

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	_____	_____		TOTAL NUMBER OF VISITS =
TIME	_____	_____		__
*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 INDISPOSED/SICK <i>(specify)</i> </div> </div>				
SUPERVISOR				
<div style="display: flex; justify-content: space-between;"> <div>_____</div> <div>NAME __ __ </div> </div>				

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 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. IF THE MOTHER DOES NOT LIVE IN THE HOUSE, SELECT "88-THE MOTHER DOES NOT LIVE IN THE HOUSE"	FOR EACH CHILD AGES 0-4, WRITE IN THE LINE NUMBER OF THAT CHILD'S FATHER. IF THE FATHER DOES NOT LIVE IN THE HOUSE, SELECT "77-THE FATHER DOES NOT LIVE IN THE HOUSE"	
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	_ _	_ _	

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06		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _	06	_ _	_ _	
07		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _	07	_ _	_ _	
08		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _	08	_ _	_ _	
09		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _	09	_ _	_ _	
10		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _	10	_ _	_ _	
11		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _	11	_ _	_ _	
12		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _	12	_ _	_ _	
13		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _	13	_ _	_ _	
14		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _	14	_ _	_ _	
15		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _	15	_ _	_ _	
16		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _	16	_ _	_ _	
17		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _	17	_ _	_ _	
18		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _	18	_ _	_ _	
19		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _	19	_ _	_ _	
20		F = 1 M = 2	Y = 1 N = 2	Y = 1 N = 2	_ _	20	_ _	_ _	

CHECK COLUMN 6:

ALL WOMEN AGED 15 – 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.

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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/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>MATS/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>TEXTILE MODELING/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>If less than a kilometer, put "00".</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 CAR/BUS</p>

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	FOR ALL MODALITIES, IF THE PERSON DOES NOT KNOW, PUT "9999"	NEAREST PRIVATE NURSING/ MATERNITY HOME			
		NEAREST PHARMACY			
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 MODELING/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			
109.	What is the primary 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			

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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: 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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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: 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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BOAT WITH MOTOR	1	2																												
113.	Does any member of your household own agricultural land?	YES 1 NO 2	115																											
114.	How many hectares of agricultural land do members of this household own? <i>If less than 1, record '00'.</i>	HECTARES ____ 95 OR MORE 95 DON'T KNOW 98																												
115.	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	117																											
116.	How many of the following animals does this household have? ASK FOR EACH TYPE OF ANIMALS SEPARATELY **[include additional animals as applicable] <i>If none, record '00'. If 95 or more, record '95'.</i> <i>If unknown, record '98'.</i>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%; 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>GOATS</td> <td style="text-align: center;">____</td> </tr> <tr> <td>PIGS OR PIGLETS</td> <td style="text-align: center;">____</td> </tr> <tr> <td>SHEEP</td> <td style="text-align: center;">____</td> </tr> <tr> <td>RABBITS</td> <td style="text-align: center;">____</td> </tr> <tr> <td>CHICKENS OR OTHER POULTRY</td> <td style="text-align: center;">____</td> </tr> <tr> <td>.....</td> <td style="text-align: center;">____</td> </tr> </tbody> </table>		NUMBER	MILK COWS OR BULLS	____	OTHER CATTLE	____	GOATS	____	PIGS OR PIGLETS	____	SHEEP	____	RABBITS	____	CHICKENS OR OTHER POULTRY	____	____										
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.....	____																													
124.	Does your household have any mosquito nets that can be used while sleeping?	YES 1 NO 2	125B																											
125.	How many mosquito nets does your household have?	NUMBER OF MOSQUITO NETS __ __																												
125B.	How many mosquito nets did your household receive from the last mass campaign?	NUMBER OF MOSQUITO NETS __ __																												

