

SIERRA LEONE MALARIA BEHAVIOR SURVEY HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION PAGE

IDENTIFICATION				
[NAME OF ORGANIZATION]				
TYPE OF PLACE OF RESIDENCE: URBAN.....1 RURAL.....2 __				
NAME OF DISTRICT/STATE/REGION				
NAME OF LOCATION: _____				
CLUSTER NUMBER _____ __ __ __				
HOUSEHOLD NUMBER __ __				
LINE NUMBER OF RESPONDENT IN HOUSEHOLD SCHEDULE..... __ __				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY __ __ MONTH __ __ YEAR __ __ __ __
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER __ __ __
RESULT*	_____	_____	_____	RESULT __
NEXT VISIT DATE TIME	_____ _____	_____ _____		TOTAL NUMBER OF VISITS = __
*RESULT CODES <div style="display: flex; justify-content: space-between;"> <div> 1 COMPLETED 2 NOT AT HOME 3 POSTPONED 7 OTHER </div> <div> 4 REFUSED 5 PARTLY COMPLETED 6 INCAPACITATED <i>(specify)</i> </div> </div>				
SUPERVISOR		OFFICE EDITOR		KEYED BY
NAME _____ __ __		_____ __ __		_____ __ __

QUANTITATIVE SURVEY : HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD SCHEDULE									
LINE NO.	USUAL RESIDENTS AND VISITORS	SEX	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	_ _	_ _	

CHECK COLUMN 6:

ALL WOMEN AGED 15 – 49 YEARS WILL BE SELECTED FOR INDIVIDUAL INTERVIEW

IN ONE THIRD OF HOUSEHOLDS, IN ADDITION TO ALL ELIGIBLE WOMEN, THE HUSBAND OF ONE OF THE ELIGIBLE WOMEN, AGED 18 – 59 YEARS, WILL BE RANDOMLY SELECTED FOR INDIVIDUAL INTERVIEW.

QUANTITATIVE SURVEY : HOUSEHOLD QUESTIONNAIRE

Household characteristics

BACKGROUND INFORMATION: HOUSEHOLD CHARACTERISTICS					
NO.	QUESTION	CODING CATEGORIES			SKIP TO
110	How many rooms do members of this household usually use for sleeping?	NUMBER OF ROOMS__ __			
111	<p>Main material of the dwelling floor.</p> <p style="text-align: center;">RECORD OBSERVATION.</p> <p>IF DIFFERENT ROOMS HAVE DIFFERENT FLOOR MATERIAL, CIRCLE THE CODE FOR THE MOST COMMON, I.E., WHAT COVERS THE LARGEST AREA.</p>	<p>NATURAL FLOOR</p> <p>EARTH / SAND/MUD 11</p> <p>DUNG..... 12</p> <p>RUDIMENTARY FLOOR</p> <p>WOOD PLANKS 21</p> <p>PALM/BAMBOO 22</p> <p>FINISHED FLOOR</p> <p>PARQUET OR POLISHED WOOD 31</p> <p>VINYL OR ASPAHLT STRIPS 32</p> <p>CERAMIC TILES 33</p> <p>CONCRETE, CEMENT 34</p> <p>CARPET 35</p> <p>OTHER (specify) 96</p>			
112	<p>Main material of the roof.</p> <p style="text-align: center;"><i>Record observation.</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 ROOF 11</p> <p>THATCH / PALM LEAF 12</p> <p>SOD..... 13</p> <p>RUDIMENTARY ROOFING</p> <p>RUSTIC MATS..... 21</p> <p>PALM / BAMBOO..... 22</p> <p>WOOD PLANKS 23</p> <p>CARDBOARD 24</p> <p>FINISHED ROOFING</p> <p>ZINC, METAL..... 31</p> <p>WOOD 32</p> <p>CALAMINE / CEMENT FIBER 33</p> <p>CERAMIC TILES 34</p> <p>CONCRETE, CEMENT 35</p> <p>ASBESTOS SHEETS, SHINGLES..... 36</p> <p>OTHER (specify) 96</p>			
113	<p>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?</p> <p>FOR THE TIME IN MINUTES WALKING, PUT 9998 IF THE PERSON SAYS IT IS TOO FAR TO WALK;</p> <p>FOR ALL MODALITIES, IF THE PERSON DOES NOT KNOW, PUT 9999</p>	STRUCTURE NEAREST GOVT HOSPITAL NEAREST GOVT HEALTH CENTER NEAREST PRIVATE HOSPITAL/CLINIC	DISTANCE IN KILOMETERS 	TIME IN MINUTES WALKING 	TIME IN MINUTES BY CAR/BUS

