

2012 MALAWI MALARIA INDICATOR SURVEY  
HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION																			
PLACE NAME _____	<table border="1" style="width: 100px; height: 100px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																		
DISTRICT _____																			
CLUSTER NUMBER .....																			
HOUSEHOLD NUMBER .....																			
NAME OF HOUSEHOLD HEAD _____																			
INTERVIEWER VISITS																			
	1	2	3	FINAL VISIT															
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"><tr><td> </td><td> </td></tr></table>															
				MONTH <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"><tr><td> </td><td> </td></tr></table>															
				YEAR <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"><tr><td> </td><td> </td></tr></table>															
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"><tr><td> </td><td> </td></tr></table>															
RESULT*	_____	_____	_____	RESULT <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"><tr><td> </td><td> </td></tr></table>															
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"><tr><td> </td><td> </td></tr></table>															
TIME	_____	_____																	
<p><b>*RESULT CODES:</b></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="width: 40px; height: 20px; border-collapse: collapse;"><tr><td> </td><td> </td></tr></table></p> <p>TOTAL ELIGIBLE WOMEN <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"><tr><td> </td><td> </td></tr></table></p> <p>LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"><tr><td> </td><td> </td></tr></table></p>															
<p>LANGUAGE OF QUESTIONNAIRE** <b>ENGLISH</b></p> <p>LANGUAGE OF INTERVIEW** .....</p> <p>NATIVE LANGUAGE OF RESPONDENT** .....</p> <p>TRANSLATOR USED (1=NOT AT ALL; 2=SOMETIME; 3=ALL THE TIME) .....</p>			<table border="1" style="width: 20px; height: 100px; border-collapse: collapse;"> <tr><td style="text-align: center;">4</td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>		4														
4																			
<p>**LANGUAGE CODES:    1 CHICHEWA                    3 YAO                    6 OTHER _____</p> <p>                                 2 TUMBUKA                    4 ENGLISH                    (SPECIFY)</p>																			

INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_. I am working with the Ministry of Health. We are conducting a survey about health all over Malawi. 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 CARD 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

**HOUSEHOLD SCHEDULE**

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		RESIDENCE		AGE	WOMEN AGE 15-49	CHILDREN AGE 0-5
			4	5	6	7	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 5-10 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	

**CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD**

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

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	WOMEN AGE 15-49	CHILDREN AGE 0-5
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 5-10 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
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**

2A) Just to make sure that I have a complete listing: are there any other persons such as small children or infants that we have not listed?

YES  → 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  → 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  → TABLE NO

- 01 = HEAD
- 02 = WIFE OR HUSBAND
- 03 = SON OR DAUGHTER
- 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
- 05 = GRANDCHILD
- 06 = PARENT
- 07 = PARENT-IN-LAW
- 08 = BROTHER OR SISTER
- 09 = OTHER RELATIVE
- 10 = ADOPTED/FOSTER/STEPCHILD
- 11 = NOT RELATED
- 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?	PIPED WATER PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PUBLIC TAP/STANDPIPE ..... 13 TUBE WELL OR BOREHOLE ..... 21 DUG WELL PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 WATER FROM SPRING PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42 RAINWATER ..... 51 TANKER TRUCK ..... 61 CART WITH SMALL TANK ..... 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 81 BOTTLED WATER ..... 91  OTHER _____ 96 (SPECIFY)	<input type="checkbox"/> → 104                    <input type="checkbox"/> → 104
102	Where is that water source located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3	<input type="checkbox"/> → 104
103	How long does it take to go there, get water, and come back?	MINUTES ..... <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW ..... 998	
104	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET ..... 11 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)	<input type="checkbox"/> → 107
105	Do you share this toilet facility with other households?	YES ..... 1 NO ..... 2	<input type="checkbox"/> → 107
106	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 ..... <input type="text"/> <input type="text"/>  10 OR MORE HOUSEHOLDS ..... 95 DON'T KNOW ..... 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																		
107	Does your household have:  Electricity? A radio? A television? A cellular phone? A telephone (landline)? A refrigerator?	<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>ELECTRICITY .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <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>CELL PHONE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEPHONE (LANDLINE) .....</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> </tbody> </table>		YES	NO	ELECTRICITY .....	1	2	RADIO .....	1	2	TELEVISION .....	1	2	CELL PHONE .....	1	2	TELEPHONE (LANDLINE) .....	1	2	REFRIGERATOR .....	1	2														
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108	What type of fuel does your household mainly use for cooking?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>ELECTRICITY .....</td><td style="text-align: right;">01</td></tr> <tr><td>LPG/NATURAL GAS .....</td><td style="text-align: right;">02</td></tr> <tr><td>BIOGAS .....</td><td style="text-align: right;">03</td></tr> <tr><td>KEROSENE .....</td><td style="text-align: right;">04</td></tr> <tr><td>COAL, LIGNITE .....</td><td style="text-align: right;">05</td></tr> <tr><td>CHARCOAL .....</td><td style="text-align: right;">06</td></tr> <tr><td>WOOD .....</td><td style="text-align: right;">07</td></tr> <tr><td>STRAW/SHRUBS/GRASS .....</td><td style="text-align: right;">08</td></tr> <tr><td>ANIMAL DUNG .....</td><td style="text-align: right;">09</td></tr> <tr><td colspan="2">NO FOOD COOKED</td></tr> <tr><td>    IN HOUSEHOLD .....</td><td style="text-align: right;">95</td></tr> <tr><td>OTHER _____</td><td style="text-align: right;">96</td></tr> <tr><td colspan="2" style="text-align: center;">(SPECIFY)</td></tr> </tbody> </table>	ELECTRICITY .....	01	LPG/NATURAL GAS .....	02	BIOGAS .....	03	KEROSENE .....	04	COAL, LIGNITE .....	05	CHARCOAL .....	06	WOOD .....	07	STRAW/SHRUBS/GRASS .....	08	ANIMAL DUNG .....	09	NO FOOD COOKED		IN HOUSEHOLD .....	95	OTHER _____	96	(SPECIFY)										
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109	MAIN MATERIAL OF THE FLOOR.  RECORD OBSERVATION.	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td colspan="2">NATURAL FLOOR</td></tr> <tr><td>    EARTH/SAND .....</td><td style="text-align: right;">11</td></tr> <tr><td>    DUNG .....</td><td style="text-align: right;">12</td></tr> <tr><td colspan="2">RUDIMENTARY FLOOR</td></tr> <tr><td>    WOOD PLANKS .....</td><td style="text-align: right;">21</td></tr> <tr><td>    PALM/BAMBOO .....</td><td style="text-align: right;">22</td></tr> <tr><td>    BROKEN BRICKS .....</td><td style="text-align: right;">23</td></tr> <tr><td colspan="2">FINISHED FLOOR</td></tr> <tr><td colspan="2">    PARQUET OR POLISHED</td></tr> <tr><td>        WOOD .....</td><td style="text-align: right;">31</td></tr> <tr><td>        VINYL OR ASPHALT STRIPS .....</td><td style="text-align: right;">32</td></tr> <tr><td>        CERAMIC TILES .....</td><td style="text-align: right;">33</td></tr> <tr><td>        CEMENT .....</td><td style="text-align: right;">34</td></tr> <tr><td>        CARPET .....</td><td style="text-align: right;">35</td></tr> <tr><td>OTHER _____</td><td style="text-align: right;">96</td></tr> <tr><td colspan="2" style="text-align: center;">(SPECIFY)</td></tr> </tbody> </table>	NATURAL FLOOR		EARTH/SAND .....	11	DUNG .....	12	RUDIMENTARY FLOOR		WOOD PLANKS .....	21	PALM/BAMBOO .....	22	BROKEN BRICKS .....	23	FINISHED FLOOR		PARQUET OR POLISHED		WOOD .....	31	VINYL OR ASPHALT STRIPS .....	32	CERAMIC TILES .....	33	CEMENT .....	34	CARPET .....	35	OTHER _____	96	(SPECIFY)				
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111	MAIN MATERIAL OF THE EXTERIOR WALLS.  RECORD OBSERVATION.	<b>NATURAL WALLS</b> NO WALLS ..... 11 CANE/PALM/TRUNKS ..... 12 DIRT ..... 13 <b>RUDIMENTARY WALLS</b> BAMBOO/TREE TRUNKS WITH MUD . 21 STONE WITH MUD ..... 22 PLYWOOD ..... 23 CARDBOARD ..... 24 REUSED WOOD ..... 25  <b>FINISHED WALLS</b> CEMENT ..... 31 STONE WITH LIME/CEMENT ..... 32 BURNT BRICKS ..... 33 UNBURNT BRICKS ..... 34 CEMENT BLOCKS ..... 35 WOOD PLANKS ..... 36  OTHER _____ 96 (SPECIFY)													
112	How many rooms in this household are used for sleeping?	ROOMS ..... <input type="text"/> <input type="text"/>													
112A	How many separate rooms are in this household?	ROOMS ..... <input type="text"/> <input type="text"/>													
112B	How many separate sleeping spaces are there in your household?	SLEEPING SPACES ..... <input type="text"/> <input type="text"/>													
113	Does any member of this household own:  A bicycle? A motorcycle or motor scooter? A car or truck?	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</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>CAR/TRUCK .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	BICYCLE .....	1	2	MOTORCYCLE/SCOOTER ...	1	2	CAR/TRUCK .....	1	2	
	YES	NO													
BICYCLE .....	1	2													
MOTORCYCLE/SCOOTER ...	1	2													
CAR/TRUCK .....	1	2													
114	Does any member of this household own any agricultural land?	YES ..... 1 NO ..... 2	→ 116												
115	How many hectares of agricultural land do members of this household own?  1 HECTARE = 2.47 ACRES 1 ACRE = 0.4 HECTARE  IF 95 OR MORE, CIRCLE '950'.  RECORD IN UNITS RESPONDENT USES.  _____	ACRES ..... 1 <input type="text"/> <input type="text"/> . <input type="text"/>  HECTARES ..... 2 <input type="text"/> <input type="text"/> . <input type="text"/>  FOOTBALL PITCHES 3 <input type="text"/> <input type="text"/> . <input type="text"/>  95 OR MORE HECTARES ..... 9995 DON'T KNOW ..... 9998													
116	Does this household own any livestock, herds, other farm animals, or poultry?	YES ..... 1 NO ..... 2	→ 118												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
117	<p>How many of the following animals does this household own?</p> <p>IF NONE, ENTER '00'. IF 95 OR MORE, ENTER '95'. IF UNKNOWN, ENTER '98'.</p> <p>Goats?</p> <p>Pigs?</p> <p>Cattle?</p> <p>Sheep?</p> <p>Poultry (chickens, ducks, pigeons)?</p> <p>Other? _____ (SPECIFY)</p>	<p>GOATS .....</p> <p>PIGS .....</p> <p>CATTLE .....</p> <p>SHEEP .....</p> <p>POULTRY .....</p> <p>OTHER .....</p> <div style="display: flex; align-items: center; gap: 10px;"> <table border="1" style="border-collapse: collapse; width: 50px; height: 50px;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table> </div>													
118	Does any member of this household have a bank account?	<p>YES ..... 1</p> <p>NO ..... 2</p>													
119	At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	└─ 121												
119A	<p>How many months ago was the house sprayed?</p> <p>IF LESS THAN 1 MONTH AGO, RECORD '00'</p>	<p>MONTHS ..... <input style="width: 40px; height: 20px;" type="text"/></p>													
120	Who sprayed the house?	<p>OTHER GOVERNMENT WORKER/ PROGRAMME ..... 1</p> <p>PRIVATE COMPANY ..... 2</p> <p>NONGOVERNMENTAL ORGANIZATION (NGO) ..... 3</p> <p>OTHER ..... 6 (SPECIFY)</p> <p>DON'T KNOW ..... 8</p>													
120A	At any time in the past 12 months, have the walls in your dwelling been plastered or painted?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	└─ 121												
120B	<p>How many months ago were the walls plastered or painted?</p> <p>IF LESS THAN 1 MONTH AGO, RECORD '00'</p>	<p>MONTHS ..... <input style="width: 40px; height: 20px;" type="text"/></p>													
121	Does your household have any mosquito nets that can be used while sleeping?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 122A												
122	<p>How many mosquito nets does your household have?</p> <p>IF 7 OR MORE NETS, RECORD '7'.</p>	<p>NUMBER OF NETS ..... <input style="width: 40px; height: 20px;" type="text"/></p>													
122A	Has anyone in your household ever sold or given away a mosquito net?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>													



		NET #1	NET #2	NET #3
123	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
123A	OBSERVE (OR ASK ABOUT) THE CONDITION OF THE MOSQUITO NET: DOES THE NET HAVE HOLES IN IT (HOLES THE SIZE OF THE TIP OF YOUR THUMB OR LARGER)?	YES ..... 1  NO ..... 2	YES ..... 1  NO ..... 2	YES ..... 1  NO ..... 2
123B	OBSERVE (OR ASK) THE COLOR OF THE MOSQUITO NET.	GREEN ..... 01 DARK BLUE ... 02 LIGHT BLUE ... 03 RED ..... 04 BLACK ..... 05 WHITE ..... 06 OTHER ..... 96	GREEN ..... 01 DARK BLUE ... 02 LIGHT BLUE ... 03 RED ..... 04 BLACK ..... 05 WHITE ..... 06 OTHER ..... 96	GREEN ..... 01 DARK BLUE ... 02 LIGHT BLUE ... 03 RED ..... 04 BLACK ..... 05 WHITE ..... 06 OTHER ..... 96
123C	OBSERVE (OR ASK) THE SHAPE OF THE MOSQUITO NET.	CONICAL ..... 1 RECTANGLE ..... 2 OTHER ..... 6	CONICAL ..... 1 RECTANGLE ..... 2 OTHER ..... 6	CONICAL ..... 1 RECTANGLE ..... 2 OTHER ..... 6
123D	Is the net hanging for sleeping?	YES ..... 1  NO ..... 2	YES ..... 1  NO ..... 2	YES ..... 1  NO ..... 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	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
125	Is this net a long-lasting net, retreatable, or an untreated net?  OBSERVE OR ASK THE BRAND/TYPE OF MOSQUITO NET.  <b>ITN/LONG-LASTING NET</b> DURANET (GREEN, SQUARE) OLYSNET (LIGHT BLUE, SQUARE) LIFENET (WHITE, SQUARE) PERMANET (GREEN, SQUARE)  <b>CONVENTIONAL NETS: CAN BE RETREATABLE OR UNTREATED</b> SAFI NET (DARK BLUE, CONICAL) THERE ARE OTHER BRANDS  <b>BE AWARE THAT MANY BRANDS MAY EXIST AND BE DISTRIBUTED BY DIFFERENT ORGANIZATIONS.</b>	<b>ITN/LONG-LASTING NET</b> DURANET ..... 11 OLYSET ..... 12 LIFENET ..... 13 PERMANET ... 14 OTHER/ DK BRAND ... 16 (SKIP TO 128)  <b>RETREATABLE NET</b> SAFI NET ..... 21 OTHER/ DK BRAND ... 26 (SKIP TO 126)  <b>UNTREATED NET</b> SAFI NET ..... 31 OTHER/ DK BRAND ... 36  <b>OTHER</b> ..... 41 (SPECIFY)  <b>DK BRAND</b> ..... 98	<b>ITN/LONG-LASTING NET</b> DURANET ..... 11 OLYSET ..... 12 LIFENET ..... 13 PERMANET ... 14 OTHER/ DK BRAND ... 16 (SKIP TO 128)  <b>RETREATABLE NET</b> SAFI NET ..... 21 OTHER/ DK BRAND ... 26 (SKIP TO 126)  <b>UNTREATED NET</b> SAFI NET ..... 31 OTHER/ DK BRAND ... 36  <b>OTHER</b> ..... 41 (SPECIFY)  <b>DK BRAND</b> ..... 98	<b>ITN/LONG-LASTING NET</b> DURANET ..... 11 OLYSET ..... 12 LIFENET ..... 13 PERMANET ... 14 OTHER/ DK BRAND ... 16 (SKIP TO 128)  <b>RETREATABLE NET</b> SAFI NET ..... 21 OTHER/ DK BRAND ... 26 (SKIP TO 126)  <b>UNTREATED NET</b> SAFI NET ..... 31 OTHER/ DK BRAND ... 36  <b>OTHER</b> ..... 41 (SPECIFY)  <b>DK BRAND</b> ..... 98
125A	When you received this net, did it come with a treatment kit?	YES ..... 1 NO ..... 2 NOT SURE ..... 8	YES ..... 1 NO ..... 2 NOT SURE ..... 8	YES ..... 1 NO ..... 2 NOT SURE ..... 8

