

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

**IDENTIFICATION PAGE**

IDENTIFICATION	
TYPE OF PLACE OF RESIDENCE: URBAN .....1	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 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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## 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 <b>only</b> 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	_ _	_ _	

### QUANTITATIVE SURVEY : HOUSEHOLD QUESTIONNAIRE

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><b>NATURAL FLOOR</b></p> <p>EARTH / SAND/MUD .....11</p> <p>DUNG .....12</p> <p><b>RUDIMENTARY FLOOR</b></p> <p>WOOD PLANKS.....21</p> <p>PALM/BAMBOO .....22</p> <p><b>FINISHED FLOOR</b></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><b>OTHER (specify).....96</b></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><b>NATURAL ROOFING</b></p> <p>NO ROOF .....11</p> <p>THATCH / PALM LEAF.....12</p> <p>SOD .....13</p> <p><b>RUDIMENTARY ROOFING</b></p> <p>RUSTIC MATS .....21</p> <p>PALM / BAMBOO .....22</p> <p>WOOD PLANKS.....23</p> <p>CARDBOARD.....24</p> <p><b>FINISHED ROOFING</b></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><b>OTHER (specify).....96</b></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><b>STRUCTURE</b></p> <p><b>NEAREST GOVT HOSPITAL</b></p> <p><b>NEAREST GOVT HEALTH CENTER</b></p> <p><b>NEAREST PRIVATE HOSPITAL/CLINIC</b></p>	<p><b>DISTANCE IN KILOMETERS</b></p>	<p><b>TIME IN MINUTES WALKING</b></p>	<p><b>TIME IN MINUTES BY CAR/BUS</b></p>

## QUANTITATIVE SURVEY : HOUSEHOLD QUESTIONNAIRE

		<b>NEAREST PRIVATE NURSING/ MATERNITY HOME</b>			
		<b>NEAREST PHARMACY</b>			
		<b>NEAREST CHEMIST/PMV</b>			
105.	<i>Main material of the exterior walls.</i>  <i>Record observation.</i>	<b>NATURAL WALLS</b> NO WALLS ..... 11 CANE / PALM / TRUNKS ..... 12 DIRT ..... 13 <b>RUDIMENTARY WALLS</b> BAMBOO WITH MUD ..... 21 STONE WITH MUD ..... 22 UNCOVERED ADOBE ..... 23 PLYWOOD ..... 24 CARDBOARD ..... 25 REUSED WOOD ..... 26 <b>FINISHED WALLS</b> CEMENT ..... 31 STONE WITH LIME/CEMENT ..... 32 BRICKS ..... 33 CEMENT BLOCK ..... 34 COVERED ADOBE ..... 35 WOOD PLANKS / SHINGLES ..... 36 <b>OTHER (specify)</b> ..... 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 <u>primary</u> 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			

➔ 119

## QUANTITATIVE SURVEY : HOUSEHOLD QUESTIONNAIRE

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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AIR CONDITIONER .....	1	2																												
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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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>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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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 NO .....2 DON'T KNOW .....8	➔123 ➔123																											
119.	At any time in the past 12 months, has the interior walls of you dwelling been sprayed against mosquitoes?	YES.....1 NO .....2 DON'T KNOW .....8	➔122 ➔122																											

## QUANTITATIVE SURVEY : HOUSEHOLD QUESTIONNAIRE

120.	Who sprayed the dwelling?	GOVERNMENT WORKER/PROGRAM ..... 1 PRIVATE COMPANY ..... 2 NONGOVERNMENTAL ORGANIZATION ..... 3 OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98	
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 COME ..... 1 NO ONE WAS HOME ..... 2 IT DAMAGES THE WALLS ..... 3 IT IS BAD FOR OUR HEALTH ..... 4 DID NOT WANT TO SHOW TEAM OUR POSSESSIONS ..... 5 SPRAYING DOES NOT DO ANYTHING ..... 6 SPRAYING IS ANNOYING/SMELLS BAD ..... 7 OTHER ..... 96 DON'T KNOW ..... 98	
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 .....  __ __	

## QUANTITATIVE 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 <sup>ST</sup> NET	2 <sup>ND</sup> NET	3 <sup>RD</sup> 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]	<b>ITN</b> 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	<b>ITN</b> 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	<b>ITN</b> 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>	YES ..... 1➔F NO ..... 2 DON'T KNOW..... 8	YES ..... 1➔F NO ..... 2 DON'T KNOW ..... 8	YES..... 1➔F 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
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, ANC .....2➔H YES, IMMUNIZATION VISIT .3➔H  NO ..... 4	YES, NAME OF CAMPAIGN .1➔H YES, ANC.....2➔H YES, IMMUNIZATION VISIT .3➔H  NO ..... 4

## QUANTITATIVE SURVEY : HOUSEHOLD QUESTIONNAIRE

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 PRIVATE ..... HEALTH FACILITY02 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 FACILITY02 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 ..... _ _

## QUANTITATIVE SURVEY : HOUSEHOLD QUESTIONNAIRE

M.	<p>What is the <u>main</u> reason that nobody slept under this bed net last night?</p> <p><b>RECORD ONE ANSWER</b></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>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 (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>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 (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>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 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>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>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>
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 NIGHT ....F</p> <p>SAVING A NEW NET UNTIL 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 NIGHT ....F</p> <p>SAVING A NEW NET UNTIL 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 NIGHT .... F</p> <p>SAVING A NEW NET UNTIL OTHERS ARE WORN .....G</p> <p>OTHER ..... X</p> <p>DON'T KNOW ..... Y</p>

## QUANTITATIVE 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.	YES .....1 ♡ Next Net NO .....2 ♡ End	YES .....1 ♡ Next Net NO .....2 ♡ End	YES ..... 1 ♡ Next Net NO ..... 2 ♡ End