

KENYA MALARIA INDICATOR SURVEY
 HOUSEHOLD QUESTIONNAIRE

Division of National Malaria Programme
 Kenya National Bureau of Statistics

IDENTIFICATION											
PLACE NAME _____											
NAME OF HOUSEHOLD HEAD _____											
CLUSTER NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>							
HOUSEHOLD NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>							
INTERVIEWER VISITS											
	1	2	3	FINAL VISIT							
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px;"></table>							
				MONTH <table border="1" style="width: 40px; height: 20px;"></table>							
INTERVIEWER'S NAME	_____	_____	_____	YEAR <table border="1" style="width: 40px; height: 20px;"></table>							
RESULT*	_____	_____	_____	INT. NO. <table border="1" style="width: 40px; height: 20px;"></table>							
				RESULT* <table border="1" style="width: 40px; height: 20px;"></table>							
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px;"></table>							
TIME	_____	_____									
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="width: 40px; height: 20px;"></table> TOTAL ELIGIBLE WOMEN <table border="1" style="width: 40px; height: 20px;"></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="width: 40px; height: 20px;"></table>							
LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="width: 20px; height: 20px;"><tr><td>0</td></tr></table> <table border="1" style="width: 20px; height: 20px;"><tr><td>1</td></tr></table>	0	1	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table>	NATIVE LANGUAGE OF RESPONDENT**	<table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table>	TRANSLATOR USED (YES = 1, NO = 2)	<table border="1" style="width: 20px; height: 20px;"></table>		
0											
1											
LANGUAGE OF QUESTIONNAIRE**	ENGLISH		**LANGUAGE CODES: 01 ENGLISH 06 KAMBA 11 LUO 16 SOMALI 02 KISWAHILI 07 KIKUYU 12 MAASAI 17 TURKANA 03 BORANA 08 KISII 13 MERU 96 OTHER 04 EMBU 09 LUHYA 14 MIJIKENDA 05 KALENJIN 10 MARAGOLI 15 POKOT _____ SPECIFY								
SUPERVISOR											
NAME _____						<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>					
						NUMBER					

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INTRODUCTION AND CONSENT

RESPONDENT AGREES
TO BE INTERVIEWED . . . 1

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



100	RECORD THE TIME.	HOURS	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
		MINUTES					

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 ASKING QUESTIONS 2-7 FOR EACH PERSON ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.	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 → ADD TO TABLE NO

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 → ADD TO TABLE NO

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES → ADD TO TABLE NO

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 = DON'T 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>→ 105</p> <p>→ 103</p> <p>→ 103</p>
102	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>→ 105</p>
103	Where is that water source located?	<p>IN OWN DWELLING 1</p> <p>IN OWN YARD/PLOT 2</p> <p>ELSEWHERE 3</p>	<p>→ 105</p>
104	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
105	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)	→ 109
106	Do you share this toilet facility with other households?	YES 1 NO 2	→ 108
107	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text" value="0"/> <input type="text"/> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	
108	Where is this toilet facility located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	
109	In your household, what type of cooking device (cookstove) is mainly used for cooking?	ELECTRIC STOVE 01 SOLAR COOKER 02 LIQUEFIED PETROLEUM GAS (LPG) COOKING GAS STOVE 03 PIPED NATURAL GAS STOVE 04 BIOGAS STOVE 05 LIQUID FUEL STOVE 06 MANUFACTURED SOLID FUEL STOVE 07 TRADITIONAL SOLID FUEL STOVE 08 THREE STONE STOVE/OPEN FIRE 09 NO FOOD COOKED IN HOUSEHOLD 95 OTHER _____ 96 (SPECIFY)	→ 111 → 111
110	What type of fuel or energy source is used in this cookstove?	ALCOHOL/ETHANOL 01 GASOLINE/DIESEL 02 KEROSENE/PARAFFIN 03 COAL/LIGNITE 04 CHARCOAL 05 WOOD 06 STRAW/SHRUBS/GRASS 07 AGRICULTURAL CROP 08 ANIMAL DUNG/WASTE 09 PROCESSED BIOMASS (PELLETS) OR WOODCHIPS 10 GARBAGE/PLASTIC 11 SAWDUST 12 OTHER _____ 96 (SPECIFY)	
111	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>	
112	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 114

