

KENYA MALARIA INDICATOR SURVEY
HOUSEHOLD QUESTIONNAIRE

MALARIA CONTROL UNIT
KENYA NATIONAL BUREAU OF STATISTICS

IDENTIFICATION			
COUNTY	_____		
SUBLOCATION	_____		
NASSEP CLUSTER NUMBER			
KMIS CLUSTER NUMBER			
CLUSTER NAME	_____		
STRUCTURE NUMBER			
HOUSEHOLD NUMBER			
NAME OF HOUSEHOLD HEAD	_____		

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
RESULT*	_____	_____	_____	YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
NEXT VISIT: DATE	_____	_____		INT. NO. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
TIME	_____	_____		RESULT*								
	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>								

<p>*RESULT CODES:</p> <p>1 COMPLETED</p> <p>2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT</p> <p>3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME</p> <p>4 POSTPONED</p> <p>5 REFUSED</p> <p>6 DWELLING VACANT OR ADDRESS NOT A DWELLING</p> <p>7 DWELLING DESTROYED</p> <p>8 DWELLING NOT FOUND</p> <p>9 OTHER _____</p> <p style="text-align: center;">(SPECIFY)</p>	<p>TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>TOTAL ELIGIBLE CHILDREN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>								

LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">1</td></tr></table>	0	1	LANGUAGE OF INTERVIEW**	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			TRANSLATOR (YES = 1, NO = 2)	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>	
0	1									
LANGUAGE OF QUESTIONNAIRE**	ENGLISH	**LANGUAGE CODES:								
	03 BORANA	07 KIKUYU	11 LUO	02 KISWAHILI	15 POKOT					
	04 EMBU	08 KISII	12 MAASAI	16 SOMALI	17 TURKANA					
	05 KALENJIN	09 LUHYA	13 MERU	18 OTHER						
	06 KAMBA	10 MARAGOLI	14 MIJIKENDA							

SUPERVISOR: _____				
NAME	NUMBER			

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INTRODUCTION AND CONSENT

ADMINISTER CONSENT

RESPONDENT AGREES
TO BE INTERVIEWED .. 1

RESPONDENT DOES NOT AGREE
TO BE INTERVIEWED .. 2 → END



100	RECORD THE TIME.	HOURS	<input type="text"/>	<input type="text"/>
		MINUTES	<input type="text"/>	<input type="text"/>

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY	
				5	6		8	9
1	2	3	4	5	6	7	8	9
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-9 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF 95 OR MORE, RECORD '95'.	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-14
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	10	10

2A) Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed?	YES <input type="checkbox"/>	→	ADD TO TABLE	NO <input type="checkbox"/>
2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?	YES <input type="checkbox"/>	→	ADD TO TABLE	NO <input type="checkbox"/>
2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?	YES <input type="checkbox"/>	→	ADD TO TABLE	NO <input type="checkbox"/>

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- | | |
|------------------------------------|-------------------------------|
| 01 = HEAD | 07 = PARENT-IN-LAW |
| 02 = WIFE OR HUSBAND | 08 = BROTHER OR SISTER |
| 03 = SON OR DAUGHTER | 09 = OTHER RELATIVE |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 10 = ADOPTED/FOSTER/STEPCHILD |
| 05 = GRANDCHILD | 11 = NOT RELATED |
| 06 = PARENT | 98 = DONT KNOW |

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY	
				5	6		8	9
1	2	3	4	5	6	7	8	9
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11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	20	20

TICK HERE IF CONTINUATION SHEET USED

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- | | |
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| 06 = PARENT | 98 = DONT KNOW |

