

**MALARIA BEHAVIOR SURVEY
LOW TRANSMISSION HOUSEHOLD QUESTIONNAIRE**

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 TIME				TOTAL NUMBER OF VISITS = __

***RESULT CODES**

- | | |
|------------------|-----------------------|
| 1 COMPLETED | 4 REFUSED |
| 2 NOT AT HOME | 5 PARTLY COMPLETED |
| 3 POSTPONED | 6 INCAPACITATED |
| 7 OTHER | (<i>specify</i>) |

SUPERVISOR

NAME |__|__|

**MALARIA BEHAVIOR SURVEY
LOW TRANSMISSION HOUSEHOLD QUESTIONNAIRE**

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 <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 ATTENDING BAPTISM/NAMING CEREMONY.....7 ATTENDING BOARDING SCHOOL.....8 RECEIVING MEDICAL CARE.....9 OTHER.....88	_ _	01	_ _	_ _

					I DONT KNOW.....99				
					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	_ _	02	_ _	_ _

					ATTENDING BOARDING SCHOOL.....8 RECEIVING MEDICAL CARE.....9 OTHER.....88 I DONT KNOW.....99 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 FAMILY2 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	_ _	_ _

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	_ _	_ _
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					ATTENDING BAPTISM/NAMING CEREMONY.....7 ATTENDING BOARDING SCHOOL.....8 RECEIVING MEDICAL CARE.....9 OTHER.....88 I DONT KNOW.....99 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	_ _	_ _

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					6C. EXPECTED RETURN DATE MM/DD [][]/[][]				
09					WORKING ...1	_ _	09	_ _	_ _

					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				
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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 ATTENDING BAPTISM/NAMING CEREMONY.....7 ATTENDING BOARDING SCHOOL.....8 RECEIVING MEDICAL CARE.....9 OTHER.....88 I DONT KNOW.....99	_ _	12	_ _	_ _
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13					WORKING ...1	_ _	13	_ _	_ _

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					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 7 = YES, ALL MEN AGED 18-59 YEARS WILL BE 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 style="text-align: center;">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><i>Main material of the roof.</i></p> <p style="text-align: center;"><i>Record observation.</i></p> <p><i>If observation is not possible, ask the respondent to determine the material of the roof.</i></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>	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			

MALARIA BEHAVIOR SURVEY : HOUSEHOLD QUESTIONNAIRE

	FOR ALL MODALITIES, IF THE PERSON DOES NOT KNOW, PUT 9999	NEAREST PRIVATE NURSING/ MATERNITY HOME			
		NEAREST PHARMACY			
		NEAREST CHEMIST/PMV			
		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>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>			

MALARIA BEHAVIOR SURVEY : HOUSEHOLD QUESTIONNAIRE

110.	Does your household have electricity?	YES 1 NO 2																												
111.	Does your household have the following items which are in good working order? ASK ABOUT EACH ITEM SEPARATELY. [*add additional items, as applicable]	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></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> </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.	Does any member of your household own: ASK ABOUT EACH ITEM SEPARATELY [*add additional items, as applicable]	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></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> </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.	Line number of household member who owns the following: ASK ABOUT EACH ITEM SEPARATELY ALLOW MULTIPLE RESPONSES FOR EACH ITEM	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">N/A</th> </tr> </thead> <tbody> <tr> <td>WATCH</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">99</td> </tr> <tr> <td>SIMPLE MOBILE PHONE</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">99</td> </tr> <tr> <td>SMARTPHONE/TABLET</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">99</td> </tr> <tr> <td>BICYCLE</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">99</td> </tr> <tr> <td>MOTORCYCLE / SCOOTER</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">99</td> </tr> <tr> <td>ANIMAL-DRAWN CART</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">99</td> </tr> <tr> <td>CAR / TRUCK / VAN</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">99</td> </tr> <tr> <td>BOAT WITH MOTOR</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">99</td> </tr> </tbody> </table>		YES	N/A	WATCH	<input type="checkbox"/>	99	SIMPLE MOBILE PHONE	<input type="checkbox"/>	99	SMARTPHONE/TABLET	<input type="checkbox"/>	99	BICYCLE	<input type="checkbox"/>	99	MOTORCYCLE / SCOOTER	<input type="checkbox"/>	99	ANIMAL-DRAWN CART	<input type="checkbox"/>	99	CAR / TRUCK / VAN	<input type="checkbox"/>	99	BOAT WITH MOTOR	<input type="checkbox"/>	99	
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114.	Does any member of your household own agricultural land?	YES 1 NO 2	→116																											
115.	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																												
116.	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→118																											
117.	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>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="text-align: center;">NUMBER</th> </tr> </thead> <tbody> <tr> <td>MILK COWS OR BULLS</td> <td style="text-align: center;">___</td> </tr> <tr> <td>OTHER CATTLE</td> <td style="text-align: center;">___</td> </tr> <tr> <td>HORSES, DONKEYS OR MULES</td> <td style="text-align: center;">___</td> </tr> <tr> <td>GOATS</td> <td style="text-align: center;">___</td> </tr> <tr> <td>SHEEP</td> <td style="text-align: center;">___</td> </tr> <tr> <td>CHICKENS OR OTHER POULTRY</td> <td style="text-align: center;">___</td> </tr> <tr> <td>PIGS</td> <td style="text-align: center;">___</td> </tr> </tbody> </table>		NUMBER	MILK COWS OR BULLS	___	OTHER CATTLE	___	HORSES, DONKEYS OR MULES	___	GOATS	___	SHEEP	___	CHICKENS OR OTHER POULTRY	___	PIGS	___												
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118.	QUESTIONS 118 – 122 ARE ONLY RELEVANT IN AREAS WITH IRS PROGRAM																													

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119.	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 8	→124 →124
120.	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 8	→123 →123
121.	Who sprayed the dwelling?	GOVERNMENT WORKER/PROGRAM PRIVATE COMPANY NONGOVERNMENTAL ORGANIZATION OTHER (SPECIFY) DON'T KNOW	1 2 3 96 98	
122.	Since your dwelling was sprayed, have you repainted, re-plastered, or washed the walls in any way?	YES NO DON'T KNOW	1 2 8	124
123.	What was the <u>main</u> reason your dwelling was not sprayed?	SPRAY TEAM DID NOT COME NO ONE WAS HOME IT DAMAGES THE WALLS IT IS BAD FOR OUR HEALTH IT IS DIFFICULT TO REMOVE POSSESSIONS DID NOT WANT POSSESSIONS SEEN BY OTHERS POSESSIONS COULD BE DAMAGED OR STOLLEN SPRAY TEAM IS NOT TRUSWORTHY SPRAYING DOES NOT DO ANYTHING SPRAYING IS ANNOYING/SMELLS BAD OTHER (SPECIFY) DON'T KNOW	1 2 3 4 5 6 7 8 9 10 96 98	
124.	When was the last time that any house in this community was sprayed?	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 8	
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 NO DON'T KNOW	1 2 8	→130 →130

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126.	At any time in the past 12 months, has the water around your dwelling been treated against mosquitoes?	YES NO DON'T KNOW	1 2 8	→128 →130
127.	Who treated the water?	GOVERNMENT WORKER/PROGRAM PRIVATE COMPANY NONGOVERNMENTAL ORGANIZATION OTHER (SPECIFY) DON'T KNOW	1 2 3 96 98	
128.	What was the main reason the water around your dwelling was not treated?	TREATMENT TEAM DID NOT COME NO ONE WAS HOME IT DAMAGES THE WATER IT IS BAD FOR OUR HEALTH TREATING DOES NOT DO ANYTHING OTHER DON'T KNOW	1 2 3 4 6 96 98	
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 8	
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	
133.	How many mosquito nets are available for use away from home?	NUMBER OF MOSQUITO NETS	__ __	

