

**COTE D'IVOIRE MALARIA BEHAVIOR SURVEY
HOUSEHOLD QUESTIONNAIRE**

IDENTIFICATION PAGE

IDENTIFICATION		
TYPE OF PLACE OF RESIDENCE: URBAN1		RURAL 2 __
NAME OF ADMINISTRATIVE DISTRICT:		
NAME OF ADMINISTRATIVE REGION:		
NAME OF LOCATION: _____		
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**

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

SUPERVISOR

_____	NAME	__ __
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QUANTITATIVE SURVEY : HOUSEHOLD QUESTIONNAIRE

HOUSEHOLD SCHEDULE									
LINE NO.	USUAL RESIDENTS AND VISITORS	SEX	RESIDENCE	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 18 – 49 YEARS WILL BE SELECTED FOR INDIVIDUAL INTERVIEW

IN ONE THIRD OF HOUSEHOLDS, IN ADDITION TO ALL ELIGIBLE WOMEN, THE HUSBAND OF ONE OF THE ELIGIBLE WOMEN, AGED 18 – 59 YEARS, WILL BE RANDOMLY SELECTED FOR INDIVIDUAL INTERVIEW.

QUANTITATIVE 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/MUD11</p> <p>DUNG12</p> <p>RUDIMENTARY FLOOR</p> <p>WOOD PLANKS.....21</p> <p>PALM/BAMBOO22</p> <p>FINISHED FLOOR</p> <p>PARQUET OR POLISHED WOOD31</p> <p>VINYL OR ASPAHLT STRIPS32</p> <p>CERAMIC TILES33</p> <p>CONCRETE, CEMENT34</p> <p>CARPET35</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>SOD13</p> <p>RUDIMENTARY ROOFING</p> <p>RUSTIC MATS21</p> <p>PALM / BAMBOO22</p> <p>WOOD PLANKS.....23</p> <p>CARDBOARD.....24</p> <p>FINISHED ROOFING</p> <p>ZINC, METAL.....31</p> <p>WOOD32</p> <p>CALAMINE / CEMENT FIBER.....33</p> <p>CERAMIC TILES34</p> <p>CONCRETE, CEMENT35</p> <p>ASBESTOS SHEETS, SHINGLES36</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, IT THE PERSON DOES NOT KNOW, PUT 9999</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			

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		NEAREST PRIVATE NURSING/ MATERNITY HOME			
		NEAREST PHARMACY			
		NEAREST CHEMIST/PMV			
105.	<p><i>Main material of the exterior walls.</i></p> <p><i>Record observation.</i></p>	<p>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</p>			
106.	Are the eaves of the house or building occupied by this household open or closed?	<p>COMPLETELY OPEN 1 PARTIALLY OPEN 2 CLOSED 4</p>			
107.	Does the part of the house or building occupied by the household have a ceiling?	<p>NO, NONE 1 YES, PARTIAL/POORLY SEALED/WORN OUT 2 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 YES, COMPLETE, BUT WITH HOLES 2 YES, INCOMPLETE OR BADLY DAMAGED 3 NO, ABSENT 4</p>			➔ 119
109.	What is the <u>primary</u> material used to board up, glaze or screen windows or airbrick gaps?	<p>WOODEN BOARDS 1 GLASS 2 METAL NETTING 3 FABRIC NETTING 4 PLASTIC NETTING 5 POLYESTER 6</p>			
110.	Does your household have electricity?	<p>YES 1 NO 2</p>			

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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]	YES RADIO..... 1 TELEVISION 1 COMPUTER 1 REFRIGERATOR..... 1 ACCESS TO INTERNET..... 1 ELECTRIC FAN..... 1 AIR CONDITIONER..... 1	NO 2 2 2 2 2 2	
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.....1 NO2		→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 MORE95 DON'T KNOW98		
115.	Does this household own any livestock, herds, other farm animals, or poultry?	YES.....1 NO2		→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'. 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.....1 NO2 DON'T KNOW8		→123 →123
119.	At any time in the past 12 months, has the interior walls of you dwelling been sprayed against mosquitoes?	YES.....1 NO2 DON'T KNOW8		→122 →122