QUANTITATIVE SURVEY : HOUSEHOLD QUESTIONNAIRE

		NEAREST PRIVATE NURSING/ MATERNITY HOME			
		NEAREST PHARMACY			
		NEAREST CHEMIST/PMV			
114	<i>Main material of the exterior walls.</i> <i>Record observation.</i>	NATURAL WALLS NO WALLS11 CANE / PALM / TRUNKS.....12 DIRT13 RUDIMENTARY WALLS BAMBOO WITH MUD21 STONE WITH MUD.....22 UNCOVERED ADOBE.....23 PLYWOOD.....24 CARDBOARD25 REUSED WOOD.....26 FINISHED WALLS CEMENT.....31 STONE WITH LIME/CEMENT.....32 BRICKS33 CEMENT BLOCK34 COVERED ADOBE.....35 WOOD PLANKS / SHINGLES36 OTHER (specify)96			
115	Are the eaves of the house or building occupied by this household open or closed?	COMPLETELY OPEN 1 PARTIALLY OPEN..... 2 CLOSED 4			
116	Does the part of the house or building occupied by the household have a ceiling?	NO, NONE 1 YES, PARTIAL/POORLY SEALED/WORN OUT 2 YES, COMPLETE AND SEALED 3			
117	Are the windows and any airbrick gaps in the house or building boarded up, glazed or screened against mosquito entry with netting?	YES, COMPLETELY1 YES, COMPLETE, BUT WITH HOLES2 YES, INCOMPLETE OR BADLY DAMAGED.....3 NO, ABSENT.....4			
118	What is the <u>primary</u> material used to board up, glaze or screen windows or airbrick gaps?	WOODEN BOARDS..... 1 GLASS 2 METAL NETTING..... 3 FABRIC NETTING..... 4 PLASTIC NETTING..... 5			
119	Does your household have electricity?	YES1 NO2			

QUANTITATIVE SURVEY : HOUSEHOLD QUESTIONNAIRE

120	<p>Does your household have the following items which are in good working order?</p> <p>ASK ABOUT EACH ITEM SEPARATELY.</p> <p>[*add additional items, as applicable]</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</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>COMPUTER.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ACCESS TO INTERNET</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ELECTRIC FAN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>AIR CONDITIONER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	RADIO	1	2	TELEVISION.....	1	2	COMPUTER.....	1	2	REFRIGERATOR.....	1	2	ACCESS TO INTERNET	1	2	ELECTRIC FAN	1	2	AIR CONDITIONER	1	2				
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121	<p>Does any member of your household own:</p> <p>ASK ABOUT EACH ITEM SEPARATELY</p> <p>[*add additional items, as applicable]</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>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> </tbody> </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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BOAT WITH MOTOR	1	2																												
122	<p>Does any member of your household own agricultural land?</p>	<p>YES 1</p> <p>NO 2</p>	→ 124																											
123	<p>How many hectares/acres of agricultural land do members of this household own?</p> <p><i>If less than 1, record '00'.</i></p>	<p>HECTARES ____</p> <p>ACRES ____</p> <p>95 OR MORE 95</p> <p>DON'T KNOW 98</p>																												
124	<p>Does this household own any livestock, herds, other farm animals, or poultry?</p>	<p>YES 1</p> <p>NO 2</p>	→ 126																											
125	<p>How many of the following animals does this household have?</p> <p>ASK FOR EACH TYPE OF ANIMALS SEPARATELY</p> <p>**(include additional animals as applicable)</p> <p><i>If none, record '00'. If 95 or more, record '95'.</i></p> <p><i>If unknown, record '98'.</i></p>	<p style="text-align: center;">NUMBER</p> <p>MILK COWS OR BULLS ____</p> <p>OTHER CATTLE..... ____</p> <p>HORSES, DONKEYS OR MULES..... ____</p> <p>GOATS ____</p> <p>SHEEP ____</p> <p>CHICKENS OR OTHER POULTRY ____</p> <p>PIGS ____</p>																												
126	<p>QUESTIONS 118 – 122 ARE ONLY RELEVANT IN AREAS WITH IRS PROGRAM</p>																													
127	<p>At any time in the past 12 months, has anyone come into your dwelling asking to spray the interior walls against mosquitoes?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 132</p> <p>→ 132</p>																											
128	<p>At any time in the past 12 months, has the interior walls of you dwelling been sprayed against mosquitoes?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 131</p> <p>→ 131</p>																											

QUANTITATIVE SURVEY : HOUSEHOLD QUESTIONNAIRE

129	Who sprayed the dwelling?	GOVERNMENT WORKER/PROGRAM..... 1 PRIVATE COMPANY 2 NONGOVERNMENTAL ORGANIZATION..... 3 OTHER 96 (SPECIFY) DON'T KNOW 98	
130	Since your dwelling was sprayed, have you repainted, re-plastered, or washed the walls in any way?	YES..... 1 NO 2 DON'T KNOW 8	} 132
131	What was the <u>main</u> reason your dwelling was not sprayed?	SPRAY TEAM DID NOT COME 1 NO ONE WAS HOME 2 IT DAMAGES THE WALLS 3 IT IS BAD FOR OUR HEALTH..... 4 DID NOT WANT TO SHOW TEAM OUR POSSESSIONS..... 5 SPRAYING DOES NOT DO ANYTHING 6 SPRAYING IS ANNOYING/SMELLS BAD 7 OTHER 96 DON'T KNOW 98	
132	When was the last time that any house in this community was sprayed?	LESS THAN THREE MONTHS AGO 1 3 – 5 MONTHS AGO 2 6 – 11 MONTHS AGO 3 ONE YEAR OR MORE..... 4 NEVER..... 5 DON'T KNOW 8	
133	Does your household have any mosquito nets that can be used while sleeping?	YES..... 1 NO 2	➔ END
134	How many mosquito nets does your household have?	NUMBER OF MOSQUITO NETS __ __	

QUANTITATIVE SURVEY : HOUSEHOLD QUESTIONNAIRE

Net roster

ITN: NET ROSTER				
135. Ask the respondent to show you all the nets in the household. If more than 3 nets, use additional questionnaire.				
		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	OBSERVED1 NOT OBSERVED2	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 95 DK / NOT SURE 98	MONTHS AGO > 36 MONTHS AGO95 DK / NOT SURE.....98	MONTHS AGO > 36 MONTHS AGO 95 DK / NOT SURE 98
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> [THE RESPONSE OPTIONS TO THIS QUESTIONS SHOULD BE ADAPTED TO REFLECT LOCALLY AVAILABLE BED NETS]	ITN PERMANET 10 DAWA PLUS 11 OLYSET 12 NETPROTECT 13 INTERCEPTOR 14 DURANET 15 YORKKOL 16 MAGNET 17 ROYAL SENTRY 18 OTHER ITN BRAND 19 UNTREATED NET 31 OTHER BRAND 96 <i>(specify)</i> DON'T KNOW BRAND 98	ITN PERMANET 10 DAWA PLUS 11 OLYSET 12 NETPROTECT 13 INTERCEPTOR 14 DURANET 15 YORKKOL 16 MAGNET 17 ROYAL SENTRY 18 OTHER ITN BRAND 19 UNTREATED NET 31 OTHER BRAND 96 <i>(specify)</i> DON'T KNOW BRAND 98	ITN PERMANET 10 DAWA PLUS 11 OLYSET 12 NETPROTECT 13 INTERCEPTOR 14 DURANET 15 YORKKOL 16 MAGNET 17 ROYAL SENTRY 18 OTHER ITN BRAND 19 UNTREATED NET 31 OTHER BRAND 96 <i>(specify)</i> DON'T KNOW BRAND 98
D.	Had the mosquito net already been treated with insecticides when you got it? ** <i>** Ask only where relevant</i>	YES 1→F NO 2 DON'T KNOW 8	YES 1→F NO 2 DON'T KNOW 8	YES 1→F NO 2 DON'T KNOW 8
E.	Since you obtained the mosquito net, has it ever been treated with insecticide to repel mosquitoes? ** <i>** Ask only where relevant</i>	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
F.	Did you get the net through a [local name of] mass distribution campaign, during an antenatal care visit, or during an immunization visit? [Revise responses 1-3 per local context]	YES, NAME OF CAMPAIGN. 1→H YES, ANC 2→H YES, IMMUNIZATION VISIT 3→H NO 4	YES, NAME OF CAMPAIGN .1→H YES, ANC2→H YES, IMMUNIZATION VISIT .3→H NO 4	YES, NAME OF CAMPAIGN . 1→H YES, ANC 2→H YES, IMMUNIZATION VISIT. 3→H 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 WORKER 05 RELIGIOUS INSTITUTION 06 SCHOOL 07 FRIEND/RELATIVE 08 OTHER 96 DK 98	GOVERNMENT HEALTH FACILITY01 PRIVATE HEALTH FACILITY02 PHARMACY03 SHOP / MARKET / STREET VENDOR04 COMMUNITY HEALTH WORKER05 RELIGIOUS INSTITUTION06 SCHOOL07 FRIEND/RELATIVE08 OTHER96 DK98	GOVERNMENT HEALTH FACILITY 01 PRIVATE HEALTH FACILITY02 PHARMACY 03 SHOP / MARKET / STREET VENDOR 04 COMMUNITY HEALTH WORKER 05 RELIGIOUS INSTITUTION 06 SCHOOL 07 FRIEND/RELATIVE 08 OTHER 96 DK 98
H.	Did you pay any money for this net?	YES 1 NO 2→J DK / NOT SURE 8	YES1 NO 2→J DK / NOT SURE8	YES 1 NO 2→J DK / NOT SURE 8
I.	How much did you pay?	COST _ _ _ _ _	COST _ _ _ _ _	COST _ _ _ _ _
J.	Did anyone sleep under this bed net last night?	YES 1 NO 2→M DK / NOT SURE 8	YES1 NO 2→M DK / NOT SURE8	YES 1 NO 2→M DK / NOT SURE 8
K.	Was the net used indoors or outdoors last night?	INDOORS 1 OUTDOORS 2	INDOORS1 OUTDOORS2	INDOORS 1 OUTDOORS 2
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 "L" 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.	<p>What is the <u>main</u> reason that nobody slept under this bed net last night?</p> <p>RECORD ONE ANSWER</p>	<p>NO MOSQUITOES.....1</p> <p>THERE IS NO MALARIA.....2</p> <p>TOO HOT3</p> <p>DON'T LIKE SMELL.....4</p> <p>FEEL 'CLOSED IN'5</p> <p>NET TOO OLD OR TORN6</p> <p>NET TOO DIRTY7</p> <p>NET NOT AVAILABLE LAST NIGHT (WASHING)8</p> <p>USUAL USER DID NOT SLEEP HERE LAST NIGHT9</p> <p>NET WAS NOT NEEDED LAST NIGHT.....10</p> <p>NO PLACE TO HANG IT 11</p> <p>OTHER (<i>specify</i>).....96</p> <p>DON'T KNOW98</p>	<p>NO MOSQUITOES 1</p> <p>THERE IS NO MALARIA..... 2</p> <p>TOO HOT 3</p> <p>DON'T LIKE SMELL 4</p> <p>FEEL 'CLOSED IN' 5</p> <p>NET TOO OLD OR TORN..... 6</p> <p>NET TOO DIRTY 7</p> <p>NET NOT AVAILABLE LAST NIGHT (WASHING) 8</p> <p>USUAL USER DID NOT SLEEP HERE LAST NIGHT 9</p> <p>NET WAS NOT NEEDED LAST NIGHT 10</p> <p>NO PLACE TO HANG IT 11</p> <p>OTHER (<i>specify</i>) 96</p> <p>DON'T KNOW..... 98</p>	<p>NO MOSQUITOES1</p> <p>THERE IS NO MALARIA2</p> <p>TOO HOT3</p> <p>DON'T LIKE SMELL.....4</p> <p>FEEL 'CLOSED IN'5</p> <p>NET TOO OLD OR TORN6</p> <p>NET TOO DIRTY7</p> <p>NET NOT AVAILABLE LAST NIGHT (WASHING)8</p> <p>USUAL USER DID NOT SLEEP HERE LAST NIGHT9</p> <p>NET WAS NOT NEEDED LAST NIGHT 10</p> <p>NO PLACE TO HANG IT 11</p> <p>OTHER (<i>specify</i>) 96</p> <p>DON'T KNOW 98</p>
N.	<p>Where was the net found?</p>	<p>HANGING LOOSE OVER SLEEPING PLACE 1➔P</p> <p>HANGING AND FOLDED UP AND TIED 2➔P</p> <p>NOT HANGING BUT NOT STORED3</p> <p>STORED AWAY UNPACKED4</p> <p>STORED AWAY STILL IN PACKAGE5</p>	<p>HANGING LOOSE OVER SLEEPING PLACE1➔P</p> <p>HANGING AND FOLDED UP AND TIED.....2➔P</p> <p>NOT HANGING BUT NOT STORED3</p> <p>STORED AWAY UNPACKED4</p> <p>STORED AWAY STILL IN PACKAGE5</p>	<p>HANGING LOOSE OVER SLEEPING PLACE 1➔P</p> <p>HANGING AND FOLDED UP AND TIED 2➔P</p> <p>NOT HANGING BUT NOT STORED3</p> <p>STORED AWAY UNPACKED.....4</p> <p>STORED AWAY STILL IN PACKAGE5</p>
O.	<p>What is the reason the net is not hanging for sleeping</p>	<p>NET TOO DIFFICULT TO HANG . A</p> <p>THE NET IS TOO SHORTB</p> <p>NO SPACE TO HANG NETC</p> <p>NO ONE TO HANG NET D</p> <p>WILL HANG IT LATER.....E</p> <p>WE ONLY HANG IT AT NIGHT F</p> <p>SAVING A NEW NET UNTIL OTHERS ARE WORN..... G</p> <p>OTHERX</p> <p>DON'T KNOWY</p>	<p>NET TOO DIFFICULT TO HANG ..A</p> <p>THE NET IS TOO SHORT B</p> <p>NO SPACE TO HANG NET C</p> <p>NO ONE TO HANG NETD</p> <p>WILL HANG IT LATER..... E</p> <p>WE ONLY HANG IT AT NIGHT F</p> <p>SAVING A NEW NET UNTIL OTHERS ARE WORNG</p> <p>OTHER.....X</p> <p>DON'T KNOW..... Y</p>	<p>NET TOO DIFFICULT TO HANG . A</p> <p>THE NET IS TOO SHORT B</p> <p>NO SPACE TO HANG NET..... C</p> <p>NO ONE TO HANG NET..... D</p> <p>WILL HANG IT LATERE</p> <p>WE ONLY HANG IT AT NIGHTF</p> <p>SAVING A NEW NET UNTIL OTHERS ARE WORN..... G</p> <p>OTHER X</p> <p>DON'T KNOWY</p>

