

SURVEY ON THE DETERMINANTS OF MALARIA BEHAVIORS IN CAMEROON

HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION PAGE

IDENTIFICATION		
RESIDENCE: URBAN.....1	RURAL 2	_ _
RESIDENCE: NORTH.....1	EXTREME NORTH 2	_ _
HEALTH DISTRICT:		
DIVISION:		
SUB-DIVISION:		
NAME OF LOCALITY:		
ENUMERATION AREA NUMBER		
HOUSEHOLD NUMBER		

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY _ _ MONTH _ _ YEAR _ _ _ _
INTERVIEWER'S NAME	_____	_____	_____	INTER. NUM. _ _ _ _
RESULT*	_____	_____	_____	RESULT _ _
NEXT VISIT DATE TIME	_____ _____	_____ _____		TOTAL NUMBER OF VISITS = _ _

***RESULT CODES**

- | | |
|---------------|--------------------|
| 1 COMPLETED | 4 REFUSED |
| 2 NOT AT HOME | 5 PARTLY COMPLETED |
| 3 POSTPONED | 6 INCAPACITATED |
| 7 OTHER | (specify) |

SUPERVISOR

NAME _____ |_|_|_|

QUANTITATIVE SURVEY : HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD SCHEDULE									
LINE NO.	USUAL RESIDENTS AND VISITORS	SEX	RESIDENCE	RESIDENCE	AGE	CHILDREN AGES 0-4	LINE NUMBER OF MOTHER	LINE NUMBER OF FATHER	SELECTED FOR INDIVIDUAL INTERVIEW*
1	2	3	4	5	6	7	8	9	10
	Please give me the nick names or first names only of the persons who usually live in your household and guests of the household who stayed here last night , starting with the respondent.	Is (NAME) female or male?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF 65 OR MORE, RECORD '65'	CIRCLE LINE NUMBER OF ALL CHILDREN AGES 0-4	FOR EACH CHILD AGES 0-4, WRITE IN THE LINE NUMBER OF THAT CHILD'S MOTHER.	FOR EACH CHILD AGES 0-4, WRITE IN THE LINE NUMBER OF THAT CHILD'S FATHER	
01		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _ _	01	_ _ _	_ _ _	
02		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _ _	02	_ _ _	_ _ _	
03		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _ _	03	_ _ _	_ _ _	
04		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _ _	04	_ _ _	_ _ _	
05		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _ _	05	_ _ _	_ _ _	
06		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _ _	06	_ _ _	_ _ _	
07		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _ _	07	_ _ _	_ _ _	
08		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _ _	08	_ _ _	_ _ _	
09		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _ _	09	_ _ _	_ _ _	

QUANTITATIVE SURVEY : HOUSEHOLD QUESTIONNAIRE

10		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _ _	10	_ _ _	_ _ _	
11		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _ _	11	_ _ _	_ _ _	
12		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _ _	12	_ _ _	_ _ _	
13		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _ _	13	_ _ _	_ _ _	
14		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _ _	14	_ _ _	_ _ _	
15		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _ _	15	_ _ _	_ _ _	
16		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _ _	16	_ _ _	_ _ _	
17		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _ _	17	_ _ _	_ _ _	
18		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _ _	18	_ _ _	_ _ _	
19		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _ _	19	_ _ _	_ _ _	
20		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _ _	20	_ _ _	_ _ _	

ALL WOMEN AGES 14-49 YEARS OLD WILL BE SLECECTED FOR AN INDIVIDUAL INTERVIEW.
IN EVERY THIRD HOUSEHOLD, THE SPOUSE OF ONE OF THE WOMEN WILL INTERVIEWED.

