCTURES BELONGING TO THE HOUSEHOLD DWELLING.</p>	<p>ROOMS (TOTAL) <input type="text"/> <input type="text"/></p>																									
112A	<p>How many rooms in this household are used for sleeping?</p>	<p>ROOMS <input type="text"/> <input type="text"/></p>																									
112B	<p>How many sleeping facilities are currently in use in this household, including any beds, mattresses, mats, or rugs?</p> <p>ASK FOR BOTH INSIDE AND OUTSIDE OF DWELLING.</p>	<p>NUMBER OF SLEEPING FACILITIES <input type="text"/> <input type="text"/></p>																									
113	<p>Does any member of this household own:</p> <p>a) A watch?</p> <p>b) A Mobile phone</p> <p>c) A bicycle?</p> <p>d) A motorcycle or motor scooter?</p> <p>e) An animal-drawn cart?</p> <p>f) A car or truck?</p> <p>g) A boat with a motor?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <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> </tbody> </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	
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f) CAR/TRUCK	1	2																									
g) BOAT WITH MOTOR	1	2																									
114	<p>Does any member of this household own any agricultural land?</p>	<p>YES 1</p> <p>NO 2</p>	→ 116																								
115	<p>How many hectares of agricultural land do members of this household own?</p> <p>STANDARD PLOT = 60FT X 120 FT (18M X 36M)</p> <p>1 HECTARE = 6 PLOTS</p> <p>IF 95.0 OR MORE PLOTS RECORD HECTARES</p> <p>IF 95.0 OR MORE HECTARES, CIRCLE '9950'.</p>	<p>PLOTS 1 <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>HECTARES 2 <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>95 OR MORE HECTARES 9950</p> <p>DON'T KNOW 9998</p>																									
116	<p>Does this household own any livestock, herds, other farm animals, or poultry?</p>	<p>YES 1</p> <p>NO 2</p>	→ 118																								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
117	<p>How many of the following animals does this household own?</p> <p>IF NONE, ENTER '00'. IF 95 OR MORE, ENTER '95'. IF UNKNOWN, ENTER '98'.</p> <p>Milk cows or bulls?</p> <p>Other Cattle?</p> <p>Horses, donkeys, or mules?</p> <p>Goats?</p> <p>Sheep?</p> <p>Chickens or other poultry?</p>	<p>COWS/BULLS <table border="1" data-bbox="1255 300 1360 359"><tr><td></td><td></td></tr></table></p> <p>OTHER CATTLE <table border="1" data-bbox="1255 359 1360 417"><tr><td></td><td></td></tr></table></p> <p>HORSES/DONKEYS/MULES <table border="1" data-bbox="1255 417 1360 476"><tr><td></td><td></td></tr></table></p> <p>GOATS <table border="1" data-bbox="1255 476 1360 535"><tr><td></td><td></td></tr></table></p> <p>SHEEP <table border="1" data-bbox="1255 535 1360 594"><tr><td></td><td></td></tr></table></p> <p>CHICKENS/POULTRY <table border="1" data-bbox="1255 594 1360 653"><tr><td></td><td></td></tr></table></p>													
118	Does any member of this household have a bank account?	<p>YES 1</p> <p>NO 2</p>													
119	At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 121												
120	Who sprayed the dwelling?	<p>GOVERNMENT WORKER/PROGRAM A</p> <p>PRIVATE COMPANY B</p> <p>NONGOVERNMENTAL ORGANIZATION (NGO) C</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>													
121	Does your household have any mosquito nets?	<p>YES 1</p> <p>NO 2</p>	→ 122												
121A	Did you sleep inside a mosquito net last night?	<p>YES 1</p> <p>NO 2</p>	→ 125												
121B	<p>What would encourage you to sleep inside a mosquito net?</p> <p>CIRCLE ALL MENTIONED.</p>	<p>IF NET DID NOT SMELL A</p> <p>HAD A DIFFERENT SHAPE/SIZE B</p> <p>HAD A DIFFERENT COLOR C</p> <p>IF NET WERE NOT ITCHY/IRRITATING ... D</p> <p>IF NET WERE BIGGER/ NOT CLAUSTROPHOBIC E</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	→ 125												
122	<p>Why doesn't your household have any mosquito nets?</p> <p>CIRCLE ALL MENTIONED.</p>	<p>NO MOSQUITOES A</p> <p>NOT AVAILABLE B</p> <p>DON'T LIKE TO USE NETS C</p> <p>TOO EXPENSIVE D</p> <p>OTHER _____ X (SPECIFY)</p>													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
123	Has your household ever owned a mosquito net?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 139
124	Why does your household no longer have a mosquito net? CIRCLE ALL MENTIONED.	NO MOSQUITOES A NOT AVAILABLE B DON'T LIKE TO USE NETS C TOO EXPENSIVE D NET WAS OLD E THREW AWAY NET F HAVE WINDOW NETS G OTHER _____ X (SPECIFY)	<input type="checkbox"/> → 139
125	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS <input type="text"/>	

		NET #1	NET #2	NET #3
126	ASK RESPONDENT TO SHOW YOU THE NETS. IF MORE THAN 3, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED, BUT HAS HOLES 1 OBSERVED, DOES NOT HAVE HOLES 2 NOT OBSERVED 3	OBSERVED, BUT HAS HOLES 1 OBSERVED, DOES NOT HAVE HOLES 2 NOT OBSERVED 3	OBSERVED, BUT HAS HOLES 1 OBSERVED, DOES NOT HAVE HOLES 2 NOT OBSERVED 3
127	OBSERVER OR ASK IF NET IS HANGING.	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
127A	OBSERVE (OR ASK) THE COLOR OF THE MOSQUITO NET	GREEN 01 DARK BLUE 02 LIGHT BLUE 03 RED 04 BLACK 05 WHITE 06 OTHER _____ 96 (SPECIFY)	GREEN 01 DARK BLUE 02 LIGHT BLUE 03 RED 04 BLACK 05 WHITE 06 OTHER _____ 96 (SPECIFY)	GREEN 01 DARK BLUE 02 LIGHT BLUE 03 RED 04 BLACK 05 WHITE 06 OTHER _____ 96 (SPECIFY)
127B	OBSERVE (OR ASK) THE SHAPE OF THE MOSQUITO NET	CONICAL 1 RECTANGLE 2 OTHER _____ 6 (SPECIFY)	CONICAL 1 RECTANGLE 2 OTHER _____ 6 (SPECIFY)	CONICAL 1 RECTANGLE 2 OTHER _____ 6 (SPECIFY)
127C	OBSERVE (OR ASK) THE SIZE OF THE MOSQUITO NET	COT/CRIB 1 SINGLE 2 DOUBLE 3 TRIPLE 4 OTHER _____ 6 (SPECIFY)	COT/CRIB 1 SINGLE 2 DOUBLE 3 TRIPLE 4 OTHER _____ 6 (SPECIFY)	COT/CRIB 1 SINGLE 2 DOUBLE 3 TRIPLE 4 OTHER _____ 6 (SPECIFY)
128	How many months ago did your household obtain the mosquito net? IF LESS THAN ONE MONTH, WRITE '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
128A	Did you get the net through a mass distribution campaign, an antenatal care visit, or during an immunization visit?	YES, CAMPAIGN 1 YES, ANC 2 YES, IMMUNIZATION 3 (SKIP TO 130) ← NO 4	YES, CAMPAIGN 1 YES, ANC 2 YES, IMMUNIZATION 3 (SKIP TO 130) ← NO 4	YES, CAMPAIGN 1 YES, ANC 2 YES, IMMUNIZATION 3 (SKIP TO 130) ← NO 4
129	Where did you obtain this mosquito net?	PRIMARY HEALTH CENTER/ HEALTH POST 01 GOVERNMENT HOSPITAL 02 PRIVATE HOSPITAL 03 NGO CLINIC 04 MISSION CLINIC 05 MOSQUE/CHURCH 06 PHARMACY 07 PATENT MEDICINE STORE 08 SHOP/SUPERMARKET 09 OPEN MARKET 10 HAWKER 11 SCHOOL 12 COMMUNITY DIRECTED DISTRIBUTORS (CDD) 13 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	PRIMARY HEALTH CENTER/ HEALTH POST 01 GOVERNMENT HOSPITAL 02 PRIVATE HOSPITAL 03 NGO CLINIC 04 MISSION CLINIC 05 MOSQUE/CHURCH 06 PHARMACY 07 PATENT MEDICINE STORE 08 SHOP/SUPERMARKET 09 OPEN MARKET 10 HAWKER 11 SCHOOL 12 COMMUNITY DIRECTED DISTRIBUTORS (CDD) 13 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	PRIMARY HEALTH CENTER/ HEALTH POST 01 GOVERNMENT HOSPITAL 02 PRIVATE HOSPITAL 03 NGO CLINIC 04 MISSION CLINIC 05 MOSQUE/CHURCH 06 PHARMACY 07 PATENT MEDICINE STORE 08 SHOP/SUPERMARKET 09 OPEN MARKET 10 HAWKER 11 SCHOOL 12 COMMUNITY DIRECTED DISTRIBUTORS (CDD) 13 OTHER _____ 96 (SPECIFY) DON'T KNOW 98

