

**MALARIA BEHAVIOR SURVEY
LOW TRANSMISSION HOUSEHOLD QUESTIONNAIRE**

IDENTIFICATION PAGE

IDENTIFICATION	
TANZANIA - ZANZIBAR	
NAME OF ORGANIZATION:	
TYPE OF PLACE OF RESIDENCE:	URBAN 1 RURAL 2 __
NAME OF REGION:	NAME OF DISTRICT:
NAME OF SHEHIA:	
TYPE OF TRANSMISSION SHEHIA/EA:	LOW TRANSMISSION 1 HIGH TRANSMISSION 2
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				
NAME/CODE NUMBER __ __				

**MALARIA BEHAVIOR SURVEY
LOW TRANSMISSION HOUSEHOLD QUESTIONNAIRE**

LINE NO.	USUAL RESIDENTS AND VISITORS	SEX	RESIDENCE			AGE	CHILDREN AGES 0-4 YEARS	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 YEARS	FOR EACH CHILD AGES 0-4 YEARS, WRITE IN THE LINE NUMBER OF THAT CHILD'S MOTHER.	FOR EACH CHILD AGES 0-4 YEARS, 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 <input type="checkbox"/> 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 FARMING..... 7 ATTENDING BOARDING SCHOOL.....8 RECEIVING MEDICAL CARE.....9 OTHER.....98 I DONT KNOW.....99	_ _	01	_ _	_ _

					6B LEAVE DATE MM/DD [][]/[][] 6C. EXPECTED RETURN DATE MM/DD [][]/[][] I DONT KNOW.....99				
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 FARMING.....7 ATTENDING BOARDING SCHOOL.....8 RECEIVING MEDICAL CARE.....9 OTHER.....98 I DONT KNOW.....99 <hr/> 6B LEAVE DATE MM/DD [][]/[][] 6C. EXPECTED RETURN DATE MM/DD [][]/[][] I DONT KNOW.....99	_ _	02	_ _	_ _
03					WORKING ...1	_ _	03	_ _	_ _

		F = 1 M = 2	Y = 1 N = 2	Y = 1 □ Q7 N = 2	VISITING FAMILY.....2 SOCIALIZING WITH FRIENDS.....3 AT A RELIGIOUS EVENT.....4 ATTENDING A WEDDING.....5 ATTENDING A FUNERAL.....6 FARMING.....7 ATTENDING BOARDING SCHOOL.....8 RECEIVING MEDICAL CARE.....9 OTHER.....98 I DONT KNOW.....99				
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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 FARMING.....7	_ _	04	_ _	_ _

					ATTENDING BOARDING SCHOOL.....8 RECEIVING MEDICAL CARE.....9 OTHER.....98 I DONT KNOW.....99				
					6B LEAVE DATE MM/DD [][]/[][] 6C. EXPECTED RETURN DATE MM/DD [][]/[][] I DONT KNOW.....99				
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 FARMING.....7 ATTENDING BOARDING SCHOOL.....8 RECEIVING MEDICAL CARE.....9 OTHER.....98 I DONT KNOW.....99	_ _	05	_ _	_ _
					6B LEAVE DATE MM/DD [][]/[][]				

					6C. EXPECTED RETURN DATE MM/DD [][]/[][] I DONT KNOW.....99				
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 FARMING.....7 ATTENDING BOARDING SCHOOL.....8 RECEIVING MEDICAL CARE.....9 OTHER.....98 I DONT KNOW.....99	<div> <div></div> <div></div> <div></div> </div>	06	<div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>
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07		F = 1 M = 2	Y = 1 N = 2	Y = 1 □ Q7 N = 2	WORKING ...1 VISITING FAMILY.....2 SOCIALIZING WITH FRIENDS.....3	<div> <div></div> <div></div> <div></div> </div>	07	<div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> </div>

					AT A RELIGIOUS EVENT.....4 ATTENDING A WEDDING.....5 ATTENDING A FUNERAL.....6 FARMING.....7 ATTENDING BOARDING SCHOOL.....8 RECEIVING MEDICAL CARE.....9 OTHER.....98 I DONT KNOW.....99				
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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 FARMING.....7 ATTENDING BOARDING SCHOOL.....8 RECEIVING MEDICAL CARE.....9 OTHER.....98	_ _	08	_ _	_ _

					<div>I DONT KNOW.....99</div> <div>6B LEAVE DATE MM/DD [][]/[][]</div> <div>6C. EXPECTED RETURN DATE MM/DD [][]/[][]</div> <div>I DONT KNOW.....99</div>				
09		<div>F = 1 M = 2</div>	<div>Y = 1 N = 2</div>	<div>Y = 1 □ Q7 N = 2</div>	<div> <div>WORKING ...1</div> <div>VISITING FAMILY.....2</div> <div>SOCIALIZING WITH FRIENDS.....3</div> <div>AT A RELIGIOUS EVENT.....4</div> <div>ATTENDING A WEDDING.....5</div> <div>ATTENDING A FUNERAL.....6</div> <div>FARMING.....7</div> <div>ATTENDING BOARDING SCHOOL.....8</div> <div>RECEIVING MEDICAL CARE.....9</div> <div>OTHER.....98</div> <div>I DONT KNOW.....99</div> </div> <div>6B LEAVE DATE MM/DD [][]/[][]</div> <div>6C. EXPECTED RETURN DATE MM/DD [][]/[][]</div>	_ _	09	_ _	_ _

					I DONT KNOW.....99				
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 FARMING.....7 ATTENDING BOARDING SCHOOL.....8 RECEIVING MEDICAL CARE.....9 OTHER.....98 I DONT KNOW.....99	_ _	10	_ _	_ _
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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	_ _	11	_ _	_ _

					FARMING.....7 ATTENDING BOARDING SCHOOL.....8 RECEIVING MEDICAL CARE.....9 OTHER.....98 I DONT KNOW.....99				
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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 FARMING.....7 ATTENDING BOARDING SCHOOL.....8 RECEIVING MEDICAL CARE.....9 OTHER.....98 I DONT KNOW.....99	_ _	12	_ _	_ _
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14		F = 1 M = 2	Y = 1 N = 2	Y = 1 □ Q7 N = 2	WORKING ...1 VISITING FAMILY.....2	_ _	14	_ _	_ _

					SOCIALIZING WITH FRIENDS.....3 AT A RELIGIOUS EVENT.....4 ATTENDING A WEDDING.....5 ATTENDING A FUNERAL.....6 FARMING.....7 ATTENDING BOARDING SCHOOL.....8 RECEIVING MEDICAL CARE.....9 OTHER.....98 I DONT KNOW.....99				
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					<div>RECEIVING MEDICAL CARE.....9</div> <div>OTHER.....98</div> <div>I DONT KNOW.....99</div> <div>6B LEAVE DATE MM/DD [][]/[][]</div> <div>6C. EXPECTED RETURN DATE MM/DD [][]/[][]</div> <div>I DONT KNOW.....99</div>				
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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>RUDIMENTARY FLOOR</p> <p>WOOD PLANKS 21</p> <p>FINISHED FLOOR</p> <p>PARQUET OR POLISHED WOOD 31</p> <p>VINYL OR ASPHALTSTRIPS 32</p> <p>CERAMIC TILES 33</p> <p>CONCRETE, CEMENT 34</p> <p>CARPET 35</p> <p>TERAZZO 36</p> <p>OTHER (specify) 98</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 12</p> <p>RUDIMENTARY ROOFING</p> <p>RUSTIC MATS 21</p> <p>WOOD PLANKS 22</p> <p>CARDBOARD 23</p> <p>FINISHED ROOFING</p> <p>CORRUGATED IRON SHEET 31</p> <p>WOOD 32</p> <p>CONCRETE, CEMENT 33</p> <p>ASBESTOS SHEETS, SHINGLES 34</p> <p>OTHER (specify) 98</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, public transport (bus), motor bike?</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 PRIMARY HEALTH CENTER/PHCU</p> <p>NEAREST PRIVATE HOSPITAL/CLINIC</p> <p>NEAREST PHARMACY/OTC</p>	<p>DISTANCE IN KILOMETERS</p>	<p>TIME IN MINUTES WALKING</p>	<p>TIME IN MINUTES BY CAR/BUS/ MOTOR BIKE</p>