QUANTITATIVE SURVEY : HOUSEHOLD QUESTIONNAIRE

Household characteristics

BACKGROUND INFORMATION: HOUSEHOLD CHARACTERISTICS			
NO.	QUESTION	CODING CATEGORIES	SKIP TO
101.	How many rooms do members of this household usually use for sleeping?	NUMBER OF ROOMS.....__ __	
102.	Number of regular sleeping spaces	NUMBER OF SLEEPING SPACES.....__ __	
103.	<p>Main material of the dwelling floor.</p> <p style="text-align: center;">RECORD WHAT YOU OBSERVE</p> <p>IF DIFFERENT ROOMS HAVE DIFFERENT FLOOR MATERIAL, CIRCLE THE CODE FOR THE MOST COMMON, FOR EXAMPLE, THAT WHICH COVERS THE LARGEST SURFACE AREA.</p>	<p>NATURAL FLOOR</p> <p>EARTH / SAND/MUD/CLAY.....11</p> <p>DUNG12</p> <p>RUDIMENTARY FLOOR</p> <p>WOOD PLANKS.....21</p> <p>PALM/BAMBOO22</p> <p>FINISHED FLOOR</p> <p>PARQUET OR POLISHED WOOD31</p> <p>VINYL OR ASPHALT STRIPS32</p> <p>CERAMIC TILES33</p> <p>CONCRETE, CEMENT34</p> <p>CARPET35</p> <p>OTHER (specify).....88</p>	
104.	<p><i>Main material of the roof.</i></p> <p style="text-align: center;"><i>Record what you observe.</i></p> <p style="text-align: center;"><i>If observation is not possible, ask the respondent to determine the material of the roof.</i></p>	<p>NATURAL ROOFING</p> <p>NO ROOF11</p> <p>THATCH / PALM LEAF/STRAW.....12</p> <p>EARTH/MUD/SOD13</p> <p>RUDIMENTARY ROOFING</p> <p>RUSTIC MATS21</p> <p>PALM / BAMBOO22</p> <p>WOOD PLANKS.....23</p> <p>CARDBOARD.....24</p> <p>FINISHED ROOFING</p> <p>ZINC, METAL.....31</p> <p>WOOD32</p> <p>CALAMINE / CEMENT FIBER.....33</p> <p>CERAMIC TILES34</p> <p>CONCRETE, CEMENT35</p> <p>ASBESTOS SHEETS, SHINGLES36</p> <p>OTHER (specify).....88</p>	

QUANTITATIVE SURVEY : HOUSEHOLD QUESTIONNAIRE

105.	<p><i>Main material of the exterior walls.</i></p> <p><i>Record what you observe.</i></p>	<p>NATURAL WALLS</p> <p>NO WALLS 11</p> <p>CANE / PALM / TRUNKS/STRAW 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 BLOCK 34</p> <p>COVERED ADOBE..... 35</p> <p>WOOD PLANKS / SHINGLES..... 36</p> <p>OTHER (specify)..... 88</p>																									
106.	<p>OBSERVE THE EAVES OF THE BUILDING:</p> <p>Are the eaves of the house or building occupied by this household open or closed?</p>	<p>COMPLETELY OPEN 1</p> <p>PARTIALLY OPEN 2</p> <p>CLOSED 3</p>																									
107.	<p>Does the part of the house or building occupied by the household have a ceiling?</p>	<p>NO, NONE 1</p> <p>YES, PARTIAL/POORLY SEALED/WORN OUT 2</p> <p>YES, COMPLETE AND SEALED 3</p>																									
107-1.	<p>OBSERVE THE EXTERIOR WINDOWS OF THE BUILDING:</p> <p>Are the windows well screened to prevent the entry of mosquitoes?</p>	<p>YES, ALL THE WINDOWS 1</p> <p>YES, SOME WINDOWS..... 2</p> <p>NO, NO WINDOWS..... 3</p>	→ Q109																								
107-2.	<p>What is the <u>primary</u> material used to screen windows against mosquito entry?</p>	<p>METAL NETTING 1</p> <p>FABRIC NETTING..... 2</p> <p>PLASTIC/POLYESTER NETTING 3</p> <p>MOSQUITO NET..... 4</p>																									
109.	<p>Does your household have electricity?</p>	<p>YES..... 1</p> <p>NO 2</p>																									
110.	<p>Does your household have the following items which are in good working order?</p> <p>ASK ABOUT EACH ITEM SEPARATELY.</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>RADIO..... 1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION..... 1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>COMPUTER..... 1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>REFRIGERATOR..... 1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ACCESS TO INTERNET 1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ELECTRIC FAN 1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>AIR CONDITIONER 1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	RADIO..... 1	1	2	TELEVISION..... 1	1	2	COMPUTER..... 1	1	2	REFRIGERATOR..... 1	1	2	ACCESS TO INTERNET 1	1	2	ELECTRIC FAN 1	1	2	AIR CONDITIONER 1	1	2	
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QUANTITATIVE SURVEY : HOUSEHOLD QUESTIONNAIRE

