# IDENTIFICATION PAGE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |\_\_\_|\_\_\_| | | | | | |

|  |  |
| --- | --- |
|  | |
| LINE NO. | USUAL RESIDENTS AND VISITORS | | SEX | RESIDENCE | | | AGE | CHILDREN  AGES 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 = 1  M = 2 | Y = 1  N = 2 | Y = 1 🡪 Q7  N = 2 | 6A.  WORKING …1  VISITING FAMILY……...2  SOCIALIZING WITH FRIENDS……3  AT A RELIGIOUS EVENT……….4  ATTENDING A WEDDING…..5 ATTENDING A FUNERAL……6  ATTENDING BAPTISM/NAMING CEREMONY…….7  ATTENDING BOARDING SCHOOL………8  RECEIVING MEDICAL CARE………….9  OTHER……….88  I DONT KNOW……..…99 | |\_\_\_|\_\_\_| | 01 | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| |
| 6B LEAVE DATE  MM/DD [ ][ ]/[ ][ ]  6C. EXPECTED RETURN DATE  MM/DD [ ][ ]/[ ][ ] |
| 02 |  | | F = 1  M = 2 | Y = 1  N = 2 | Y = 1 🡪 Q7  N = 2 | WORKING …1  VISITING FAMILY……...2  SOCIALIZING WITH FRIENDS……3  AT A RELIGIOUS EVENT……….4  ATTENDING A WEDDING…..5 ATTENDING A FUNERAL……6  ATTENDING BAPTISM/NAMING CEREMONY…….7  ATTENDING BOARDING SCHOOL………8  RECEIVING MEDICAL CARE………….9  OTHER……….88  I DONT KNOW……..…99 | |\_\_\_|\_\_\_| | 02 | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| |
| 6B LEAVE DATE  MM/DD [ ][ ]/[ ][ ]  6C. EXPECTED RETURN DATE  MM/DD [ ][ ]/[ ][ ] |
| 03 |  | | F = 1  M = 2 | Y = 1  N = 2 | Y = 1 🡪 Q7  N = 2 | WORKING …1  VISITING FAMILY……...2  SOCIALIZING WITH FRIENDS……3  AT A RELIGIOUS EVENT……….4  ATTENDING A WEDDING…..5 ATTENDING A FUNERAL……6  ATTENDING BAPTISM/NAMING CEREMONY…….7  ATTENDING BOARDING SCHOOL………8  RECEIVING MEDICAL CARE………….9  OTHER……….88  I DONT KNOW……..…99 | |\_\_\_|\_\_\_| | 03 | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| |
| 6B LEAVE DATE  MM/DD [ ][ ]/[ ][ ]  6C. EXPECTED RETURN DATE  MM/DD [ ][ ]/[ ][ ] |
| 04 |  | | F = 1  M = 2 | Y = 1  N = 2 | Y = 1 🡪 Q7  N = 2 | WORKING …1  VISITING FAMILY……...2  SOCIALIZING WITH FRIENDS……3  AT A RELIGIOUS EVENT……….4  ATTENDING A WEDDING…..5 ATTENDING A FUNERAL……6  ATTENDING BAPTISM/NAMING CEREMONY…….7  ATTENDING BOARDING SCHOOL………8  RECEIVING MEDICAL CARE………….9  OTHER……….88  I DONT KNOW……..…99 | |\_\_\_|\_\_\_| | 04 | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| |
| 6B LEAVE DATE  MM/DD [ ][ ]/[ ][ ]  6C. EXPECTED RETURN DATE  MM/DD [ ][ ]/[ ][ ] |
| 05 |  | | F = 1  M = 2 | Y = 1  N = 2 | Y = 1 🡪 Q7  N = 2 | WORKING …1  VISITING FAMILY……...2  SOCIALIZING WITH FRIENDS……3  AT A RELIGIOUS EVENT……….4  ATTENDING A WEDDING…..5 ATTENDING A FUNERAL……6  ATTENDING BAPTISM/NAMING CEREMONY…….7  ATTENDING BOARDING SCHOOL………8  RECEIVING MEDICAL CARE………….9  OTHER……….88  I DONT KNOW……..…99 | |\_\_\_|\_\_\_| | 05 | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| |
| 6B LEAVE DATE  MM/DD [ ][ ]/[ ][ ]  6C. EXPECTED RETURN DATE  MM/DD [ ][ ]/[ ][ ] |
| 06 |  | | F = 1  M = 2 | Y = 1  N = 2 | Y = 1 🡪 Q7  N = 2 | WORKING …1  VISITING FAMILY……...2  SOCIALIZING WITH FRIENDS……3  AT A RELIGIOUS EVENT……….4  ATTENDING A WEDDING…..5 ATTENDING A FUNERAL……6  ATTENDING BAPTISM/NAMING CEREMONY…….7  ATTENDING BOARDING SCHOOL………8  RECEIVING MEDICAL CARE………….9  OTHER……….88  I DONT KNOW……..…99 | |\_\_\_|\_\_\_| | 06 | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| |
| 6B LEAVE DATE  MM/DD [ ][ ]/[ ][ ]  6C. EXPECTED RETURN DATE  MM/DD [ ][ ]/[ ][ ] |
| 07 |  | | F = 1  M = 2 | Y = 1  N = 2 | Y = 1 🡪 Q7  N = 2 | WORKING …1  VISITING FAMILY……...2  SOCIALIZING WITH FRIENDS……3  AT A RELIGIOUS EVENT……….4  ATTENDING A WEDDING…..5 ATTENDING A FUNERAL……6  ATTENDING BAPTISM/NAMING CEREMONY…….7  ATTENDING BOARDING SCHOOL………8  RECEIVING MEDICAL CARE………….9  OTHER……….88  I DONT KNOW……..…99 | |\_\_\_|\_\_\_| | 07 | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| |
| 6B LEAVE DATE  MM/DD [ ][ ]/[ ][ ]  6C. EXPECTED RETURN DATE  MM/DD [ ][ ]/[ ][ ] |
| 08 |  | | F = 1  M = 2 | Y = 1  N = 2 | Y = 1 🡪 Q7  N = 2 | WORKING …1  VISITING FAMILY……...2  SOCIALIZING WITH FRIENDS……3  AT A RELIGIOUS EVENT……….4  ATTENDING A WEDDING…..5 ATTENDING A FUNERAL……6  ATTENDING BAPTISM/NAMING CEREMONY…….7  ATTENDING BOARDING SCHOOL………8  RECEIVING MEDICAL CARE………….9  OTHER……….88  I DONT KNOW……..…99 | |\_\_\_|\_\_\_| | 08 | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| |
| 6B LEAVE DATE  MM/DD [ ][ ]/[ ][ ]  6C. EXPECTED RETURN DATE  MM/DD [ ][ ]/[ ][ ] |
| 09 |  | | F = 1  M = 2 | Y = 1  N = 2 | Y = 1 🡪 Q7  N = 2 | WORKING …1  VISITING FAMILY……...2  SOCIALIZING WITH FRIENDS……3  AT A RELIGIOUS EVENT……….4  ATTENDING A WEDDING…..5 ATTENDING A FUNERAL……6  ATTENDING BAPTISM/NAMING CEREMONY…….7  ATTENDING BOARDING SCHOOL………8  RECEIVING MEDICAL CARE………….9  OTHER……….88  I DONT KNOW……..…99 | |\_\_\_|\_\_\_| | 09 | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| |
| 6B LEAVE DATE  MM/DD [ ][ ]/[ ][ ]  6C. EXPECTED RETURN DATE  MM/DD [ ][ ]/[ ][ ] |
| 10 |  | | F = 1  M = 2 | Y = 1  N = 2 | Y = 1 🡪 Q7  N = 2 | WORKING …1  VISITING FAMILY……...2  SOCIALIZING WITH FRIENDS……3  AT A RELIGIOUS EVENT……….4  ATTENDING A WEDDING…..5 ATTENDING A FUNERAL……6  ATTENDING BAPTISM/NAMING CEREMONY…….7  ATTENDING BOARDING SCHOOL………8  RECEIVING MEDICAL CARE………….9  OTHER……….88  I DONT KNOW……..…99 | |\_\_\_|\_\_\_| | 10 | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| |
| 6B LEAVE DATE  MM/DD [ ][ ]/[ ][ ]  6C. EXPECTED RETURN DATE  MM/DD [ ][ ]/[ ][ ] |
| 11 |  | | F = 1  M = 2 | Y = 1  N = 2 | Y = 1 🡪 Q7  N = 2 | WORKING …1  VISITING FAMILY……...2  SOCIALIZING WITH FRIENDS……3  AT A RELIGIOUS EVENT……….4  ATTENDING A WEDDING…..5 ATTENDING A FUNERAL……6  ATTENDING BAPTISM/NAMING CEREMONY…….7  ATTENDING BOARDING SCHOOL………8  RECEIVING MEDICAL CARE………….9  OTHER……….88  I DONT KNOW……..…99 | |\_\_\_|\_\_\_| | 11 | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| |
| 6B LEAVE DATE  MM/DD [ ][ ]/[ ][ ]  6C. EXPECTED RETURN DATE  MM/DD [ ][ ]/[ ][ ] |
