

2016 LIBERIA MALARIA INDICATOR SURVEY
HOUSEHOLD QUESTIONNAIRE
NATIONAL MALARIA CONTROL PROGRAM-MINISTRY OF HEALTH
LIBERIA INSTITUTE OF STATISTICS AND GEO-INFORMATION SERVICES

IDENTIFICATION												
PLACE NAME	_____											
NAME OF HOUSEHOLD HEAD	_____											
LMIS CLUSTER NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr> <tr><td></td><td></td><td></td></tr> </table>								
HOUSEHOLD NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr> <tr><td></td><td></td><td></td></tr> </table>								
INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> MONTH <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> YEAR <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle; text-align: center;"> <tr><td style="width: 20px;">2</td><td style="width: 20px;">0</td><td style="width: 20px;">1</td></tr> </table> INT. NO. <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> RESULT* <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	2	0	1					
2	0	1										
INTERVIEWER'S NAME	_____	_____	_____									
RESULT*	_____	_____	_____									
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></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 _____ <div style="text-align: right; margin-right: 50px;">(SPECIFY)</div>			TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>								
			LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>									
SUPERVISOR			OFFICE EDITOR	KEYED BY								
_____	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> </table>						<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>			<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>		
NAME	NUMBER		NUMBER	NUMBER								

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INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the Ministry of Health. We are conducting a survey about malaria all over Liberia. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the person listed on this card.

GIVE FACT SHEET WITH CONTACT INFORMATION.

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED .. 1
↓

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

100	RECORD THE TIME.	HOURS MINUTES				
		<table border="1" style="display: inline-table; border-collapse: collapse;"><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>				

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 5-15 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 0-5
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 | 12 = CO-WIFE |
| | 98 = DONT KNOW |

FOR EVERYONE TREATMENT AND FEVER

LINE NO.	10	11	12	13	14	15
	In the last 4 weeks, has (NAME) been sick with a fever at any time?	Did (NAME) get any treatment for the fever in the last 4 weeks?	Where did (NAME) go for treatment? USE CODES BELOW. IF MORE THAN ONE PLACE, RECORD FIRST PLACE TREATMENT WAS SOUGHT.	How much did the treatment cost? INCLUDE COST OF DOCTOR, NURSE, DRUGS, TESTS. IF > 9990 LIBERIAN DOLLARS, RECORD '9990' IF 'FREE', RECORD '9995' IF 'DON'T KNOW', RECORD '9998'	Did (NAME) get tested for malaria?	Did (NAME) get told the results?
01	Y N DK 1 2 8 ↓ NEXT LINE	Y N DK 1 2 8 ↓ NEXT LINE	<input type="text"/>	LIBERIAN DOLLARS <input type="text"/>	Y N DK 1 2 8 ↓ NEXT LINE	Y N DK 1 2 8 ↓ NEXT LINE
02	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE
03	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE
04	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE
05	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE
06	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE
07	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE
08	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE
09	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE
10	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE

CODES FOR Q. 12: TREATMENT FOR FEVER

- | | |
|--------------------------------|---------------------------------|
| 01 = GOVERNMENT HOSPITAL | 09 = TRADITIONAL PRACTITIONER |
| 02 = GOVERNMENT HEALTH CENTER | 10 = BLACK BAGGER, DRUG PEDDLER |
| 03 = GOVERNMENT HEALTH CLINIC | 96 = OTHER |
| 04 = PRIVATE HOSPITAL/CLINIC | 98 = DOES NOT KNOW |
| 05 = PHARMACY | |
| 06 = PRIVATE DOCTOR | |
| 07 = MOBILE CLINIC | |
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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
	<p>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.</p> <p>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.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-15 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME)?</p> <p>IF 95 OR MORE, RECORD '95'.</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>
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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| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 10 = ADOPTED/FOSTER/STEPCHILD |
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FOR EVERYONE TREATMENT AND FEVER

LINE NO.	10	11	12	13	14	15
	In the last 4 weeks, has (NAME) been sick with a fever at any time?	Did (NAME) get any treatment for the fever in the last 4 weeks?	Where did (NAME) go for treatment? USE CODES BELOW. IF MORE THAN ONE PLACE, RECORD FIRST PLACE TREATMENT WAS SOUGHT.	How much did the treatment cost? INCLUDE COST OF DOCTOR, NURSE, DRUGS, TESTS. IF > 9990 LIBERIAN DOLLARS, RECORD '9990' IF 'FREE', RECORD '9995' IF 'DON'T KNOW', RECORD '9998'	Did (NAME) get tested for malaria?	Did (NAME) get told the results?
11	Y N DK 1 2 8 ↓ NEXT LINE	Y N DK 1 2 8 ↓ NEXT LINE	<input type="text"/>	LIBERIAN DOLLARS <input type="text"/>	Y N DK 1 2 8 ↓ NEXT LINE	Y N DK 1 2 8 ↓ NEXT LINE
12	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE
13	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE
14	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE
15	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE
16	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE
17	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE
18	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE
19	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE
20	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE

CODES FOR Q. 12: TREATMENT FOR FEVER

- | | |
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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>HAND PUMP/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>MINERAL WATER IN SACHET 92</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>HAND PUMP/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)	→ 108										
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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px;"></td></tr></table> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	0										
0													
108	What type of fuel does your household mainly use for cooking? PROBE: By what means do you cook your food?	ELECTRICITY 01 GAS CYLINDER 02 KEROSENE STOVE 03 FIRE COAL/CHARCOAL 04 WOOD 05 NO FOOD COOKED IN HOUSEHOLD 95 OTHER _____ 96 (SPECIFY)											
109	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; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											
110	Does this household own any livestock, herds, other farm animals, or poultry like chickens, ducks or guinea fowl?	YES 1 NO 2	→ 112										
111	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) Cows or bulls? b) Pigs? c) Goats? d) Sheep? e) Chickens, ducks or guinea fowl?	a) COWS/BULLS <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><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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> b) PIGS c) GOATS d) SHEEP e) CHICKENS/POULTRY											

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																										
112	Does any member of your household farm any agricultural land?	YES 1 NO 2	→ 114																																										
113	How many acres of agricultural land do members of this household farm? IF 95 OR MORE, CIRCLE '950'.	ACRES <input type="text"/> <input type="text"/> <input type="text"/> 95 OR MORE ACRES 950 DON'T KNOW 998																																											
114	Does your household have: a) Electricity that is connected? b) A generator? c) A radio? d) A mobile telephone? e) An ice box? f) A table? g) Chairs? h) A cupboard? i) A mattress (not made of straw or grass)? j) A sewing machine? k) A television? l) A computer? m) A bench or stool?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr><td>a) ELECTRICITY</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>b) GENERATOR</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>c) RADIO</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>d) MOBILE TELEPHONE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>e) ICE BOX (REFRIGERATOR)</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>f) TABLE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>g) CHAIRS</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>h) CUPBOARD</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>i) MATTRESS</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>j) SEWING MACHINE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>k) TELEVISION</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>l) COMPUTER</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>m) BENCH OR STOOL</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		YES	NO	a) ELECTRICITY	1	2	b) GENERATOR	1	2	c) RADIO	1	2	d) MOBILE TELEPHONE	1	2	e) ICE BOX (REFRIGERATOR)	1	2	f) TABLE	1	2	g) CHAIRS	1	2	h) CUPBOARD	1	2	i) MATTRESS	1	2	j) SEWING MACHINE	1	2	k) TELEVISION	1	2	l) COMPUTER	1	2	m) BENCH OR STOOL	1	2	
	YES	NO																																											
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l) COMPUTER	1	2																																											
m) BENCH OR STOOL	1	2																																											
115	Does any member of this household own: a) A watch? b) A bicycle? c) A motorcycle or motor scooter? d) A car or truck? e) A boat or a canoe?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr><td>a) WATCH</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>b) BICYCLE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>c) MOTORCYCLE/SCOOTER</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>d) CAR/TRUCK</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>e) BOAT OR CANOE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		YES	NO	a) WATCH	1	2	b) BICYCLE	1	2	c) MOTORCYCLE/SCOOTER	1	2	d) CAR/TRUCK	1	2	e) BOAT OR CANOE	1	2																									
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d) CAR/TRUCK	1	2																																											
e) BOAT OR CANOE	1	2																																											
116	Does any member of this household have a bank account?	YES 1 NO 2																																											
117	At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?	YES 1 NO 2 DON'T KNOW 8	→ 119																																										
118	Who sprayed the dwelling?	GOVERNMENT WORKER/PROGRAM A PRIVATE COMPANY B NONGOVERNMENTAL ORGANIZATION (NGO) .. C OTHER _____ X (SPECIFY) DON'T KNOW Z																																											
119	Does your household have any mosquito nets?	YES 1 NO 2	→ 120																																										
119A	Why doesn't your household have any mosquito nets?	NO MOSQUITOES A NOT AVAILABLE B DON'T LIKE TO USE NETS C TOO EXPENSIVE D DID NOT RECEIVE E SPOILED F HAVE WINDOW SCREENS G OTHER _____ X (SPECIFY)	→ 130A																																										
120	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS <input type="text"/>																																											

MOSQUITO NETS

		NET #1	NET #2	NET #3
121	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
122	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	MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO 95 NOT SURE 98	MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO 95 NOT SURE 98
123	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 11 PERMANET 12 BASF NET 13 DURANET 14 OTHER/DON'T KNOW BRAND BUT LLIN (SKIP TO 126) ← 16 OTHER TYPE 96 DON'T KNOW TYPE 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET 11 PERMANET 12 BASF NET 13 DURANET 14 OTHER/DON'T KNOW BRAND BUT LLIN (SKIP TO 126) ← 16 OTHER TYPE 96 DON'T KNOW TYPE 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET 11 PERMANET 12 BASF NET 13 DURANET 14 OTHER/DON'T KNOW BRAND BUT LLIN (SKIP TO 126) ← 16 OTHER TYPE 96 DON'T KNOW TYPE 98
124	Since you got the net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes?	YES 1 NO 2 (SKIP TO 126) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 126) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 126) ← NOT SURE 8
125	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO 95 NOT SURE 98	MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO 95 NOT SURE 98	MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO 95 NOT SURE 98
126	Did you get the net through a mass distribution campaign, during an antenatal care visit, or during a delivery in a health facility?	YES, MASS DISTRIBUTION CAMPAIGN 1 YES, ANC 2 YES, HEALTH FACILITY DELIVERY 3 (SKIP TO 127A) ← NO 4	YES, MASS DISTRIBUTION CAMPAIGN 1 YES, ANC 2 YES, HEALTH FACILITY DELIVERY 3 (SKIP TO 127A) ← NO 4	YES, MASS DISTRIBUTION CAMPAIGN 1 YES, ANC 2 YES, HEALTH FACILITY DELIVERY 3 (SKIP TO 127A) ← NO 4
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 PRIVATE DOCTOR 07 MOBILE CLINIC 08 MEDICINE/DRUG STORE 09 TRADITIONAL PRACTITIONER 10 STREET CORNER 11 NEIGHBOR/FRIEND RELATIVE 12 OTHER 96 DON'T KNOW 98	GOVERNMENT HEALTH FACILITY 01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 SHOP/MARKET 04 CHW 05 RELIGIOUS INSTITUTION 06 PRIVATE DOCTOR 07 MOBILE CLINIC 08 MEDICINE/DRUG STORE 09 TRADITIONAL PRACTITIONER 10 STREET CORNER 11 NEIGHBOR/FRIEND RELATIVE 12 OTHER 96 DON'T KNOW 98	GOVERNMENT HEALTH FACILITY 01 PRIVATE HEALTH FACILITY 02 PHARMACY 03 SHOP/MARKET 04 CHW 05 RELIGIOUS INSTITUTION 06 PRIVATE DOCTOR 07 MOBILE CLINIC 08 MEDICINE/DRUG STORE 09 TRADITIONAL PRACTITIONER 10 STREET CORNER 11 NEIGHBOR/FRIEND RELATIVE 12 OTHER 96 DON'T KNOW 98

