

MALARIA BEHAVIOR SURVEY STANDARD HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION PAGE

IDENTIFICATION	
[NAME OF COUNTRY]	
[NAME OF ORGANIZATION]	
TYPE OF PLACE OF RESIDENCE: URBAN1 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 TIME	_____ _____	_____ _____		TOTAL NUMBER OF VISITS = __

***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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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	_ _	_ _	

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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/PARTNER OF ONE OF THE ELIGIBLE WOMEN, AGED 18 – 59 YEARS, WILL BE RANDOMLY SELECTED FOR INDIVIDUAL INTERVIEW.

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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/MUD11</p> <p>DUNG.....12</p> <p>RUDIMENTARY FLOOR</p> <p>WOOD PLANKS21</p> <p>PALM/BAMBOO22</p> <p>FINISHED FLOOR</p> <p>PARQUET OR POLISHED WOOD31</p> <p>VINYL OR ASPHALT STRIPS32</p> <p>CERAMIC TILES33</p> <p>CONCRETE, CEMENT34</p> <p>CARPET35</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 ROOF11</p> <p>THATCH / PALM LEAF12</p> <p>SOD13</p> <p>RUDIMENTARY ROOFING</p> <p>RUSTIC MATS.....21</p> <p>PALM / BAMBOO.....22</p> <p>WOOD PLANKS23</p> <p>CARDBOARD24</p> <p>FINISHED ROOFING</p> <p>ZINC, METAL31</p> <p>WOOD.....32</p> <p>CALAMINE / CEMENT FIBER33</p> <p>CERAMIC TILES34</p> <p>CONCRETE, CEMENT35</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>DISTANCE IN KILOMETERS</p>	<p>TIME IN MINUTES WALKING</p>	<p>TIME IN MINUTES BY CAR/BUS</p>

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		NEAREST PRIVATE NURSING/ MATERNITY HOME			
		NEAREST PHARMACY			
		NEAREST CHEMIST/PMV			
105.	<i>Main material of the exterior walls.</i> <i>Record observation.</i>	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			
106.	Are the eaves of the house or building occupied by this household open or closed?	COMPLETELY OPEN1 PARTIALLY OPEN.....2 CLOSED4			
107.	Does the part of the house or building occupied by the household have a ceiling?	NO, NONE1 YES, PARTIAL/POORLY SEALED/WORN OUT2 YES, COMPLETE AND SEALED3			
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			
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 NETTING4 PLASTIC NETTING5 POLYESTER.....6			
110.	Does your household have electricity?	YES 1 NO..... 2			

➔ 110

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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 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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AIR CONDITIONER	1	2																												
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 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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113.	<p>Does any member of your household own agricultural land?</p>	<p>YES 1</p> <p>NO 2</p>	➔115																											
114.	<p>How many hectares of agricultural land do members of this household own?</p> <p><i>If less than 1, record '00'.</i></p>	<p>HECTARES ____</p> <p>95 OR MORE 95</p> <p>DON'T KNOW 98</p>																												
115.	<p>Does this household own any livestock, herds, other farm animals, or poultry?</p>	<p>YES 1</p> <p>NO 2</p>	➔117																											
116.	<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: right;">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>																												
117.	<p>QUESTIONS 118 – 122 ARE ONLY RELEVANT IN AREAS WITH IRS PROGRAM</p>																													
118.	<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>➔123</p> <p>➔123</p>																											
119.	<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>➔122</p> <p>➔122</p>																											

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120.	Who sprayed the dwelling?	GOVERNMENT WORKER/PROGRAM 1 PRIVATE COMPANY 2 NONGOVERNMENTAL ORGANIZATION 3 OTHER.....96 <div style="text-align: center;">(SPECIFY)</div> DON'T KNOW98	
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 COME1 NO ONE WAS HOME.....2 IT DAMAGES THE WALLS3 IT IS BAD FOR OUR HEALTH4 DID NOT WANT TO SHOW TEAM OUR POSSESSIONS.....5 SPRAYING DOES NOT DO ANYTHING.....6 SPRAYING IS ANNOYING/SMELLS BAD7 OTHER.....96 DON'T KNOW98	
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	➔END
125.	How many mosquito nets does your household have?	NUMBER OF MOSQUITO NETS __ __	