111.	Does any member of your household own: ASK ABOUT EACH ITEM SEPARATELY	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;"></th> <th style="width: 25%; text-align: center;">YES</th> <th style="width: 25%; text-align: center;">NO</th> </tr> <tr> <td>WATCH</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SIMPLE MOBILE PHONE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SMARTPHONE/TABLET</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BICYCLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE / SCOOTER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ANIMAL-DRAWN CART</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR / TRUCK / VAN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BOAT WITH MOTOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	WATCH	1	2	SIMPLE MOBILE PHONE	1	2	SMARTPHONE/TABLET	1	2	BICYCLE	1	2	MOTORCYCLE / SCOOTER	1	2	ANIMAL-DRAWN CART	1	2	CAR / TRUCK / VAN	1	2	BOAT WITH MOTOR	1	2	
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111-1.	Does any member of your household own fields/plantations?	YES.....1 NO2	→Q116																											
111-2.	How many hectares of agricultural fields or plantations do members of this household own? <i>If less than 1, record '00'.</i>	HECTARES..... 95 OR MORE.....777 DON'T KNOW999																												
114.	Does this household own any livestock, herds, or poultry?	YES.....1 NO2	→Q116																											
115.	How many of the following animals does this household have? ASK FOR EACH TYPE OF ANIMALS SEPARATELY <i>If none, record '00'. If 95 or more, record '95'. If unknown, record '99'.</i>	NUMBER MILK COWS OR BULLS..... HORSES, DONKEYS OR MULES GOATS SHEEP CHICKENS OR OTHER POULTRY..... PIGS																												
116.	Please tell me how far away from your house are the following and how long does it take to get there by walking and by car or bus? FOR THE TIME IN MINUTES WALKING, PUT 8888 IF THE PERSON SAYS IT IS TOO FAR TO WALK; FOR ALL MODALITIES, IF THE PERSON DOES NOT KNOW, PUT 9999	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">STRUCTURE</th> <th style="width: 25%;">DISTANCE IN KILOMETERS</th> <th style="width: 25%;">TIME IN MINUTES WALKING</th> <th style="width: 25%;">TIME IN MINUTES BY CAR/BUS</th> </tr> <tr> <td>NEAREST GOVT HOSPITAL</td> <td></td> <td></td> <td></td> </tr> <tr> <td>NEAREST GOVT HEALTH CENTER</td> <td></td> <td></td> <td></td> </tr> <tr> <td>NEAREST PRIVATE HOSPITAL/CLINIC</td> <td></td> <td></td> <td></td> </tr> <tr> <td>NEAREST PRIVATE NURSING/MATERNITY HOME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>NEAREST PHARMACY</td> <td></td> <td></td> <td></td> </tr> </table>	STRUCTURE	DISTANCE IN KILOMETERS	TIME IN MINUTES WALKING	TIME IN MINUTES BY CAR/BUS	NEAREST GOVT HOSPITAL				NEAREST GOVT HEALTH CENTER				NEAREST PRIVATE HOSPITAL/CLINIC				NEAREST PRIVATE NURSING/MATERNITY HOME				NEAREST PHARMACY							
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NEAREST PHARMACY																														
123.	Does your household have any mosquito nets that can be used for sleeping?	YES.....1 NO2	→END																											
124.	How many mosquito nets does your household have?	NUMBER OF MOSQUITO NETS __ __																												

