# IDENTIFICATION PAGE

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| **IDENTIFICATION** |
| **[NAME OF COUNTRY]** |
| **[NAME OF ORGANIZATION]** |
| TYPE OF PLACE OF RESIDENCE: URBAN 1 RURAL 2 |\_\_\_| |
| NAME OF DISTRICT/STATE/REGION |
| NAME OF LOCATION:  |
| LOCALITY: …………………………………………………………………………………… |
| 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 |   |   |  | TOTAL NUMBER OF VISITS = |\_\_\_| |
|  TIME |   |   |  |
|  |  |  |  |  |
| \***RESULT CODES** 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 3 POSTPONED 6 INCAPACITATED 7 OTHER (*specify*)  |
| **SUPERVISOR** |
|  NAME |\_\_\_|\_\_\_| |

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|  |
| LINE NO. | USUAL RESIDENTS AND VISITORS | SEX | RESIDENCE | AGE | CHILDRENAGES 0-4 | LINE NUMBER OF MOTHER | LINE NUMBER OF FATHER |
| 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? | 6A. Why did (NAME) not sleep 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 |
| 6B. When did (NAME) leave? |
| 6C. When do you expect (NAME) to return home? |
| 01 |  | F = 1M = 2 | Y = 1N = 2 | Y = 1 🡪 Q7N = 2 | 6A. WORKING …1VISITING FAMILY……...2SOCIALIZING WITH FRIENDS……3AT A RELIGIOUS EVENT……….4ATTENDING A WEDDING…..5ATTENDING A FUNERAL……6ATTENDING BAPTISM/NAMING CEREMONY…….7ATTENDING BOARDING SCHOOL………8RECEIVING MEDICAL CARE………….9OTHER……….88I DONT KNOW……..…99 | |\_\_\_|\_\_\_| | 01 | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| |
| 6B LEAVE DATE MM/DD[ ][ ]/[ ][ ]6C. EXPECTED RETURN DATEMM/DD[ ][ ]/[ ][ ] |
| 02 |  | F = 1M = 2 | Y = 1N = 2 | Y = 1 🡪 Q7N = 2 | WORKING …1VISITING FAMILY……...2SOCIALIZING WITH FRIENDS……3AT A RELIGIOUS EVENT……….4ATTENDING A WEDDING…..5ATTENDING A FUNERAL……6ATTENDING BAPTISM/NAMING CEREMONY…….7ATTENDING BOARDING SCHOOL………8RECEIVING MEDICAL CARE………….9OTHER……….88I DONT KNOW……..…99 | |\_\_\_|\_\_\_| | 02 | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| |
| 6B LEAVE DATE MM/DD[ ][ ]/[ ][ ]6C. EXPECTED RETURN DATEMM/DD[ ][ ]/[ ][ ] |
| 03 |  | F = 1M = 2 | Y = 1N = 2 | Y = 1 🡪 Q7N = 2 | WORKING …1VISITING FAMILY……...2SOCIALIZING WITH FRIENDS……3AT A RELIGIOUS EVENT……….4ATTENDING A WEDDING…..5ATTENDING A FUNERAL……6ATTENDING BAPTISM/NAMING CEREMONY…….7ATTENDING BOARDING SCHOOL………8RECEIVING MEDICAL CARE………….9OTHER……….88I DONT KNOW……..…99 | |\_\_\_|\_\_\_| | 03 | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| |
| 6B LEAVE DATE MM/DD[ ][ ]/[ ][ ]6C. EXPECTED RETURN DATEMM/DD[ ][ ]/[ ][ ] |
| 04 |  | F = 1M = 2 | Y = 1N = 2 | Y = 1 🡪 Q7N = 2 | WORKING …1VISITING FAMILY……...2SOCIALIZING WITH FRIENDS……3AT A RELIGIOUS EVENT……….4ATTENDING A WEDDING…..5ATTENDING A FUNERAL……6ATTENDING BAPTISM/NAMING CEREMONY…….7ATTENDING BOARDING SCHOOL………8RECEIVING MEDICAL CARE………….9OTHER……….88I DONT KNOW……..…99 | |\_\_\_|\_\_\_| | 04 | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| |