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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	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. <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 PLUS11 OLYSET12 NETPROTECT.....13 INTERCEPTOR14 DURANET15 YORKOOL16 MAGNET17 ROYAL SENTRY.....18 OTHER ITN BRAND.....19 UNTREATED NET.....31 OTHER BRAND96 <i>(specify)</i> DON'T KNOW BRAND.....98	ITN PERMANET.....10 DAWA PLUS11 OLYSET12 NETPROTECT.....13 INTERCEPTOR14 DURANET15 YORKOOL16 MAGNET17 ROYAL SENTRY.....18 OTHER ITN BRAND.....19 UNTREATED NET.....31 OTHER BRAND96 <i>(specify)</i> DON'T KNOW BRAND98	ITN PERMANET.....10 DAWA PLUS11 OLYSET12 NETPROTECT.....13 INTERCEPTOR14 DURANET15 YORKOOL16 MAGNET17 ROYAL SENTRY.....18 OTHER ITN BRAND.....19 UNTREATED NET.....31 OTHER BRAND96 <i>(specify)</i> DON'T KNOW BRAND98
D.	Had the mosquito net already been treated with insecticides when you got it?*** <i>** Ask only where relevant</i>	YES 1→F NO2 DON'T KNOW8	YES 1→F NO2 DON'T KNOW8	YES 1→F NO2 DON'T KNOW8
E.	Since you obtained the mosquito net, has it ever been treated with insecticide to repel mosquitoes?*** <i>** Ask only where relevant</i>	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8	YES1 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, ANC2→H YES, IMMUNIZATION VISIT .3→H NO4	YES, NAME OF CAMPAIGN .1→H YES, ANC2→H YES, IMMUNIZATION VISIT .3→H NO4	YES, NAME OF CAMPAIGN .1→H YES, ANC2→H YES, IMMUNIZATION VISIT .3→H NO4

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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 PRIVATEHEALTH 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 _ _

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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 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</p> <p>(WASHING) 8</p> <p>USUAL USER DID NOT SLEEP HERE</p> <p>LAST NIGHT 9</p> <p>NET WAS NOT NEEDED LAST</p> <p>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 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</p> <p>(WASHING) 8</p> <p>USUAL USER DID NOT SLEEP</p> <p>HERE LAST NIGHT 9</p> <p>NET WAS NOT NEEDED LAST</p> <p>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 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</p> <p>(WASHING) 8</p> <p>USUAL USER DID NOT SLEEP HERE</p> <p>LAST NIGHT 9</p> <p>NET WAS NOT NEEDED LAST NIGHT</p> <p>..... 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</p> <p>PLACE 1→P</p> <p>HANGING AND FOLDED UP AND</p> <p>TIED 2→P</p> <p>NOT HANGING BUT NOT</p> <p>STORED 3</p> <p>STORED AWAY UNPACKED..... 4</p> <p>STORED AWAY STILL IN</p> <p>PACKAGE 5</p>	<p>HANGING LOOSE OVER</p> <p>SLEEPING PLACE 1→P</p> <p>HANGING AND FOLDED UP AND</p> <p>TIED 2→P</p> <p>NOT HANGING BUT NOT</p> <p>STORED 3</p> <p>STORED AWAY UNPACKED..... 4</p> <p>STORED AWAY STILL IN</p> <p>PACKAGE 5</p>	<p>HANGING LOOSE OVER SLEEPING</p> <p>PLACE 1→P</p> <p>HANGING AND FOLDED UP AND</p> <p>TIED 2→P</p> <p>NOT HANGING BUT NOT STORED</p> <p>..... 3</p> <p>STORED AWAY UNPACKED..... 4</p> <p>STORED AWAY STILL IN PACKAGE</p> <p>..... 5</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 SHORT B</p> <p>NO SPACE TO HANG NET C</p> <p>NO ONE TO HANG NET D</p> <p>WILL HANG IT LATER E</p> <p>WE ONLY HANG IT AT NIGHTF</p> <p>SAVING A NEW NET UNTIL</p> <p>OTHERS ARE WORN G</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 LATER E</p> <p>WE ONLY HANG IT AT NIGHTF</p> <p>SAVING A NEW NET UNTIL</p> <p>OTHERS ARE WORN G</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 LATER E</p> <p>WE ONLY HANG IT AT NIGHTF</p> <p>SAVING A NEW NET UNTIL OTHERS</p> <p>ARE WORN G</p> <p>OTHER..... X</p> <p>DON'T KNOW..... Y</p>

MALARIA BEHAVIOR SURVEY : HOUSEHOLD QUESTIONNAIRE

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 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
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.	YES1 ♡ Next Net NO2 ♡ End	YES1 ♡ Next Net NO2 ♡ End	YES1 ♡ Next Net NO2 ♡ End