		NET #1	NET #2	NET #3
130	Did you buy the net or was it given to you free?	BOUGHT 1 FREE 2 (SKIP TO 132) ← DON'T KNOW 8	BOUGHT 1 FREE 2 (SKIP TO 132) ← DON'T KNOW 8	BOUGHT 1 FREE 2 (SKIP TO 132) ← DON'T KNOW 8
131	How much did you pay for the net? IF DK, WRITE '99998'.	COST IN NAIRA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	COST IN NAIRA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	COST IN NAIRA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
132	OBSERVE OR ASK THE TYPE AND BRAND 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 ICONGLIFE 13 DURANET 14 NETPROTECT 15 BASF INTERCEPTOR . 16 OTHER/DK BRAND . 17 (SKIP TO 135) ← OTHER BRAND 96 DK BRAND 98	LONG-LASTING INSECTICIDE TREATED NET (LLIN) PERMANET 11 OLYSET 12 ICONGLIFE 13 DURANET 14 NETPROTECT 15 BASF INTERCEPTOR . 16 OTHER/DK BRAND . 17 (SKIP TO 135) ← OTHER BRAND 96 DK BRAND 98	LONG-LASTING INSECTICIDE TREATED NET (LLIN) PERMANET 11 OLYSET 12 ICONGLIFE 13 DURANET 14 NETPROTECT 15 BASF INTERCEPTOR . 16 OTHER/DK BRAND . 17 (SKIP TO 135) ← OTHER BRAND 96 DK BRAND 98
133	Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill or repel mosquitos?	YES 1 NO 2 (SKIP TO 135) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 135) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 135) ← NOT SURE 8
134	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH, RECORD 00' MONTHS. IF LESS THAN 2 YEARS AGO, RECORD MONTHS AGO. IF '12 MONTHS AGO' OR '1 YEAR AGO,' PROBE FOR EXACT NUMBER OF MONTHS.	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
135	Did anyone sleep inside this mosquito net last night?	YES 1 (SKIP TO 137) ← NO 2 NOT SURE 8 (SKIP TO 138) ←	YES 1 (SKIP TO 137) ← NO 2 NOT SURE 8 (SKIP TO 138) ←	YES 1 (SKIP TO 137) ← NO 2 NOT SURE 8 (SKIP TO 138) ←
136	Why didn't anyone sleep inside this net?	NO MOSQUITOES 01 NO MALARIA 02 TOO HOT 03 DIFFICULT TO HANG 04 DON'T LIKE SMELL 05 FEEL 'CLOSED IN' OR CONSTRAINED 06 NET TOO OLD OR TORN ... 07 NET TOO DIRTY 08 NET NOT AVAILABLE LAST NIGHT (WASHING) 09 FEEL ITN CHEMICALS ARE UNSAFE 10 ITN PROVOKES COUGHING 11 USUAL USER(S) DID NOT SLEEP HERE LAST NIGHT 12 NET NOT NEEDED LAST NIGHT 13 NO SPACE TO HANG 14 OTHER 96 SPECIFY DON'T KNOW 98 (SKIP TO 138) ←	NO MOSQUITOES 01 NO MALARIA 02 TOO HOT 03 DIFFICULT TO HANG 04 DON'T LIKE SMELL 05 FEEL 'CLOSED IN' OR CONSTRAINED 06 NET TOO OLD OR TORN ... 07 NET TOO DIRTY 08 NET NOT AVAILABLE LAST NIGHT (WASHING) 09 FEEL ITN CHEMICALS ARE UNSAFE 10 ITN PROVOKES COUGHING 11 USUAL USER(S) DID NOT SLEEP HERE LAST NIGHT 12 NET NOT NEEDED LAST NIGHT 13 NO SPACE TO HANG 14 OTHER 96 SPECIFY DON'T KNOW 98 (SKIP TO 138) ←	NO MOSQUITOES 01 NO MALARIA 02 TOO HOT 03 DIFFICULT TO HANG 04 DON'T LIKE SMELL 05 FEEL 'CLOSED IN' OR CONSTRAINED 06 NET TOO OLD OR TORN ... 07 NET TOO DIRTY 08 NET NOT AVAILABLE LAST NIGHT (WASHING) 09 FEEL ITN CHEMICALS ARE UNSAFE 10 ITN PROVOKES COUGHING 11 USUAL USER(S) DID NOT SLEEP HERE LAST NIGHT 12 NET NOT NEEDED LAST NIGHT 13 NO SPACE TO HANG 14 OTHER 96 SPECIFY DON'T KNOW 98 (SKIP TO 138) ←

		NET #1	NET #2	NET #3
137	Who slept inside this mosquito net last night? RECORD THE PERSON'S LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>
138		GO BACK TO 126 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO BACK TO 126 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO BACK TO 126 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.
139	RECORD THE TIME.	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>		