

MALAWI MALARIA BEHAVIOR SURVEY HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION PAGE

IDENTIFICATION				
MALAWI				
MINISTRY OF HEALTH, NATIONAL MALARIA CONTROL PROGRAM				
TYPE OF PLACE OF RESIDENCE: URBAN1 RURAL 2 __				
NAME OF REGIONNAME OF DISTRICT				
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 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				
_____ <div style="display: flex; justify-content: space-between;"> <div></div> <div>NAME</div> <div> __ __ </div> </div>				

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	_ _ _	_ _ _	
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 18 – 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.

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.	<p>Main material of the dwelling floor.</p> <p>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 ASPHALT STRIPS 32</p> <p>CERAMIC TILES 33</p> <p>CONCRETE, CEMENT 34</p> <p>CARPET..... 35</p> <p>OTHER (specify)..... 96</p>			
103.	<p>Main material of the roof.</p> <p>Record observation.</p> <p>If observation is not possible, ask the respondent to determine the material of the roof.</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>			
104.	<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>	<p>STRUCTURE</p> <p>NEAREST GOVT HOSPITAL</p> <p>NEAREST GOVT HEALTH CENTER</p> <p>NEAREST PRIVATE HOSPITAL/CLINIC</p> <p>NEAREST PRIVATE NURSING/ MATERNITY HOME</p> <p>NEAREST PHARMACY</p>	<p>DISTANCE IN KILOMETERS</p>	<p>TIME IN MINUTES WALKING</p>	<p>TIME IN MINUTES BY CAR/BUS</p>

105.	<p>Main material of the exterior walls.</p> <p>Record observation.</p>	<p>NATURAL WALLS</p> <p>NO WALLS 11</p> <p>CANE / PALM / TRUNKS 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) 96</p>																												
106.	Are the eaves of the house or building occupied by this household open or closed?	<p>COMPLETELY OPEN 1</p> <p>PARTIALLY OPEN 2</p> <p>CLOSED 4</p>																												
107.	Does the part of the house or building occupied by the household have a ceiling?	<p>NO, NONE 1</p> <p>YES, PARTIAL/POORLY SEALED/WORN OUT 2</p> <p>YES, COMPLETE AND SEALED 3</p>																												
108.	Are the windows and any airbrick gaps in the house or building boarded up, glazed or screened against mosquito entry with netting?	<p>YES, COMPLETELY 1</p> <p>YES, COMPLETE, BUT WITH HOLES 2</p> <p>YES, INCOMPLETE OR BADLY DAMAGED 3</p> <p>NO, ABSENT 4</p>	➔ 110																											
109.	What is the <u>primary</u> material used to board up, glaze or screen windows or airbrick gaps?	<p>WOODEN BOARDS 1</p> <p>GLASS 2</p> <p>METAL NETTING 3</p> <p>FABRIC NETTING 4</p> <p>PLASTIC NETTING 5</p> <p>POLYESTER 6</p>																												
110.	Does your household have electricity?	<p>YES 1</p> <p>NO 2</p>																												
111.	<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><thead><tr><th></th><th>YES</th><th>NO</th></tr></thead><tbody><tr><td>RADIO.....</td><td>1</td><td>2</td></tr><tr><td>TELEVISION.....</td><td>1</td><td>2</td></tr><tr><td>COMPUTER.....</td><td>1</td><td>2</td></tr><tr><td>REFRIGERATOR.....</td><td>1</td><td>2</td></tr><tr><td>ACCESS TO INTERNET.....</td><td>1</td><td>2</td></tr><tr><td>ELECTRIC FAN.....</td><td>1</td><td>2</td></tr><tr><td>AIR CONDITIONER.....</td><td>1</td><td>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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112.	<p>Does any member of your household own:</p> <p>ASK ABOUT EACH ITEM SEPARATELY</p> <p>[*add additional items, as applicable]</p>	<table><thead><tr><th></th><th>YES</th><th>NO</th></tr></thead><tbody><tr><td>WATCH.....</td><td>1</td><td>2</td></tr><tr><td>SIMPLE MOBILE PHONE.....</td><td>1</td><td>2</td></tr><tr><td>SMARTPHONE/TABLET.....</td><td>1</td><td>2</td></tr><tr><td>BICYCLE.....</td><td>1</td><td>2</td></tr><tr><td>MOTORCYCLE / SCOOTER.....</td><td>1</td><td>2</td></tr><tr><td>ANIMAL-DRAWN CART.....</td><td>1</td><td>2</td></tr><tr><td>CAR / TRUCK / VAN.....</td><td>1</td><td>2</td></tr><tr><td>BOAT WITH MOTOR.....</td><td>1</td><td>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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113.	Does any member of your household own agricultural land?	YES..... 1 NO 2	→115
114.	How many hectares of agricultural land do members of this household own? <i>If less than 1, record '00'.</i>	HECTARES..... 95 OR MORE..... 95 DON'T KNOW 98	
115.	Does this household own any livestock, herds, other farm animals, or poultry?	YES..... 1 NO 2	→117
116.	How many of the following animals does this household have? ASK FOR EACH TYPE OF ANIMALS SEPARATELY **[include additional animals as applicable] <i>If none, record '00'. If 95 or more, record '95'. If unknown, record '98'.</i>	NUMBER MILK COWS OR BULLS..... OTHER CATTLE HORSES, DONKEYS OR MULES GOATS SHEEP CHICKENS OR OTHER POULTRY PIGS.....	
124	Does your household have any mosquito nets that can be used while sleeping?	YES..... 1 NO 2	→125B
125	How many mosquito nets does your household have?	NUMBER OF MOSQUITO NETS __ __	
125B	How many mosquito nets did your household receive from the last mass campaign?	NUMBER OF MOSQUITO NETS __ __	

Net roster

ITN: NET ROSTER				
126. 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	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 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

C.	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 PERMANET10 DAWA PLUS11 OLYSET12 NETPROTECT13 INTERCEPTOR14 DURANET15 YORKOOL16 MAGNET17 ROYAL SENTRY18 OTHER ITN BRAND19 UNTREATED NET31 OTHER BRAND96 (specify) DON'T KNOW BRAND98	ITN PERMANET10 DAWA PLUS11 OLYSET12 NETPROTECT13 INTERCEPTOR14 DURANET15 YORKOOL16 MAGNET17 ROYAL SENTRY18 OTHER ITN BRAND19 UNTREATED NET31 OTHER BRAND96 (specify) DON'T KNOW BRAND98	ITN PERMANET10 DAWA PLUS11 OLYSET12 NETPROTECT13 INTERCEPTOR14 DURANET15 YORKOOL16 MAGNET17 ROYAL SENTRY18 OTHER ITN BRAND19 UNTREATED NET31 OTHER BRAND96 (specify) DON'T KNOW BRAND98
D.	Had the mosquito net already been treated with insecticides when you got it? ** ** Ask only where relevant	YES 1→F NO2 DON'T KNOW8	YES1→F NO2 DON'T KNOW8	YES1→F NO2 DON'T KNOW8
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, AT BIRTH/IMMUNIZATION VISIT 3→H NO4	YES, NAME OF CAMPAIGN . 1→H YES, ANC 2→H YES, AT BIRTH/IMMUNIZATION VISIT 3→H NO4	YES, NAME OF CAMPAIGN . 1→H YES, ANC 2→H YES, AT BIRTH/IMMUNIZATION VISIT 3→H NO4

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 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 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
H.	Did you pay any money for this net?	YES 1 NO 2 → J DK / NOT SURE 8	YES 1 NO 2 → J DK / NOT SURE 8	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	YES 1 NO 2 → M DK / NOT SURE 8	YES 1 NO 2 → M DK / NOT SURE 8
K.	Was the net used indoors or outdoors last night?	INDOORS 1 OUTDOORS 2	INDOORS 1 OUTDOORS 2	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 _ _

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 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 NET WAS NOT NEEDED LAST NIGHT 10 NO PLACE TO HANG IT 11 OTHER (<i>specify</i>) 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 NET WAS NOT NEEDED LAST NIGHT 10 NO PLACE TO HANG IT 11 OTHER (<i>specify</i>) 96 DON'T KNOW 98	NO MOSQUITOES.....1 THERE IS NO MALARIA2 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 NIGHT10 NO PLACE TO HANG IT 11 OTHER (<i>specify</i>)96 DON'T KNOW98
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	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	HANGING LOOSE OVER SLEEPING PLACE1→P HANGING AND FOLDED UP AND TIED2→P NOT HANGING BUT NOT STORED3 STORED AWAY UNPACKED4 STORED AWAY STILL IN PACKAGE5
O.	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 WILL HANG IT LATER E WE ONLY HANG IT AT NIGHTF 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 LATERE WE ONLY HANG IT AT NIGHTF SAVING A NEW NET UNTIL OTHERS ARE WORN..... G OTHER X DON'T KNOWY	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 LATERE WE ONLY HANG IT AT NIGHTF SAVING A NEW NET UNTIL OTHERS ARE WORN..... G OTHERX DON'T KNOWY
P.	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 NIGHTS1 MOST NIGHTS (5-6).....2 SOME NIGHTS (1-4).....3 NOT USED LAST WEEK.....4 NET IS NOT USED AT ALL.....5 DON'T KNOW98

Q.	What is the color of the net?	WHITE 1 BLUE 2 GREEN 3 OTHER COLOR 6 (SPECIFY)	WHITE1 BLUE2 GREEN3 OTHER COLOR6 (SPECIFY)	WHITE1 BLUE2 GREEN3 OTHER COLOR6 (SPECIFY)
R.	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	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 SOAP 1 DETERGENT 2 BLEACH 3 MIX (specify) 4 NOTHING 5	BAR SOAP 1 DETERGENT 2 BLEACH 3 MIX (specify) 4 NOTHING 5	BAR SOAP1 DETERGENT2 BLEACH3 MIX (specify)4 NOTHING5
U.	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 SHADE1 OUTSIDE IN THE SUN2 INSIDE3 OTHER (specify)5
V.	Is there another net? Probe for any nets not currently used or in storage.	YES1 ♡ Next Net NO2 ♡ End	YES1 ♡ Next Net NO2 ♡ End	YES1 ♡ Next Net NO2 ♡ End