

MALARIA INDICATOR SURVEY  
 HOUSEHOLD QUESTIONNAIRE

RWANDA  
 MALARIA & OTHER PARASITIC DISEASES DIVISION

IDENTIFICATION				
PLACE NAME _____				
NAME OF HOUSEHOLD HEAD _____				
CLUSTER NUMBER .....				<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>
HOUSEHOLD NUMBER .....				<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>
INTERVIEWER'S NAME	_____	_____	_____	MONTH <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>
RESULT*	_____	_____	_____	YEAR <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>
NEXT VISIT: DATE	_____	_____		INT. NO. <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>
TIME	_____	_____		RESULT* <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>
*RESULT CODES:  1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL NUMBER OF VISITS <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>
				TOTAL PERSONS IN HOUSEHOLD <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>
				TOTAL ELIGIBLE WOMEN <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>
				LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>
<div style="display: flex; justify-content: space-between;"> <div>           LANGUAGE OF QUESTIONNAIRE** <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">1</div> </div> <div>           LANGUAGE OF INTERVIEW** <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div>           NATIVE LANGUAGE OF RESPONDENT** <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div>           TRANSLATOR USED (YES = 1, NO = 2) <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div>           LANGUAGE OF QUESTIONNAIRE** <b>ENGLISH</b> </div> <div>           **LANGUAGE CODES:            01 ENGLISH            02 KINYARWANDA         </div> </div>				
SUPERVISOR  <div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 100px; margin-right: 10px;"></div> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>NAME</span> <span>NUMBER</span> </div>			<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           OFFICE EDITOR   <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="text-align: center;">NUMBER</div> </div> <div style="width: 45%;">           KEYED BY   <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="text-align: center;">NUMBER</div> </div> </div>	

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# INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_. I am working with Ministry of Health. We are conducting a survey about malaria all over Rwanda. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the person listed on this card.

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.	HOURS .....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
		MINUTES .....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				

## HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY			INSURANCE		WEALTH LEVEL
				7A	8		9	10	11	12	13		
1	2	3	4	5	6	7	7A	8	9	10	11	12	13
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-9 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME)?</p> <p>IF 95 OR MORE, RECORD '95'.</p>	<p>What is (NAME's) current marital status?</p> <p>1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-14</p>	<p>CIRCLE LINE NUMBER OF ALL MEMBERS AGE 15+</p>	<p>Is (NAME) covered by any health insurance?</p> <p>CODE FOR Q. 12</p> <p>1= MUTUELLE / COMMUNITY HEALTH INSURANCE 2= RAMA 3= MMI 4=PRIVATE/ COMMERCIAL 5=OTHER 8= DON'T KNOW</p>	<p>What is (NAME) main type of health insurance?</p>	<p>What is (NAME) wealth level?</p> <p>RESPONSE IS '1, 2, 3 OR 4. IF DON'T KNOW RECORD '8'</p>
01			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS 1 2		01	01	01	Y N DK 1 2 8 NEXT LINE		
02			1 2	1 2	1 2	1 2		02	02	02	1 2 8 NEXT LINE		
03			1 2	1 2	1 2	1 2		03	03	03	1 2 8 NEXT LINE		
04			1 2	1 2	1 2	1 2		04	04	04	1 2 8 NEXT LINE		
05			1 2	1 2	1 2	1 2		05	05	05	1 2 8 NEXT LINE		
06			1 2	1 2	1 2	1 2		06	06	06	1 2 8 NEXT LINE		
07			1 2	1 2	1 2	1 2		07	07	07	1 2 8 NEXT LINE		
08			1 2	1 2	1 2	1 2		08	08	08	1 2 8 NEXT LINE		
09			1 2	1 2	1 2	1 2		09	09	09	1 2 8 NEXT LINE		
10			1 2	1 2	1 2	1 2		10	10	10	1 2 8 NEXT LINE		

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	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	98 = DON'T KNOW

## HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER MARITAL STATUS	ELIGIBILITY			INSURANCE		WEALTH LEVEL
1	2	3	4	5	6	7	7A	8	9	10	11	12	13
	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 AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.  THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-9 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household?	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	What is (NAME's) current marital status?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-14	CIRCLE LINE NUMBER OF ALL MEMBERS AGE 15+	Is (NAME) covered by any health insurance?	What is (NAME) main type of health insurance?	What is (NAME) wealth level?
		SEE CODES BELOW.				IF 95 OR MORE, RECORD '95'.	1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER				1= MUTUELLE / COMMUNITY HEALTH INSURANCE 2= RAMA 3= MMI 4=PRIVATE/ COMMERCIAL 5=OTHER 8= DON'T KNOW	CODE FOR Q. 12 1= MUTUELLE / COMMUNITY HEALTH INSURANCE 2= RAMA 3= MMI 4=PRIVATE/ COMMERCIAL 5=OTHER 8= DON'T KNOW	RESPONSE IS '1, 2, 3 OR 4. IF DON'T KNOW RECORD '8'
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	11	11	11	Y N DK 1 2 8 NEXT LINE	<input type="text"/>	<input type="text"/>
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12	1 2 8 NEXT LINE	<input type="text"/>	<input type="text"/>
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13	1 2 8 NEXT LINE	<input type="text"/>	<input type="text"/>
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14	1 2 8 NEXT LINE	<input type="text"/>	<input type="text"/>
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15	1 2 8 NEXT LINE	<input type="text"/>	<input type="text"/>
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	16	1 2 8 NEXT LINE	<input type="text"/>	<input type="text"/>
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17	17	1 2 8 NEXT LINE	<input type="text"/>	<input type="text"/>
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18	18	1 2 8 NEXT LINE	<input type="text"/>	<input type="text"/>
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19	19	1 2 8 NEXT LINE	<input type="text"/>	<input type="text"/>
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	20	20	1 2 8 NEXT LINE	<input type="text"/>	<input type="text"/>

TICK HERE IF CONTINUATION SHEET USED ☐

## 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- 07 = PARENT-IN-LAW  
 08 = BROTHEI 08 = BROTHER OR SISTER  
 09 = OTHER R 09 = OTHER RELATIVE  
 10 = ADOPTED/ FOSTER/ STEPCHILD STEPCHILD  
 11 = NOT REL 11 = NOT RELATED  
 98 = DON'T K 98 = DON'T KNOW

## CODE FOR Q. 12

1= MUTUELLE / COMMUNITY HEALTH INSURANCE  
 2= RAMA  
 3= MMI  
 4=PRIVATE/ COMMERCIAL  
 5=OTHER  
 8= 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?	<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  OTHER _____ 96 (SPECIFY)	<div style="position: relative; height: 100px;"> <span style="position: absolute; right: -20px; top: 0; bottom: 0; transform: translateY(-50%); font-size: 2em;">}</span> <span style="position: absolute; right: -20px; top: 0; font-size: 2em;">→</span> 105       </div> <div style="position: relative; height: 100px;"> <span style="position: absolute; right: -20px; top: 0; bottom: 0; transform: translateY(-50%); font-size: 2em;">}</span> <span style="position: absolute; right: -20px; top: 50%; font-size: 2em;">→</span> 103       </div> <div style="position: relative; height: 100px;"> <span style="position: absolute; right: -20px; top: 0; bottom: 0; transform: translateY(-50%); font-size: 2em;">}</span> <span style="position: absolute; right: -20px; top: 50%; font-size: 2em;">→</span> 103       </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; right: -20px; top: 0; bottom: 0; transform: translateY(-50%); font-size: 2em;">}</span> <span style="position: absolute; right: -20px; top: 0; font-size: 2em;">→</span> 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;"> <span style="position: absolute; right: -20px; top: 0; bottom: 0; transform: translateY(-50%); font-size: 2em;">}</span> <span style="position: absolute; right: -20px; top: 0; font-size: 2em;">→</span> 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: 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)	→ 108
106	Do you share this toilet facility with other households?	YES ..... 1 NO ..... 2	→ 108
107	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 ..... 0 10 OR MORE HOUSEHOLDS ..... 95 DON'T KNOW ..... 98	
108	What type of fuel does your household mainly use for cooking?	ELECTRICITY ..... 01 LPG ..... 02 NATURAL GAS ..... 03 BIOGAS ..... 04 KEROSENE ..... 05 COAL, LIGNITE ..... 06 CHARCOAL ..... 07 WOOD ..... 08 STRAW/SHRUBS/GRASS ..... 09 AGRICULTURAL CROP ..... 10 ANIMAL DUNG ..... 11 NO FOOD COOKED IN HOUSEHOLD ..... 95 OTHER ..... 96 (SPECIFY)	
109	How many rooms in this household are used for sleeping?	ROOMS .....	
110	Does this household own any livestock, herds, other farm animals, or poultry?	YES ..... 1 NO ..... 2	→ 112
111	How many of the following animals does this household own? IF NONE, RECORD '00'. IF 95 OR MORE, RECORD '95'. IF UNKNOWN, RECORD '98'.  a) Cows (traditional)? b) Milk cows (modern)? c) Bulls? d) Goats? e) Sheep? f) Chickens or other poultry? g) Pigs? h) Rabbits? i) Horses, donkeys, or mules?	a) COWS ..... b) MILK COWS ..... c) BULLS ..... d) GOATS ..... e) SHEEPS ..... f) CHICKENS ..... g) PIGS ..... h) RABBITS ..... i) HORSES/DONKEYS/MULES .....	

# HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	Does any member of your household own any agricultural land?	YES ..... 1 NO ..... 2	→ 114
113	How many hectares of agricultural land do members of this household own?  IF 95 OR MORE, CIRCLE '950'.	HECTARES ..... <input type="text"/> <input type="text"/> <input type="text"/>  95 OR MORE HECTARES ..... 95.0 DON'T KNOW ..... 98.0	
114	Does your household have:  a) Electricity? b) A radio? c) A television? d) A non-mobile telephone? e) A computer? f) A refrigerator?	YES NO a) ELECTRICITY ..... 1 2 b) RADIO ..... 1 2 c) TELEVISION ..... 1 2 d) NON-MOBILE TELEPHONE .. 1 2 e) COMPUTER ..... 1 2 f) REFRIGERATOR ..... 1 2	
115	Does any member of this household own:  a) A watch? b) A mobile phone? c) A bicycle? d) A motorcycle or motor scooter? e) An animal-drawn cart? f) A car or truck? g) A boat with a motor? h) A boat without a motor?	YES NO a) WATCH ..... 1 2 b) MOBILE PHONE ..... 1 2 c) BICYCLE ..... 1 2 d) MOTORCYCLE/SCOOTER ..... 1 2 f) ANIMAL-DRAWN CART ..... 1 2 g) CAR/TRUCK ..... 1 2 h) BOAT WITH MOTOR ..... 1 2 h) BOAT WITHOUT MOTOR ..... 1 2	
116	Does any member of this household have a bank account?	YES ..... 1 NO ..... 2	
117	At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 119
118	Who sprayed the dwelling?	GOVERNMENT WORKER/PROGRAM ..... A PRIVATE COMPANY ..... B NONGOVERNMENTAL ORGANIZATION (NGO) .. C  OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
119	Does your household have any mosquito nets?	YES ..... 1 NO ..... 2	→ 131
120	How many mosquito nets does your household have?  IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS ..... <input type="text"/>	



