

2019 GHANA MALARIA INDICATOR SURVEY
 HOUSEHOLD QUESTIONNAIRE

MINISTRY OF HEALTH

GHANA STATISTICAL SERVICE

IDENTIFICATION																																
LOCALITY NAME _____																																
NAME OF HOUSEHOLD HEAD _____																																
REGION																																
DISTRICT																																
CLUSTER NUMBER																																
HOUSEHOLD NUMBER																																
INTERVIEWER VISITS																																
	1	2	3	FINAL VISIT																												
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2</td><td>0</td><td>1</td><td>9</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> INT. NO. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> RESULT* <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									2	0	1	9																
2	0	1	9																													
INTERVIEWER'S NAME	_____	_____	_____																													
RESULT*	_____	_____	_____																													
NEXT VISIT: DATE	_____	_____	_____	TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																												
TIME	_____	_____	_____																													
*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="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																												
LANGUAGE OF QUESTIONNAIRE** <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>0</td><td>1</td></tr><tr><td> </td><td> </td></tr></table> LANGUAGE OF INTERVIEW** <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>					0	1																										
0	1																															
LANGUAGE OF QUESTIONNAIRE** ENGLISH **LANGUAGE CODES: 01 ENGLISH 03 GA 05 DAGBANI 02 AKAN 04 EWE 06 OTHER _____ (SPECIFY)																																
SUPERVISOR _____ <div style="display: flex; justify-content: space-between;"> NAME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> NUMBER </div>																																

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with Ghana Statistical Service and the Ministry of Health. We are conducting a survey about malaria all over Ghana. 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.

GIVE CARD WITH CONTACT INFORMATION

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	DATE OF BIRTH	ELIGIBILITY	
1	2	3	4	5	6	7	7A	8	9
	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 date of birth? On what day, month, and year was (NAME) born? IF DON'T KNOW DAY, RECORD '98'. IF DON'T KNOW MONTH, RECORD '98'. IF DON'T KNOW YEAR, RECORD '9998'.	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
			M F	Y N	Y N	IN YEARS	DAY MONTH YEAR		
01			1 2	1 2	1 2				
02			1 2	1 2	1 2				
03			1 2	1 2	1 2				
04			1 2	1 2	1 2				
05			1 2	1 2	1 2				
06			1 2	1 2	1 2				
07			1 2	1 2	1 2				
08			1 2	1 2	1 2				
09			1 2	1 2	1 2				
10			1 2	1 2	1 2				

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

							+ 6+				
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	DATE OF BIRTH			ELIGIBILITY	
1	2	3	4	5	6	7	7A			8	9
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER 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 date of birth?</p> <p>On what day, month, and year was (NAME) born?</p> <p>IF DON'T KNOW DAY, RECORD '98'. IF DON'T KNOW MONTH, RECORD '98'. IF DON'T KNOW YEAR, RECORD '9998'.</p>			<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	DAY <input type="text"/>	MONTH <input type="text"/>	YEAR <input type="text"/>	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	20	20
TICK HERE IF CONTINUATION SHEET USED <input type="checkbox"/>											

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD	07 = PARENT-IN-LAW
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05 = GRANDCHILD	11 = NOT RELATED
06 = PARENT	98 = DON'T KNOW

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOR 13 PUBLIC TAP/STANDPIPE 14 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 SACHET WATER 92 OTHER _____ 96 <div style="text-align: center;">(SPECIFY)</div>	<div style="position: relative; height: 100px;"> → 105 → 103 → 103 </div>
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOR 13 PUBLIC TAP/STANDPIPE 14 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 OTHER _____ 96 <div style="text-align: center;">(SPECIFY)</div>	<div style="position: relative; height: 100px;"> → 105 </div>
103	Where is that water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	<div style="position: relative; height: 100px;"> → 105 </div>
104	How long does it take to go there, get water, and come back?	MINUTES..... <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> DON'T KNOW 998	
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 FLUSH, BIO-DIGESTER (BIOFIL) 16 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 <div style="text-align: center;">(SPECIFY)</div>	<div style="position: relative; height: 100px;"> → 108 </div>