		NET #1	NET #2	NET #3
126	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 128) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 128) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 128) ← NOT SURE ..... 8
127	How many months ago was the net last soaked or dipped?  IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS <input type="text"/> <input type="text"/> AGO ...  MORE THAN 24 MONTHS AGO    95  NOT SURE ..... 98	MONTHS <input type="text"/> <input type="text"/> AGO ...  MORE THAN 24 MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS <input type="text"/> <input type="text"/> AGO ...  MORE THAN 24 MONTHS AGO    95  NOT SURE ..... 98
127A	Did you pay to have the net soaked or dipped?	YES ..... 1 NO ..... 2 (SKIP TO 128) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 128) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 128) ← NOT SURE ..... 8
127B	How much did you pay to soak or dip the net?	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW    9998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW    9998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW    9998
128	Where did you obtain the net?	GOVT. CLINIC/ HOSPITAL ..... 01 NEIGHBORHOOD HEALTH COMMITTEE (NHC) ..... 02 COM. HEALTH WORKER (CHW) ..... 03 SHOP ..... 04 PHARMACY ..... 05 WORKPLACE ..... 06  OTHER _____ 96 (SPECIFY) DON'T KNOW    98	GOVT. CLINIC/ HOSPITAL ..... 01 NEIGHBORHOOD HEALTH COMMITTEE (NHC) ..... 02 COM. HEALTH WORKER (CHW) ..... 03 SHOP ..... 04 PHARMACY ..... 05 WORKPLACE ..... 06  OTHER _____ 96 (SPECIFY) DON'T KNOW    98	GOVT. CLINIC/ HOSPITAL ..... 01 NEIGHBORHOOD HEALTH COMMITTEE (NHC) ..... 02 COM. HEALTH WORKER (CHW) ..... 03 SHOP ..... 04 PHARMACY ..... 05 WORKPLACE ..... 06  OTHER _____ 96 (SPECIFY) DON'T KNOW    98
128A	Did you purchase the net?	YES ..... 1 NO ..... 2 (SKIP TO 129) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 129) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 129) ← NOT SURE ..... 8
128B	How much did you pay for the net when you purchased it?	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW    9998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW    9998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW    9998
129	Did anyone sleep under this mosquito net last night?	YES ..... 1 NO ..... 2 (SKIP TO 130C) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 130C) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 130C) ← NOT SURE ..... 8