MOSQUITO NETS

		NET #1	NET #2	NET #3
121	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD.  IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED ..... 1 NOT OBSERVED ..... 2	OBSERVED ..... 1 NOT OBSERVED ..... 2	OBSERVED ..... 1 NOT OBSERVED ..... 2
121A	CHECK THE YEAR OF MANUFACTURING	YEAR ..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> NOT AVAILABLE .. 9998	YEAR ..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> NOT AVAILABLE .. 9998	YEAR ..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> NOT AVAILABLE .. 9998
122	How many months ago did your household get the mosquito net?  IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS ..... AGO .....  MORE THAN 36 MONTHS AGO ..... 95  NOT SURE ..... 98	MONTHS ..... AGO .....  MORE THAN 36 MONTHS AGO ..... 95  NOT SURE ..... 98	MONTHS ..... AGO .....  MORE THAN 36 MONTHS AGO ..... 95  NOT SURE ..... 98
123	OBSERVE OR ASK BRAND/TYPE OF MOSQUITO NET.  IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> TANA ..... 11 DCT ..... 12 OLYSET ..... 13 OTHER/DON'T KNOW BRAND ..... 16 (SKIP TO 126) ←  OTHER TYPE ..... 96 DON'T KNOW TYPE .. 98	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> TANA ..... 11 DCT ..... 12 OLYSET ..... 13 OTHER/DON'T KNOW BRAND ..... 16 (SKIP TO 126) ←  OTHER TYPE ..... 96 DON'T KNOW TYPE .. 98	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> TANA ..... 11 DCT ..... 12 OLYSET ..... 13 OTHER/DON'T KNOW BRAND ..... 16 (SKIP TO 126) ←  OTHER TYPE ..... 96 DON'T KNOW TYPE .. 98
124	Since you got the net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes?	YES ..... 1 NO ..... 2 (SKIP TO 126) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 126) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 126) ← NOT SURE ..... 8
125	How many months ago was the net last soaked or dipped?  IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS ..... AGO .....  MORE THAN 24 MONTHS AGO ..... 95  NOT SURE ..... 98	MONTHS ..... AGO .....  MORE THAN 24 MONTHS AGO ..... 95  NOT SURE ..... 98	MONTHS ..... AGO .....  MORE THAN 24 MONTHS AGO ..... 95  NOT SURE ..... 98
126	Did you get the net through a mass distribution campaign, during an antenatal care visit, or during an immunization visit?	YES, THROUGH A MASS DIST. CAMPAIGN ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION VISIT ..... 3 (SKIP TO 127A) ← NO ..... 4	YES, [NAME OF MASS DIST. CAMPAIGN] ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION VISIT ..... 3 (SKIP TO 127A) ← NO ..... 4	YES, [NAME OF MASS DIST. CAMPAIGN] ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION VISIT ..... 3 (SKIP TO 127A) ← NO ..... 4
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 DON'T KNOW ..... 98	GOVERNMENT HEALTH FACILITY ..... 01 PRIVATE HEALTH FACILITY ..... 02 PHARMACY ..... 03 SHOP/MARKET ..... 04 CHW ..... 05 RELIGIOUS INSTITUTION ..... 06 SCHOOL ..... 07 OTHER ..... 96 DON'T KNOW ..... 98	GOVERNMENT HEALTH FACILITY ..... 01 PRIVATE HEALTH FACILITY ..... 02 PHARMACY ..... 03 SHOP/MARKET ..... 04 CHW ..... 05 RELIGIOUS INSTITUTION ..... 06 SCHOOL ..... 07 OTHER ..... 96 DON'T KNOW ..... 98

