

**MALARIA BEHAVIOR SURVEY
STANDARD HOUSEHOLD QUESTIONNAIRE**

IDENTIFICATION PAGE

IDENTIFICATION			
[NAME OF COUNTRY]			
[NAME OF ORGANIZATION]			
TYPE OF PLACE OF RESIDENCE: URBAN	1	RURAL	2 __
NAME OF COUNTY			
NAME OF SUBCOUNTY:			
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 </div> <div> 4 REFUSED 5 PARTLY COMPLETED 6 INCAPACITATED </div> </div>				

7 OTHER (specify)

SUPERVISOR

NAME | |

MALARIA BEHAVIOR 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 nicknames 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	_ _	_ _	

MALARIA BEHAVIOR SURVEY : HOUSEHOLD QUESTIONNAIRE

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.

MALARIA BEHAVIOR 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.	<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 (IRON SHEETS) 31</p> <p>WOOD 32</p> <p>CALAMINE / CEMENT FIBER 33</p> <p>CERAMIC TILES/BRICK OR CLAY TILES 34</p> <p>CONCRETE, CEMENT 35</p> <p>ASBESTOS SHEETS, ROOFING 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>STRUCTURE</p> <p>NEAREST GOVT HOSPITAL</p> <p>NEAREST GOVT HEALTH CENTER</p> <p>NEAREST PRIVATE HOSPITAL/CLINIC</p>	<p>DISTANCE IN KILOMETERS</p>	<p>TIME IN MINUTES WALKING</p>	<p>TIME IN MINUTES BY MOTOR-BIKE</p>	<p>TIME IN MINUTES BY CAR/BUS</p>

MALARIA BEHAVIOR SURVEY : HOUSEHOLD QUESTIONNAIRE

	FOR ALL MODALITIES, IF THE PERSON DOES NOT KNOW, PUT 9999	NEAREST PRIVATE NURSING/ MATERNITY HOME				
		NEAREST PHARMACY/CHEMIST				
105.	<i>Main material of the exterior walls.</i> <i>Record observation.</i>		NATURAL WALLS NO WALLS 11 CANE / PALM / TRUNKS 12 DIRT/MUD 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			
106.	Are the eaves of the house or building occupied by this household open or closed?		COMPLETELY OPEN 1 PARTIALLY OPEN 2 CLOSED 4			
107.	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			
108.	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		
109.	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 POLYESTER 6			
110.	Does your household have electricity?		YES 1 NO 2			

MALARIA BEHAVIOR SURVEY : HOUSEHOLD QUESTIONNAIRE

111.	Does your household have the following items which are in good working order? ASK ABOUT EACH ITEM SEPARATELY.		<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="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> <tr><td>ELECTRICITY</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>FIXED LINE TELEPHONE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>SOLAR PANEL</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>TABLE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>CHAIR</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>SOFA</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>BED</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>CUPBOARD</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>CLOCK</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>MICROWAVE OVEN</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>DVD PLAYER</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>CD PLAYER</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	ELECTRICITY	1	2	FIXED LINE TELEPHONE	1	2	SOLAR PANEL	1	2	TABLE	1	2	CHAIR	1	2	SOFA	1	2	BED	1	2	CUPBOARD	1	2	CLOCK	1	2	MICROWAVE OVEN	1	2	DVD PLAYER	1	2	CD PLAYER	1	2	
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112.	Does any member of your household own: ASK ABOUT EACH ITEM SEPARATELY		<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="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> <tr><td>BOAT WITHOUT 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	BOAT WITHOUT MOTOR	1	2																															
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112a	Does any member of the household have an account in a bank or any other financial institution?		<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>YES</td><td style="text-align: center;">1</td></tr> <tr><td>NO</td><td style="text-align: center;">2</td></tr> </tbody> </table>	YES	1	NO	2																																																									
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112b	Does any member of this household use a mobile phone to make financial transactions?		<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>YES</td><td style="text-align: center;">1</td></tr> <tr><td>NO</td><td style="text-align: center;">2</td></tr> </tbody> </table>	YES	1	NO	2																																																									
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113.	Does any member of your household own agricultural land?		<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>YES</td><td style="text-align: center;">1</td></tr> <tr><td>NO</td><td style="text-align: center;">2</td></tr> </tbody> </table>	YES	1	NO	2	115																																																								
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114.	How many hectares of agricultural land do members of this household own? <i>If less than 1, record '00'.</i>		<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>HECTARES</td><td style="text-align: center;">___</td></tr> <tr><td>95 OR MORE</td><td style="text-align: center;">95</td></tr> <tr><td>DON'T KNOW</td><td style="text-align: center;">98</td></tr> </tbody> </table>	HECTARES	___	95 OR MORE	95	DON'T KNOW	98																																																							
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115.	Does this household own any livestock, herds, other farm animals, or poultry?		<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>YES</td><td style="text-align: center;">1</td></tr> <tr><td>NO</td><td style="text-align: center;">2</td></tr> </tbody> </table>	YES	1	NO	2	117																																																								
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116.	How many of the following animals does this household have? ASK FOR EACH TYPE OF ANIMALS SEPARATELY		<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">NUMBER</th> </tr> </thead> <tbody> <tr><td>LOCAL CATTLE</td><td style="text-align: center;">___</td></tr> <tr><td>EXOTIC/GRADE CATTLE</td><td style="text-align: center;">___</td></tr> </tbody> </table>		NUMBER	LOCAL CATTLE	___	EXOTIC/GRADE CATTLE	___																																																							
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MALARIA BEHAVIOR SURVEY : HOUSEHOLD QUESTIONNAIRE

			HORSES _____ DONKEYS _____ MULES _____ GOATS _____ SHEEP _____ CHICKENS OR OTHER POULTRY _____ PIGS _____	
117.		QUESTIONS 118 – 122 ARE ONLY RELEVANT IN AREAS WITH IRS PROGRAM		
118.	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	123 123
119.	At any time in the past 12 months, has the interior walls of you dwelling been sprayed against mosquitoes?		YES 1 NO 2 DON'T KNOW 8	122 122
120.	Who sprayed the dwelling?		GOVERNMENT WORKER/PROGRAM 1 PRIVATE COMPANY 2 NONGOVERNMENTAL ORGANIZATION 3 OTHER 96 (SPECIFY) DON'T KNOW 98	
121.	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	123
122.	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	
123.	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	
124.	Does your household have any mosquito nets that can be used while sleeping?		YES 1 NO 2	125B

MALARIA BEHAVIOR SURVEY : HOUSEHOLD QUESTIONNAIRE

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 __ __	

MALARIA BEHAVIOR 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	OBSERVED	1	OBSERVED	1
		NOT OBSERVED	2	NOT OBSERVED	2	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 _____		MONTHS AGO _____		MONTHS AGO _____	
		> 36 MONTHS AGO	95	> 36 MONTHS AGO	95	> 36 MONTHS AGO	95
		DK / NOT SURE	98	DK / NOT SURE	98	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>	LLIN		LLIN		LLIN	
		PERMANET	10	PERMANET	10	PERMANET	10
		DAWA PLUS	11	DAWA PLUS	11	DAWA PLUS	11
		OLYSET	12	OLYSET	12	OLYSET	12
		NETPROTECT	13	NETPROTECT	13	NETPROTECT	13
		INTERCEPTOR	14	INTERCEPTOR	14	INTERCEPTOR	14
		DURANET	15	DURANET	15	DURANET	15
		YORKOOL	16	YORKOOL	16	YORKOOL	16
		MAGNET	17	MAGNET	17	MAGNET	17
		ROYAL SENTRY	18	ROYAL SENTRY	18	ROYAL SENTRY	18
		OTHER ITN BRAND	19	OTHER ITN BRAND	19	OTHER ITN BRAND	19
		Other Type (not LLIN)	31	Other Type (not LLIN)	31	Other Type (not LLIN)	31
		OTHER BRAND	96	OTHER BRAND	96	OTHER BRAND	96
		(specify)		(specify)		(specify)	
		DON'T KNOW BRAND	98	DON'T KNOW BRAND	98	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	YES	1☐F	YES	1☐F
		NO	2	NO	2	NO	2
		DON'T KNOW	8	DON'T KNOW	8	DON'T KNOW	8
E.	INTENTIONALLY LEFT BLANK						
F.	Did you get the net through the 2021 mass distribution campaign, during an antenatal care visit, or during an immunization visit? [Revise responses 1-3 per local context]	YES, 2021 MASS NET DISTRIBUTION	1☐H	YES, 2021 MASS NET DISTRIBUTION	1☐H	YES, 2021 MASS NET DISTRIBUTION	1☐H
		YES, ANC	2☐H	YES, ANC	2☐H	YES, ANC	2☐H
		YES, CHILD WELFARE VISIT	3☐H	YES, CHILD WELFARE VISIT	3☐H	YES, CHILD WELFARE VISIT	3☐H
		NO	4	NO	4	NO	4
G.	Where did you get the net?	GOVERNMENT HEALTH FACILITY	01	GOVERNMENT HEALTH FACILITY	01	GOVERNMENT HEALTH FACILITY	01
		PRIVATE HEALTH FACILITY	02	PRIVATE HEALTH FACILITY	02	PRIVATE HEALTH FACILITY	02
		PHARMACY	03	PHARMACY	03	PHARMACY	03
		SHOP / MARKET /		SHOP / MARKET /		SHOP / MARKET /	