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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; width: 40px; text-align: center;">0</table> 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 COOKING GEL 06 CHARCOAL 07 WOOD 08 STRAW/SHRUBS/GRASS 09 AGRICULTURAL CROP RESIDUE 10 ANIMAL DUNG 11 NO FOOD COOKED IN HOUSEHOLD 95 OTHER 96 <div style="text-align: center;">(SPECIFY)</div>	
109	How many rooms in this household are used for sleeping?	ROOMS <table border="1" style="display: inline-table; width: 40px; text-align: center;"> </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) Milk cows or bulls? b) Other cattle? c) Horses, donkeys, or mules? d) Goats? e) Sheep? f) Chickens or other poultry? g) Pigs? h) Rabbits? i) Grasscutter?	 a) COWS/BULLS <table border="1" style="display: inline-table; width: 40px; text-align: center;"> </table> b) OTHER CATTLE <table border="1" style="display: inline-table; width: 40px; text-align: center;"> </table> c) HORSES/DONKEYS/MULES <table border="1" style="display: inline-table; width: 40px; text-align: center;"> </table> d) GOATS <table border="1" style="display: inline-table; width: 40px; text-align: center;"> </table> e) SHEEP <table border="1" style="display: inline-table; width: 40px; text-align: center;"> </table> f) CHICKENS/POULTRY <table border="1" style="display: inline-table; width: 40px; text-align: center;"> </table> g) PIGS <table border="1" style="display: inline-table; width: 40px; text-align: center;"> </table> h) RABBITS <table border="1" style="display: inline-table; width: 40px; text-align: center;"> </table> i) GRASSCUTTER <table border="1" style="display: inline-table; width: 40px; text-align: center;"> </table>	
112	Does any member of your household own any agricultural land?	YES 1 NO 2	→ 114
113	How many hectares or acres or plots of agricultural land do members of this household own? IF 95 OR MORE HECTARES, RECORD '950' IF 95 OR MORE ACRES, RECORD IN HECTARES IF 95 OR MORE PLOTS, RECORD IN ACRES	HECTARES 1 <table border="1" style="display: inline-table; width: 40px; text-align: center;"> </table> <table border="1" style="display: inline-table; width: 40px; text-align: center;"> </table> . <table border="1" style="display: inline-table; width: 40px; text-align: center;"> </table> ACRES 2 <table border="1" style="display: inline-table; width: 40px; text-align: center;"> </table> <table border="1" style="display: inline-table; width: 40px; text-align: center;"> </table> . <table border="1" style="display: inline-table; width: 40px; text-align: center;"> </table> PLOTS 3 <table border="1" style="display: inline-table; width: 40px; text-align: center;"> </table> <table border="1" style="display: inline-table; width: 40px; text-align: center;"> </table> . <table border="1" style="display: inline-table; width: 40px; text-align: center;"> </table> 95 OR MORE HECTARES 950 DON'T KNOW 998	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
114	Does your household have:	YES	NO	
	a) Electricity?	a) ELECTRICITY 1	2	
	b) A radio?	b) RADIO 1	2	
	c) A television?	c) TELEVISION 1	2	
	d) A non-mobile telephone?	d) NON-MOBILE TELEPHONE .. 1	2	
	e) A computer/Tablet computer?	e) COMPUTER 1	2	
	f) A refrigerator?	f) REFRIGERATOR 1	2	
	g) A freezer?	g) FREEZER 1	2	
	h) An electric generator/Invertor?	h) GENERATOR 1	2	
	i) A washing machine?	i) WASHING MACHINE 1	2	
	j) A photo camera? (NOT ON PHONE)	j) CAMERA 1	2	
	k) A video deck/DVD/VCD?	k) VIDEO/DVD/VCD 1	2	
	l) A sewing machine?	l) SEWING MACHINE 1	2	
	m) A bed?	m) BED 1	2	
	n) A table?	n) TABLE 1	2	
	o) A chair?	o) CHAIR 1	2	
	p) A cabinet/cupboard?	p) CABINET 1	2	
115	Does any member of this household own:	YES	NO	
	a) A wrist watch?	a) WRIST WATCH 1	2	
	b) A mobile phone?	b) MOBILE PHONE 1	2	
	c) A bicycle?	c) BICYCLE 1	2	
	d) A motorcycle or motor scooter?	d) MOTORCYCLE/SCOOTER 1	2	
	e) An animal-drawn cart?	e) ANIMAL-DRAWN CART 1	2	
	f) A car or truck?	f) CAR/TRUCK 1	2	
	g) A boat with a motor?	g) BOAT WITH MOTOR 1	2	
	h) A boat without a motor?	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	→ 119
		DON'T KNOW 8		
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 HANGING . . . 1 OBSERVED NOT HANGING/ PACKAGED 2 NOT OBSERVED 3	OBSERVED HANGING . . . 1 OBSERVED NOT HANGING/ PACKAGED 2 NOT OBSERVED 3	OBSERVED HANGING . . . 1 OBSERVED NOT HANGING/ PACKAGED 2 NOT OBSERVED 3
122	How many months ago did your household get the mosquito net? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS <input type="text"/> <input type="text"/> <input type="text"/> AGO MORE THAN 36 MONTHS AGO 95 NOT SURE 98	MONTHS <input type="text"/> <input type="text"/> <input type="text"/> AGO MORE THAN 36 MONTHS AGO 95 NOT SURE 98	MONTHS <input type="text"/> <input type="text"/> <input type="text"/> 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.	LONG-LASTING INSECTICIDE- TREATED NET (LLIN) OLYSET 11 PERMANET 12 INTERCEPTOR . . . 13 ROYAL SENTRY . . . 14 DURANET 15 LIFE NET 16 DAWA PLUS 17 MAGNET 18 YORKOOL 19 OTHER/DON'T KNOW BRAND 20 OTHER TYPE 96 DON'T KNOW TYPE . . 98	LONG-LASTING INSECTICIDE- TREATED NET (LLIN) OLYSET 11 PERMANET 12 INTERCEPTOR . . . 13 ROYAL SENTRY . . . 14 DURANET 15 LIFE NET 16 DAWA PLUS 17 MAGNET 18 YORKOOL 19 OTHER/DON'T KNOW BRAND 20 OTHER TYPE 96 DON'T KNOW TYPE . . 98	LONG-LASTING INSECTICIDE- TREATED NET (LLIN) OLYSET 11 PERMANET 12 INTERCEPTOR . . . 13 ROYAL SENTRY . . . 14 DURANET 15 LIFE NET 16 DAWA PLUS 17 MAGNET 18 YORKOOL 19 OTHER/DON'T KNOW BRAND 20 OTHER TYPE 96 DON'T KNOW TYPE . . 98
126	Did you get the net through the 2018 mass distribution campaign, during an antenatal care visit, during an immunization visit, or during a school distribution?	YES, 2018 MASS DIST. CAMPAIGN 1 YES, ANC 2 YES, IMMUNIZATION VISIT 3 YES, SCHOOL DIST. . . 4 (SKIP TO 128) ← NO 5	YES, 2018 MASS DIST. CAMPAIGN 1 YES, ANC 2 YES, IMMUNIZATION VISIT 3 YES, SCHOOL DIST. . . 4 (SKIP TO 128) ← NO 5	YES, 2018 MASS DIST. CAMPAIGN 1 YES, ANC 2 YES, IMMUNIZATION VISIT 3 YES, SCHOOL DIST. . . 4 (SKIP TO 128) ← NO 5
127	Where did you get the net?	PRIVATE HEALTH FACILITY 01 PHARMACY/ CHEMIST/ DRUG STORE 02 SHOP/MARKET 03 RELIGIOUS INSTITUTION 04 NGO 05 COMMUNITY BASED . . . AGENTS (CBAs) 06 PETROL STATION/ MOBILE MART 07 PRIOR MASS DIST. CAMPAIGN 08 OTHER 96 DON'T KNOW 98	PRIVATE HEALTH FACILITY 01 PHARMACY/ CHEMIST/ DRUG STORE 02 SHOP/MARKET 03 RELIGIOUS INSTITUTION 04 NGO 05 COMMUNITY BASED . . . AGENTS (CBAs) 06 PETROL STATION/ MOBILE MART 07 PRIOR MASS DIST. CAMPAIGN 08 OTHER 96 DON'T KNOW 98	PRIVATE HEALTH FACILITY 01 PHARMACY/ CHEMIST/ DRUG STORE 02 SHOP/MARKET 03 RELIGIOUS INSTITUTION 04 NGO 05 COMMUNITY BASED . . . AGENTS (CBAs) 06 PETROL STATION/ MOBILE MART 07 PRIOR MASS DIST. CAMPAIGN 08 OTHER 96 DON'T KNOW 98

