

2016 SIERRA LEONE MALARIA INDICATOR SURVEY  
 HOUSEHOLD QUESTIONNAIRE

SIERRA LEONE  
 MINISTRY OF HEALTH AND SANITATION, NATIONAL MALARIA CONTROL PROGRAMME  
 STATISTICS SIERRA LEONE  
 CATHOLIC RELIEF SERVICES

IDENTIFICATION				
LOCALITY NAME _____	[ ][ ][ ]			
NAME OF HOUSEHOLD HEAD _____				
CLUSTER NUMBER .....	[ ][ ][ ][ ]			
HOUSEHOLD NUMBER .....	[ ][ ][ ][ ][ ]			
DISTRICT .....	[ ][ ][ ][ ][ ]			
PROVINCE .....	[ ][ ][ ][ ][ ]			
CHIEFDOM .....	[ ][ ][ ][ ][ ][ ]			
SECTION .....	[ ][ ][ ][ ][ ][ ][ ]			
ENUMERATION AREA .....	[ ][ ][ ][ ][ ][ ][ ][ ]			
URBAN-RURAL (RURAL=1 , URBAN=2) .....	[ ][ ]			
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY [ ][ ] MONTH [ ][ ] YEAR 2 0 1 6
INTERVIEWER'S NAME	_____	_____	_____	INT. NO. [ ][ ]
RESULT*	_____	_____	_____	RESULT* [ ][ ]
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS [ ][ ]
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 [ ][ ]  TOTAL ELIGIBLE WOMEN [ ][ ]  LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE [ ][ ]
LANGUAGE OF QUESTIONNAIRE**	0 1	LANGUAGE OF INTERVIEW**	[ ][ ]	NATIVE LANGUAGE OF RESPONDENT**
				TRANSLATOR USED (YES = 1, NO = 2) [ ][ ]
LANGUAGE OF QUESTIONNAIRE**	<b>ENGLISH</b>			
	**LANGUAGE CODES: 01 ENGLISH    05 MADINGO    09 KISSI    13 KRIM    96 OTHER 02 KRIO        06 LOKO        10 KONO    14 YALUNKA 03 MENDE      07 SHERBRO    11 SUSU    15 KORANKO 04 TEMNE      08 LIMBA      12 FULLAH   16 VAI			
SUPERVISOR				
NAME _____	[ ][ ][ ][ ]			
	NUMBER			

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INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_. I am working with the Ministry of Health and Sanitations (MoHS). We are conducting a survey about malaria all over Sierra Leone. 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 any of the people listed on this card.

GIVE CARD WITH CONTACT INFORMATION

**2016 SLMIS Principle Investigator:** Dr. Foday Sahr; +232 76 480288; Email: fodaysahr1@gmail.com  
**Chairman of Ethics Committee:** Professor Hector G. Morgan; +232 76 629251; Email: hmorg2007@yahoo.com  
**Director of Policy, Planning, & Information:** Dr. Samuel A.S. Kargbo; +232 76 603274; Email: saskargbo@gmail.com  
**National Malaria Control Programme (NMCP):** Dr. Samuel Juana Smith; +232 76 611042; Email: samueljuana@yahoo.com  
**Catholic Relief Services:** Mr. Ebrima Jarjou; +232 79 250636; Email: ebrima.jarjou@crs.org

As part of the survey we would first like to ask some questions about your household. All of the answers you give will be confidential. As part of this survey, we are asking that children all over the country take an Anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or disease. This survey will help the government to develop programs to prevent and treat Anemia. As part of this survey, we are asking that children all over the country take a test to see if they have malaria. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. If the malaria test is positive, treatment will be offered. This survey will help the government to develop programs to prevent malaria. Participation in the survey is completely voluntary. If we should come to 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. However, we hope you will participate in the survey because your views are important.

At this time, do you want to ask me anything about the survey?  
 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 ..... <table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				
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HOUSEHOLD SCHEDULE

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

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
- 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 = NIECE/NEPHEW BY BLOOD
- 10 = NIECE/NEPHEW BY MARRIAGE
- 11 = OTHER RELATIVE
- 12 = ADOPTED/FOSTER/STEPCHILD
- 13 = NOT RELATED
- 14 = CO-WIFE
- 98 = DON'T KNOW

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		RESIDENCE		AGE	ELIGIBILITY	
			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 5-9 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household?  SEE CODES BELOW.	Is (NAME) male or female?		Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?  IF 95 OR MORE, RECORD '95'.	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 YEARS	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5 YEARS
11		<input type="text"/>	M F	Y N	Y N	IN YEARS		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**

- 01 = HEAD
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- 13 = NOT RELATED
- 14 = CO-WIFE
- 98 = DON'T KNOW



HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
105	<p>What kind of toilet facility do members of your household usually use?</p> <p>IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.</p>	<p><b>FLUSH OR POUR FLUSH TOILET</b></p> <p>FLUSH TO PIPED SEWER SYSTEM ..... 11</p> <p>FLUSH TO SEPTIC TANK ..... 12</p> <p>FLUSH TO PIT LATRINE ..... 13</p> <p>FLUSH TO SOMEWHERE ELSE ..... 14</p> <p>FLUSH, DON'T KNOW WHERE ..... 15</p> <p><b>PIT LATRINE</b></p> <p>VENTILATED IMPROVED PIT LATRINE ..... 21</p> <p>PIT LATRINE WITH SLAB ..... 22</p> <p>PIT LATRINE WITHOUT SLAB/OPEN PIT ..... 23</p> <p>COMPOSTING TOILET ..... 31</p> <p>BUCKET TOILET ..... 41</p> <p>HANGING TOILET/HANGING LATRINE ..... 51</p> <p>NO FACILITY/BUSH/FIELD ..... 61</p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 108</p>
106	<p>Do you share this toilet facility with other households?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 108</p>
107	<p>Including your own household, how many households use this toilet facility?</p>	<p>NO. OF HOUSEHOLDS IF LESS THAN 10 ..... <input type="text" value="0"/></p> <p>10 OR MORE HOUSEHOLDS ..... 95</p> <p>DON'T KNOW ..... 98</p>	
108	<p>What type of fuel does your household mainly use for cooking?</p>	<p>ELECTRICITY ..... 01</p> <p>LPG ..... 02</p> <p>NATURAL GAS ..... 03</p> <p>BIOGAS ..... 04</p> <p>KEROSENE ..... 05</p> <p>COAL, LIGNITE ..... 06</p> <p>CHARCOAL ..... 07</p> <p>WOOD ..... 08</p> <p>STRAW/SHRUBS/GRASS ..... 09</p> <p>AGRICULTURAL CROP ..... 10</p> <p>ANIMAL DUNG ..... 11</p> <p>NO FOOD COOKED IN HOUSEHOLD ..... 95</p> <p>OTHER _____ 96 (SPECIFY)</p>	
109	<p>How many rooms in this household are used for sleeping?</p>	<p>ROOMS ..... <input type="text"/></p>	
109A	<p>How many sleeping facilities are currently in use in this household, including any beds, mattresses, mats, or rugs?</p> <p>ASK FOR BOTH INSIDE AND OUTSIDE OF DWELLING.</p> <p>IF THE NUMBER IS MORE THAN 25, RECORD 95.</p>	<p>NUMBER OF SLEEPING FACILITIES ..... <input type="text"/></p>	
110	<p>Does this household own any livestock, herds, other farm animals, or poultry?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 112</p>

