

MALARIA INDICATOR SURVEY
 HOUSEHOLD QUESTIONNAIRE

RWANDA
 MALARIA & OTHER PARASITIC DISEASES DIVISION

IDENTIFICATION										
PLACE NAME _____										
NAME OF HOUSEHOLD HEAD _____										
CLUSTER NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>						
HOUSEHOLD NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>						
INTERVIEWER VISITS										
	1	2	3	FINAL VISIT						
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; float: right;"></table>						
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 40px; height: 20px; float: right;"></table>						
	_____	_____	_____	YEAR <table border="1" style="width: 40px; height: 20px; float: right;"></table>						
RESULT*	_____	_____	_____	INT. NO. <table border="1" style="width: 40px; height: 20px; float: right;"></table>						
NEXT VISIT: DATE	_____	_____		RESULT* <table border="1" style="width: 40px; height: 20px; float: right;"></table>						
TIME	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"></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 _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="width: 40px; height: 20px; float: right;"></table> TOTAL ELIGIBLE WOMEN <table border="1" style="width: 40px; height: 20px; float: right;"></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="width: 40px; height: 20px; float: right;"></table>						
LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="width: 20px; height: 20px;">0</table> <table border="1" style="width: 20px; height: 20px;">1</table>	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table>	NATIVE LANGUAGE OF RESPONDENT**	<table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table>					
LANGUAGE OF QUESTIONNAIRE**	ENGLISH		**LANGUAGE CODES: 01 ENGLISH 02 KINYARWANDA		TRANSLATOR USED (YES = 1, NO = 2)	<table border="1" style="width: 20px; height: 20px;"></table>				
SUPERVISOR			OFFICE EDITOR		KEYED BY					
NAME _____			NUMBER <table border="1" style="width: 40px; height: 20px; float: right;"></table>		NUMBER <table border="1" style="width: 40px; height: 20px; float: right;"></table>					

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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" style="display: inline-table; vertical-align: middle;"><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>				
		MINUTES <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></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
				5	6		MARITAL STATUS	8	9	10	11	12	13
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? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF 95 OR MORE, RECORD '95'.	What is (NAME's) current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	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? CODE FOR Q. 12 1= MUTUELLE / COMMUNITY HEALTH INSURANCE 2= RAMA 3= MMI 4=PRIVATE/COMMERCIAL 5=OTHER 8= DON'T KNOW	What is (NAME) main type of health insurance?	What is (NAME) wealth level? RESPONSE IS '1, 2, 3 OR 4. IF DON'T KNOW RECORD '8'
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="checkbox"/>	01	01	01	Y N DK 1 2 8 ↓ NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	02	02	02	1 2 8 ↓ NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	03	03	03	1 2 8 ↓ NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	04	04	04	1 2 8 ↓ NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	05	05	05	1 2 8 ↓ NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	06	06	06	1 2 8 ↓ NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	07	07	07	1 2 8 ↓ NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	08	08	08	1 2 8 ↓ NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	09	09	09	1 2 8 ↓ NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	10	10	10	1 2 8 ↓ NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>

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 → ADD TO TABLE NO

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 → ADD TO 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 → ADD TO 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 DAUGHTER-IN-LAW
 - 05 = GRANDCHILD
 - 06 = PARENT
 - 07 = PARENT-IN-LAW
 - 08 = BROTHER OR SISTER
 - 09 = OTHER RELATIVE
 - 10 = ADOPTED/FOSTER/STEPCHILD
 - 11 = NOT RELATED
 - 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	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 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>
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="checkbox"/>	11	11	11	Y N DK 1 2 8 ↓ NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	12	12	12	1 2 8 ↓ NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	13	13	13	1 2 8 ↓ NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	14	14	14	1 2 8 ↓ NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	15	15	15	1 2 8 ↓ NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	16	16	16	1 2 8 ↓ NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	17	17	17	1 2 8 ↓ NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	18	18	18	1 2 8 ↓ NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	19	19	19	1 2 8 ↓ NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	20	20	20	1 2 8 ↓ NEXT LINE	<input type="checkbox"/>	<input type="checkbox"/>