MOSQUITO NETS

		NET #1	NET #2	NET #3
127A	OBSERVE IF THE NET HAVE AT LEAST ONE HOLE EQUAL TO OR LARGER THAN THE THUMB	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
127B	OBSERVE THE SHAPE OF THE MOSQUITO NET.	CONICAL ..... 1 RECTANGULAR ..... 2	CONICAL ..... 1 RECTANGULAR ..... 2	CONICAL ..... 1 RECTANGULAR ..... 2
127C	OBSERVE THE COLOUR OF THE NET	WHITE ..... 1 GREEN ..... 2 BLUE ..... 3 RED ..... 4 OTHER ..... 6 (SPECIFY)	WHITE ..... 1 GREEN ..... 2 BLUE ..... 3 RED ..... 4 OTHER ..... 6 (SPECIFY)	WHITE ..... 1 GREEN ..... 2 BLUE ..... 3 RED ..... 4 OTHER ..... 6 (SPECIFY)
127D	OBSERVED IF THE NET IS HANGED	YES ..... 1 NO ..... 2 (SKIP TO 128) ←	YES ..... 1 NO ..... 2 (SKIP TO 128) ←	YES ..... 1 NO ..... 2 (SKIP TO 128) ←
127E	Why don't you hange this net?	HAVE MANY NETS ..... 1 USE FOR OTHER PURPOSES ..... 2 THE NET IS BEING WASHED ..... 3 HANG ONLY IN THE EVENING ..... 4 THE NET IS TOO OLD ..... 5 OTHER ..... 6 (SPECIFY)	HAVE MANY NETS ..... 1 USE FOR OTHER PURPOSES ..... 2 THE NET IS BEING WASHED ..... 3 HANG ONLY IN THE EVENING ..... 4 THE NET IS TOO OLD ..... 5 OTHER ..... 6 (SPECIFY)	HAVE MANY NETS ..... 1 USE FOR OTHER PURPOSES ..... 2 THE NET IS BEING WASHED ..... 3 HANG ONLY IN THE EVENING ..... 4 THE NET IS TOO OLD ..... 5 OTHER ..... 6 (SPECIFY)
128	Did anyone sleep under this mosquito net last night?	YES ..... 1 NO ..... 2 NOT SURE ..... 8 (SKIP TO 129) ←	YES ..... 1 NO ..... 2 NOT SURE ..... 8 (SKIP TO 129) ←	YES ..... 1 NO ..... 2 NOT SURE ..... 8 (SKIP TO 129) ←
128A	Why no one sleep under this net last night?	TOO HOT ..... 1 TOO COLD ..... 2 NET USED FOR OTHER PURPOSES ..... 3 NET NOT HANGED ..... 4 BUGS IN NET ..... 5 OTHER ..... 6 (SPECIFY)	TOO HOT ..... 1 TOO COLD ..... 2 NET USED FOR OTHER PURPOSES ..... 3 NET NOT HANGED ..... 4 BUGS IN NET ..... 5 OTHER ..... 6 (SPECIFY)	TOO HOT ..... 1 TOO COLD ..... 2 NET USED FOR OTHER PURPOSES ..... 3 NET NOT HANGED ..... 4 BUGS IN NET ..... 5 OTHER ..... 6 (SPECIFY)
129	Who slept under this mosquito net last night?  RECORD THE PERSON'S NAME AND LINE NUMBER FROM HOUSEHOLD SCHEDULE.	NAME _____ LINE NO. .... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	(SKIP TO 130) NAME _____ LINE NO. .... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	NAME _____ LINE NO. .... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
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MOSQUITO NETS

		NET #1	NET #2	NET #3						
129A	Which material of the net do you prefer?	POLYESTHER ..... 1 POLYETHYLENE ..... 2	POLYESTHER ..... 1 POLYETHYLENE ..... 2	POLYESTHER ..... 1 POLYETHYLENE ..... 2						
129B	How many times did you wash this mosquito net since you have it	TIMES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> WASHED  95+ TIMES 95 DON'T KNOW 98			TIMES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> WASHED  95+ TIMES 95 DON'T KNOW 98			TIMES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> WASHED  95+ TIMES 95 DON'T KNOW 98		
130		GO BACK TO 121 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 131.	GO BACK TO 121 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 131.	GO TO 121 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 131.						

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
131	<p>OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p>	<p><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>									
132	<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>SOD ..... 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 ..... 31</p> <p>WOOD ..... 32</p> <p>CALAMINE/CEMENT FIBER ..... 33</p> <p>CERAMIC TILES ..... 34</p> <p>CEMENT ..... 35</p> <p>ROOFING SHINGLES ..... 36</p> <p>OTHER ..... 96</p> <p align="center">(SPECIFY)</p>									
133	<p>OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p>	<p><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>									
134	<p>RECORD THE TIME.</p>	<p>HOURS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>MINUTES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></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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EDITOR'S OBSERVATIONS

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