

2018-19 UGANDA MALARIA INDICATOR SURVEY
 HOUSEHOLD QUESTIONNAIRE

Uganda
 NMCP/UBOS

IDENTIFICATION												
EA NAME _____												
NAME OF HOUSEHOLD HEAD _____												
CLUSTER NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
HOUSEHOLD NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
RESULT*	_____	_____	_____	YEAR <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
				INT. NO. <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
				RESULT* <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
TIME	_____	_____										
<p>*RESULT CODES:</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 _____ (SPECIFY)</p>				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="width: 40px; height: 20px; float: right;"></table> TOTAL ELIGIBLE WOMEN <table border="1" style="width: 40px; height: 20px; float: right;"></table> TOTAL ELIGIBLE CHILDREN <table border="1" style="width: 40px; height: 20px; float: right;"></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="width: 20px; height: 20px; text-align: center;">0</table> <table border="1" style="width: 20px; height: 20px; text-align: center;">1</table>	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table>	NATIVE LANGUAGE OF RESPONDENT**	<table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table>	TRANSLATOR USED (YES = 1, NO = 2)	<table border="1" style="width: 20px; height: 20px;"></table>					
LANGUAGE OF QUESTIONNAIRE**	ENGLISH		**LANGUAGE CODES: 01 ENGLISH 06 RUNYANKOLE/RUKIGA 02 LUGANDA 07 RUNYORO/RUTORO 03 LUO 96 OTHER 04 LUGBARA 05 ATESO _____ SPECIFY									
SUPERVISOR												
NAME _____				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>					NUMBER			

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INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the Ministry of Health/UBOS. We are conducting a survey about malaria all over Uganda. 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

100	RECORD THE TIME.	HOURS MINUTES	<table border="1" style="margin: auto;"><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
	<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 5-9 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>
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 | 98 = DON'T KNOW |

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 5-9 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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| 06 = PARENT | 98 = DON'T KNOW |

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	<p>PIPED WATER</p> <p>PIPED INTO DWELLING 11</p> <p>PIPED TO YARD/PLOT 12</p> <p>PIPED TO NEIGHBOR 13</p> <p>PUBLIC TAP/STANDPIPE 14</p> <p>TUBE WELL OR BOREHOLE 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL 32</p> <p>WATER FROM SPRING</p> <p>PROTECTED SPRING 41</p> <p>UNPROTECTED SPRING 42</p> <p>RAINWATER 51</p> <p>TANKER TRUCK 61</p> <p>BICYCLE WITH JERRYCANS 71</p> <p>SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81</p> <p>BOTTLED WATER 91</p> <p>SACHET WATER 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>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>BICYCLE WITH JERRYCANS 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 <input type="text" value="0"/> <input type="text"/> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	
108	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG/CYLINDER GAS 02 BIOGAS 04 KEROSENE 05 CHARCOAL 07 WOOD 08 STRAW/SHRUBS/GRASS 09 AGRICULTURAL CROP RESIDUE 10 ANIMAL DUNG 11 NO FOOD COOKED IN HOUSEHOLD 95 OTHER _____ 96 (SPECIFY)	
109	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>	
110	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 112