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 = ADOPTEI 10 = ADOPTED/FOSTER/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?	<p>PIPED WATER</p> <p>PIPED INTO DWELLING 11</p> <p>PIPED TO YARD/PLOT 12</p> <p>PIPED TO NEIGHBOR 13</p> <p>PUBLIC TAP/STANDPIPE 14</p> <p>TUBE WELL OR BOREHOLE 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL 32</p> <p>WATER FROM SPRING</p> <p>PROTECTED SPRING 41</p> <p>UNPROTECTED SPRING 42</p> <p>RAINWATER 51</p> <p>TANKER TRUCK 61</p> <p>CART WITH SMALL TANK 71</p> <p>SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81</p> <p>BOTTLED WATER 91</p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 105</p> <p>→ 103</p> <p>→ 103</p>
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	<p>PIPED WATER</p> <p>PIPED INTO DWELLING 11</p> <p>PIPED TO YARD/PLOT 12</p> <p>PIPED TO NEIGHBOR 13</p> <p>PUBLIC TAP/STANDPIPE 14</p> <p>TUBE WELL OR BOREHOLE 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL 32</p> <p>WATER FROM SPRING</p> <p>PROTECTED SPRING 41</p> <p>UNPROTECTED SPRING 42</p> <p>RAINWATER 51</p> <p>TANKER TRUCK 61</p> <p>CART WITH SMALL TANK 71</p> <p>SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81</p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 105</p>
103	Where is that water source located?	<p>IN OWN DWELLING 1</p> <p>IN OWN YARD/PLOT 2</p> <p>ELSEWHERE 3</p>	<p>→ 105</p>
104	How long does it take to go there, get water, and come back?	<p>MINUTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>	

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)	→ 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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td align="center" style="width: 20px;">0</td><td style="width: 20px;"> </td></tr></table> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	0																		
0																					
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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table>																			
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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table> b) MILK COWS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table> c) BULLS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table> d) GOATS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table> e) SHEEPS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table> f) CHICKENS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table> g) PIGS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table> h) RABBITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table> i) HORSES/DONKEYS/MULES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table>																			

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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE .. 9998	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE .. 9998	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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 <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
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.	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) TANA 11 DCT 12 OLYSET 13 OTHER/DON'T KNOW BRAND 16 (SKIP TO 126) ← OTHER TYPE 96 DON'T KNOW TYPE .. 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) TANA 11 DCT 12 OLYSET 13 OTHER/DON'T KNOW BRAND 16 (SKIP TO 126) ← OTHER TYPE 96 DON'T KNOW TYPE .. 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) 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 <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
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 (SKIP TO 128) ← NO 2	YES 1 (SKIP TO 128) ← NO 2	YES 1 (SKIP TO 128) ← NO 2
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 (SKIP TO 129) ← NO 2 NOT SURE 8	YES 1 (SKIP TO 129) ← NO 2 NOT SURE 8	YES 1 (SKIP TO 129) ← NO 2 NOT SURE 8
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. [] []	(SKIP TO 130) NAME _____ LINE NO. [] []	NAME _____ LINE NO. [] []
		NAME _____ LINE NO. [] []	NAME _____ LINE NO. [] []	NAME _____ LINE NO. [] []
		NAME _____ LINE NO. [] []	NAME _____ LINE NO. [] []	NAME _____ LINE NO. [] []
		NAME _____ LINE NO. [] []	NAME _____ LINE NO. [] []	NAME _____ LINE NO. [] []

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 WASHED <input type="text"/> <input type="text"/> 95+ TIMES 95 DON'T KNOW 98	TIMES WASHED <input type="text"/> <input type="text"/> 95+ TIMES 95 DON'T KNOW 98	TIMES WASHED <input type="text"/> <input type="text"/> 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	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING. RECORD OBSERVATION.	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)									
132	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION.	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 METAL 31 WOOD 32 CALAMINE/CEMENT FIBER 33 CERAMIC TILES 34 CEMENT 35 ROOFING SHINGLES 36 OTHER _____ 96 (SPECIFY)									
133	OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING. RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 CANE/PALM/TRUNKS 12 DIRT 13 RUDIMENTARY WALLS BAMBOO WITH MUD 21 STONE WITH MUD 22 UNCOVERED ADOBE 23 PLYWOOD 24 CARDBOARD 25 REUSED WOOD 26 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 COVERED ADOBE 35 WOOD PLANKS/SHINGLES 36 OTHER _____ 96 (SPECIFY)									
134	RECORD THE TIME.	HOURS <table border="1" data-bbox="1214 1749 1352 1808"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> MINUTES <table border="1" data-bbox="1214 1808 1352 1866"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									

INTERVIEWER'S OBSERVATIONS
TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS