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 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 PLUS 11 OLYSET 12 NETPROTECT 13 INTERCEPTOR 14 DURANET 15 YORKKOL 16 MAGNET 17 ROYAL SENTRY 18 OTHER ITN BRAND 19 TSARA 20 ROYAL GUARD 21 VEERALIN 22 UNTREATED NET 31 OTHER BRAND 96 <i>(specify)</i> DON'T KNOW BRAND 98	ITN PERMANET 10 DAWA PLUS 11 OLYSET 12 NETPROTECT 13 INTERCEPTOR 14 DURANET 15 YORKKOL 16 MAGNET 17 ROYAL SENTRY 18 OTHER ITN BRAND 19 TSARA 20 ROYAL GUARD 21 VEERALIN 22 UNTREATED NET 31 OTHER BRAND 96 <i>(specify)</i> DON'T KNOW BRAND 98	ITN PERMANET 10 DAWA PLUS 11 OLYSET 12 NETPROTECT 13 INTERCEPTOR 14 DURANET 15 YORKKOL 16 MAGNET 17 ROYAL SENTRY 18 OTHER ITN BRAND 19 TSARA 20 ROYAL GUARD 21 VEERALIN 22 UNTREATED NET 31 OTHER BRAND 96 <i>(specify)</i> 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 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 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 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

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F.	Did you get the net through a [local name of] mass distribution campaign, during an ANC visit, or during an immunization visit? [Revise responses 1-3 per local context]	YES, NAME OF CAMPAIGN . 1 3 H YES, ANC 2 3 H YES, IMMUNIZATION VISIT 3 3 H NO 4	YES, NAME OF CAMPAIGN..1 3 H YES, ANC2 3 H YES, IMMUNIZATION VISIT .3 3 H NO 4	YES, NAME OF CAMPAIGN . 1 3 H YES, ANC 2 3 H YES, IMMUNIZATION VISIT .3 3 H NO 4
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 FACILITY01 PRIVATE HEALTH FACILITY02 PHARMACY03 SHOP / MARKET / STREET VENDOR04 COMMUNITY HEALTH WORKER05 RELIGIOUS INSTITUTION06 SCHOOL.....07 FRIEND/RELATIVE08 OTHER.....96 DK98	GOVERNMENT HEALTH FACILITY01 PRIVATE HEALTH FACILITY02 PHARMACY03 SHOP / MARKET / STREET VENDOR04 COMMUNITY HEALTH WORKER05 RELIGIOUS INSTITUTION06 SCHOOL07 FRIEND/RELATIVE08 OTHER96 DK98
H.	Did you pay any money for this net?	YES 1 NO 2 3 J DK / NOT SURE 8	YES1 NO 2 3 J DK / NOT SURE8	YES 1 NO2 3 J DK / NOT SURE 8
I.	How much did you pay? (in AOA/Kwanza)	COST _ _ _ _ _	COST _ _ _ _ _	COST _ _ _ _ _
J.	Did anyone sleep under this bed net last night?	YES 1 NO 2 3 M DK / NOT SURE 8	YES1 NO 2 3 M DK / NOT SURE8	YES 1 NO 2 3 M DK / NOT SURE 8
K.	Was the net used indoors or outdoors last night?	INDOORS 1 OUTDOORS 2	INDOORS1 OUTDOORS2	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 MALARIA2</p> <p>TOO HOT3</p> <p>DON'T LIKE SMELL.....4</p> <p>FEEL 'CLOSED IN'5</p> <p>NET TOO OLD OR TORN6</p> <p>NET TOO DIRTY7</p> <p>NET NOT AVAILABLE LAST NIGHT (WASHING)8</p> <p>USUAL USER DID NOT SLEEP HERE LAST NIGHT9</p> <p>NET WAS NOT NEEDED LAST NIGHT.....10</p> <p>NO PLACE TO HANG IT 11</p> <p>OTHER (<i>specify</i>).....96</p> <p>DON'T KNOW98</p>	<p>NO MOSQUITOES1</p> <p>THERE IS NO MALARIA2</p> <p>TOO HOT3</p> <p>DON'T LIKE SMELL4</p> <p>FEEL 'CLOSED IN'5</p> <p>NET TOO OLD OR TORN6</p> <p>NET TOO DIRTY7</p> <p>NET NOT AVAILABLE LAST NIGHT (WASHING)8</p> <p>USUAL USER DID NOT SLEEP HERE LAST NIGHT9</p> <p>NET WAS NOT NEEDED LAST NIGHT10</p> <p>NO PLACE TO HANG IT 11</p> <p>OTHER (<i>specify</i>)96</p> <p>DON'T KNOW98</p>	<p>NO MOSQUITOES1</p> <p>THERE IS NO MALARIA2</p> <p>TOO HOT3</p> <p>DON'T LIKE SMELL4</p> <p>FEEL 'CLOSED IN'5</p> <p>NET TOO OLD OR TORN6</p> <p>NET TOO DIRTY7</p> <p>NET NOT AVAILABLE LAST NIGHT (WASHING)8</p> <p>USUAL USER DID NOT SLEEP HERE LAST NIGHT9</p> <p>NET WAS NOT NEEDED LAST NIGHT10</p> <p>NO PLACE TO HANG IT 11</p> <p>OTHER (<i>specify</i>)96</p> <p>DON'T KNOW98</p>
N.	<p>Where was the net found?</p>	<p>HANGING LOOSE OVER SLEEPING PLACE1</p> <p>HANGING AND FOLDED UP AND TIED2</p> <p>NOT HANGING BUT NOT STORED3</p> <p>STORED AWAY UNPACKED4</p> <p>STORED AWAY STILL IN PACKAGE5</p>	<p>HANGING LOOSE OVER SLEEPING PLACE1</p> <p>HANGING AND FOLDED UP AND TIED2</p> <p>NOT HANGING BUT NOT STORED3</p> <p>STORED AWAY UNPACKED4</p> <p>STORED AWAY STILL IN PACKAGE5</p>	<p>HANGING LOOSE OVER SLEEPING PLACE1</p> <p>HANGING AND FOLDED UP AND TIED2</p> <p>NOT HANGING BUT NOT STORED3</p> <p>STORED AWAY UNPACKED4</p> <p>STORED AWAY STILL IN PACKAGE5</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 SHORTB</p> <p>NO SPACE TO HANG NETC</p> <p>NO ONE TO HANG NET D</p> <p>WILL HANG IT LATERE</p> <p>WE ONLY HANG IT AT NIGHT F</p> <p>SAVING A NEW NET UNTIL OTHERS ARE WORN..... G</p> <p>OTHERX</p> <p>DON'T KNOWY</p>	<p>NET TOO DIFFICULT TO HANG ..A</p> <p>THE NET IS TOO SHORTB</p> <p>NO SPACE TO HANG NETC</p> <p>NO ONE TO HANG NET D</p> <p>WILL HANG IT LATER..... E</p> <p>WE ONLY HANG IT AT NIGHT F</p> <p>SAVING A NEW NET UNTIL OTHERS ARE WORN..... G</p> <p>OTHERX</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 NETD</p> <p>WILL HANG IT LATER E</p> <p>WE ONLY HANG IT AT NIGHT F</p> <p>SAVING A NEW NET UNTIL OTHERS ARE WORNG</p> <p>OTHER X</p> <p>DON'T KNOW Y</p>