		NET #1	NET #2	NET #3
129A	Who slept under this mosquito net last night?  RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE 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"/>
130	ANY CHILDREN UNDER AGE 5 WHO DID NOT SLEEP UNDER A MOSQUITO NET  YES <input type="checkbox"/> NO <input type="checkbox"/>			→ 131
	NAME OF CHILD(REN): _____ _____			
130A	Why did (NAME OF CHILD) (and (NAME OF CHILD)) not sleep under a mosquito net last night?  Any other reason?  RECORD ALL MENTIONED.	TOO HOT ..... A TOO COLD ..... B CHILD CRIES ..... C CHILD AFRAID ..... D NOT ENOUGH NET ..... E NET NOT HUNG UP ..... F USED BY ADULTS ..... G NET NOT USED WHEN TRAVELING ..... H NET NOT IN GOOD CONDITION . . . . I NET BAD FOR CHILDREN'S HEALTH ..... J OTHER _____ X (SPECIFY)		
130C	CHECK 121:  NO <input type="checkbox"/> YES <input type="checkbox"/>			→ 131
130D	You donot have a mosquito net in your house. If you have a choice, what color of mosquito net do you prefer?	BLUE ..... 1 GREEN ..... 2 RED ..... 3 WHITE ..... 4 BLACK ..... 5 OTHER _____ 6 (SPECIFY) DK/NO PREFERENCE ..... 8		
130E	What shape of mosquito net do you prefer?	CONICAL ..... 1 RECTANGULAR ..... 2 DK/NO PREFERENCE ..... 8		
131		NEXT NET; OR, IF NO MORE NETS, GO TO 201.	NEXT NET; OR, IF NO MORE NETS, GO TO 201.	COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 201.