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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.							
		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> [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
		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
		UNTREATED NET	31	UNTREATED NET	31	UNTREATED NET	31
		OTHER BRAND	96	OTHER BRAND	96	OTHER BRAND	96
		<i>(specify)</i>		<i>(specify)</i>		<i>(specify)</i>	
		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.	Since you obtained the mosquito net, has it ever been treated with insecticide to repel mosquitoes?*** <i>** Ask only where relevant</i>	YES	1	YES	1	YES	1
		NO	2	NO	2	NO	2
		DON'T KNOW	8	DON'T KNOW	8	DON'T KNOW	8
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, NAME OF CAMPAIGN	1☐H	YES, NAME OF CAMPAIGN	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
		NO	4	NO	4	NO	4

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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 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
H.	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
I.	How much did you pay?	COST _____	COST _____	COST _____
J.	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
K.	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
L.	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
M.	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 _____
N.	What is the <u>main</u> reason that nobody slept under this bed net last night?	NO MOSQUITOES 1 THERE IS NO MALARIA 2 TOO HOT 3	NO MOSQUITOES 1 THERE IS NO MALARIA 2 TOO HOT 3	NO MOSQUITOES 1 THERE IS NO MALARIA 2 TOO HOT 3

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	RECORD ONE ANSWER	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 (<i>specify</i>) 96 DON'T KNOW 98	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 (<i>specify</i>) 96 DON'T KNOW 98	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 (<i>specify</i>) 96 DON'T KNOW 98
O.	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 (<i>Specify</i>) 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 (<i>Specify</i>) 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 (<i>Specify</i>) 96
P.	What is the reason the net is not hanging for sleeping	NET TOO DIFFICULT TO HANG THE NET IS TOO SHORT NO SPACE TO HANG NET NO ONE TO HANG NET HAVE NOT HAD TIME TO HANG NET WE ONLY HANG IT AT NIGHT SAVING A NEW NET UNTIL OTHERS ARE WORN TYPICALLY USED AWAY FROM HOME OTHER DON'T KNOW A B C D E F G H X Y	NET TOO DIFFICULT TO HANG THE NET IS TOO SHORT NO SPACE TO HANG NET NO ONE TO HANG NET HAVE NOT HAD TIME TO HANG NET WE ONLY HANG IT AT NIGHT SAVING A NEW NET UNTIL OTHERS ARE WORN TYPICALLY USED AWAY FROM HOME OTHER DON'T KNOW A B C D E F G H X Y	NET TOO DIFFICULT TO HANG THE NET IS TOO SHORT NO SPACE TO HANG NET NO ONE TO HANG NET HAVE NOT HAD TIME TO HANG NET WE ONLY HANG IT AT NIGHT SAVING A NEW NET UNTIL OTHERS ARE WORN TYPICALLY USED AWAY FROM HOME OTHER DON'T KNOW A B C D E F G H X Y
Q.	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	ALL NIGHTS 1 MOST NIGHTS (5-6) 2 SOME NIGHTS (1-4) 3	ALL NIGHTS 1 MOST NIGHTS (5-6) 2 SOME NIGHTS (1-4) 3

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		NOT USED LAST WEEK 4	NOT USED LAST WEEK 4	NOT USED LAST WEEK 4
		NET IS NOT USED AT ALL 5	NET IS NOT USED AT ALL 5	NET IS NOT USED AT ALL 5
		DON'T KNOW 98	DON'T KNOW 98	DON'T KNOW 98
R.	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)
S.	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
T.	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 __ __
U.	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
V.	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
W	<i>Is there another net? Probe for any nets not currently used or in storage.</i>	YES 1 <i>Next Net</i> NO 2 <i>End</i>	YES 1 <i>Next Net</i> NO 2 <i>End</i>	YES 1 <i>Next Net</i> NO 2 <i>End</i>