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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	OBSERVED1 NOT OBSERVED2
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 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 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 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>	YES1→F NO.....2 DON'T KNOW8	YES1→F NO.....2 DON'T KNOW8	YES1→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 NO.....2 DON'T KNOW8	YES1 NO.....2 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, ANC 2→H YES, IMMUNIZATION VISIT 3→H NO.....4	YES, NAME OF CAMPAIGN..1→H YES, ANC2→H YES, IMMUNIZATION VISIT .3→H NO4	YES, NAME OF CAMPAIGN .1→H YES, ANC.....2→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 FACILITY01 PRIVATE HEALTH FACILITY02 PHARMACY03 SHOP / MARKET / STREET VENDOR04 COMMUNITY HEALTH WORKER05 RELIGIOUS INSTITUTION06 SCHOOL07 FRIEND/RELATIVE08 OTHER96 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 → J DK / NOT SURE 8	YES1 NO 2 → J DK / NOT SURE8	YES1 NO2 → J DK / NOT SURE8
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	YES1 NO 2 → M DK / NOT SURE8	YES1 NO 2 → M DK / NOT SURE8
K.	Was the net used indoors or outdoors last night?	INDOORS 1 OUTDOORS 2	INDOORS1 OUTDOORS2	INDOORS1 OUTDOORS2
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>	NO MOSQUITOES.....1 THERE IS NO MALARIA2 TOO HOT3 DON'T LIKE SMELL.....4 FEEL 'CLOSED IN'5 NET TOO OLD OR TORN6 NET TOO DIRTY7 NET NOT AVAILABLE LAST NIGHT (WASHING)8 USUAL USER DID NOT SLEEP HERE LAST NIGHT9 NET WAS NOT NEEDED LAST NIGHT.....10 NO PLACE TO HANG IT 11 OTHER (<i>specify</i>).....96 DON'T KNOW98	NO MOSQUITOES 1 THERE IS NO MALARIA.....2 TOO HOT3 DON'T LIKE SMELL4 FEEL 'CLOSED IN'5 NET TOO OLD OR TORN6 NET TOO DIRTY7 NET NOT AVAILABLE LAST NIGHT (WASHING)8 USUAL USER DID NOT SLEEP HERE LAST NIGHT9 NET WAS NOT NEEDED LAST NIGHT 10 NO PLACE TO HANG IT 11 OTHER (<i>specify</i>)96 DON'T KNOW98	NO MOSQUITOES 1 THERE IS NO MALARIA 2 TOO HOT3 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 NET WAS NOT NEEDED LAST NIGHT 10 NO PLACE TO HANG IT..... 11 OTHER (<i>specify</i>) 96 DON'T KNOW 98
N.	<p>Where was the net found?</p>	HANGING LOOSE OVER SLEEPING PLACE 1→P HANGING AND FOLDED UP AND TIED 2→P NOT HANGING BUT NOT STORED3 STORED AWAY UNPACKED4 STORED AWAY STILL IN PACKAGE5	HANGING LOOSE OVER SLEEPING PLACE1→P HANGING AND FOLDED UP AND TIED.....2→P NOT HANGING BUT NOT STORED3 STORED AWAY UNPACKED4 STORED AWAY STILL IN PACKAGE5	HANGING LOOSE OVER SLEEPING PLACE1→P HANGING AND FOLDED UP AND TIED.....2→P NOT HANGING BUT NOT STORED3 STORED AWAY UNPACKED4 STORED AWAY STILL IN PACKAGE5
O.	<p>What is the reason the net is not hanging for sleeping</p>	NET TOO DIFFICULT TO HANG . A THE NET IS TOO SHORTB NO SPACE TO HANG NETC NO ONE TO HANG NET D WILL HANG IT LATER E WE ONLY HANG IT AT NIGHT F SAVING A NEW NET UNTIL OTHERS ARE WORN..... G OTHERX DON'T KNOW Y	NET TOO DIFFICULT TO HANG ..A THE NET IS TOO SHORT.....B NO SPACE TO HANG NETC NO ONE TO HANG NET D WILL HANG IT LATER..... E WE ONLY HANG IT AT NIGHT F SAVING A NEW NET UNTIL OTHERS ARE WORN G OTHERX DON'T KNOW Y	NET TOO DIFFICULT TO HANG ..A THE NET IS TOO SHORT B NO SPACE TO HANG NET C NO ONE TO HANG NETD WILL HANG IT LATER E WE ONLY HANG IT AT NIGHT F SAVING A NEW NET UNTIL OTHERS ARE WORNG OTHER X DON'T KNOW Y

QUANTITATIVE SURVEY : HOUSEHOLD QUESTIONNAIRE

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 ALL5 DON'T KNOW98	ALL NIGHTS.....1 MOST NIGHTS (5-6)2 SOME NIGHTS (1-4)3 NOT USED LAST WEEK4 NET IS NOT USED AT ALL5 DON'T KNOW98
Q.	What is the color of the net?	WHITE1 BLUE.....2 GREEN3 BLACK.....4 OTHER COLOR.....6 (SPECIFY)	WHITE1 BLUE2 GREEN3 BLACK.....4 OTHER COLOR.....6 (SPECIFY)	WHITE.....1 BLUE2 GREEN3 BLACK4 OTHER COLOR6 (SPECIFY)
R.	Has this net ever been washed?	YES1 NO2 DON'T KNOW8 IF 2 OR 8 →V	YES1 NO2 DON'T KNOW8 IF 2 OR 8 →V	YES1 NO2 DON'T KNOW8 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 SOAP1 DETERGENT.....2 BLEACH3 MIX (specify).....4 NOTHING5	BAR SOAP1 DETERGENT.....2 BLEACH3 MIX (specify)4 NOTHING5	BAR SOAP1 DETERGENT2 BLEACH3 MIX (specify)4 NOTHING5
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 SHADE1 OUTSIDE IN THE SUN2 INSIDE3 OTHER (specify)5
V.	<i>Is there another net? Probe for any nets not currently used or in storage.</i>	YES1 ☺ <i>Next Net</i> NO.....2 ☺ <i>End</i>	YES1 ☺ <i>Next Net</i> NO.....2 ☺ <i>End</i>	YES.....1 ☺ <i>Next Net</i> NO2 ☺ <i>End</i>