MOSQUITO NETS

		NET #1	NET #2	NET #3
128	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 (SKIP TO 129A) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 129A) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 129A) ← NOT SURE 8
129	Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND LINE NUMBER FROM HOUSEHOLD SCHEDULE.	<div>NAME _____</div> <div>LINE NO. <input type="text"/> <input type="text"/></div> <hr/> <div>NAME _____</div> <div>LINE NO. <input type="text"/> <input type="text"/></div> <hr/> <div>NAME _____</div> <div>LINE NO. <input type="text"/> <input type="text"/></div> <hr/> <div>NAME _____</div> <div>LINE NO. <input type="text"/> <input type="text"/></div> <div>(SKIP TO 130) ←</div>	<div>NAME _____</div> <div>LINE NO. <input type="text"/> <input type="text"/></div> <hr/> <div>NAME _____</div> <div>LINE NO. <input type="text"/> <input type="text"/></div> <hr/> <div>NAME _____</div> <div>LINE NO. <input type="text"/> <input type="text"/></div> <hr/> <div>NAME _____</div> <div>LINE NO. <input type="text"/> <input type="text"/></div> <div>(SKIP TO 130) ←</div>	<div>NAME _____</div> <div>LINE NO. <input type="text"/> <input type="text"/></div> <hr/> <div>NAME _____</div> <div>LINE NO. <input type="text"/> <input type="text"/></div> <hr/> <div>NAME _____</div> <div>LINE NO. <input type="text"/> <input type="text"/></div> <hr/> <div>NAME _____</div> <div>LINE NO. <input type="text"/> <input type="text"/></div> <div>(SKIP TO 130) ←</div>
129A	Why was this net not used last night? RECORD ALL MENTIONED	TOO HOT A NO MOSQUITOES ... B NO MALARIA C PREFER OTHER METHOD (COILS, SPRAY, FANS) ... D NET TOO OLD/TORN .. E CHEMICALS IN NET ARE UNSAFE ... F DON'T LIKE SMELL ... G NET TOO SHORT/SMALL H USUAL USER DID NOT SLEEP HERE ... I EXTRA NET/SAVING FOR LATER J NET WAS BEING WASHED/DRIED/AIRED K SLEPT OUTSIDE L NET BROUGHT BUGS M DON'T LIKE SHAPE N OTHER X	TOO HOT A NO MOSQUITOES ... B NO MALARIA C PREFER OTHER METHOD (COILS, SPRAY, FANS) ... D NET TOO OLD/TORN .. E CHEMICALS IN NET ARE UNSAFE ... F DON'T LIKE SMELL ... G NET TOO SHORT/SMALL H USUAL USER DID NOT SLEEP HERE ... I EXTRA NET/SAVING FOR LATER J NET WAS BEING WASHED/DRIED/AIRED K SLEPT OUTSIDE L NET BROUGHT BUGS M DON'T LIKE SHAPE N OTHER X	TOO HOT A NO MOSQUITOES ... B NO MALARIA C PREFER OTHER METHOD (COILS, SPRAY, FANS) ... D NET TOO OLD/TORN .. E CHEMICALS IN NET ARE UNSAFE ... F DON'T LIKE SMELL ... G NET TOO SHORT/SMALL H USUAL USER DID NOT SLEEP HERE ... I EXTRA NET/SAVING FOR LATER J NET WAS BEING WASHED/DRIED/AIRED K SLEPT OUTSIDE L NET BROUGHT BUGS M DON'T LIKE SHAPE N OTHER X
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/MARBLE/PORCELAIN TILES/TERRAZO 33 CEMENT 34 WOOLEN CARPET/SYNTHETIC CARPET .. 35 LINOLEUM/RUBBER CARPET 36 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 ZINC/ALUMINIUM 31 WOOD 32 CERAMIC/BRICK TILES 33 CEMENT 34 ROOFING SHINGLES 35 ASBESTOS/SLATE ROOFING SHEETS .. 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 MUD/LANDCRETE 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" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></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