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																							
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) Local cattle? b) Exotic/cross-breed cattle? c) Horses, donkeys, or mules? d) Goats? e) Sheep? f) Chickens or other poultry? g) Pigs?	<table border="0"> <tr> <td>a) LOCAL CATTLE</td> <td></td> <td></td> </tr> <tr> <td>b) EXOTIC CATTLE</td> <td></td> <td></td> </tr> <tr> <td>c) HORSES/DONKEYS/MULES</td> <td></td> <td></td> </tr> <tr> <td>d) GOATS</td> <td></td> <td></td> </tr> <tr> <td>e) SHEEP</td> <td></td> <td></td> </tr> <tr> <td>f) CHICKENS/POULTRY</td> <td></td> <td></td> </tr> <tr> <td>g) PIGS</td> <td></td> <td></td> </tr> </table>	a) LOCAL CATTLE			b) EXOTIC CATTLE			c) HORSES/DONKEYS/MULES			d) GOATS			e) SHEEP			f) CHICKENS/POULTRY			g) PIGS																					
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112	Does any member of this household own any agricultural land?	YES 1 NO 2	→ 114																																							
113	How many acres of agricultural land do members of this household own? IF 95 OR MORE HECTARES, CIRCLE '950'. IF 95 OR MORE ACRES, RECORD IN HECTARES IF 95 OR MORE POLES, RECORD IN ACRES	<table border="0"> <tr> <td>HECTARES 1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ACRES 2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>POLES 3</td> <td></td> <td></td> <td></td> </tr> <tr> <td>95 OR MORE HECTARES</td> <td></td> <td></td> <td>950</td> </tr> <tr> <td>DON'T KNOW</td> <td></td> <td></td> <td>998</td> </tr> </table>	HECTARES 1				ACRES 2				POLES 3				95 OR MORE HECTARES			950	DON'T KNOW			998																				
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114	Does your household have: a) Electricity? b) A radio? c) A television? d) A non-mobile telephone? e) A computer? f) A refrigerator? g) A cassette/CD/DVD player? h) A table? i) A chair? j) A sofa set? k) A bed? l) A cupboard? m) A clock?	<p align="center">NO</p> <table border="0"> <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> <tr> <td>g) PLAYER</td> <td>1</td> <td>2</td> </tr> <tr> <td>h) TABLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>i) CHAIR</td> <td>1</td> <td>2</td> </tr> <tr> <td>j) SOFA SET</td> <td>1</td> <td>2</td> </tr> <tr> <td>k) BED</td> <td>1</td> <td>2</td> </tr> <tr> <td>l) CUPBOARD</td> <td>1</td> <td>2</td> </tr> <tr> <td>m) CLOCK</td> <td>1</td> <td>2</td> </tr> </table>	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	g) PLAYER	1	2	h) TABLE	1	2	i) CHAIR	1	2	j) SOFA SET	1	2	k) BED	1	2	l) CUPBOARD	1	2	m) CLOCK	1	2	
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115	Does any member of this household own: a) A watch? b) A mobile phone? c) A bicycle? d) A motorcycle or motor scooter? e) An animal-drawn cart? f) A car or truck? g) A boat with a motor? h) A boat without a motor?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <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> </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													
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116	Does any member of this household have a bank account?	YES 1 NO 2																																								

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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	→ 118
117A	How many months ago was the dwelling last sprayed? IF LESS THAN 1 MONTH, RECORD '00'	MONTHS AGO <input type="text"/> <input type="text"/>	
117B	Who sprayed the dwelling?	GOVERNMENT WORKER/PROGRAM A PRIVATE COMPANY B NONGOVERNMENTAL ORGANIZATION (NGO) .. C OTHER _____ X (SPECIFY) DON'T KNOW Z	
117C	Did you pay for your dwelling to be sprayed?	YES 1 NO 2 DON'T KNOW 8	
118	Is there a community worker, community medicine distributor (CMD), or a village health team (VHT) member who distributes malaria medicines in your village or community?	YES 1 NO 2 DON'T KNOW 8	→ 119
118A	Does the community health worker currently have malaria medicines available?	YES 1 NO 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)	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) PERMANET 2.0 11 PERMANET 3.0 12 DURANET 13 INTERCEPTOR 14 NETPROTECT 15 OLYSET 16 OLYSET PLUS 17 DAWA PLUS 18 ICONLIFE 19 YORKOOL 20 MAGNET 21 LLIN DK BRAND .. 22 OTHER LLIN 23 _____ (SPECIFY) OTHER BRAND 96 DK BRAND 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PERMANET 2.0 11 PERMANET 3.0 12 DURANET 13 INTERCEPTOR 14 NETPROTECT 15 OLYSET 16 OLYSET PLUS 17 DAWA PLUS 18 ICONLIFE 19 YORKOOL 20 MAGNET 21 LLIN DK BRAND 22 OTHER LLIN 23 _____ (SPECIFY) OTHER BRAND 96 DK BRAND 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PERMANET 2.0 11 PERMANET 3.0 12 DURANET 13 INTERCEPTOR 14 NETPROTECT 15 OLYSET 16 OLYSET PLUS 17 DAWA PLUS 18 ICONLIFE 19 YORKOOL 20 MAGNET 21 LLIN DK BRAND 22 OTHER LLIN 23 _____ (SPECIFY) OTHER BRAND 96 DK BRAND 98
126	Did you get the net through a mass distribution, during an antenatal care visit, or during an immunization visit?	YES, MASS DISTRIBUTION 1 YES, ANC 2 YES, IMMUNIZATION VISIT 3 (SKIP TO 128) ← NO 4	YES, MASS DISTRIBUTION 1 YES, ANC 2 YES, IMMUNIZATION VISIT 3 (SKIP TO 128) ← NO 4	YES, MASS DISTRIBUTION 1 YES, ANC 2 YES, IMMUNIZATION VISIT 3 (SKIP TO 128) ← NO 4
127	Where did you get the net?	PUBLIC SECTOR GOVT. HOSPITAL .. 11 GOVT. HEALTH FACILITY..... 12 PNFP/NGO HOSPITAL 21 HEALTH FACILITY .. 22 PRIVATE SECTOR PRIVATE HOSPITAL/ CLINIC 31 PHARMACY 32 OTHER SOURCE SHOP/MARKET 41 HAWKER 42 CHW 43 RELIGIOUS INSTITUTION .. 44 OTHER 96 DON'T KNOW 98	PUBLIC SECTOR GOVT. HOSPITAL .. 11 GOVT. HEALTH FACILITY 12 PNFP/NGO HOSPITAL 21 HEALTH FACILITY .. 22 PRIVATE SECTOR PRIVATE HOSPITAL/ CLINIC 31 PHARMACY 32 OTHER SOURCE SHOP/MARKET 41 HAWKER 42 CHW 43 RELIGIOUS INSTITUTION .. 44 OTHER 96 DON'T KNOW 98	PUBLIC SECTOR GOVT. HOSPITAL .. 11 GOVT. HEALTH FACILITY 12 PNFP/NGO HOSPITAL 21 HEALTH FACILITY .. 22 PRIVATE SECTOR PRIVATE HOSPITAL/ CLINIC 31 PHARMACY 32 OTHER SOURCE SHOP/MARKET 41 HAWKER 42 CHW 43 RELIGIOUS INSTITUTION .. 44 OTHER 96 DON'T KNOW 98

MOSQUITO NETS

		NET #1	NET #2	NET #3
128	Did anyone sleep under this mosquito net last night?	YES 1 (SKIP TO 129) ←	YES 1 (SKIP TO 129) ←	YES 1 (SKIP TO 129) ←
		NO 2	NO 2	NO 2
		NOT SURE 8 (SKIP TO 130) ←	NOT SURE 8 (SKIP TO 130) ←	NOT SURE 8 (SKIP TO 130) ←
128A	What are some of the reasons why this net was not used? RECORD ALL MENTIONED	TOO HOT A DON'T LIKE SMELL B NO MOSQUITOES C NET TOO OLD/ MANY HOLES D UNABLE TO HANG E NO PLACE TO HANG F CHEMICALS IN NET NOT SAFE G SAVING FOR RAINY SEASON H SAVING TO REPLACE OTHER NET I MATERIAL TOO HARD/ ROUGH J USUAL USER DIDN'T SLEEP HERE K OTHER X (SPECIFY) DON'T KNOW Z (ALL SKIP TO 130) ←	TOO HOT A DON'T LIKE SMELL B NO MOSQUITOES C NET TOO OLD/ MANY HOLES D UNABLE TO HANG E NO PLACE TO HANG F CHEMICALS IN NET NOT SAFE G SAVING FOR RAINY SEASON H SAVING TO REPLACE OTHER NET I MATERIAL TOO HARD/ ROUGH J USUAL USER DIDN'T SLEEP HERE K OTHER X (SPECIFY) DON'T KNOW Z (ALL SKIP TO 130) ←	TOO HOT A DON'T LIKE SMELL B NO MOSQUITOES C NET TOO OLD/ MANY HOLES D UNABLE TO HANG E NO PLACE TO HANG F CHEMICALS IN NET NOT SAFE G SAVING FOR RAINY SEASON H SAVING TO REPLACE OTHER NET I MATERIAL TOO HARD/ ROUGH J USUAL USER DIDN'T SLEEP HERE K OTHER X (SPECIFY) DON'T KNOW Z (ALL 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"/>
		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.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 CONCRETE 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 STONES 36 BRICKS 37 OTHER _____ 96 (SPECIFY)									
132	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 MUD 13 RUDIMENTARY ROOFING RUSTIC MAT 21 TINS 22 WOOD PLANKS 23 CARDBOARD 24 TARPAULIN 25 FINISHED ROOFING IRON SHEETS 31 WOOD 32 ASBESTOS 33 TILES 34 CONCRETE 35 ROOFING SHINGLES 36 OTHER _____ 96 (SPECIFY)									
133	OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING. RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 THATCHED/STRAW 12 DIRT 13 RUDIMENTARY WALLS POLES WITH MUD 21 STONE WITH MUD 22 UNBURNT BRICKS WITH MUD 23 PLYWOOD 24 CARDBOARD 25 REUSED WOOD 26 UNBURNT BRICKS WITH PLASTER 27 BURNT BRICKS WITH MUD 28 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BURNT BRICKS WITH CEMENT 33 CEMENT BLOCKS 34 UNBURNT BRICKS WITH CEMENT 35 WOOD PLANKS/SHINGLES 36 OTHER _____ 96 (SPECIFY)									
134	RECORD THE TIME.	HOURS <table border="1" data-bbox="1209 1910 1350 1962"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> MINUTES <table border="1" data-bbox="1209 1962 1350 2018"> <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