MOSQUITO NETS

		NET #1	NET #2	NET #3
127A	Did you buy the net or was it given to you for free?	BOUGHT 1 FREE 2 (SKIP TO 128) ← DON'T KNOW 8	BOUGHT 1 FREE 2 (SKIP TO 128) ← DON'T KNOW 8	BOUGHT 1 FREE 2 (SKIP TO 128) ← DON'T KNOW 8
127B	How much did you pay for the net? IF 995 OR MORE, RECORD '995'.	COST IN <input type="text"/> <input type="text"/> <input type="text"/> LIB. \$	COST IN <input type="text"/> <input type="text"/> <input type="text"/> LIB. \$	COST IN <input type="text"/> <input type="text"/> <input type="text"/> LIB. \$
128	Did anyone sleep under this mosquito net last night?	YES 1 (SKIP TO 129) ← NO 2 NOT SURE 8 (SKIP TO 130) ←	YES 1 (SKIP TO 129) ← NO 2 NOT SURE 8 (SKIP TO 130) ←	YES 1 (SKIP TO 129) ← NO 2 NOT SURE 8 (SKIP TO 130) ←
128A	What are some of the reasons why this mosquito net was not used? CIRCLE ALL THAT APPLY	TOO HOT/ DIFFICULT TO BREATH A SIZE OF THE BED B NOT HUNG UP/ STORED AWAY C NET NOT IN GOOD CONDITION D MATERIAL IS TOO HARD/ROUGH E CHILD DOESN'T LIKE F SKIN IRRITATION/ ITCHING G BAD FOR HEALTH H SUPERSTITION /WITCHCRAFT I TOO WEAK TO HANG J CHEMICAL SMELL/ TOXIC K SAVING FOR LATER L NO MOSQUITOES M USUAL USER(S) DID NOT SLEEP HERE N OTHER _____ X (SPECIFY) DON'T KNOW Z (SKIP TO 130) ←	TOO HOT/ DIFFICULT TO BREATH A SIZE OF THE BED B NOT HUNG UP/ STORED AWAY C NET NOT IN GOOD CONDITION D MATERIAL IS TOO HARD/ROUGH E CHILD DOESN'T LIKE F SKIN IRRITATION/ ITCHING G BAD FOR HEALTH H SUPERSTITION /WITCHCRAFT I TOO WEAK TO HANG J CHEMICAL SMELL/ TOXIC K SAVING FOR LATER L NO MOSQUITOES M USUAL USER(S) DID NOT SLEEP HERE N OTHER _____ X (SPECIFY) DON'T KNOW Z (SKIP TO 130) ←	TOO HOT/ DIFFICULT TO BREATH A SIZE OF THE BED B NOT HUNG UP/ STORED AWAY C NET NOT IN GOOD CONDITION D MATERIAL IS TOO HARD/ROUGH E CHILD DOESN'T LIKE F SKIN IRRITATION/ ITCHING G BAD FOR HEALTH H SUPERSTITION /WITCHCRAFT I TOO WEAK TO HANG J CHEMICAL SMELL/ TOXIC K SAVING FOR LATER L NO MOSQUITOES M USUAL USER(S) DID NOT SLEEP HERE N OTHER _____ X (SPECIFY) DON'T KNOW Z (SKIP TO 130) ←
129	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"/>
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130		GO BACK TO 121 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 130B.	GO BACK TO 121 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 130B.	GO TO 121 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 130B.

MOSQUITO NETS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
130A	In the last 12 months, did any member of your household have a mosquito net?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 130F
130B	In the last 12 months has any member of your household disposed of a mosquito net?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 130F
130C	Now I want to talk about the last net that was disposed of. For how long did the household member use this net?	LESS THAN 2 YEARS 1 2-4 YEARS 2 MORE THAN 4 YEARS 3 DON'T KNOW 8	
130D	What was the main reason the household member disposed of this mosquito net?	TORN 11 NO LONGER REPELLED MOSQUITOES 12 GOT A NEW ONE 13 PUT TO THE STORAGE/ END OF RAINY SEASON 14 INSTALLED SCREENS 15 ITCHING/ SKIN IRRITATION/ HEALTH PROBLEMS 16 CAN'T BREATH/ TOO HOT 17 TOXIC CHEMICALS 18 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
130E	Was this a soft mosquito net or a hard mosquito net?	SOFT 1 HARD 2 DON'T KNOW 8	
130F	If you had a choice, would you like to have a soft mosquito net or a hard mosquito net?	SOFT 1 HARD 2 NO PREFERENCE 3 DON'T KNOW 8	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
131	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND/MUD 11 RUDIMENTARY FLOOR WOOD PLANKS 21 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 FLOOR MAT, LINOLEUM, VINYL 32 CERAMIC TILES/TERRAZO 33 CONCRETE, CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY)									
132	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION.	NATURAL ROOFING THATCH/PALM LEAF 12 RUDIMENTARY ROOFING RUSTIC MAT 21 PALM/BAMBOO 22 WOOD PLANKS 23 TARPAULIN, PLASTIC 24 FINISHED ROOFING ZINC/METAL/ALUMINUM 31 WOOD 32 CERAMIC TILES 34 CONCRETE/ CEMENT 35 ASBESTOS SHEETS/ SHINGLES 36 OTHER _____ 96 (SPECIFY)									
133	OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING. RECORD OBSERVATION.	NATURAL WALLS MUD AND STICKS 11 CANE/ PALM/ TRUNKS 12 STRAW/ THATCH MATS 13 RUDIMENTARY WALLS MUD BRICKS 21 PLYWOOD 22 CARDBOARD/ PLASTIC 23 REUSED WOOD 24 FINISHED WALLS ZINC/ METAL 31 CEMENT 32 STONE BLOCKS 33 BRICKS 34 WOOD PLANKS/ SHINGLES 35 OTHER _____ 96 (SPECIFY)									
134	RECORD THE TIME.	HOURS <table border="1" data-bbox="1201 1525 1342 1576"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> MINUTES <table border="1" data-bbox="1201 1576 1342 1628"> <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

EDITOR'S OBSERVATIONS