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																			
113	<p>How many of the following (animals) livestock does this household own? IF NONE, RECORD '00'. IF 95 OR MORE, RECORD '95'. IF UNKNOWN, RECORD '98'.</p> <p>a) Local cattle (indigenous)? b) Exotic/grade cattle? c) Horses? d) Donkeys? e) Mules? f) Goats? g) Sheep? h) Chickens or other poultry? i) Pigs?</p>	<p>a) LOCAL CATTLE <input type="text"/> <input type="text"/></p> <p>b) EXOTIC/GRADE CATTLE <input type="text"/> <input type="text"/></p> <p>c) HORSES <input type="text"/> <input type="text"/></p> <p>d) DONKEYS <input type="text"/> <input type="text"/></p> <p>e) MULES <input type="text"/> <input type="text"/></p> <p>f) GOATS <input type="text"/> <input type="text"/></p> <p>g) SHEEP <input type="text"/> <input type="text"/></p> <p>h) CHICKENS/POULTRY <input type="text"/> <input type="text"/></p> <p>i) PIGS <input type="text"/> <input type="text"/></p>																																																				
114	<p>Does any member of this household own any agricultural land?</p>	<p>YES 1 NO 2</p>	→ 116																																																			
115	<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"/></p> <p>DON'T KNOW 998</p>																																																				
116	<p>Does your household have:</p> <p>a) Electricity? b) A radio? c) A television? d) A fixed line 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 1</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>b) RADIO 1</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>c) TELEVISION 1</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>d) FIXED LINE TELEPHONE 1</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>e) COMPUTER 1</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>f) REFRIGERATOR 1</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>g) SOLAR PANEL 1</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>h) TABLE 1</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>i) CHAIR 1</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>j) SOFA 1</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>k) BED 1</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>l) CUPBOARD 1</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>m) CLOCK 1</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>n) MICROWAVE OVEN 1</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>o) DVD PLAYER 1</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>p) CD PLAYER 1</td><td align="center">1</td><td align="center">2</td></tr> </tbody> </table>		YES	NO	a) ELECTRICITY 1	1	2	b) RADIO 1	1	2	c) TELEVISION 1	1	2	d) FIXED LINE TELEPHONE 1	1	2	e) COMPUTER 1	1	2	f) REFRIGERATOR 1	1	2	g) SOLAR PANEL 1	1	2	h) TABLE 1	1	2	i) CHAIR 1	1	2	j) SOFA 1	1	2	k) BED 1	1	2	l) CUPBOARD 1	1	2	m) CLOCK 1	1	2	n) MICROWAVE OVEN 1	1	2	o) DVD PLAYER 1	1	2	p) CD PLAYER 1	1	2	
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HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
117	Does any member of this household own: 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?	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>a) WATCH</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) MOBILE PHONE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) BICYCLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) MOTORCYCLE/SCOOTER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) ANIMAL-DRAWN CART</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f) CAR/TRUCK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g) BOAT WITH MOTOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </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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f) CAR/TRUCK	1	2																									
g) BOAT WITH MOTOR	1	2																									
118	Does any member of this household have an account in a bank or other financial institution?	<table style="width: 100%; border: none;"> <tr> <td>YES</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> </table>	YES	1	NO	2																					
YES	1																										
NO	2																										
119	Does any member of this household use a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	<table style="width: 100%; border: none;"> <tr> <td>YES</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> </table>	YES	1	NO	2																					
YES	1																										
NO	2																										
119A	In the past year has this household ever used mosquito repellent spray (e.g. Doom), ointments, vaporizers coils, herbs, or plants to protect against mosquitoes / malaria?	<table style="width: 100%; border: none;"> <tr> <td>YES</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> </table>	YES	1	NO	2																					
YES	1																										
NO	2																										
120	Does your household have any mosquito nets?	<table style="width: 100%; border: none;"> <tr> <td>YES</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> </table>	YES	1	NO	2	→ 132																				
YES	1																										
NO	2																										
121	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>																									

MOSQUITO NETS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD. OBSERVE AND ANSWER THE QUESTIONS FOR EACH NET, ONE BY ONE.		
122	ASSIGN EACH NET A SEQUENTIAL NUMBER AND RECORD THE NUMBER HERE.	NET NUMBER <input type="text"/> <input type="text"/>	
123	WAS THIS NET OBSERVED?	OBSERVED 1 NOT OBSERVED 2	
124	How many months ago did your household get the mosquito net? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO 95 NOT SURE 98	
125	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 (SUPANET EXTRA) 11 PERMANET (SUPANET EXTRA) 12 NETPROTECT 13 YORKKOL 14 DAWA PLUS 15 OTHER/DON'T KNOW BRAND (LLIN) 16 OTHER TYPE (NOT LLIN) 96 DON'T KNOW TYPE 98	
126	Did you get the net through a distribution campaign, during an antenatal care visit, or during a child welfare visit?	YES, MASS DISTRIBUTION CAMPAIGN 1 YES, ANC 2 YES, CHILD WELFARE VISIT 3 NO 4	} → 128
127	Where did you get the net?	GOVERNMENT HEALTH FACILITY 01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 SHOP/MARKET 04 CHW 05 RELIGIOUS INSTITUTION 06 SCHOOL 07 OTHER 96 DON'T KNOW 98	
128	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 NOT SURE 8	→ 130 → 131

MOSQUITO NETS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
129	<p>Who slept under this mosquito net last night?</p> <p>RECORD THE PERSON'S NAME AND LINE NUMBER FROM HOUSEHOLD SCHEDULE.</p>	<p>NAME _____</p> <p>LINE NUMBER <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NUMBER <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NUMBER <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NUMBER <input type="text"/> <input type="text"/></p>	<p>→ 131</p>
130	<p>What was the main reason this net was not used last night?</p>	<p>TOO HOT 01</p> <p>DON'T LIKE NET SHAPE/COLOR/SIZE 02</p> <p>DON'T LIKE SMELL 03</p> <p>UNABLE TO HANG NET 04</p> <p>SLEPT OUTDOORS 05</p> <p>USUAL USER DIDN'T SLEEP HERE</p> <p> LAST NIGHT 06</p> <p>NO MOSQUITOES/NO MALARIA 07</p> <p>EXTRA NET/SAVING FOR LATER 08</p> <p>NET TOO SMALL/SHORT 09</p> <p>NET BROUGHT BEDBUGS 10</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
131	<p>GO BACK TO 122 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 132.</p>		

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
132	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY)									
133	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 SOD 13 RUDIMENTARY ROOFING RUSTIC MAT 21 PALM/BAMBOO 22 WOOD PLANKS 23 CARDBOARD 24 FINISHED ROOFING IRON SHEETS 31 WOOD 32 CALAMINE/CEMENT FIBER 33 BRICK/CLAY TILES 34 CEMENT 35 ROOFING SHINGLES 36 OTHER _____ 96 (SPECIFY)									
134	OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING. RECORD OBSERVATION.	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 BLOCKS 34 COVERED ADOBE 35 WOOD PLANKS/SHINGLES 36 OTHER _____ 96 (SPECIFY)									
135	RECORD THE TIME.	HOURS <table border="1" data-bbox="1204 1758 1343 1814"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> MINUTES <table border="1" data-bbox="1204 1814 1343 1870"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS