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	<p>PIPED WATER</p> <p>PIPED INTO DWELLING 11</p> <p>PIPED TO YARD/PLOT 12</p> <p>PIPED TO NEIGHBOR 13</p> <p>PUBLIC TAP/STANDPIPE 14</p> <p>TUBE WELL OR BOREHOLE 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL 32</p> <p>WATER FROM SPRING</p> <p>PROTECTED SPRING 41</p> <p>UNPROTECTED SPRING 42</p> <p>RAINWATER 51</p> <p>TANKER TRUCK 61</p> <p>CART WITH SMALL TANK 71</p> <p>SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81</p> <p>BOTTLED WATER 91</p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 104</p> <p>→ 102</p> <p>→ 102</p>
101A	What is the main source of water used by your household for other purposes such as cooking and handwashing?	<p>PIPED WATER</p> <p>PIPED INTO DWELLING 11</p> <p>PIPED TO YARD/PLOT 12</p> <p>PIPED TO NEIGHBOR 13</p> <p>PUBLIC TAP/STANDPIPE 14</p> <p>TUBE WELL OR BOREHOLE 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL 32</p> <p>WATER FROM SPRING</p> <p>PROTECTED SPRING 41</p> <p>UNPROTECTED SPRING 42</p> <p>RAINWATER 51</p> <p>TANKER TRUCK 61</p> <p>CART WITH SMALL TANK 71</p> <p>SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81</p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 104</p>
102	Where is that water source located?	<p>IN OWN DWELLING 1</p> <p>IN OWN YARD/PLOT 2</p> <p>ELSEWHERE 3</p>	<p>→ 104</p>
103	How long does it take to go there, get water, and come back?	<p>MINUTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
104	What kind of toilet facility do members of your household usually use? IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER _____ 96 (SPECIFY)	→ 107												
105	Do you share this toilet facility with other households?	YES 1 NO 2	→ 107												
106	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; text-align: center;">0</td><td style="width: 20px;"></td></tr></table> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	0												
0															
107	How many rooms in this household are used for sleeping?	ROOMS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>													
108	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 110												
109	How many of the following animals does this household own? IF NONE, RECORD '00'. IF 95 OR MORE, RECORD '95'. IF UNKNOWN, RECORD '98'. a) Local cattle (indigenous)? b) Exotic/grade cattle? c) Horses, donkeys, or mules? d) Goats? e) Sheep? f) Chickens or other poultry?	a) LOCAL CATTLE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> b) EXOTIC/GRADE CATTLE c) HORSES/DONKEYS/MULES d) GOATS e) SHEEP f) CHICKENS/POULTRY													
110	Does any member of your household own any agricultural land?	YES 1 NO 2	→ 112												