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
111	<p>How many of the following animals does this household own?                      IF NONE, RECORD '00'.                      IF 95 OR MORE, RECORD '95'.                      IF UNKNOWN, RECORD '98'.</p> <p>a) Milk cows or bulls?                      b) Other cattle?                      c) Horses, donkeys, or mules?                      d) Goats?                      e) Sheep?                      f) Chickens or other poultry?                      g) Pigs?</p>	<p>a) COWS/BULLS ..... <input type="text"/> <input type="text"/></p> <p>b) OTHER CATTLE ..... <input type="text"/> <input type="text"/></p> <p>c) HORSES/DONKEYS/MULES ..... <input type="text"/> <input type="text"/></p> <p>d) GOATS ..... <input type="text"/> <input type="text"/></p> <p>e) SHEEP ..... <input type="text"/> <input type="text"/></p> <p>f) CHICKENS/POULTRY ..... <input type="text"/> <input type="text"/></p> <p>g) PIGS ..... <input type="text"/> <input type="text"/></p>																												
112	<p>Does any member of your household own any agricultural land?</p>	<p>YES ..... 1                      NO ..... 2</p>	→ 114																											
113	<p>How many acres of agricultural land do members of this household own?                       IF 95 OR MORE, CIRCLE '950'.</p>	<p>ACRES ..... <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>95 OR MORE ACRES ..... 950                      DON'T KNOW ..... 998</p>																												
114	<p>Does your household have:</p> <p>a) Electricity?                      b) A radio?                      c) A television?                      d) A non-mobile telephone?                      e) A computer?                      f) A refrigerator?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) ELECTRICITY .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) RADIO .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) TELEVISION .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) NON-MOBILE TELEPHONE ..</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) COMPUTER .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) REFRIGERATOR .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a) ELECTRICITY .....	1	2	b) RADIO .....	1	2	c) TELEVISION .....	1	2	d) NON-MOBILE TELEPHONE ..	1	2	e) COMPUTER .....	1	2	f) REFRIGERATOR .....	1	2							
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e) COMPUTER .....	1	2																												
f) REFRIGERATOR .....	1	2																												
115	<p>Does any member of this household own:</p> <p>a) A watch?                      b) A mobile phone?                      c) A bicycle?                      d) A motorcycle or motor scooter?                      e) An animal-drawn cart?                      f) A car or truck?                      g) A boat with a motor?                      h) A boat without a motor?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) WATCH .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) MOBILE PHONE .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) BICYCLE .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) MOTORCYCLE/SCOOTER .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) ANIMAL-DRAWN CART .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) CAR/TRUCK .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) BOAT WITH MOTOR .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>h) BOAT WITHOUT MOTOR .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a) WATCH .....	1	2	b) MOBILE PHONE .....	1	2	c) BICYCLE .....	1	2	d) MOTORCYCLE/SCOOTER .....	1	2	e) ANIMAL-DRAWN CART .....	1	2	f) CAR/TRUCK .....	1	2	g) BOAT WITH MOTOR .....	1	2	h) BOAT WITHOUT MOTOR .....	1	2	
	YES	NO																												
a) WATCH .....	1	2																												
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f) CAR/TRUCK .....	1	2																												
g) BOAT WITH MOTOR .....	1	2																												
h) BOAT WITHOUT MOTOR .....	1	2																												
116	<p>Does any member of this household have a bank account/village savings and loans/osusu?</p>	<p>YES ..... 1                      NO ..... 2</p>																												
117	<p>At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?</p>	<p>YES ..... 1                      NO ..... 2                      DON'T KNOW ..... 8</p>	→ 118A																											
118	<p>Who sprayed the dwelling?</p>	<p>GOVERNMENT WORKER/PROGRAM ..... A                      PRIVATE COMPANY ..... B                      NONGOVERNMENTAL ORGANIZATION (NGO) ... C                       OTHER _____ X                      (SPECIFY)                      DON'T KNOW ..... Z</p>																												



HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
118A	Now I would like to talk to you about mosquito nets. What shape of mosquito nets do you prefer, conical or rectangular?  SHOW PHOTO OF NETS	CONICAL ..... 1 RECTANGULAR ..... 2 EITHER ..... 3 DON'T KNOW ..... 8	
118B	If you have a choice, what color of mosquito net do you prefer?	WHITE ..... 1 BLUE ..... 2 GREEN ..... 3 OTHER ..... 6	
118C	Do you prefer a mosquito net where the material is soft (MADE OF POLYESTER) or hard (MADE OF POLYETHYLENE)?  SHOW SAMPLES PIECES	SOFT(POLYESTER) ..... 1 HARD (POLYETHYLENE) ..... 2 DON'T KNOW ..... 8	
119	Does your household have any mosquito nets?	YES ..... 1 NO ..... 2	→ 131
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).	<b>OBSERVED</b> HANGING ..... 1 NOT HANGING ..... 2  <b>NOT OBSERVED</b> HANGING ..... 3 NOT HANGING ..... 4	<b>OBSERVED</b> HANGING ..... 1 NOT HANGING ..... 2  <b>NOT OBSERVED</b> HANGING ..... 3 NOT HANGING ..... 4	<b>OBSERVED</b> HANGING ..... 1 NOT HANGING ..... 2  <b>NOT OBSERVED</b> HANGING ..... 3 NOT HANGING ..... 4
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.	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> PERMANET ..... 11 OLYSET ..... 12 DURANET ..... 13 OTHER/DON'T KNOW BRAND ..... 16 (SKIP TO 126) ←  OTHER TYPE ..... 96 DON'T KNOW TYPE ..... 98	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> PERMANET ..... 11 OLYSET ..... 12 DURANET ..... 13 OTHER/DON'T KNOW BRAND ..... 16 (SKIP TO 126) ←  OTHER TYPE ..... 96 DON'T KNOW TYPE ..... 98	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> PERMANET ..... 11 OLYSET ..... 12 DURANET ..... 13 OTHER/DON'T KNOW BRAND ..... 16 (SKIP TO 126) ←  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 the June-July 2014 mass distribution campaign, during an antenatal care visit, or during an immunization visit?	YES, [JUNE-JULY 2014 MASS DIST. CAMPAIGN] ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION VISIT ..... 3 (SKIP TO 128) ← NO ..... 4	YES, [JUNE-JULY 2014 MASS DIST. CAMPAIGN] ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION VISIT ..... 3 (SKIP TO 128) ← NO ..... 4	YES, [JUNE-JULY 2014 MASS DIST. CAMPAIGN] ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION VISIT ..... 3 (SKIP TO 128) ← NO ..... 4
127	Where did you get the net?	GOVT HOSPITAL/ HEALTH CENTER ..... 01 MOBILE CLINIC ..... 02 COMMUNITY HEALTH WORKER ..... 03 PVT HOSPITAL/ CLINIC ..... 04 MISSION/FAITH-BASED HOSPITAL ..... 05 MISSION/FAITH-BASED CLINIC ..... 06 PHARMACY ..... 07 PVT MOBILE CLINIC ..... 08 NGO ..... 09 SCHOOL ..... 10 SHOP ..... 11 TRADITIONAL HEALER ..... 12 DON'T KNOW ..... 98  OTHER ..... 96 (SPECIFY)	GOVT HOSPITAL/ HEALTH CENTER ..... 01 MOBILE CLINIC ..... 02 COMMUNITY HEALTH WORKER ..... 03 PVT HOSPITAL/ CLINIC ..... 04 MISSION/FAITH-BASED HOSPITAL ..... 05 MISSION/FAITH-BASED CLINIC ..... 06 PHARMACY ..... 07 PVT MOBILE CLINIC ..... 08 NGO ..... 09 SCHOOL ..... 10 SHOP ..... 11 TRADITIONAL HEALER ..... 12 DON'T KNOW ..... 98  OTHER ..... 96 (SPECIFY)	GOVT HOSPITAL/ HEALTH CENTER ..... 01 MOBILE CLINIC ..... 02 COMMUNITY HEALTH WORKER ..... 03 PVT HOSPITAL/ CLINIC ..... 04 MISSION/FAITH-BASED HOSPITAL ..... 05 MISSION/FAITH-BASED CLINIC ..... 06 PHARMACY ..... 07 PVT MOBILE CLINIC ..... 08 NGO ..... 09 SCHOOL ..... 10 SHOP ..... 11 TRADITIONAL HEALER ..... 12 DON'T KNOW ..... 98  OTHER ..... 96 (SPECIFY)