MALARIA BEHAVIOR SURVEY : HOUSEHOLD QUESTIONNAIRE

		STREET VENDOR 04	STREET VENDOR 04	STREET VENDOR 04
		COMMUNITY HEALTH WORKER 05	COMMUNITY HEALTH WORKER 05	COMMUNITY HEALTH WORKER 05
		RELIGIOUS INSTITUTION 06	RELIGIOUS INSTITUTION 06	RELIGIOUS INSTITUTION 06
		SCHOOL 07	SCHOOL 07	SCHOOL 07
		FRIEND/RELATIVE 08	FRIEND/RELATIVE 08	FRIEND/RELATIVE 08
		OTHER 96	OTHER 96	OTHER 96
		DK 98	DK 98	DK 98
H.	Did you pay any money for this net?	YES 1 NO 2 <input type="checkbox"/> J DK / NOT SURE 8	YES 1 NO 2 <input type="checkbox"/> J DK / NOT SURE 8	YES 1 NO 2 <input type="checkbox"/> 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 <input type="checkbox"/> M DK / NOT SURE 8	YES 1 NO 2 <input type="checkbox"/> M DK / NOT SURE 8	YES 1 NO 2 <input type="checkbox"/> 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	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 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

MALARIA BEHAVIOR SURVEY : HOUSEHOLD QUESTIONNAIRE

		NET WAS NOT NEEDED LAST NIGHT 10 NO PLACE TO HANG IT 11 OTHER (<i>specify</i>) 96 DON'T KNOW 98	NET WAS NOT NEEDED LAST NIGHT 10 NO PLACE TO HANG IT 11 OTHER (<i>specify</i>) 96 DON'T KNOW 98	NET WAS NOT NEEDED LAST NIGHT 10 NO PLACE TO HANG IT 11 OTHER (<i>specify</i>) 96 DON'T KNOW 98
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 STORED 3 STORED AWAY UNPACKED 4 STORED AWAY STILL IN PACKAGE 5	HANGING LOOSE OVER SLEEPING PLACE 1□P HANGING AND FOLDED UP AND TIED 2□P NOT HANGING BUT NOT STORED 3 STORED AWAY UNPACKED 4 STORED AWAY STILL IN PACKAGE 5	HANGING LOOSE OVER SLEEPING PLACE 1□P HANGING AND FOLDED UP AND TIED 2□P NOT HANGING BUT NOT STORED 3 STORED AWAY UNPACKED 4 STORED AWAY STILL IN PACKAGE 5
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 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 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
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 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?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

MALARIA BEHAVIOR SURVEY : HOUSEHOLD QUESTIONNAIRE

		IF 2 OR 8 IV	IF 2 OR 8 IV	IF 2 OR 8 IV
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 SOAP 1 DETERGENT 2 BLEACH 3 MIX (specify) 4 NOTHING 5
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 SHADE 1 OUTSIDE IN THE SUN 2 INSIDE 3 OTHER (specify) 5
V.	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