| 12 |  | | F = 1  M = 2 | Y = 1  N = 2 | Y = 1 🡪 Q7  N = 2 | WORKING …1  VISITING FAMILY……...2  SOCIALIZING WITH FRIENDS……3  AT A RELIGIOUS EVENT……….4  ATTENDING A WEDDING…..5 ATTENDING A FUNERAL……6  ATTENDING BAPTISM/NAMING CEREMONY…….7  ATTENDING BOARDING SCHOOL………8  RECEIVING MEDICAL CARE………….9  OTHER……….88  I DONT KNOW……..…99 | |\_\_\_|\_\_\_| | 12 | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| |
| 6B LEAVE DATE  MM/DD [ ][ ]/[ ][ ]  6C. EXPECTED RETURN DATE  MM/DD [ ][ ]/[ ][ ] |
| 13 |  | | F = 1  M = 2 | Y = 1  N = 2 | Y = 1 🡪 Q7  N = 2 | WORKING …1  VISITING FAMILY……...2  SOCIALIZING WITH FRIENDS……3  AT A RELIGIOUS EVENT……….4  ATTENDING A WEDDING…..5 ATTENDING A FUNERAL……6  ATTENDING BAPTISM/NAMING CEREMONY…….7  ATTENDING BOARDING SCHOOL………8  RECEIVING MEDICAL CARE………….9  OTHER……….88  I DONT KNOW……..…99 | |\_\_\_|\_\_\_| | 13 | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| |
| 6B LEAVE DATE  MM/DD [ ][ ]/[ ][ ]  6C. EXPECTED RETURN DATE  MM/DD [ ][ ]/[ ][ ] |
| 14 |  | | F = 1  M = 2 | Y = 1  N = 2 | Y = 1 🡪 Q7  N = 2 | WORKING …1  VISITING FAMILY……...2  SOCIALIZING WITH FRIENDS……3  AT A RELIGIOUS EVENT……….4  ATTENDING A WEDDING…..5 ATTENDING A FUNERAL……6  ATTENDING BAPTISM/NAMING CEREMONY…….7  ATTENDING BOARDING SCHOOL………8  RECEIVING MEDICAL CARE………….9  OTHER……….88  I DONT KNOW……..…99 | |\_\_\_|\_\_\_| | 14 | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| |
| 6B LEAVE DATE  MM/DD [ ][ ]/[ ][ ]  6C. EXPECTED RETURN DATE  MM/DD [ ][ ]/[ ][ ] |
| 15 |  | | F = 1  M = 2 | Y = 1  N = 2 | Y = 1 🡪 Q7  N = 2 | WORKING …1  VISITING FAMILY……...2  SOCIALIZING WITH FRIENDS……3  AT A RELIGIOUS EVENT……….4  ATTENDING A WEDDING…..5 ATTENDING A FUNERAL……6  ATTENDING BAPTISM/NAMING CEREMONY…….7  ATTENDING BOARDING SCHOOL………8  RECEIVING MEDICAL CARE………….9  OTHER……….88  I DONT KNOW……..…99 | |\_\_\_|\_\_\_| | 15 | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| |
| 6B LEAVE DATE  MM/DD [ ][ ]/[ ][ ]  6C. EXPECTED RETURN DATE  MM/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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 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  CONCRETE, CEMENT 34  CARPET 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 11  THATCH / PALM LEAF 12  SOD 13  **RUDIMENTARY ROOFING**  RUSTIC MATS 21  PALM / BAMBOO 22  WOOD PLANKS 23  CARDBOARD 24  **FINISHED ROOFING**  ZINC, METAL 31  WOOD 32  CALAMINE / CEMENT FIBER 33  CERAMIC TILES 34  CONCRETE, CEMENT 35  ASBESTOS 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 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 BLOCK 34  COVERED ADOBE 35  WOOD PLANKS / SHINGLES 36  **OTHER** (*specify*) 96 | | | |  |
|  | Are the eaves of the house or building occupied by this household open or closed? | COMPLETELY OPEN 1  PARTIALLY OPEN 2  CLOSED 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 1  YES, COMPLETE, BUT WITH HOLES 2  YES, INCOMPLETE OR BADLY DAMAGED 3  NO, ABSENT 4 | | | | **🡪 110** |
|  | What is the primary 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  POLYESTER 6 | | | |  |
|  | Does your household have electricity? | YES 1  NO 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 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 | | | |  |
|  | Does any member of your household own:  ASK ABOUT EACH ITEM SEPARATELY  [\*add additional items, as applicable] | 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 | | | |  |
|  | Line number of household member who owns the following:  ASK ABOUT EACH ITEM SEPARATELY  ALLOW MULTIPLE RESPONSES FOR EACH ITEM | YES N/A  WATCH [\_\_] 99  SIMPLE MOBILE PHONE [\_\_] 99  SMARTPHONE/TABLET [\_\_] 99  BICYCLE [\_\_] 99  MOTORCYCLE / SCOOTER [\_\_] 99  ANIMAL-DRAWN CART [\_\_] 99  CAR / TRUCK / VAN [\_\_] 99  BOAT WITH MOTOR [\_\_] 99 | | | |  |
|  | Does any member of your household own agricultural land? | YES 1  NO 2 | | | | 🡪116 |
|  | How many hectares of agricultural land do members of this household own?  *If less than 1, record ’00’.* | HECTARES \_\_\_ \_\_\_  95 OR MORE 95  DON’T KNOW 98 | | | |  |
|  | Does this household own any livestock, herds, other farm animals, or poultry? | YES 1  NO 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’.* | NUMBER  MILK 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 1  NO 2  DON’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 1  NO 2  DON’T KNOW 8 | | | | 🡪123  🡪123 |
|  | Who sprayed the dwelling? | GOVERNMENT WORKER/PROGRAM 1  PRIVATE COMPANY 2  NONGOVERNMENTAL ORGANIZATION 3  OTHER 96  (SPECIFY)  DON’T KNOW 98 | | | |  |
|  | 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 | | | | 124 |
|  | What was the main 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  IT IS DIFFICULT TO REMOVE POSSESSIONS 5  DID NOT WANT POSSESSIONS SEEN BY OTHERS 6  POSESSIONS COULD BE DAMAGED OR STOLLEN 7  SPRAY TEAM IS NOT TRUSWORTHY 8  SPRAYING DOES NOT DO ANYTHING 9  SPRAYING IS ANNOYING/SMELLS BAD 10  OTHER 96  (SPECIFY)  DON’T KNOW 98 | | | |  |
|  | 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 | | | |  |
|  | 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 1  NO 2  DON’T KNOW 8 | | | | 🡪130  🡪130 |
|  | At any time in the past 12 months, has the water around your dwelling been treated against mosquitoes? | YES 1  NO 2  DON’T KNOW 8 | | | | 🡪128  🡪130 |
|  | Who treated the water? | GOVERNMENT WORKER/PROGRAM 1  PRIVATE COMPANY 2  NONGOVERNMENTAL ORGANIZATION 3  OTHER 96  (SPECIFY)  DON’T KNOW 98 | | | |  |
|  | What was the main reason the water around your dwelling was not treated? | TREATMENT TEAM DID NOT COME 1  NO ONE WAS HOME 2  IT DAMAGES THE WATER 3  IT IS BAD FOR OUR HEALTH 4  TREATING DOES NOT DO ANYTHING 6  OTHER 96  DON’T KNOW 98 | | | |  |
|  | When was the last time that any water source in this community was treated? | 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 | | | |  |
|  | Does your household have any mosquito nets that can be used while sleeping? | YES 1  NO 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 1  NO 2 | | | |  |
|  | How many mosquito nets are available for use away from home? | NUMBER OF MOSQUITO NETS |\_\_\_|\_\_\_| | | | |  |

## Net roster

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 1  NOT OBSERVED 2 | OBSERVED 1  NOT OBSERVED 2 | OBSERVED 1  NOT 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 95  DK / NOT SURE 98 | MONTHS AGO \_\_\_ \_\_\_  > 36 MONTHS AGO 95  DK / NOT SURE 98 | MONTHS AGO \_\_\_ \_\_\_  > 36 MONTHS AGO 95  DK / 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 10  DAWA PLUS 11  OLYSET 12  NETPROTECT 13  INTERCEPTOR 14  DURANET 15  YORKOOL 16  MAGNET 17  ROYAL SENTRY 18  OTHER ITN BRAND 19  UNTREATED NET 31  OTHER BRAND 96  (*specify*)  DON’T KNOW BRAND 98 | **ITN**  PERMANET 10  DAWA PLUS 11  OLYSET 12  NETPROTECT 13  INTERCEPTOR 14  DURANET 15  YORKOOL 16  MAGNET 17  ROYAL SENTRY 18  OTHER ITN BRAND 19  UNTREATED NET 31  OTHER BRAND 96  (*specify*)  DON’T KNOW BRAND 98 | **ITN**  PERMANET 10  DAWA PLUS 11  OLYSET 12  NETPROTECT 13  INTERCEPTOR 14  DURANET 15  YORKOOL 16  MAGNET 17  ROYAL SENTRY 18  OTHER ITN BRAND 19  UNTREATED NET 31  OTHER 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🡺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 |
|  | Since you obtained the mosquito net, has it ever been treated with insecticide to repel mosquitoes?\*\*  *\*\* Ask only where relevant* | YES 1  NO 2  DON’T KNOW 8 | YES 1  NO 2  DON’T KNOW 8 | YES 1  NO 2  DON’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🡺H  YES, ANC 2🡺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 | YES, NAME OF CAMPAIGN 1🡺H  YES, ANC 2🡺H  YES, IMMUNIZATION VISIT 3🡺H  NO 4 |
|  | 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  WORK/CO-WORKER 09  OTHER 96  DK 98 | 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  WORK/CO-WORKER 09  OTHER 96  DK 98 | 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  WORK/CO-WORKER 09  OTHER 96  DK 98 |
|  | Did you pay any money for this net? | YES 1  NO 2  DK / NOT SURE 8 | YES 1  NO 2  DK / NOT SURE 8 | YES 1  NO 2  DK / NOT SURE 8 |
|  | How much did you pay? | COST \_\_\_ \_\_\_\_\_\_ \_\_\_ | COST \_\_\_ \_\_\_\_\_\_ \_\_\_ | COST \_\_\_ \_\_\_\_\_\_ \_\_\_ |
|  | Did anyone sleep under this bed net last night? | YES 1  NO 2  DK / NOT SURE 8 | YES 1  NO 2  DK / NOT SURE 8 | YES 1  NO 2  DK / NOT SURE 8 |
|  | Was the net used indoors or outdoors last night? | INDOORS 1  OUTDOORS 2  DK/NOT SURE 8 | INDOORS 1  OUTDOORS 2  DK/NOT SURE 8 | INDOORS 1  OUTDOORS 2  DK/NOT SURE 8 |
|  | Was the net used at home or away from home? For example, while traveling. | HOME 1  AWAY FROM HOME 2  DK/NOT SURE 8 | HOME 1  AWAY FROM HOME 2  DK/NOT SURE 8 | HOME 1  AWAY FROM HOME 2  DK/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 1  THERE IS NO MALARIA 2  TOO HOT 3  DON’T LIKE SMELL 4  FEEL ‘CLOSED IN’ 5  NET TOO OLD OR TORN 6  NET TOO DIRTY 7  NET NOT AVAILABLE LAST NIGHT (WASHING) 8  USUAL USER DID NOT SLEEP HERE LAST NIGHT 9  NO PLACE TO HANG IT 10  USUAL USER SLEPT OUTSIDE LAST NIGHT 11  OTHER (*specify*) 96  DON’T KNOW 98 | NO MOSQUITOES 1  THERE IS NO MALARIA 2  TOO HOT 3  DON’T LIKE SMELL 4  FEEL ‘CLOSED IN’ 5  NET TOO OLD OR TORN 6  NET TOO DIRTY 7  NET NOT AVAILABLE LAST NIGHT (WASHING) 8  USUAL USER DID NOT SLEEP HERE LAST NIGHT 9  NO PLACE TO HANG IT 10  USUAL USER SLEPT OUTSIDE LAST NIGHT 11  OTHER (*specify*) 96  DON’T KNOW 98 | NO MOSQUITOES 1  THERE IS NO MALARIA 2  TOO HOT 3  DON’T LIKE SMELL 4  FEEL ‘CLOSED IN’ 5  NET TOO OLD OR TORN 6  NET TOO DIRTY 7  NET NOT AVAILABLE LAST NIGHT (WASHING) 8  USUAL USER DID NOT SLEEP HERE LAST NIGHT 9  NO PLACE TO HANG IT 10  USUAL USER SLEPT OUTSIDE LAST NIGHT 11  OTHER (*specify*) 96  DON’T KNOW 98 |
|  | Where was the net found? | HANGING LOOSE OVER SLEEPING PLACE 1  HANGING AND FOLDED UP AND TIED 2  NOT HANGING BUT NOT STORED 3  STORED AWAY UNPACKED 4  STORED AWAY STILL IN PACKAGE 5  OTHER (Specify) 96 | HANGING LOOSE OVER SLEEPING PLACE 1  HANGING AND FOLDED UP AND TIED 2  NOT HANGING BUT NOT STORED 3  STORED AWAY UNPACKED 4  STORED AWAY STILL IN PACKAGE 5  OTHER (Specify) 96 | HANGING LOOSE OVER SLEEPING PLACE 1  HANGING AND FOLDED UP AND TIED 2  NOT HANGING BUT NOT STORED 3  STORED AWAY UNPACKED 4  STORED AWAY STILL IN  PACKAGE 5  OTHER (Specify) 96 |
|  | What is the reason the net is not hanging for sleeping | NET TOO DIFFICULT TO HANG A  THE NET IS TOO SHORT B  NO SPACE TO HANG NET C  NO ONE TO HANG NET D  HAVE NOT HAD TIME TO HANG NET E  WE ONLY HANG IT AT NIGHT F  SAVING A NEW NET UNTIL OTHERS ARE WORN G  TYPICALLY USED AWAY FROM HOME H  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  HAVE NOT HAD TIME TO HANG NET E  WE ONLY HANG IT AT NIGHT F  SAVING A NEW NET UNTIL OTHERS ARE WORN G  TYPICALLY USED AWAY FROM HOME H  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  HAVE NOT HAD TIME TO HANG NET E  WE ONLY HANG IT AT NIGHT F  SAVING A NEW NET UNTIL OTHERS ARE WORN G  TYPICALLY USED AWAY FROM HOME H  OTHER X  DON’T KNOW Y |
|  | How many nights has this net been used in the last week? | 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 | 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 |
|  | 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) |
|  | Has this net ever been washed? | YES 1  NO 2  DON’T KNOW 8  IF 2 OR 8 🡺V | YES 1  NO 2  DON’T KNOW 8  IF 2 OR 8 🡺V | YES 1  NO 2  DON’T KNOW 8  IF 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 1  DETERGENT 2  BLEACH 3  MIX (specify) 4  NOTHING 5 | BAR SOAP 1  DETERGENT 2  BLEACH 3  MIX (specify) 4  NOTHING 5 | BAR SOAP 1  DETERGENT 2  BLEACH 3  MIX (specify) 4  NOTHING 5 |
|  | Where was the net dried | OUTSIDE IN THE SHADE 1  OUTSIDE IN THE SUN 2  INSIDE 3  OTHER (specify) 5 | OUTSIDE IN THE SHADE 1  OUTSIDE IN THE SUN 2  INSIDE 3  OTHER (specify) 5 | OUTSIDE IN THE SHADE 1  OUTSIDE IN THE SUN 2  INSIDE 3  OTHER (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* |