MOSQUITO NETS

		NET #1	NET #2	NET #3
128	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 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"/>
		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		GO BACK TO 121 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 131.	GO BACK TO 121 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 131.	GO TO 121 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 131.

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
131	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING.  RECORD OBSERVATION.	<b>NATURAL FLOOR</b> EARTH/SAND ..... 11 DUNG ..... 12 <b>RUDIMENTARY FLOOR</b> WOOD PLANKS ..... 21 PALM/BAMBOO ..... 22 <b>FINISHED FLOOR</b> PARQUET OR POLISHED WOOD ..... 31 VINYL OR ASPHALT STRIPS ..... 32 CERAMIC TILES ..... 33 CEMENT ..... 34 CARPET ..... 35  OTHER _____ 96 (SPECIFY)									
132	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING.  RECORD OBSERVATION.	<b>NATURAL ROOFING</b> NO ROOF ..... 11 THATCH/PALM LEAF ..... 12 SOD ..... 13 <b>RUDIMENTARY ROOFING</b> RUSTIC MAT ..... 21 PALM/BAMBOO ..... 22 WOOD PLANKS ..... 23 CARDBOARD ..... 24 <b>FINISHED ROOFING</b> ZINC ..... 31 WOOD ..... 32 CALAMINE/CEMENT FIBER ..... 33 CERAMIC TILES ..... 34 CEMENT ..... 35 ROOFING SHINGLES ..... 36  OTHER _____ 96 (SPECIFY)									
133	OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING.  RECORD OBSERVATION.	<b>NATURAL WALLS</b> NO WALLS ..... 11 CANE/PALM/TRUNKS ..... 12 DIRT ..... 13 <b>RUDIMENTARY WALLS</b> BAMBOO WITH MUD ..... 21 STONE WITH MUD ..... 22 UNCOVERED ADOBE ..... 23 PLYWOOD ..... 24 CARDBOARD ..... 25 REUSED WOOD ..... 26 <b>FINISHED WALLS</b> CEMENT ..... 31 STONE WITH LIME/CEMENT ..... 32 BRICKS ..... 33 CEMENT BLOCKS ..... 34 WATTLE ..... 35 WOOD PLANKS/SHINGLES ..... 36 ZINC ..... 37  OTHER _____ 96 (SPECIFY)									
134	RECORD THE TIME.	HOURS ..... <table border="1" data-bbox="1201 1749 1329 1798"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> MINUTES ..... <table border="1" data-bbox="1201 1798 1329 1848"> <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:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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EDITOR'S OBSERVATIONS

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