QUANTITATIVE SURVEY : HOUSEHOLD QUESTIONNAIRE

P.	How many nights has this net been used in the last week?	ALL NIGHTS1 MOST NIGHTS (5-6).....2 SOME NIGHTS (1-4).....3 NOT USED LAST WEEK4 NET IS NOT USED AT ALL.....5 DON'T KNOW98	ALL NIGHTS 1 MOST NIGHTS (5-6) 2 SOME NIGHTS (1-4) 3 NOT USED LAST WEEK 4 NET IS NOT USED AT ALL 5 DON'T KNOW..... 98	ALL NIGHTS.....1 MOST NIGHTS (5-6).....2 SOME NIGHTS (1-4).....3 NOT USED LAST WEEK.....4 NET IS NOT USED AT ALL.....5 DON'T KNOW 98
Q.	What is the color of the net?	WHITE 1 BLUE 2 GREEN 3 BLACK 4 OTHER COLOR 6 (SPECIFY)	WHITE 1 BLUE 2 GREEN 3 BLACK 4 OTHER COLOR 6 (SPECIFY)	WHITE 1 BLUE 2 GREEN 3 BLACK 4 OTHER COLOR 6 (SPECIFY)
R.	Has this net ever been washed?	YES1 NO2 DON'T KNOW8 IF 2 OR 8 →V	YES 1 NO 2 DON'T KNOW..... 8 IF 2 OR 8 →V	YES1 NO2 DON'T KNOW8 IF 2 OR 8 →V
S.	How many times has this net been washed in the last six months? IF NONE, ENTER 00	NUMBER OF TIMES __ __	NUMBER OF TIMES..... __ __	NUMBER OF TIMES __ __
T.	For the last wash, what was used in addition to water?	BAR SOAP1 DETERGENT2 BLEACH.....3 MIX4 NOTHING.....5	BAR SOAP 1 DETERGENT 2 BLEACH 3 MIX 4 NOTHING 5	BAR SOAP1 DETERGENT2 BLEACH.....3 MIX4 NOTHING.....5
U.	Where was the net dried	OUTSIDE ON THE GROUND1 OUTSIDE ON LINE.....2 OUTSIDE BUSH OR FENCE3	OUTSIDE ON THE GROUND 1 OUTSIDE ON LINE 2 OUTSIDE BUSH OR FENCE..... 3	OUTSIDE ON THE GROUND1 OUTSIDE ON LINE2 OUTSIDE BUSH OR FENCE3
V.	Is there another net? <i>Probe for any nets not currently used or in storage.</i>	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>