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| 05 |  | F = 1M = 2 | Y = 1N = 2 | Y = 1 🡪 Q7N = 2 | WORKING …1VISITING FAMILY……...2SOCIALIZING WITH FRIENDS……3AT A RELIGIOUS EVENT……….4ATTENDING A WEDDING…..5ATTENDING A FUNERAL……6ATTENDING BAPTISM/NAMING CEREMONY…….7ATTENDING BOARDING SCHOOL………8RECEIVING MEDICAL CARE………….9OTHER……….88I DONT KNOW……..…99 | |\_\_\_|\_\_\_| | 05 | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| |
| 6B LEAVE DATE MM/DD[ ][ ]/[ ][ ]6C. EXPECTED RETURN DATEMM/DD[ ][ ]/[ ][ ] |
| 06 |  | F = 1M = 2 | Y = 1N = 2 | Y = 1 🡪 Q7N = 2 | WORKING …1VISITING FAMILY……...2SOCIALIZING WITH FRIENDS……3AT A RELIGIOUS EVENT……….4ATTENDING A WEDDING…..5ATTENDING A FUNERAL……6ATTENDING BAPTISM/NAMING CEREMONY…….7ATTENDING BOARDING SCHOOL………8RECEIVING MEDICAL CARE………….9OTHER……….88I DONT KNOW……..…99 | |\_\_\_|\_\_\_| | 06 | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| |
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| 07 |  | F = 1M = 2 | Y = 1N = 2 | Y = 1 🡪 Q7N = 2 | WORKING …1VISITING FAMILY……...2SOCIALIZING WITH FRIENDS……3AT A RELIGIOUS EVENT……….4ATTENDING A WEDDING…..5ATTENDING A FUNERAL……6ATTENDING BAPTISM/NAMING CEREMONY…….7ATTENDING BOARDING SCHOOL………8RECEIVING MEDICAL CARE………….9OTHER……….88I DONT KNOW……..…99 | |\_\_\_|\_\_\_| | 07 | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| |
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| 08 |  | F = 1M = 2 | Y = 1N = 2 | Y = 1 🡪 Q7N = 2 | WORKING …1VISITING FAMILY……...2SOCIALIZING WITH FRIENDS……3AT A RELIGIOUS EVENT……….4ATTENDING A WEDDING…..5ATTENDING A FUNERAL……6ATTENDING BAPTISM/NAMING CEREMONY…….7ATTENDING BOARDING SCHOOL………8RECEIVING MEDICAL CARE………….9OTHER……….88I DONT KNOW……..…99 | |\_\_\_|\_\_\_| | 08 | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| |
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| 09 |  | F = 1M = 2 | Y = 1N = 2 | Y = 1 🡪 Q7N = 2 | WORKING …1VISITING FAMILY……...2SOCIALIZING WITH FRIENDS……3AT A RELIGIOUS EVENT……….4ATTENDING A WEDDING…..5ATTENDING A FUNERAL……6ATTENDING BAPTISM/NAMING CEREMONY…….7ATTENDING BOARDING SCHOOL………8RECEIVING MEDICAL CARE………….9OTHER……….88I DONT KNOW……..…99 | |\_\_\_|\_\_\_| | 09 | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| |
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| 10 |  | F = 1M = 2 | Y = 1N = 2 | Y = 1 🡪 Q7N = 2 | WORKING …1VISITING FAMILY……...2SOCIALIZING WITH FRIENDS……3AT A RELIGIOUS EVENT……….4ATTENDING A WEDDING…..5ATTENDING A FUNERAL……6ATTENDING BAPTISM/NAMING CEREMONY…….7ATTENDING BOARDING SCHOOL………8RECEIVING MEDICAL CARE………….9OTHER……….88I DONT KNOW……..…99 | |\_\_\_|\_\_\_| | 10 | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| |
