

TANZANIA MALARIA INDICATOR SURVEY  
 HOUSEHOLD QUESTIONNAIRE

UNITED REPUBLIC OF TANZANIA  
 NATIONAL BUREAU OF STATISTICS

IDENTIFICATION			
REGION .....			
DISTRICIT .....			
WARD .....			
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></td><td></td></tr><tr><td></td><td></td></tr></table>								
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>								
RESULT*	_____	_____	_____	YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>								
NEXT VISIT: DATE	_____	_____		INT. NO. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>								
TIME	_____	_____		RESULT* <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								
*RESULT CODES:				TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>								
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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>								
				TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>								
				LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>								

LANGUAGE OF QUESTIONNAIRE**	<b>0</b>	<b>1</b>	LANGUAGE OF INTERVIEW**		NATIVE LANGUAGE OF RESPONDENT**		TRANSLATOR USED (YES = 1, NO = 2)	
LANGUAGE OF QUESTIONNAIRE**	<b>ENGLISH</b>		**LANGUAGE CODES: 01 ENGLISH 02 KISWAHILI					

SUPERVISOR					
NAME _____	NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table>				

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INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_. I am working with the National Bureau of Statistics. We are conducting a survey about malaria all over Tanzania. 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 ..... <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>				
		MINUTES ..... <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>				

**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 LESS THAN ONE YEAR, CODE 00</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                          | 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                    | 12 = CO-WIFE                  |
| 06 = PARENT                        | 13 = BROTHER/SISTER IN LAW    |
| 07 = PARENT-IN-LAW                 | 98 = DON'T KNOW               |

**HOUSEHOLD SCHEDULE**

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				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 LESS THAN ONE YEAR, CODE 00</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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| 05 = GRANDCHILD                    | 12 = CO-WIFE                  |
| 06 = PARENT                        | 13 = BROTHER/SISTER IN LAW    |
| 07 = PARENT-IN-LAW                 | 98 = DON'T KNOW               |

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP			
101 (2)	What is the main source of drinking water for members of your household?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PIPED TO NEIGHBOR ..... 13 PUBLIC TAP/STANDPIPE ..... 14  TUBE WELL OR BOREHOLE ..... 21 <b>DUG WELL</b> PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 <b>WATER FROM SPRING</b> 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)	→ 105            → 103            → 103			
102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PIPED TO NEIGHBOR ..... 13 PUBLIC TAP/STANDPIPE ..... 14  TUBE WELL OR BOREHOLE ..... 21 <b>DUG WELL</b> PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 <b>WATER FROM SPRING</b> 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  OTHER _____ 96 (SPECIFY)	→ 105			
103	Where is that water source located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3	→ 105			
104	How long does it take to go there, get water, and come back?	MINUTES..... <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>  DON'T KNOW .....998				

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP														
105 (3)	What kind of toilet facility do members of your household usually use?  IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	<b>FLUSH OR POUR FLUSH TOILET</b> 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 <b>PIT LATRINE</b> VENTILATED IMPROVED PIT LATRINE ..... 21 PIT LATRINE WITH SLAB/WASHABLE ..... 22 PIT LATRINE WITH SLAB/NON WASHABLE ..... 23 PIT LATRINE WITHOUT SLAB/OPEN PIT .. 24  COMPOSTING TOILET ..... 31 BUCKET TOILET ..... 41 HANGING TOILET/HANGING LATRINE ..... 51 NO FACILITY/BUSH/FIELD ..... 61  OTHER _____ 96 (SPECIFY)	→ 108														
106	Do you share this toilet facility with other households?	YES ..... 1 NO ..... 2	→ 108														
107	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; text-align: center;">0</td><td style="width: 20px;"></td></tr></table> 10 OR MORE HOUSEHOLDS ..... 95 DON'T KNOW ..... 98	0														
0																	
108	What type of fuel does your household mainly use for cooking?	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	How many rooms in this household are used for sleeping?	ROOMS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>															
110	Does this household own any livestock, herds, other farm animals, or poultry?	YES ..... 1 NO ..... 2	→ 112														
111 (4)	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) Milk cows or bulls? b) Other cattle? c) Horses, donkeys, or mules? d) Goats? e) Sheep? f) Chickens or other poultry? g) Pigs	a) COWS/BULLS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> b) OTHER CATTLE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> c) HORSES/DONKEYS/MULES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> d) GOATS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> e) SHEEP ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> f) CHICKENS/POULTRY ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> g) PIGS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>															