QUANTITATIVE SURVEY : HOUSEHOLD QUESTIONNAIRE

Net roster

ITN: NET ROSTER				
126. Ask the respondent to show you all the mosquito nets in the household. Ask the following questions for each mosquito net.				
		1 ST NET	2 ND NET	3 RD NET
A.	INDICATE WHETHER YOU ARE ABLE TO PHYSICALLY OBSERVE THE NET OR NOT.	OBSERVED 1 NOT OBSERVED 2	OBSERVED.....1 NOT OBSERVED.....2	OBSERVED 1 NOT OBSERVED 2
B.	How many months ago did your household get the bed net? <i>If less than one month, record '00'.</i>	MONTHS AGO > 36 MONTHS AGO 77 DK / NOT SURE..... 99	MONTHS AGO > 36 MONTHS AGO77 DK / NOT SURE..... 99	MONTHS AGO..... > 36 MONTHS AGO.....77 DK / NOT SURE 99
C.	Observe or ask the brand/type of bed net. <i>If brand is unknown and you cannot observe the net, show pictures of typical net brand/types to the respondent</i>	PERMANET 10 DAWA PLUS 11 OLYSET 12 NETPROTECT 13 INTERCEPTOR..... 14 DURANET 15 YORKKOL 16 MAGNET 17 ROYAL SENTRY 18 OTHER BRAND 88 (specify) DON'T KNOW BRAND 99	PERMANET..... 10 DAWA PLUS 11 OLYSET 12 NETPROTECT..... 13 INTERCEPTOR 14 DURANET 15 YORKKOL 16 MAGNET 17 ROYAL SENTRY 18 OTHER BRAND 88 (specify) DON'T KNOW BRAND 99	PERMANET 10 DAWA PLUS 11 OLYSET 12 NETPROTECT 13 INTERCEPTOR 14 DURANET 15 YORKKOL 16 MAGNET 17 ROYAL SENTRY..... 18 OTHER BRAND 88 (specify) DON'T KNOW BRAND 99
F	Did you get the net through a mass distribution campaign, during an antenatal care visit, or during a household visit by a community health worker (CHW)?	YES, DISTRIBUTION CAMPAIGN1→I YES, ANC2→I YES, HOUSEHOLD CHW VISIT3→I NO..... 4	YES, DISTRIBUTION CAMPAIGN 1→I YES, ANC 2→I YES, HOUSEHOLD CHW VISIT3→I NO 4	YES, DISTRIBUTION CAMPAIGN1→I YES, ANC..... 2→I YES, HOUSEHOLD CHW VISIT3→I NO 4

QUANTITATIVE SURVEY : HOUSEHOLD QUESTIONNAIRE

G.	Where did you get the net?	GOVERNMENT HEALTH FACILITY 01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 SHOP / MARKET / STREET VENDOR 04 COMMUNITY HEALTH AGENT 05 RELIGIOUS INSTITUTION 06 SCHOOL 07 FRIEND/RELATIVE/FAMILY 08 OTHER 88 DK 99	GOVERNMENT HEALTH FACILITY01 PRIVATE HEALTH FACILITY02 PHARMACY03 SHOP / MARKET / STREET VENDOR04 COMMUNITY HEALTH AGENT05 RELIGIOUS INSTITUTION06 SCHOOL07 FRIEND/RELATIVE/FAMILY08 OTHER88 DK99	GOVERNMENT HEALTH FACILITY01 PRIVATE HEALTH FACILITY02 PHARMACY03 SHOP / MARKET / STREET VENDOR04 COMMUNITY HEALTH AGENT05 RELIGIOUS INSTITUTION06 SCHOOL07 FRIEND/RELATIVE/FAMILY08 OTHER88 DK99
H.	Did you pay any money for this net?	YES 1 NO 2→J DK / NOT SURE 9	YES1 NO 2→J DK / NOT SURE9	YES1 NO 2→J DK / NOT SURE9
I.	How much did you pay?	COST DK / NOT SURE 9	COST DK / NOT SURE9	COST DK / NOT SURE9
J.	Did anyone sleep under this bed net last night?	YES 1 NO 2→M DK / NOT SURE 9	YES1 NO 2→M DK / NOT SURE9	YES1 NO 2→M DK / NOT SURE9
K.	Was the net used indoors or outdoors last night?	INDOORS 1 OUTDOORS 2 PARTIALLY BOTH 3	INDOORS1 OUTDOORS2 PARTIALLY BOTH3	INDOORS1 OUTDOORS2 PARTIALLY BOTH3
L.	Who slept under this bed net last night? <i>Record the person's line number from the LIST OF HOUSEHOLD MEMBERS.</i> <i>If someone not in the LIST OF HOUSEHOLD MEMBERS slept under the bed net, record '00' for LINE NUMBER.</i> <i>Go to "M" after entering name/line # of the last user</i>	NAME #1 _____ LINE NUMBER NAME #2 _____ LINE NUMBER NAME #3 _____ LINE NUMBER NAME #4 _____ LINE NUMBER	NAME #1 _____ LINE NUMBER NAME #2 _____ LINE NUMBER NAME #3 _____ LINE NUMBER NAME #4 _____ LINE NUMBER	NAME #1 _____ LINE NUMBER NAME #2 _____ LINE NUMBER NAME #3 _____ LINE NUMBER NAME #4 _____ LINE NUMBER

QUANTITATIVE SURVEY : HOUSEHOLD QUESTIONNAIRE

M.	What is the <u>main</u> reason that nobody slept under this bed net last night? RECORD ONE ANSWER	NO MOSQUITOES.....1 THERE IS NO MALARIA.....2 TOO HOT3 DON'T LIKE SMELL.....4 FEEL 'CLOSED IN'5 NET TOO OLD OR TORN6 NET TOO DIRTY7 NET NOT AVAILABLE LAST NIGHT (WASHING)8 USUAL USER DID NOT SLEEP HERE LAST NIGHT9 NET WAS NOT NEEDED LAST NIGHT.....10 NO PLACE TO HANG IT 11 DON'T LIKE THE BED NET'S COLOR 12 OTHER (<i>specify</i>).....88 DON'T KNOW99	NO MOSQUITOES1 THERE IS NO MALARIA.....2 TOO HOT3 DON'T LIKE SMELL4 FEEL 'CLOSED IN'5 NET TOO OLD OR TORN6 NET TOO DIRTY7 NET NOT AVAILABLE LAST NIGHT (WASHING)8 USUAL USER DID NOT SLEEP HERE LAST NIGHT9 NET WAS NOT NEEDED LAST NIGHT10 NO PLACE TO HANG IT 11 DON'T LIKE THE BED NET'S COLOR 12 12 OTHER (<i>specify</i>)88 DON'T KNOW99	NO MOSQUITOES1 THERE IS NO MALARIA2 TOO HOT3 DON'T LIKE SMELL4 FEEL 'CLOSED IN'5 NET TOO OLD OR TORN6 NET TOO DIRTY7 NET NOT AVAILABLE LAST NIGHT (WASHING)8 USUAL USER DID NOT SLEEP HERE LAST NIGHT.....9 NET WAS NOT NEEDED LAST NIGHT10 NO PLACE TO HANG IT..... 11 DON'T LIKE THE BED NET'S COLOR 12 OTHER (<i>specify</i>)88 DON'T KNOW99
N.	Where was the net found?	HANGING LOOSE OVER SLEEPING PLACE 1→P HANGING AND FOLDED UP AND TIED 2→P NOT HANGING BUT NOT STORED3 STORED AWAY UNPACKED4 STORED AWAY STILL IN PACKAGE5 NET NOT OBSERVED6 OTHERS (<i>specify</i>).....8	HANGING LOOSE OVER SLEEPING PLACE.....1→P HANGING AND FOLDED UP AND TIED2→P NOT HANGING BUT NOT STORED3 STORED AWAY UNPACKED4 STORED AWAY STILL IN PACKAGE5 NET NOT OBSERVED.....6 OTHERS (<i>specify</i>).....8	HANGING LOOSE OVER SLEEPING PLACE.....1→P HANGING AND FOLDED UP AND TIED.....2→P NOT HANGING BUT NOT STORED3 STORED AWAY UNPACKED4 STORED AWAY STILL IN PACKAGE5 NET NOT OBSERVED.....6 OTHERS (<i>specify</i>).....8