MALARIA BEHAVIOR SURVEY: HOUSEHOLD QUESTIONNAIRE

		NEAREST COMMUNITY HEALTH WORKER																											
105.	<p><i>Main material of the exterior walls.</i></p> <p><i>Record observation.</i></p>	<p>NATURAL WALLS</p> <p>NO WALLS 11</p> <p>POLES WITH MUD 12</p> <p>POLES WITH THATCHED 13-</p> <p>RUDIMENTARY WALLS</p> <p>BAMBOO WITH MUD 21</p> <p>SANDSTONE MASONRY 22</p> <p>PLYWOOD 23</p> <p>CARDBOARD 24</p> <p>REUSED WOOD 25</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>WOOD PLANKS / SHINGLES 35</p> <p>OTHER (specify) 98</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 3</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 border="0"> <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			
	YES	NO																											
RADIO	1	2																											
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AIR CONDITIONER	1	2																											

MALARIA BEHAVIOR SURVEY: HOUSEHOLD QUESTIONNAIRE

112.	Does any member of your household own: ASK ABOUT EACH ITEM SEPARATELY [*add additional items, as applicable]	YES WATCH 1 SIMPLE MOBILE PHONE 1 SMARTPHONE/TABLET 1 BICYCLE 1 MOTORCYCLE / SCOOTER 1 ANIMAL-DRAWN CART 1 CAR / TRUCK / VAN 1 BOAT WITH MOTOR 1	NO 2 2 2 2 2 2 2	
113.	Does any member of your household own agricultural land?	YES NO	1 2	→116
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 DON'T KNOW	____ ____ 95 99	
115.	Does this household own any livestock, herds, other farm animals, or poultry?	YES NO	1 2	→118
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'.</i> <i>If unknown, record '98'.</i>	NUMBER MILK COWS OR BULLS OTHER CATTLE HORSES, DONKEYS OR 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 NO DON'T KNOW	1 2 99	→123 →123
119.	At any time in the past 12 months, has the interior walls of your dwelling been sprayed against mosquitoes?	YES NO DON'T KNOW	1 2 99	→122 →123
120.	Who sprayed the dwelling?	GOVERNMENT WORKER/PROGRAM PRIVATE COMPANY NONGOVERNMENTAL ORGANIZATION OTHER (SPECIFY) DON'T KNOW	1 2 3 98 99	

MALARIA BEHAVIOR SURVEY: HOUSEHOLD QUESTIONNAIRE

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 99	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 IT IS DIFFICULT TO REMOVE POSSESSIONS OUT OF THE HOME 5 DID NOT WANT TO SHOW TEAM OUR POSSESSIONS 6 SPRAYING DOES NOT DO ANYTHING 7 SPRAYING IS ANNOYING/SMELLS BAD 8 POSESSIONS COULD BE DAMAGED OR STOLLEN 9 DO NOT TRUST THE SPRAY TEAM 10 SOCIAL EVENTS (FUNNERAL, WEDDING) 11 HOUSEHOLD MEMBER SICK/BEDRIDDEN 12 OTHER 98 (SPECIFY) DON'T KNOW 99	
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 99	
124.	QUESTIONS 125 – 129 ARE ONLY RELEVANT IN AREAS WITH LARVAL SOURCE MANAGEMENT PROGRAM		
125.	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 99	→130 →130
126.	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 99	→128 →130
127.	Who treated the water?	GOVERNMENT WORKER/PROGRAM 1 PRIVATE COMPANY 2 NONGOVERNMENTAL ORGANIZATION 3 OTHER 98 (SPECIFY) DON'T KNOW 99	SKIP ALL WHO ANSWER TO 129
128.	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 POLLUTES THE WATER 3 IT IS BAD FOR OUR HEALTH 4	

MALARIA BEHAVIOR SURVEY: HOUSEHOLD QUESTIONNAIRE

		TREATING DOES NOT DO ANYTHING OTHER DON'T KNOW	6 98 99	
129.	When was the last time that any water source in this community was treated?	LESS THAN THREE MONTHS AGO 3 – 5 MONTHS AGO 6 – 11 MONTHS AGO ONE YEAR OR MORE NEVER DON'T KNOW	1 2 3 4 5 99	
130.	Does your household have any mosquito nets that can be used while sleeping?	YES NO	1 2	→END
131.	How many mosquito nets does your household have?	NUMBER OF MOSQUITO NETS __ __		
132.	Does your household have any mosquito nets that are used while traveling away from home?	YES NO	1 2	→ 135
133.	How many mosquito nets are available for use away from home?	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	99	DK / NOT SURE	99	DK / NOT SURE	99
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		ITN		ITN	
		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
		PBO NET	14	PBO NET	14	PBO NET	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
		UNTREATED NET/CONVENTIONAL		UNTREATED NET/CONVENTIONAL		UNTREATED NET/CONVENTIONAL	
			31		31		31
		OTHER BRAND (specify)	98	OTHER BRAND (specify)	98	OTHER BRAND (specify)	98
		DON'T KNOW BRAND	99	DON'T KNOW BRAND	99	DON'T KNOW BRAND	99
D.	Had the mosquito net already been treated with insecticides when you got it? ** ** Ask only where relevant	YES	1☐F	YES	1☐F	YES	1☐F
		NO	2	NO	2	NO	2
		DON'T KNOW	99	DON'T KNOW	99	DON'T KNOW	99
E.	Since you obtained the mosquito net, has it ever been treated with insecticide to repel mosquitoes? ** ** Ask only where relevant	YES	1	YES	1	YES	1
		NO	2	NO	2	NO	2
		DON'T KNOW	99	DON'T KNOW	99	DON'T KNOW	99
F.	Did you get the net through a [local name of] mass distribution campaign, during an antenatal care visit, or during an immunization visit?	YES, MASS REPLACEMENT CAMPAIGN (MRC)	1☐H	YES, MASS REPLACEMENT CAMPAIGN (MRC)	1☐H	YES, MASS REPLACEMENT CAMPAIGN (MRC)C	1☐H
		YES, ANC	2☐H	YES, ANC	2☐H	YES, ANC	2☐H
		YES, IMMUNIZATION VISIT	3☐H	YES, IMMUNIZATION VISIT	3☐H	YES, IMMUNIZATION VISIT	3☐H
		YES, SHEHIA	4->H	YES, SHEHIA	4->H	YES, SHEHIA	4->H
		NO	5	NO	5	NO	5
		OTHER SPECIFY - 98		OTHER SPECIFY 98			

MALARIA BEHAVIOR SURVEY: HOUSEHOLD QUESTIONNAIRE

	[Revise responses 1-3 per local context]			OTHER SPECIFY 98
G.	Where did you get/collect 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 98 DON'T KNOW 99	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 98 DON'T KNOW 99	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 98 DON'T KNOW 99
H.	Did you pay any money for this net?	YES 1 NO 2->J DK / NOT SURE 99->J	YES 1 NO 2->J DK / NOT SURE 99->J	YES 1 NO 2->J DK / NOT SURE 99->J
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 99->M	YES 1 NO 2->M DK / NOT SURE 99->M	YES 1 NO 2->M DK / NOT SURE 99->M
K.	Was the net used indoors or outdoors last night?	INDOORS 1 OUTDOORS 2 DK/NOT SURE 99	INDOORS 1 OUTDOORS 2 DK/NOT SURE 99	INDOORS 1 OUTDOORS 2 DK/NOT SURE 99
K. 1	Was the net used at home or away from home? For example, while traveling.	HOME 1 AWAY FROM HOME 2 DK/NOT SURE 99	HOME 1 AWAY FROM HOME 2 DK/NOT SURE 99	HOME 1 AWAY FROM HOME 2 DK/NOT SURE 99
L.	Who slept under this bed net last night?	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 (WASHING) 8</p> <p>USUAL USER DID NOT SLEEP HERE LAST NIGHT 9</p> <p>NET WAS NOT NEEDED LAST NIGHT 10</p> <p>NO PLACE TO HANG IT 11</p> <p>USUAL USER SLEPT OUTSIDE LAST NIGHT 12</p> <p>OTHER (<i>specify</i>) 98</p> <p>DON'T KNOW 99</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 (WASHING) 8</p> <p>USUAL USER DID NOT SLEEP HERE LAST NIGHT 9</p> <p>NET WAS NOT NEEDED LAST NIGHT 10</p> <p>NO PLACE TO HANG IT 11</p> <p>USUAL USER SLEPT OUTSIDE LAST NIGHT 12</p> <p>OTHER (<i>specify</i>) 98</p> <p>DON'T KNOW 99</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 (WASHING) 8</p> <p>USUAL USER DID NOT SLEEP HERE LAST NIGHT 9</p> <p>NET WAS NOT NEEDED LAST NIGHT 10</p> <p>NO PLACE TO HANG IT 11</p> <p>USUAL USER SLEPT OUTSIDE LAST NIGHT 12</p> <p>OTHER (<i>specify</i>) 98</p> <p>DON'T KNOW 99</p>
N.	<p>Where is this net? Can I observe the net within the household?</p> <p>ASK PERMISSION TO OBSERVE ALL THE NETS IN THE HOUSEHOLD WHETHER HUNG OR NOT: NOTE RESPONSE FOR WHERE THE NET WAS FOUND</p> <p>IF PARTICIPANT DOES NOT FEEL COMFORTABLE WITH IN-PERSON OBSERVATION, ASK: Where is this net? Is it hung and if so, how? Is it stored and if so, how?</p>	<p>HANGING LOOSE OVER SLEEPING PLACE 1->P</p> <p>HANGING AND FOLDED UP AND TIED 2->P</p> <p>NOT HANGING BUT NOT STORED 3</p> <p>STORED AWAY UNPACKED 4</p> <p>STORED AWAY STILL IN PACKAGE 5</p> <p>OTHER (<i>Specify</i>) 98</p>	<p>HANGING LOOSE OVER SLEEPING PLACE 1->P</p> <p>HANGING AND FOLDED UP AND TIED 2->P</p> <p>NOT HANGING BUT NOT STORED 3</p> <p>STORED AWAY UNPACKED 4</p> <p>STORED AWAY STILL IN PACKAGE 5</p> <p>OTHER (<i>Specify</i>) 98</p>	<p>HANGING LOOSE OVER SLEEPING PLACE 1->P</p> <p>HANGING AND FOLDED UP AND TIED 2->P</p> <p>NOT HANGING BUT NOT STORED 3</p> <p>STORED AWAY UNPACKED 4</p> <p>STORED AWAY STILL IN PACKAGE 5</p> <p>OTHER (<i>Specify</i>) 98</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>DOES NOT FIT THE SPACE/CAN'T HANG DUE TO SHAPE C</p> <p>NO SPACE TO HANG NET D</p> <p>NO ONE TO HANG NET E</p>	<p>NET TOO DIFFICULT TO HANG A</p> <p>THE NET IS TOO SHORT B</p> <p>DOES NOT FIT THE SPACE/CAN'T HANG DUE TO SHAPE C</p> <p>NO SPACE TO HANG NET D</p> <p>NO ONE TO HANG NET E</p>	<p>NET TOO DIFFICULT TO HANG A</p> <p>THE NET IS TOO SHORT B</p> <p>DOES NOT FIT THE SPACE/CAN'T HANG DUE TO SHAPE C</p> <p>NO SPACE TO HANG NET D</p> <p>NO ONE TO HANG NET E</p>

