

MALARIA INDICATOR SURVEY
HOUSEHOLD QUESTIONNAIRE

REPUBLIC OF RWANDA
MALARIA & OTHER PARASITIC DISEASES DIVISION

IDENTIFICATION (1)							
PLACE NAME _____	<table border="1" style="border-collapse: collapse;"> <tr><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></tr> </table>						
NAME OF HOUSEHOLD HEAD _____							
CLUSTER NUMBER							
HOUSEHOLD NUMBER							

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></table> 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></tr></table> 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></table>								
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <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></table>								
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>								
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>								
	_____	_____										
	_____	_____										
*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;">(SPECIFY)</div>				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> 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> 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>								

SUPERVISOR	OFFICE EDITOR	KEYED BY							
NAME _____ <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></tr></table>				<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>			<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>		

THIS PAGE IS INTENTIONALLY BLANK

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE IN YEAR	IF 15 YEARS OR OLDER	ELIGIBILITY
				Does (NAME) usually live here?	Did (NAME) stay here last night?		MARITAL STATUS	
	<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 5-7 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>How old is (NAME)?</p>	<p>What is (NAME'S) current marital status?</p> <p>1=MARRIED OR LIVING TOGETHER 2=DIVORCED SEPARATED 3=WIDOWED 4=NEVER-MARRIED AND NEVER LIVED TOGETHER</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 YEARS</p>
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(7A)	(8)
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEAR <input type="text"/>	<input type="text"/>	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- | | | |
|------------------------------------|----------------------------|--------------------------------|
| 01 = HEAD | 05 = GRANDCHILD | 10 = NIECE/NEPHEW BY MARRIAGE |
| 02 = WIFE OR HUSBAND | 06 = PARENT | 11 = OTHER RELATIVE |
| 03 = SON OR DAUGHTER | 07 = PARENT-IN-LAW | 12 = ADOPTED/FOSTER/STEP CHILD |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 08 = BROTHER OR SISTER | 13 = NOT RELATED |
| | 09 = NIECE/NEPHEW BY BLOOD | 98 = DON'T KNOW |

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE IN YEAR	IF 15 YEARS OR OLDER	ELIGIBILITY
				Does (NAME) usually live here?	Did (NAME) stay here last night?		MARITAL STATUS	
	<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 5-7 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>How old is (NAME)?</p>	<p>What is (NAME'S) current marital status?</p> <p>1=MARRIED OR LIVING TOGETHER 2=DIVORCED SEPARATED 3=WIDOWED 4=NEVER-MARRIED AND NEVER LIVED TOGETHER</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 YEARS</p>
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(7A)	(8)
09		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEAR <input type="text"/>	<input type="checkbox"/>	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	10
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	16

TICK HERE IF CONTINUATION SHEET USED

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

YES → ADD TO TABLE NO

YES → ADD TO TABLE NO

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- | | | |
|------------------------------------|----------------------------|--------------------------------|
| 01 = HEAD | 05 = GRANDCHILD | 10 = NIECE/NEPHEW BY MARRIAGE |
| 02 = WIFE OR HUSBAND | 06 = PARENT | 11 = OTHER RELATIVE |
| 03 = SON OR DAUGHTER | 07 = PARENT-IN-LAW | 12 = ADOPTED/FOSTER/STEP CHILD |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 08 = BROTHER OR SISTER | 13 = NOT RELATED |
| | 09 = NIECE/NEPHEW BY BLOOD | 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)	→ 104 → 104
102	Where is that water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	→ 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? (2)	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	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text"/> <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 mobile telephone? A non-mobile telephone? A refrigerator? A computer?	<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>MOBILE TELEPHONE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NON-MOBILE TELEPHONE ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>REFRIGERATOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>COMPUTER</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	MOBILE TELEPHONE	1	2	NON-MOBILE TELEPHONE ...	1	2	REFRIGERATOR	1	2	COMPUTER	1	2													
	YES	NO																																					
ELECTRICITY	1	2																																					
RADIO	1	2																																					
TELEVISION	1	2																																					
MOBILE TELEPHONE	1	2																																					
NON-MOBILE TELEPHONE ...	1	2																																					
REFRIGERATOR	1	2																																					
COMPUTER	1	2																																					
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</td><td style="text-align: right;">02</td></tr> <tr><td>NATURAL GAS</td><td style="text-align: right;">03</td></tr> <tr><td>BIOGAS</td><td style="text-align: right;">04</td></tr> <tr><td>KEROSENE</td><td style="text-align: right;">05</td></tr> <tr><td>COAL, LIGNITE</td><td style="text-align: right;">06</td></tr> <tr><td>CHARCOAL</td><td style="text-align: right;">07</td></tr> <tr><td>WOOD</td><td style="text-align: right;">08</td></tr> <tr><td>STRAW/SHRUBS/GRASS</td><td style="text-align: right;">09</td></tr> <tr><td>AGRICULTURAL CROP</td><td style="text-align: right;">10</td></tr> <tr><td>ANIMAL DUNG</td><td style="text-align: right;">11</td></tr> <tr><td>NO FOOD COOKED IN HOUSEHOLD</td><td style="text-align: right; vertical-align: bottom;">95</td></tr> <tr> <td>OTHER _____</td> <td style="text-align: right; vertical-align: bottom;">96</td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> </tr> </tbody> </table>	ELECTRICITY	01	LPG	02	NATURAL GAS	03	BIOGAS	04	KEROSENE	05	COAL, LIGNITE	06	CHARCOAL	07	WOOD	08	STRAW/SHRUBS/GRASS	09	AGRICULTURAL CROP	10	ANIMAL DUNG	11	NO FOOD COOKED IN HOUSEHOLD	95	OTHER _____	96	(SPECIFY)										
ELECTRICITY	01																																						
LPG	02																																						
NATURAL GAS	03																																						
BIOGAS	04																																						
KEROSENE	05																																						
COAL, LIGNITE	06																																						
CHARCOAL	07																																						
WOOD	08																																						
STRAW/SHRUBS/GRASS	09																																						
AGRICULTURAL CROP	10																																						
ANIMAL DUNG	11																																						
NO FOOD COOKED IN HOUSEHOLD	95																																						
OTHER _____	96																																						
(SPECIFY)																																							
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 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; vertical-align: bottom;">96</td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> </tr> </tbody> </table>	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)								
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)																																							
110	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td colspan="2">NATURAL ROOFING</td></tr> <tr><td>NO ROOF</td><td style="text-align: right;">11</td></tr> <tr><td>THATCH/PALM LEAF</td><td style="text-align: right;">12</td></tr> <tr><td>SOD</td><td style="text-align: right;">13</td></tr> <tr><td colspan="2">RUDIMENTARY ROOFING</td></tr> <tr><td>RUSTIC MAT</td><td style="text-align: right;">21</td></tr> <tr><td>PALM/BAMBOO</td><td style="text-align: right;">22</td></tr> <tr><td>WOOD PLANKS</td><td style="text-align: right;">23</td></tr> <tr><td>CARDBOARD</td><td style="text-align: right;">24</td></tr> <tr><td colspan="2">FINISHED ROOFING</td></tr> <tr><td>METAL</td><td style="text-align: right;">31</td></tr> <tr><td>WOOD</td><td style="text-align: right;">32</td></tr> <tr><td>CALAMINE/CEMENT FIBER</td><td style="text-align: right;">33</td></tr> <tr><td>CERAMIC TILES</td><td style="text-align: right;">34</td></tr> <tr><td>CEMENT</td><td style="text-align: right;">35</td></tr> <tr><td>ROOFING SHINGLES</td><td style="text-align: right;">36</td></tr> <tr> <td>OTHER _____</td> <td style="text-align: right; vertical-align: bottom;">96</td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> </tr> </tbody> </table>	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		METAL	31	WOOD	32	CALAMINE/CEMENT FIBER	33	CERAMIC TILES	34	CEMENT	35	ROOFING SHINGLES	36	OTHER _____	96	(SPECIFY)		
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																																							
METAL	31																																						
WOOD	32																																						
CALAMINE/CEMENT FIBER	33																																						
CERAMIC TILES	34																																						
CEMENT	35																																						
ROOFING SHINGLES	36																																						
OTHER _____	96																																						
(SPECIFY)																																							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
111	MAIN MATERIAL OF THE EXTERIOR WALLS. 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)																												
112	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>																												
113	Does any member of this household own: A watch? A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A boat with a motor? A boat without a motor?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>WATCH</td> <td>1</td> <td>2</td> </tr> <tr> <td>BICYCLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>ANIMAL-DRAWN CART</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR/TRUCK</td> <td>1</td> <td>2</td> </tr> <tr> <td>BOAT WITH MOTOR</td> <td>1</td> <td>2</td> </tr> <tr> <td>BOAT WITHOUT MOTOR ...</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	WATCH	1	2	BICYCLE	1	2	MOTORCYCLE/SCOOTER ...	1	2	ANIMAL-DRAWN CART	1	2	CAR/TRUCK	1	2	BOAT WITH MOTOR	1	2	BOAT WITHOUT MOTOR ...	1	2				
	YES	NO																												
WATCH	1	2																												
BICYCLE	1	2																												
MOTORCYCLE/SCOOTER ...	1	2																												
ANIMAL-DRAWN CART	1	2																												
CAR/TRUCK	1	2																												
BOAT WITH MOTOR	1	2																												
BOAT WITHOUT MOTOR ...	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? IF 95 OR MORE, CIRCLE '950'.	HECTARES <input type="text"/> <input type="text"/> <input type="text"/> 95 OR MORE HECTARES 950 DON'T KNOW 998																												
116	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 118																											
117	How many of the following animals does this household own? IF NONE, ENTER '00'. IF 95 OR MORE, ENTER '95'. IF UNKNOWN, ENTER '98'. Local cows? Milk cows? Bulls? Goats? Sheep? Chickens? Pigs? Rabbits? Horses, donkeys, or mules?	<table border="0"> <tbody> <tr> <td>LOCAL COWS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>MILK COWS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>BULLS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>GOATS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>SHEEP</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>CHICKENS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>PIGS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>RABBITS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>HORSES/DONKEYS/MULES</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	LOCAL COWS	<input type="text"/>	<input type="text"/>	MILK COWS	<input type="text"/>	<input type="text"/>	BULLS	<input type="text"/>	<input type="text"/>	GOATS	<input type="text"/>	<input type="text"/>	SHEEP	<input type="text"/>	<input type="text"/>	CHICKENS	<input type="text"/>	<input type="text"/>	PIGS	<input type="text"/>	<input type="text"/>	RABBITS	<input type="text"/>	<input type="text"/>	HORSES/DONKEYS/MULES	<input type="text"/>	<input type="text"/>	
LOCAL COWS	<input type="text"/>	<input type="text"/>																												
MILK COWS	<input type="text"/>	<input type="text"/>																												
BULLS	<input type="text"/>	<input type="text"/>																												
GOATS	<input type="text"/>	<input type="text"/>																												
SHEEP	<input type="text"/>	<input type="text"/>																												
CHICKENS	<input type="text"/>	<input type="text"/>																												
PIGS	<input type="text"/>	<input type="text"/>																												
RABBITS	<input type="text"/>	<input type="text"/>																												
HORSES/DONKEYS/MULES	<input type="text"/>	<input type="text"/>																												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
118	Does any member of this household have a bank account?	YES 1 NO 2	
119	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	<input type="checkbox"/> → 121
120	Who sprayed the dwelling?	GOVERNMENT WORKER/PROGRAM A PRIVATE COMPANY B NONGOVERNMENTAL ORGANIZATION (NGO) C OTHER _____ X (SPECIFY) DON'T KNOW Z	
121	Does your household have any mosquito nets that can be used while sleeping?	YES 1 NO 2	→ 133
122	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS <input type="text"/>	

		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
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
124A	How did you obtain the net?	DURING IMMUNIZATION OF CHILDREN ... 11 DURING IMMUNIZATION CAMPAIGN 12 DURING ANC VISIT 13 FROM A COMMUNITY HEALTH WORKER 14 FROM PHARMACY 15 FROM SHOP 16 OTHER 96 SPECIFY	DURING IMMUNIZATION OF CHILDREN ... 11 DURING IMMUNIZATION CAMPAIGN 12 DURING ANC VISIT 13 FROM A COMMUNITY HEALTH WORKER 14 FROM PHARMACY 15 FROM SHOP 16 OTHER 96 SPECIFY	DURING IMMUNIZATION OF CHILDREN ... 11 DURING IMMUNIZATION CAMPAIGN 12 DURING ANC VISIT 13 FROM A COMMUNITY HEALTH WORKER 14 FROM PHARMACY 15 FROM SHOP 16 OTHER 96 SPECIFY
125	OBSERVE OR ASK THE BRAND/TYPE OF MOSQUITO NET. IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PERMANET/MAMA NET/TUZANET OLYSET/NET PROTECT ... 11 OTHER LLIN DK BRAND ... 16 (SKIP TO 128) ← OTHER BRAND ... 96 DK BRAND 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PERMANET/MAMA NET/TUZANET OLYSET/NET PROTECT ... 11 OTHER LLIN DK BRAND ... 16 (SKIP TO 128) ← OTHER BRAND ... 96 DK BRAND 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PERMANET/MAMA NET/TUZANET OLYSET/NET PROTECT ... 11 OTHER LLIN DK BRAND ... 16 (SKIP TO 128) ← OTHER BRAND ... 96 DK BRAND 98
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 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
128	OBSERVE CONDITION OF MOSQUITO NET: DOES IT HAVE HOLES THAT ARE EQUAL TO OR LARGER THAN THE TIP OF YOUR THUMB?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
128A	OBSERVE OR ASK THE SHAPE OF THE MOSQUITO NET.	CONICAL 1 RECTANGLE 2	CONICAL 1 RECTANGLE 2	CONICAL 1 RECTANGLE 2

		NET #1	NET #2	NET #3
128B	How many times did you wash this mosquito net since you have it?	TIMES WASHED ... <input type="text"/> MORE THAN 95 TIMES 95 NOT SURE 98	TIMES WASHED ... <input type="text"/> MORE THAN 95 TIMES 95 NOT SURE 98	TIMES WASHED ... <input type="text"/> MORE THAN 95 TIMES 95 NOT SURE 98
128C	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 (SKIP TO 130) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 130) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 130) ← NOT SURE 8
129	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"/>	NAME _____ LINE NO. <input type="text"/>	NAME _____ LINE NO. <input type="text"/>
		NAME _____ LINE NO. <input type="text"/>	NAME _____ LINE NO. <input type="text"/>	NAME _____ LINE NO. <input type="text"/>
		NAME _____ LINE NO. <input type="text"/>	NAME _____ LINE NO. <input type="text"/>	NAME _____ LINE NO. <input type="text"/>
		NAME _____ LINE NO. <input type="text"/>	NAME _____ LINE NO. <input type="text"/>	NAME _____ LINE NO. <input type="text"/>
130		GO BACK TO 123 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 131.	GO BACK TO 123 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 131.	GO TO 123 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 131.
131	When do you <u>usually</u> wash your net(s)?	NEVER WASH 1 USUALLY WASH IN THE MORNINC 2 IN THE AFTERNOO 3 IN THE EVENING 4		→ 133
132	Why do you wash your net(s)?	BECAUSE THE NET IS DIRTY 1 BECAUSE THE NET SMELLS BAD 2 OTHER REASON _____ 6 SPECIFY		
133	Which color of the net do you prefer?	WHITE 1 BLUE 2 PINK 3 GREEN 4 OTHER _____ 6 SPECIFY		