QUANTITATIVE SURVEY : HOUSEHOLD QUESTIONNAIRE

O.	What is the reason the net is not hanging for sleeping? MUTIPLE RESPONSES POSSIBLE	NET TOO DIFFICULT TO HANG . A THE NET IS TOO SHORTB NO SPACE TO HANG NETC NO ONE TO HANG NET D WILL HANG IT LATER.....E WE ONLY HANG IT AT NIGHT F SAVING A NEW NET UNTIL OTHERS ARE WORN..... G OTHER.....X DON'T KNOW Y	NET TOO DIFFICULT TO HANG ..A THE NET IS TOO SHORT.....B NO SPACE TO HANG NET C NO ONE TO HANG NET D WILL HANG IT LATER.....E WE ONLY HANG IT AT NIGHT.... F SAVING A NEW NET UNTIL OTHERS ARE WORN G OTHER.....X DON'T KNOW..... Y	NET TOO DIFFICULT TO HANG..A THE NET IS TOO SHORT B NO SPACE TO HANG NET C NO ONE TO HANG NETD WILL HANG IT LATER E WE ONLY HANG IT AT NIGHT.... F SAVING A NEW NET UNTIL OTHERS ARE WORNG OTHER X DON'T KNOW Y
P.	How many nights was this net been used in the last week?	ALL NIGHTS1 MOST NIGHTS (5-6).....2 SOME NIGHTS (1-4).....3 NO NIGHTS/NOT USED LAST WEEK.....4 DON'T KNOW99	ALL NIGHTS1 MOST NIGHTS (5-6)2 SOME NIGHTS (1-4)3 NO NIGHTS/NOT USED LAST WEEK4 DON'T KNOW99	ALL NIGHTS.....1 MOST NIGHTS (5-6)2 SOME NIGHTS (1-4)3 NO NIGHTS/NOT USED LAST WEEK4 DON'T KNOW99
Q.	What is the color of the net?	WHITE 1 BLUE..... 2 GREEN 3 OTHER COLOR.....8 (SPECIFY)	WHITE1 BLUE2 GREEN.....3 OTHER COLOR.....8 (SPECIFY)	WHITE.....1 BLUE2 GREEN3 OTHER COLOR.....8 (SPECIFY)
R.	Has this net ever been washed?	YES1 NO2 DON'T KNOW9 IF 2 OR 9 →V	YES1 NO2 DON'T KNOW.....9 IF 2 OR 9 →V	YES1 NO2 DON'T KNOW9 IF 2 OR 9 →V
S.	How many times has this net been washed in the last six months? IF NONE, ENTER 00	NUMBER OF TIMES __ __ DON'T KNOW99	NUMBER OF TIMES..... __ __ DON'T KNOW99	NUMBER OF TIMES..... __ __ DON'T KNOW99
T.	For the last wash, what was used in addition to water?	MACABO SOAP.....1 OTHER BAR SOAP.....2 POWDERED OR LIQUID SOAP ...3 BLEACH4 MIX (<i>specify</i>).....5 NOTHING, JUST WATER6 OTHER (<i>specify</i>).....8	MACABO SOAP1 OTHER BAR SOAP.....2 POWDERED OR LIQUID SOAP ...3 BLEACH4 MIX (<i>specify</i>)5 NOTHING, JUST WATER6 OTHER (<i>specify</i>)8	MACABO SOAP1 OTHER BAR SOAP2 POWDERED OR LIQUID SOAP ...3 BLEACH4 MIX (<i>specify</i>)5 NOTHING, JUST WATER.....6 OTHER (<i>specify</i>)8

QUANTITATIVE SURVEY : HOUSEHOLD QUESTIONNAIRE

T-1.	Where did you put the net to dry?	OUTSIDE IN THE SHADE1 OUTSIDE IN THE SUN2 INSIDE3 OTHER (<i>specify</i>)8	OUTSIDE IN THE SHADE1 OUTSIDE IN THE SUN2 INSIDE3 OTHER (<i>specify</i>)8	OUTSIDE IN THE SHADE 1 OUTSIDE IN THE SUN 2 INSIDE 3 OTHER (<i>specify</i>) 38
V.	Does your household have any other nets? Ask to see, if possible, all nets installed or not.	YES 1 ☺ <div style="text-align: right;"><i>Next Net</i></div> NO 2 ☺ <div style="text-align: right;"><i>End</i></div>	YES 1 ☺ <div style="text-align: right;"><i>Next Net</i></div> NO 2 ☺ <div style="text-align: right;"><i>End</i></div>	YES 1 ☺ <div style="text-align: right;"><i>Next Net</i></div> NO 2 ☺ <div style="text-align: right;"><i>End</i></div>