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		HAVE NOT HAD TIME TO HANG NET F WE ONLY HANG IT AT NIGHT G SAVING A NEW NET UNTIL OTHERS ARE WORN H TYPICALLY USED AWAY FROM HOME I OTHER 98 DON'T KNOW 99	HAVE NOT HAD TIME TO HANG NET F WE ONLY HANG IT AT NIGHT G SAVING A NEW NET UNTIL OTHERS ARE WORN H TYPICALLY USED AWAY FROM HOME I OTHER 98 DON'T KNOW 99	HAVE NOT HAD TIME TO HANG NET F WE ONLY HANG IT AT NIGHT G SAVING A NEW NET UNTIL OTHERS ARE WORN H TYPICALLY USED AWAY FROM HOME I OTHER 98 DON'T KNOW 99
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 99	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 99	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 99
Q.	What is the color of the net?	WHITE 1 BLUE 2 GREEN 3 BLACK 4 OTHER COLOR 98 (SPECIFY)	WHITE 1 BLUE 2 GREEN 3 BLACK 4 OTHER COLOR 98 (SPECIFY)	WHITE 1 BLUE 2 GREEN 3 BLACK 4 OTHER COLOR 98 (SPECIFY)
R.	Has this net ever been washed?	YES 1 NO 2 DON'T KNOW 99 IF 2 OR 99 ->V	YES 1 NO 2 DON'T KNOW 99 IF 2 OR 99 ->V	YES 1 NO 2 DON'T KNOW 99 IF 2 OR 99 ->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) 98	OUTSIDE IN THE SHADE 1 OUTSIDE IN THE SUN 2 INSIDE 3 OTHER (specify) 98	OUTSIDE IN THE SHADE 1 OUTSIDE IN THE SUN 2 INSIDE 3 OTHER (specify) 98
V.	Is there another net?	YES 1 NO 2 <i>Next Net</i>	YES 1 NO 2 <i>Next Net</i>	YES 1 NO 2 <i>Next Net</i>

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	Probe for any nets not currently used or in storage.	End	End	End
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