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																			
111	<p>How many acres or hectares of agricultural land do members of this household own?</p> <p>ACRES / HECTARES: IF 995 OR MORE, RECORD '995.0' IN APPROPRIATE BOX.</p> <p>PLOT SIZE (SQ FT): IF 999995 OR MORE, RECORD '999995.0' IN APPROPRIATE BOX.</p>	<p>ACRES 1 <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>HECTARES 2 <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>PLOT SIZE (SQ FT) 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>DON'T KNOW 9999998</p>																																																				
112	<p>Does your household have:</p> <p>a) Electricity? b) A radio? c) A television? d) A non-mobile telephone? e) A computer? f) A refrigerator? g) A solar panel? h) A table? i) A chair? j) A sofa? k) A bed? l) A cupboard? m) A clock? n) A microwave oven? o) A DVD player? p) A CD player?</p>	<table border="0"> <thead> <tr> <th></th> <th align="center">YES</th> <th align="center">NO</th> </tr> </thead> <tbody> <tr><td>a) ELECTRICITY</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>b) RADIO</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>c) TELEVISION</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>d) NON-MOBILE TELEPHONE ..</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>e) COMPUTER</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>f) REFRIGERATOR</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>g) SOLAR PANEL</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>h) TABLE</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>i) CHAIR</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>j) SOFA</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>k) BED</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>l) CUPBOARD</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>m) CLOCK</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>n) MICROWAVE OVEN</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>o) DVD PLAYER</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>p) CD PLAYER</td><td align="center">1</td><td align="center">2</td></tr> </tbody> </table>		YES	NO	a) ELECTRICITY	1	2	b) RADIO	1	2	c) TELEVISION	1	2	d) NON-MOBILE TELEPHONE ..	1	2	e) COMPUTER	1	2	f) REFRIGERATOR	1	2	g) SOLAR PANEL	1	2	h) TABLE	1	2	i) CHAIR	1	2	j) SOFA	1	2	k) BED	1	2	l) CUPBOARD	1	2	m) CLOCK	1	2	n) MICROWAVE OVEN	1	2	o) DVD PLAYER	1	2	p) CD PLAYER	1	2	
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113	<p>Does any member of this household own:</p> <p>a) A watch? b) A mobile phone? c) A bicycle? d) A motorcycle or motor scooter? e) An animal-drawn cart? f) A car or truck? g) A boat with a motor?</p>	<table border="0"> <thead> <tr> <th></th> <th align="center">YES</th> <th align="center">NO</th> </tr> </thead> <tbody> <tr><td>a) WATCH</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>b) MOBILE PHONE</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>c) BICYCLE</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>d) MOTORCYCLE/SCOOTER</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>e) ANIMAL-DRAWN CART</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>f) CAR/TRUCK</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>g) BOAT WITH MOTOR</td><td align="center">1</td><td align="center">2</td></tr> </tbody> </table>		YES	NO	a) WATCH	1	2	b) MOBILE PHONE	1	2	c) BICYCLE	1	2	d) MOTORCYCLE/SCOOTER	1	2	e) ANIMAL-DRAWN CART	1	2	f) CAR/TRUCK	1	2	g) BOAT WITH MOTOR	1	2																												
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113A	<p>Did the household head ever attend school?</p>	<p>YES 1</p> <p>NO 2</p>	→ 114																																																			
113B	<p>What is the highest level of education the household head attended: primary, vocational, secondary, or higher?</p>	<p>PRIMARY..... 1</p> <p>POST-PRIMARY/VOCATIONAL 2</p> <p>SECONDARY/'A' LEVEL 3</p> <p>COLLEGE (MIDDLE LEVEL)..... 4</p> <p>UNIVERSITY..... 5</p>																																																				
113C	<p>Did the the household head complete that level?</p>	<p>YES 1</p> <p>NO 2</p>																																																				
114	<p>Does any member of this household have a bank account?</p>	<p>YES 1</p> <p>NO 2</p>																																																				
117	<p>Does your household have any mosquito nets?</p>	<p>YES 1</p> <p>NO 2</p>	→ 128A																																																			
118	<p>How many mosquito nets does your household have?</p> <p>IF 7 OR MORE NETS, RECORD '7'.</p>	<p>NUMBER OF NETS <input type="text"/></p>																																																				

MOSQUITO NET ROSTER

		NET #1	NET #2	NET #3
119	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD. IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2
120	How many months ago did your household get the mosquito net? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO <input type="text"/> MORE THAN 36 MONTHS AGO 95 NOT SURE 98	MONTHS AGO <input type="text"/> MORE THAN 36 MONTHS AGO 95 NOT SURE 98	MONTHS AGO <input type="text"/> MORE THAN 36 MONTHS AGO 95 NOT SURE 98
121	OBSERVE OR ASK BRAND/TYPE OF MOSQUITO NET. IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET (SUPA-NET EXTRA) 11 PERMANET (SUPA-NET EXTRA) 12 NETPROTECT 13 YORKOOL 14 OTHER/DON'T KNOW BRAND 16 UNBRANDED 71 OTHER TYPE 96 DON'T KNOW TYPE .. 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET (SUPA-NET EXTRA) 11 PERMANET (SUPA-NET EXTRA) 12 NETPROTECT 13 YORKOOL 14 OTHER/DON'T KNOW BRAND 16 UNBRANDED 71 OTHER TYPE 96 DON'T KNOW TYPE .. 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET (SUPA-NET EXTRA) 11 PERMANET (SUPA-NET EXTRA) 12 NETPROTECT 13 YORKOOL 14 OTHER/DON'T KNOW BRAND 16 UNBRANDED 71 OTHER TYPE 96 DON'T KNOW TYPE .. 98
121A	OBSERVE FOR OR ASK IF HOLES IN NET. RECORD THE SIZE OF THE LARGEST HOLE.	HOLE SMALLER THAN A THUMB/FINGER 0.5-2CM 1 HOLE LARGER THAN THUMB BUT SMALLER THAN FIST/HAND 2-10CM 2 HOLE LARGER THAN FIST BUT SMALLER THAN HEAD 10-25CM 3 HOLE LARGER THAN HEAD, MORE THAN 25CM 4 NO HOLES 5	HOLE SMALLER THAN A THUMB/FINGER 0.5-2CM 1 HOLE LARGER THAN THUMB BUT SMALLER THAN FIST/HAND 2-10CM 2 HOLE LARGER THAN FIST BUT SMALLER THAN HEAD 10-25CM 3 HOLE LARGER THAN HEAD, MORE THAN 25CM 4 NO HOLES 5	HOLE SMALLER THAN A THUMB/FINGER 0.5-2CM 1 HOLE LARGER THAN THUMB BUT SMALLER THAN FIST/HAND 2-10CM 2 HOLE LARGER THAN FIST BUT SMALLER THAN HEAD 10-25CM 3 HOLE LARGER THAN HEAD, MORE THAN 25CM 4 NO HOLES 5
125	Where did you get the net?	2014-15 CAMPAIGN 01 OTHER CAMPAIGN 02 GOVT./FBO CLINIC/HOSPITAL 03 DUKA/RURAL SHOP .. 04 SUPERMARKET/RETAIL SHOP 05 FRIEND/RELATIVE 06 OTHER 96 DON'T KNOW 98	2014-15 CAMPAIGN 01 OTHER CAMPAIGN 02 GOVT./FBO CLINIC/HOSPITAL 03 DUKA/RURAL SHOP .. 04 SUPERMARKET/RETAIL SHOP 05 FRIEND/RELATIVE 06 OTHER 96 DON'T KNOW 98	2014-15 CAMPAIGN 01 OTHER CAMPAIGN 02 GOVT./FBO CLINIC/HOSPITAL 03 DUKA/RURAL SHOP .. 04 SUPERMARKET/RETAIL SHOP 05 FRIEND/RELATIVE 06 OTHER 96 DON'T KNOW 98
125A	How much did you pay for the net?	COST <input type="text"/> FREE 9995 NOT SURE 9998	COST <input type="text"/> FREE 9995 NOT SURE 9998	COST <input type="text"/> FREE 9995 NOT SURE 9998
126	Did anyone sleep under this mosquito net last night?	YES 1 (SKIP TO 127) ← NO 2 NOT SURE 8 (SKIP TO 127B) ←	YES 1 (SKIP TO 127) ← NO 2 NOT SURE 8 (SKIP TO 127B) ←	YES 1 (SKIP TO 127) ← NO 2 NOT SURE 8 (SKIP TO 127B) ←

MOSQUITO NET ROSTER

		NET #1	NET #2	NET #3
126A	Why didn't someone sleep under this net last night?	NET NEVER USED A THERE ARE EXCESS NETS B IT WAS TOO HOT C THERE WERE NO MOSQUITOS .. D THE NET WAS BEING WASHED E PERSON NORMALLY USING NET DID NOT STAY HERE LAST NIGHT F OTHER _____ X (SPECIFY) (SKIP TO 127B)	NET NEVER USED A THERE ARE EXCESS NETS B IT WAS TOO HOT C THERE WERE NO MOSQUITOS .. D THE NET WAS BEING WASHED E PERSON NORMALLY USING NET DID NOT STAY HERE LAST NIGHT F OTHER _____ X (SPECIFY) (SKIP TO 127B)	NET NEVER USED A THERE ARE EXCESS NETS B IT WAS TOO HOT C THERE WERE NO MOSQUITOS .. D THE NET WAS BEING WASHED E PERSON NORMALLY USING NET DID NOT STAY HERE LAST NIGHT F OTHER _____ X (SPECIFY) (SKIP TO 127B)
127	Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND LINE NUMBER FROM HOUSEHOLD SCHEDULE.	NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/>
127B	OBSERVE FOR OR ASK IF THE NET IS HANGING FOR SLEEPING.	HANGING..... 1 <input type="checkbox"/> (SKIP TO 128) ← NOT HANGING 2	HANGING..... 1 <input type="checkbox"/> (SKIP TO 128) ← NOT HANGING 2	HANGING..... 1 <input type="checkbox"/> (SKIP TO 128) ← NOT HANGING 2
127C	What is the reason the net is not hanging for sleeping?	SHAPE DIFFICULT TO HANG UF A TOO SHORT TO GIVE PROTECTION.. B NO SPACE TO HANG NET HANG NET C PERSON NORMALLY USING NET DID NOT STAY HERE LAST NIGHT D OTHER _____ X (SPECIFY)	SHAPE DIFFICULT TO HANG UF A TOO SHORT TO GIVE PROTECTION.. B NO SPACE TO HANG NET HANG NET C PERSON NORMALLY USING NET DID NOT STAY HERE LAST NIGHT D OTHER _____ X (SPECIFY)	SHAPE DIFFICULT TO HANG UF A TOO SHORT TO GIVE PROTECTION.. B NO SPACE TO HANG NET HANG NET C PERSON NORMALLY USING NET DID NOT STAY HERE LAST NIGHT D OTHER _____ X (SPECIFY)
128		GO BACK TO 119 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 128A.	GO BACK TO 119 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 128A.	GO TO 119 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 128A.

SOURCE AND USES OF MOSQUITO NETS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
128A	In the last 12 months, has anyone in your household given away a mosquito net?	YES 1 NO 2	
128B	In the last 12 months, has anyone in your household sold a mosquito net?	YES 1 NO 2	
128C	In many places, some people use bednets for other things than sleeping, such as curtains or fishing nets. Are nets being used for alternative uses in this community?	YES 1 NO 2	→ 128E
128D	What types of nets are being used for alternative uses: nets 2 years old or newer, nets 3 years old or older, or both types of nets?	NEW NETS 1 OLD NETS 2 BOTH OLD AND NEW 3	
128E	The last time you disposed of your old nets, what did you do? RECORD ALL MENTIONED.	BURN A BURY B THROW AWAY C RECYCLE D GAVE TO SOMEONE ELSE E EXCHANGED FOR A NEW ONE F OTHER _____ X (SPECIFY) DON'T KNOW Z	
128F (1)	Did you hear about the 2014-15 mass net distribution campaign?	YES 1 NO 2	→ 128I
128G (1)	From where did you hear about the 2014-15 net distribution campaign? RECORD ALL MENTIONED.	BROCHURES/POSTERS A RADIO B TELEVISION C NEWSPAPER D CHIEF'S BARAZAS E HEALTH WORKERS F HOME VISIT FOR REGISTRATION G COMMUNITY LEADERS H FAMILY/FRIENDS I OTHER _____ X (SPECIFY)	
128H (1)	What was the content of the messages you heard or saw? RECORD ALL MENTIONED.	GO GET REGISTERED A GO COLLECT YOUR NET B SLEEP UNDER YOUR NET EVERY NIGHT C OTHER _____ X (SPECIFY)	
128I (1)	Have you heard or seen any communications on net use or malaria prevention in the past year that were not linked to the campaign?	YES 1 NO 2	→ 128N
128J (1)	Did you hear the messages about net use or malaria prevention not linked to the campaign on the radio?	YES 1 NO 2	→ 128L
128K (1)	Did any of the messages you heard on the radio include the phrase "lala ndani ya neti kila siku kila msimu"?	YES 1 NO 2	

SOURCE AND USES OF MOSQUITO NETS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
128L (1)	Did you hear the messages about net use or malaria prevention not linked to the campaign in a health talk in your community?	YES 1 NO 2	→ 128N
128M (1)	During the health talk in your community, was there a demonstration of how to hang a mosquito net?	YES 1 NO 2	
128N (1)	Have you attended a net hanging demonstration in the last year?	YES 1 NO 2	
128O (1)	Was your household registered to receive nets during the recent campaign within the past one year?	YES 1 NO 2 DON'T KNOW 8	→ 128Q → 128Q
128P (1)	What was the reason your household was not registered?	ABSENT 1 REFUSE 2 NOT VISTED BY REGISTRAR 3 DID NOT KNOW ABOUT REGISTRATION 4 OTHER 6	
128Q (1)	Did someone from your household go to a 2014-15 campaign distribution point to collect nets?	YES 1 NO 2 DON'T KNOW 8	→ 128S → 128S
128R (1)	What was the reason your household did not go to a 2014-15 campaign distribution point?	NO TIME / MEANS 1 NOT INTERESTED 2 FORGOT OR MISSED THE DATE 3 OTHER _____ 6 (SPECIFY)	→ 128Z
128S (1)	Did your household receive vouchers that look like this at a 2014-15 campaign distribution point? SHOW PICTURE OF VOUCHER TO RESPONDENT.	YES 1 NO 2	
128T (1)	Did your household receive any mosquito nets at a 2014-15 campaign distribution point?	YES 1 NO 2	→ 128Y
128U (1)	How many mosquito nets did your household receive at a 2014-15 campaign distribution point?	NUMBER OF NETS RECEIVED <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	
128V (1)	You indicated that your household received [NUMBER FROM 128U] mosquito nets at a 2014-15 campaign distribution point. Of these, how many are still in the possession of your household?	NUMBER OF NETS REMAINING <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	
128W (1)	COMPARE 128U AND 128V AND MARK: NUMBERS ARE DIFFERENT <input style="width: 20px; height: 20px;" type="checkbox"/> ↓	NUMBERS ARE SAME <input style="width: 20px; height: 20px;" type="checkbox"/> →	→ 128Z
128X (1)	What happened to the missing mosquito nets? RECORD ALL MENTIONED.	NET WAS STOLEN A NET WAS DESTROYED ACCIDENTALLY B NET WAS SOLD C NET WAS GIVEN AWAY D OTHER X	→ 128Z
128Y (1)	Why did you not receive any mosquito nets at a 2014-15 campaign distribution point?	NO NETS AVAILABLE AT THIS TIME 1 WAITING TIME TOO LONG 2 THEY REFUSED TO GIVE NETS 3 OTHER 6 DON'T KNOW 8	
128Z	Which color of net would you prefer: blue or white or green?	GREEN 1 BLUE 2 WHITE 3 DOES NOT CARE 4	

SOURCE AND USES OF MOSQUITO NETS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
129A	Which shape of net would you prefer: conical or rectangular?	CONICAL 1 RECTANGULAR 2 DOES NOT CARE 3	
129B	How confident are you that you can hang a mosquito net in your household: are you extremely confident, very confident, a little confident, or not at all confident?	EXTREMELY CONFIDENT 1 VERY CONFIDENT 2 A LITTLE CONFIDENT 3 NOT AT ALL CONFIDENT 4	
129C	How important do you think it is for young children to sleep under a treated net: is it extremely important, very important, a little important, or not at all important?	EXTREMELY IMPORTANT 1 VERY IMPORTANT 2 A LITTLE IMPORTANT 3 NOT AT ALL IMPORTANT 4	
129D	How frequently do you use mosquito nets for other things besides sleeping under: all the time, sometimes, rarely, or never?	ALL THE TIME 1 SOMETIMES 2 RARELY 3 NEVER 4	
129E	Now I would like to ask your opinion about some issues. I'm going to read some statements and I would like you to tell me if you agree strongly, agree somewhat, disagree somewhat, or disagree strongly. Treated nets are safe to sleep under. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	STRONGLY AGREE 1 SOMEWHAT AGREE 2 SOMEWHAT DISAGRE 3 STRONGLY DISAGREE 4	
129F	Most people in this community sleep under an insecticide treated net every night during every season. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	STRONGLY AGREE 1 SOMEWHAT AGREE 2 SOMEWHAT DISAGRE 3 STRONGLY DISAGREE 4	
129G	You can hang a net any place people sleep in your house. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	STRONGLY AGREE 1 SOMEWHAT AGREE 2 SOMEWHAT DISAGRE 3 STRONGLY DISAGREE 4	
129H	People are at risk of getting malaria only during the rainy season. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	STRONGLY AGREE 1 SOMEWHAT AGREE 2 SOMEWHAT DISAGRE 3 STRONGLY DISAGREE 4	

(1) THESE QUESTIONS ONLY ASKED TO RESPONDENTS IN COUNTIES PARTICIPATING IN THE 2014-15 MASS NET DISTRIBUTION CAMPAIGN DURING OR BEFORE KMIS FIELDWORK: MIGORI, HOMA BAY, SIAYA, KISUMU, VIHIGA, AND WEST POKOT.

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS