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| 11 |  | F = 1M = 2 | Y = 1N = 2 | Y = 1 🡪 Q7N = 2 | WORKING …1VISITING FAMILY……...2SOCIALIZING WITH FRIENDS……3AT A RELIGIOUS EVENT……….4ATTENDING A WEDDING…..5ATTENDING A FUNERAL……6ATTENDING BAPTISM/NAMING CEREMONY…….7ATTENDING BOARDING SCHOOL………8RECEIVING MEDICAL CARE………….9OTHER……….88I DONT KNOW……..…99 | |\_\_\_|\_\_\_| | 11 | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| |
| 6B LEAVE DATE MM/DD[ ][ ]/[ ][ ]6C. EXPECTED RETURN DATEMM/DD[ ][ ]/[ ][ ] |
| 12 |  | F = 1M = 2 | Y = 1N = 2 | Y = 1 🡪 Q7N = 2 | WORKING …1VISITING FAMILY……...2SOCIALIZING WITH FRIENDS……3AT A RELIGIOUS EVENT……….4ATTENDING A WEDDING…..5ATTENDING A FUNERAL……6ATTENDING BAPTISM/NAMING CEREMONY…….7ATTENDING BOARDING SCHOOL………8RECEIVING MEDICAL CARE………….9OTHER……….88I DONT KNOW……..…99 | |\_\_\_|\_\_\_| | 12 | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| |
| 6B LEAVE DATE MM/DD[ ][ ]/[ ][ ]6C. EXPECTED RETURN DATEMM/DD[ ][ ]/[ ][ ] |
| 13 |  | F = 1M = 2 | Y = 1N = 2 | Y = 1 🡪 Q7N = 2 | WORKING …1VISITING FAMILY……...2SOCIALIZING WITH FRIENDS……3AT A RELIGIOUS EVENT……….4ATTENDING A WEDDING…..5ATTENDING A FUNERAL……6ATTENDING BAPTISM/NAMING CEREMONY…….7ATTENDING BOARDING SCHOOL………8RECEIVING MEDICAL CARE………….9OTHER……….88I DONT KNOW……..…99 | |\_\_\_|\_\_\_| | 13 | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| |
| 6B LEAVE DATE MM/DD[ ][ ]/[ ][ ]6C. EXPECTED RETURN DATEMM/DD[ ][ ]/[ ][ ] |
| 14 |  | F = 1M = 2 | Y = 1N = 2 | Y = 1 🡪 Q7N = 2 | WORKING …1VISITING FAMILY……...2SOCIALIZING WITH FRIENDS……3AT A RELIGIOUS EVENT……….4ATTENDING A WEDDING…..5ATTENDING A FUNERAL……6ATTENDING BAPTISM/NAMING CEREMONY…….7ATTENDING BOARDING SCHOOL………8RECEIVING MEDICAL CARE………….9OTHER……….88I DONT KNOW……..…99 | |\_\_\_|\_\_\_| | 14 | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| |
| 6B LEAVE DATE MM/DD[ ][ ]/[ ][ ]6C. EXPECTED RETURN DATEMM/DD[ ][ ]/[ ][ ] |
| 15 |  | F = 1M = 2 | Y = 1N = 2 | Y = 1 🡪 Q7N = 2 | WORKING …1VISITING FAMILY……...2SOCIALIZING WITH FRIENDS……3AT A RELIGIOUS EVENT……….4ATTENDING A WEDDING…..5ATTENDING A FUNERAL……6ATTENDING BAPTISM/NAMING CEREMONY…….7ATTENDING BOARDING SCHOOL………8RECEIVING MEDICAL CARE………….9OTHER……….88I DONT KNOW……..…99 | |\_\_\_|\_\_\_| | 15 | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| |
| 6B LEAVE DATE MM/DD[ ][ ]/[ ][ ]6C. EXPECTED RETURN DATEMM/DD[ ][ ]/[ ][ ] |

CHECK COLUMNS 2 & 7:
IF COLUMN 2 = YES, ALL WOMEN AGED 18 – 49 YEARS WILL BE SELECTED FOR INDIVIDUAL INTERVIEW
IF COLUMN 2 = YES, ALL MEN AGED 18-59 YEARS WILL BE SELECTED FOR INDIVIDUAL INTERVIEW

## Household characteristics

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| **BACKGROUND INFORMATION: HOUSEHOLD CHARACTERISTICS** |
| **NO.**  | **QUESTION** | **CODING CATEGORIES** | **SKIP TO** |
|  | How many rooms do members of this household usually use for sleeping? | NUMBER OF ROOMS \_\_ \_\_ |  |
|  | Main material of the dwelling floor.RECORD OBSERVATION.IF DIFFERENT ROOMS HAVE DIFFERENT FLOOR MATERIAL, CIRCLE THE CODE FOR THE MOST COMMON, I.E., WHAT COVERS THE LARGEST AREA. | **NATURAL FLOOR**EARTH / SAND/MUD 11DUNG 12**RUDIMENTARY FLOOR**WOOD PLANKS 21PALM/BAMBOO 22**FINISHED FLOOR**PARQUET OR POLISHED WOOD 31VINYL OR ASPHALT STRIPS 32CERAMIC TILES 33CONCRETE, CEMENT 34CARPET 35**OTHER** (*specify*) 96 |  |
|  | *Main material of the roof.* *Record observation.* *If observation is not possible, ask the*  *respondent to determine the material*  *of the roof.* | **NATURAL ROOFING**NO ROOF 11THATCH / PALM LEAF 12SOD 13**RUDIMENTARY ROOFING**RUSTIC MATS 21PALM / BAMBOO 22WOOD PLANKS 23CARDBOARD 24**FINISHED ROOFING**ZINC, METAL 31WOOD 32CALAMINE / CEMENT FIBER 33CERAMIC TILES 34CONCRETE, CEMENT 35ASBESTOS SHEETS, SHINGLES 36**OTHER** (*specify*) 96 |  |
|  | 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 9998 IF THE PERSON SAYS IT IS TOO FAR TO WALK;FOR ALL MODALITIES, IT THE PERSON DOES NOT KNOW, PUT 9999 | **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** |  |  |  |
| **NEAREST CHEMIST/PMV** |  |  |  |
| **NEAREST COMMUNITY HEALTH WORKER** |  |  |  |
|  | *Main material of the exterior walls.* *Record observation.* | **NATURAL WALLS**NO WALLS 11CANE / PALM / TRUNKS 12DIRT 13**RUDIMENTARY WALLS**BAMBOO WITH MUD 21STONE WITH MUD 22UNCOVERED ADOBE 23PLYWOOD 24CARDBOARD 25REUSED WOOD 26**FINISHED WALLS**CEMENT 31STONE WITH LIME/CEMENT 32BRICKS 33CEMENT BLOCK 34COVERED ADOBE 35WOOD PLANKS / SHINGLES 36**OTHER** (*specify*) 96 |  |
|  | Are the eaves of the house or building occupied by this household open or closed?  | COMPLETELY OPEN 1PARTIALLY OPEN 2CLOSED 4 |  |
|  | 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 |  |
|  | Are the windows and any airbrick gaps in the house or building boarded up, glazed or screened against mosquito entry with netting?  | YES, COMPLETELY 1YES, COMPLETE, BUT WITH HOLES 2YES, INCOMPLETE OR BADLY DAMAGED 3NO, ABSENT 4 | **🡪 110** |
|  | What is the primary material used to board up, glaze or screen windows or airbrick gaps?  | WOODEN BOARDS 1GLASS 2METAL NETTING 3FABRIC NETTING 4PLASTIC NETTING 5POLYESTER 6 |  |
|  | Does your household have electricity? | YES 1NO 2 |  |
|  | Does your household have the following items which are in good working order?ASK ABOUT EACH ITEM SEPARATELY. [\*add additional items, as applicable] |  YES NORADIO 1 2TELEVISION 1 2COMPUTER 1 2REFRIGERATOR 1 2ACCESS TO INTERNET 1 2 ELECTRIC FAN 1 2AIR CONDITIONER 1 2 |  |
|  | Does any member of your household own:ASK ABOUT EACH ITEM SEPARATELY [\*add additional items, as applicable] |  YES NOWATCH 1 2SIMPLE MOBILE PHONE 1 2SMARTPHONE/TABLET 1 2BICYCLE 1 2MOTORCYCLE / SCOOTER 1 2ANIMAL-DRAWN CART 1 2CAR / TRUCK / VAN 1 2BOAT WITH MOTOR 1 2 |   |
|  | Line number of household member who owns the following:ASK ABOUT EACH ITEM SEPARATELYALLOW MULTIPLE RESPONSES FOR EACH ITEM |  YES N/AWATCH [\_\_] 99SIMPLE MOBILE PHONE [\_\_] 99SMARTPHONE/TABLET [\_\_] 99BICYCLE [\_\_] 99MOTORCYCLE / SCOOTER [\_\_] 99ANIMAL-DRAWN CART [\_\_] 99CAR / TRUCK / VAN [\_\_] 99BOAT WITH MOTOR [\_\_] 99 |  |
|  | Does any member of your household own agricultural land? | YES 1NO 2 | 🡪116 |
|  | How many hectares of agricultural land do members of this household own?*If less than 1, record ’00’.* | HECTARES \_\_\_ \_\_\_95 OR MORE 95DON’T KNOW 98 |   |
|  | Does this household own any livestock, herds, other farm animals, or poultry? | YES 1NO 2 |  **🡪**118 |
|  | How many of the following animals does this household have?ASK FOR EACH TYPE OF ANIMALS SEPARATELY\*\*[include additional animals as applicable]*If none, record ‘00’. If 95 or more, record ‘95’.**If unknown, record ‘98’.* |  NUMBERMILK COWS OR BULLS \_\_\_ \_\_\_OTHER CATTLE \_\_\_ \_\_\_HORSES, DONKEYS OR MULES \_\_\_ \_\_\_GOATS \_\_\_ \_\_\_SHEEP \_\_\_ \_\_\_CHICKENS OR OTHER POULTRY \_\_\_ \_\_\_PIGS \_\_\_ \_\_\_ |   |
|  | QUESTIONS 118 – 122 ARE ONLY RELEVANT IN AREAS WITH IRS PROGRAM |
|  | At any time in the past 12 months, has anyone come into your dwelling asking to spray the interior walls against mosquitoes? | YES 1NO 2DON’T KNOW 8 | 🡪124🡪124 |
|  | At any time in the past 12 months, has the interior walls of your dwelling been sprayed against mosquitoes? | YES 1NO 2DON’T KNOW 8 | 🡪123🡪123 |
|  | Who sprayed the dwelling? | GOVERNMENT WORKER/PROGRAM 1PRIVATE COMPANY 2NONGOVERNMENTAL ORGANIZATION 3OTHER 96(SPECIFY)DON’T KNOW 98 |  |
|  | Since your dwelling was sprayed, have you repainted, re-plastered, or washed the walls in any way? | YES 1NO 2DON’T KNOW 8 | 124 |
|  | What was the main reason your dwelling was not sprayed? | SPRAY TEAM DID NOT COME 1NO ONE WAS HOME 2IT DAMAGES THE WALLS 3IT IS BAD FOR OUR HEALTH 4IT IS DIFFICULT TO REMOVE POSSESSIONS 5DID NOT WANT POSSESSIONS SEEN BY OTHERS 6POSESSIONS COULD BE DAMAGED OR STOLLEN 7SPRAY TEAM IS NOT TRUSWORTHY 8SPRAYING DOES NOT DO ANYTHING 9SPRAYING IS ANNOYING/SMELLS BAD 10OTHER 96 (SPECIFY)DON’T KNOW 98 |  |
|  | When was the last time that any house in this community was sprayed? | LESS THAN THREE MONTHS AGO 13 – 5 MONTHS AGO 26 – 11 MONTHS AGO 3ONE YEAR OR MORE 4NEVER 5DON’T KNOW 8 |  |
|  | QUESTIONS 125 – 129 ARE ONLY RELEVANT IN AREAS WITH LARVAL SOURCE MANAGEMENT PROGRAM |
|  | At any time in the past 12 months, has anyone come into your dwelling asking to treat water in your community against mosquitoes? | YES 1NO 2DON’T KNOW 8 | 🡪130🡪130 |
|  | At any time in the past 12 months, has the water around your dwelling been treated against mosquitoes? | YES 1NO 2DON’T KNOW 8 | 🡪128🡪130 |
|  | Who treated the water? | GOVERNMENT WORKER/PROGRAM 1PRIVATE COMPANY 2NONGOVERNMENTAL ORGANIZATION 3OTHER 96(SPECIFY)DON’T KNOW 98 |  |
|  | What was the main reason the water around your dwelling was not treated? | TREATMENT TEAM DID NOT COME 1NO ONE WAS HOME 2IT DAMAGES THE WATER 3IT IS BAD FOR OUR HEALTH 4TREATING DOES NOT DO ANYTHING 6OTHER 96DON’T KNOW 98 |  |
|  | When was the last time that any water source in this community was treated? | LESS THAN THREE MONTHS AGO 13 – 5 MONTHS AGO 26 – 11 MONTHS AGO 3ONE YEAR OR MORE 4NEVER 5DON’T KNOW 8 |  |
|  | Does your household have any mosquito nets that can be used while sleeping? | YES 1NO 2 | 🡪END |
|  | How many mosquito nets does your household have? | NUMBER OF MOSQUITO NETS |\_\_\_|\_\_\_| |  |
|  | Does you household have any mosquito nets that are used while traveling away from home?  | YES 1NO 2 |  |
|  | How many mosquito nets are available for use away from home?  | NUMBER OF MOSQUITO NETS |\_\_\_|\_\_\_| |  |

## Net roster

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| **ITN: NET ROSTER** |
| *134. Ask the respondent to show you all the nets in the household. If more than 3 nets, use additional questionnaire.* |
|  |  | **1ST NET** | **2ND NET** | **3RD NET** |
|  | *INDICATE WHETHER YOU ARE ABLE TO PHYSICALLY OBSERVE THE NET OR NOT.* | OBSERVED 1NOT OBSERVED 2 | OBSERVED 1NOT OBSERVED 2 | OBSERVED 1NOT OBSERVED 2 |
|  | How many months ago did your household get the bed net?*If less than one month, record ‘00’.* | MONTHS AGO \_\_\_ \_\_\_> 36 MONTHS AGO 95DK / NOT SURE 98 | MONTHS AGO \_\_\_ \_\_\_> 36 MONTHS AGO 95DK / NOT SURE 98 | MONTHS AGO \_\_\_ \_\_\_> 36 MONTHS AGO 95DK / NOT SURE 98 |
|  | *Observe or ask the brand/type of bed net.**If brand is unknown and you cannot observe the net, show pictures of typical net brand/types to the respondent* [THE RESPONSE OPTIONS TO THIS QUESTIONS SHOULD BE ADAPTED TO REFLECT LOCALLY AVAILABLE BED NETS] | **ITN**PERMANET 10DAWA PLUS 11OLYSET 12NETPROTECT 13INTERCEPTOR 14DURANET 15YORKOOL 16MAGNET 17ROYAL SENTRY 18OTHER ITN BRAND 19UNTREATED NET 31OTHER BRAND 96(*specify*)DON’T KNOW BRAND 98 | **ITN**PERMANET 10DAWA PLUS 11OLYSET 12NETPROTECT 13INTERCEPTOR 14DURANET 15YORKOOL 16MAGNET 17ROYAL SENTRY 18OTHER ITN BRAND 19UNTREATED NET 31OTHER BRAND 96(*specify*)DON’T KNOW BRAND 98 | **ITN**PERMANET 10DAWA PLUS 11OLYSET 12NETPROTECT 13INTERCEPTOR 14DURANET 15YORKOOL 16MAGNET 17ROYAL SENTRY 18OTHER ITN BRAND 19UNTREATED NET 31OTHER BRAND 96(*specify*)DON’T KNOW BRAND 98 |
|  | Had the mosquito net already been treated with insecticides when you got it?\*\**\*\* Ask only where relevant* | YES 1🡺FNO 2DON’T KNOW 8 | YES 1🡺FNO 2DON’T KNOW 8 | YES 1🡺FNO 2DON’T KNOW 8 |
|  | Since you obtained the mosquito net, has it ever been treated with insecticide to repel mosquitoes?\*\**\*\* Ask only where relevant* | YES 1NO 2DON’T KNOW 8 | YES 1NO 2DON’T KNOW 8 | YES 1NO 2DON’T KNOW 8 |
|  | 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🡺HYES, ANC 2🡺HYES, IMMUNIZATION VISIT 3🡺HNO 4 | YES, NAME OF CAMPAIGN 1🡺HYES, ANC 2🡺HYES, IMMUNIZATION VISIT 3🡺HNO 4 | YES, NAME OF CAMPAIGN 1🡺HYES, ANC 2🡺HYES, IMMUNIZATION VISIT 3🡺HNO 4 |
|  | Where did you get the net? | GOVERNMENT HEALTH FACILITY 01PRIVATE HEALTH FACILITY 02PHARMACY 03SHOP / MARKET /STREET VENDOR 04COMMUNITY HEALTH WORKER 05RELIGIOUS INSTITUTION 06SCHOOL 07FRIEND/RELATIVE 08WORK/CO-WORKER 09OTHER 96DK 98 | GOVERNMENT HEALTH FACILITY 01PRIVATE HEALTH FACILITY 02PHARMACY 03SHOP / MARKET /STREET VENDOR 04COMMUNITY HEALTHWORKER 05RELIGIOUS INSTITUTION 06SCHOOL 07FRIEND/RELATIVE 08WORK/CO-WORKER 09OTHER 96DK 98 | GOVERNMENT HEALTH FACILITY 01PRIVATE HEALTH FACILITY 02PHARMACY 03SHOP / MARKET /STREET VENDOR 04COMMUNITY HEALTHWORKER 05RELIGIOUS INSTITUTION 06SCHOOL 07FRIEND/RELATIVE 08WORK/CO-WORKER 09OTHER 96DK 98 |
|  | Did you pay any money for this net? | YES 1NO 2DK / NOT SURE 8 | YES 1NO 2DK / NOT SURE 8 | YES 1NO 2DK / NOT SURE 8 |
|  | How much did you pay? | COST \_\_\_ \_\_\_\_\_\_ \_\_\_ | COST \_\_\_ \_\_\_\_\_\_ \_\_\_ | COST \_\_\_ \_\_\_\_\_\_ \_\_\_ |
|  | Did anyone sleep under this bed net last night? | YES 1NO 2DK / NOT SURE 8 | YES 1NO 2DK / NOT SURE 8 | YES 1NO 2DK / NOT SURE 8 |
|  | Was the net used indoors or outdoors last night? | INDOORS 1OUTDOORS 2DK/NOT SURE 8 | INDOORS 1OUTDOORS 2DK/NOT SURE 8 | INDOORS 1OUTDOORS 2DK/NOT SURE 8 |
|  | Was the net used at home or away from home? For example, while traveling. | HOME 1AWAY FROM HOME 2DK/NOT SURE 8 | HOME 1AWAY FROM HOME 2DK/NOT SURE 8 | HOME 1AWAY FROM HOME 2DK/NOT SURE 8 |
|  | Who slept under this bed net last night? *Record the person’s line number from the LIST OF HOUSEHOLD MEMBERS.**If someone not in the LIST OF HOUSEHOLD MEMBERS slept under the bed net, record ‘00’ for LINE NUMBER.**Go to “L” after entering name/line # of the last user* | 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 \_\_\_ \_\_\_ |
|  | What is the main reason that nobody slept under this bed net last night?**RECORD ONE ANSWER** | NO MOSQUITOES 1THERE IS NO MALARIA 2TOO HOT 3DON’T LIKE SMELL 4FEEL ‘CLOSED IN’ 5NET TOO OLD OR TORN 6NET TOO DIRTY 7NET NOT AVAILABLE LAST NIGHT (WASHING) 8USUAL USER DID NOT SLEEP HERE LAST NIGHT 9NO PLACE TO HANG IT 10USUAL USER SLEPT OUTSIDE LAST NIGHT 11OTHER (*specify*) 96DON’T KNOW 98 | NO MOSQUITOES 1THERE IS NO MALARIA 2TOO HOT 3DON’T LIKE SMELL 4FEEL ‘CLOSED IN’ 5NET TOO OLD OR TORN 6NET TOO DIRTY 7NET NOT AVAILABLE LAST NIGHT (WASHING) 8USUAL USER DID NOT SLEEP HERE LAST NIGHT 9NO PLACE TO HANG IT 10USUAL USER SLEPT OUTSIDE LAST NIGHT 11OTHER (*specify*) 96DON’T KNOW 98 | NO MOSQUITOES 1THERE IS NO MALARIA 2TOO HOT 3DON’T LIKE SMELL 4FEEL ‘CLOSED IN’ 5NET TOO OLD OR TORN 6NET TOO DIRTY 7NET NOT AVAILABLE LAST NIGHT (WASHING) 8USUAL USER DID NOT SLEEP HERE LAST NIGHT 9NO PLACE TO HANG IT 10USUAL USER SLEPT OUTSIDE LAST NIGHT 11OTHER (*specify*) 96DON’T KNOW 98 |
|  | Where was the net found? | HANGING LOOSE OVER SLEEPING PLACE 1HANGING AND FOLDED UP AND TIED 2NOT HANGING BUT NOT STORED 3STORED AWAY UNPACKED 4 STORED AWAY STILL IN PACKAGE 5OTHER (Specify) 96 | HANGING LOOSE OVER SLEEPING PLACE 1HANGING AND FOLDED UP AND TIED 2NOT HANGING BUT NOT STORED 3STORED AWAY UNPACKED 4 STORED AWAY STILL IN PACKAGE 5OTHER (Specify) 96 | HANGING LOOSE OVER SLEEPING PLACE 1HANGING AND FOLDED UP AND TIED 2NOT HANGING BUT NOT STORED 3STORED AWAY UNPACKED 4 STORED AWAY STILL IN PACKAGE 5OTHER (Specify) 96 |
|  | What is the reason the net is not hanging for sleeping | NET TOO DIFFICULT TO HANG ATHE NET IS TOO SHORT BNO SPACE TO HANG NET CNO ONE TO HANG NET DHAVE NOT HAD TIME TO HANG NET EWE ONLY HANG IT AT NIGHT FSAVING A NEW NET UNTIL OTHERS ARE WORN GTYPICALLY USED AWAY FROM HOME HOTHER XDON’T KNOW Y | NET TOO DIFFICULT TO HANG ATHE NET IS TOO SHORT BNO SPACE TO HANG NET CNO ONE TO HANG NET DHAVE NOT HAD TIME TO HANG NET EWE ONLY HANG IT AT NIGHT FSAVING A NEW NET UNTIL OTHERS ARE WORN GTYPICALLY USED AWAY FROM HOME HOTHER XDON’T KNOW Y | NET TOO DIFFICULT TO HANG ATHE NET IS TOO SHORT BNO SPACE TO HANG NET CNO ONE TO HANG NET DHAVE NOT HAD TIME TO HANG NET EWE ONLY HANG IT AT NIGHT FSAVING A NEW NET UNTIL OTHERS ARE WORN GTYPICALLY USED AWAY FROM HOME HOTHER XDON’T KNOW Y |
|  | How many nights has this net been used in the last week? | ALL NIGHTS 1MOST NIGHTS (5-6) 2SOME NIGHTS (1-4) 3NOT USED LAST WEEK 4NET IS NOT USED AT ALL 5DON’T KNOW 98 | ALL NIGHTS 1MOST NIGHTS (5-6) 2SOME NIGHTS (1-4) 3NOT USED LAST WEEK 4NET IS NOT USED AT ALL 5DON’T KNOW 98 | ALL NIGHTS 1MOST NIGHTS (5-6) 2SOME NIGHTS (1-4) 3NOT USED LAST WEEK 4NET IS NOT USED AT ALL 5DON’T KNOW 98 |
|  | What is the color of the net? | WHITE 1BLUE 2GREEN 3BLACK 4OTHER COLOR 6(SPECIFY) | WHITE 1BLUE 2GREEN 3BLACK 4OTHER COLOR 6(SPECIFY) | WHITE 1BLUE 2GREEN 3BLACK 4OTHER COLOR 6(SPECIFY) |
|  | Has this net ever been washed? | YES 1NO 2DON’T KNOW 8IF 2 OR 8 🡺V | YES 1NO 2DON’T KNOW 8IF 2 OR 8 🡺V | YES 1NO 2DON’T KNOW 8IF 2 OR 8 🡺V |
|  | 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 |\_\_|\_\_| |
|  | For the last wash, what was used in addition to water? | BAR SOAP 1DETERGENT 2BLEACH 3MIX (specify) 4NOTHING 5 | BAR SOAP 1DETERGENT 2BLEACH 3MIX (specify) 4NOTHING 5 | BAR SOAP 1DETERGENT 2BLEACH 3MIX (specify) 4NOTHING 5 |
|  | Where was the net dried | OUTSIDE IN THE SHADE 1OUTSIDE IN THE SUN 2INSIDE 3OTHER (specify) 5 | OUTSIDE IN THE SHADE 1OUTSIDE IN THE SUN 2INSIDE 3OTHER (specify) 5 | OUTSIDE IN THE SHADE 1OUTSIDE IN THE SUN 2INSIDE 3OTHER (specify) 5 |
|  | *Is there another net?**Probe for any nets not currently used or in storage.* | YES 1 *⬂**Next Net*NO 2 *⬂**End* | YES 1 *⬂**Next Net*NO 2 *⬂**End* | YES 1 *⬂**Next Net*NO 2 *⬂**End* |