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P.	How many nights has this net been used in the last week?	ALL NIGHTS1 MOST NIGHTS (5-6).....2 SOME NIGHTS (1-4).....3 NOT USED LAST WEEK4 NET IS NOT USED AT ALL.....5 DON'T KNOW98	ALL NIGHTS1 MOST NIGHTS (5-6)2 SOME NIGHTS (1-4)3 NOT USED LAST WEEK4 NET IS NOT USED AT ALL.....5 DON'T KNOW98	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?	WHITE1 BLUE..... 2 GREEN3 BLACK.....4 OTHER COLOR.....6 (SPECIFY)	WHITE1 BLUE..... 2 GREEN3 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?	YES1 NO2 DON'T KNOW8 IF 2 OR 8 SKIP to V	YES1 NO2 DON'T KNOW8 IF 2 OR 8 SKIP to V	YES 1 NO 2 DON'T KNOW 8 IF 2 OR 8 SKIP to 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 SOAP1 DETERGENT2 OMO OR LIXÍVIA3 MIX (specify).....4 NOTHING5	BAR SOAP1 DETERGENT2 OMO OR LIXÍVIA3 MIX (specify).....4 NOTHING5	BAR SOAP 1 DETERGENT 2 OMO OR LIXÍVIA 3 MIX (specify) 4 NOTHING 5
U.	Where was the net dried?	OUTSIDE IN THE SHADE1 OUTSIDE IN THE SUN2 INSIDE3 OTHER (specify)5	OUTSIDE IN THE SHADE1 OUTSIDE IN THE SUN2 INSIDE3 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 NO.....2 ∅ End	YES.....1 ∅ Next Net NO.....2 ∅ End	YES.....1 ∅ Next Net NO2 ∅ End