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	Does any member of your household own any agricultural land?	YES ..... 1 NO ..... 2	→ 114
113	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	
114	Does your household have:	YES      NO	
(5)	a) Electricity? b) A radio? c) A television? d) A non-mobile telephone? e) A computer? f) A refrigerator?	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) BATTERY ..... 1      2 h) IRON ..... 1      2	
115	Does any member of this household own:	YES      NO	
	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?	a) WATCH ..... 1      2 b) MOBILE PHONE ..... 1      2 c) BICYCLE ..... 1      2 d) MOTORCYCLE/SCOOTER ..... 1      2 f) ANIMAL-DRAWN CART ..... 1      2 g) CAR/TRUCK ..... 1      2 h) BOAT WITH MOTOR ..... 1      2	
116	Does any member of this household have a bank account?	YES ..... 1 NO ..... 2	
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
121A	IF NET OBSERVED, RECORD ITS COLOR(S).  IF NET NOT OBSERVED, ASK: What color is the net?	SOLID BLUE ..... 1 SOLID WHITE ..... 2 BLUE AND WHITE STRIPED 3 GREEN ..... 4  OTHER _____ 6 (SPECIFY)	SOLID BLUE ..... 1 SOLID WHITE ..... 2 BLUE AND WHITE STRIPE 3 GREEN ..... 4  OTHER _____ 6 (SPECIFY)	SOLID BLUE ..... 1 SOLID WHITE ..... 2 BLUE AND WHITE STRIPE 3 GREEN ..... 4  OTHER _____ 6 (SPECIFY)
122	How many months ago did your household get the mosquito net?  IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS <input type="text"/> <input type="text"/> AGO .....  MORE THAN 36 MONTHS AGO ..... 95  NOT SURE ..... 98	MONTHS <input type="text"/> <input type="text"/> AGO .....  MORE THAN 36 MONTHS AGO ..... 95  NOT SURE ..... 98	MONTHS <input type="text"/> <input type="text"/> AGO .....  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 NETPROTECT ..... 13 DURANET ..... 14 OTHER/DON'T NOW BRAND ..... 16  OTHER TYPE ..... 96 DON'T KNOW TYPE .. 98	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> PermaNET ..... 11 OLYSET ..... 12 NETPROTECT ..... 13 DURANET ..... 14 OTHER/DON'T NOW BRAND ..... 16  OTHER TYPE ..... 96 DON'T KNOW TYPE .. 98	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> PemaNET ..... 11 OLYSET ..... 12 NETPROTECT ..... 13 DURANET ..... 14 OTHER/DON'T NOW BRAND ..... 16  OTHER TYPE ..... 96 DON'T KNOW TYPE .. 98
126 (7)	Did you get the net through Government's net distribution campaign to households, during an antenatal care visit, during an immunization visit or through the school net programme (SNP); or through the shehia (local government) issued coupon?	YES, NET DISTRIBUTION CAMPAIGN ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION VISIT ..... 3 YES, SNP ..... 4 YES, SHEHIA COUPON ..... 5 (SKIP TO 128) NO ..... 6	YES, NET DISTRIBUTION CAMPAIGN ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION VISIT ..... 3 YES, SNP ..... 4 YES, SHEHIA COUPON ..... 5 (SKIP TO 128) NO ..... 6	YES, NET DISTRIBUTION CAMPAIGN ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION VISIT ..... 3 YES, SNP ..... 4 YES, SHEHIA COUPON ..... 5 (SKIP TO 128) NO ..... 6
127	Where did you get the net?	GOVERNMENT HEALTH FACILITY ..... 01 PRIVATE HEALTH FACILITY ..... 02 PHARMACY ..... 03 SHOP/MARKET ..... 04 CHW ..... 05 RELIGIOUS INSTITUTION ..... 06 SCHOOL ..... 07 OTHER ..... 96 DON'T KNOW ..... 98	GOVERNMENT HEALTH FACILITY ..... 01 PRIVATE HEALTH FACILITY ..... 02 PHARMACY ..... 03 SHOP/MARKET ..... 04 CHW ..... 05 RELIGIOUS INSTITUTION ..... 06 SCHOOL ..... 07 OTHER ..... 96 DON'T KNOW ..... 98	GOVERNMENT HEALTH FACILITY ..... 01 PRIVATE HEALTH FACILITY ..... 02 PHARMACY ..... 03 SHOP/MARKET ..... 04 CHW ..... 05 RELIGIOUS INSTITUTION ..... 06 SCHOOL ..... 07 OTHER ..... 96 DON'T KNOW ..... 98
127A	Did you pay for the net?	YES ..... 1 NO ..... 2 128 ←	YES ..... 1 NO ..... 2 128 ←	YES ..... 1 NO ..... 2 128 ←

MOSQUITO NETS

		NET #1	NET #2	NET #3
127B	How much did you pay?	TSHS <input type="text"/> DON'T KNOW 99999998	TSHS <input type="text"/> DON'T KNOW 99999998	TSHS <input type="text"/> DON'T KNOW 99999998
128	Did anyone sleep under this mosquito net last night?	YES ..... 1 NO ..... 2 (SKIP TO 129H) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 129H) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 129H) ← NOT SURE ..... 8
129	Who slept under this mosquito net last night?	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"/> GO BACK TO 121 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 131.	NAME _____ LINE NO. <input type="text"/> GO BACK TO 121 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 131.	NAME _____ LINE NO. <input type="text"/> GO BACK TO 121 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 131.
129H	Why not?  RECORD ALL MENTIONED	NO MOSQUITOES ..... A NO MALARIA NOW ..... B TOO HOT ..... C DON'T LIKE SMELL ..... D FEEL CLOSED IN/ AFRAID ..... E NET TOO OLD/TORN ..... F NET TOO DIRTY ..... G NET NOT AVAILABLE LAST NIGHT/NET BEING WASHED ..... H USUAL USER(S) DID NOT SLEEP HERE LAST NIGHT ..... I NET TOO SMALL ..... J SAVING NET FOR LATER ..... K NO LONGER KILLS/ REPELS MOSQ. .... L OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	NO MOSQUITOES ..... A NO MALARIA NOW ..... B TOO HOT ..... C DON'T LIKE SMELL ..... D FEEL CLOSED IN/ AFRAID ..... E NET TOO OLD/TORN ..... F NET TOO DIRTY ..... G NET NOT AVAILABLE LAST NIGHT/NET BEING WASHED ..... H USUAL USER(S) DID NOT SLEEP HERE LAST NIGHT ..... I NET TOO SMALL ..... J SAVING NET FOR LATER ..... K NO LONGER KILLS/ REPELS MOSQ. .... L OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	NO MOSQUITOES ..... A NO MALARIA NOW ..... B TOO HOT ..... C DON'T LIKE SMELL ..... D FEEL CLOSED IN/ AFRAID ..... E NET TOO OLD/TORN ..... F NET TOO DIRTY ..... G NET NOT AVAILABLE LAST NIGHT/NET BEING WASHED ..... H USUAL USER(S) DID NOT SLEEP HERE LAST NIGHT ..... I NET TOO SMALL ..... J SAVING NET FOR LATER ..... K NO LONGER KILLS/ REPELS MOSQ. .... L OTHER _____ X (SPECIFY) DON'T KNOW ..... Z
		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.
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.

MOSQUITO NETS

		NET #4	NET #5	NET #6
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
121A	IF NET OBSERVED, RECORD ITS COLOR(S).  IF NET NOT OBSERVED, ASK: What color is the net?	SOLID BLUE ..... 1 SOLID WHITE ..... 2 BLUE AND WHITE STRIPED 3 GREEN ..... 4  OTHER _____ 6 (SPECIFY)	SOLID BLUE ..... 1 SOLID WHITE ..... 2 BLUE AND WHITE STRIPED 3 GREEN ..... 4  OTHER _____ 6 (SPECIFY)	SOLID BLUE ..... 1 SOLID WHITE ..... 2 BLUE AND WHITE STRIPED 3 GREEN ..... 4  OTHER _____ 6 (SPECIFY)
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 NETPROTECT ..... 13 DURANET ..... 14 OTHER/DON'T NOW 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 NETPROTECT ..... 13 DURANET ..... 14 OTHER/DON'T NOW 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 NETPROTECT ..... 13 DURANET ..... 14 OTHER/DON'T NOW BRAND ..... 16  (SKIP TO 126)  OTHER TYPE ..... 96 DON'T KNOW TYPE ..... 98
126 (7)	Did you get the net through Government's net distribution campaign to households, during an antenatal care visit, during an immunization visit or through the school net programme (SNP); or through the shehia (local government) issued coupon?	YES, NET DISTRIBUTION CAMPAIGN ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION VISIT ..... 3 YES, SNP ..... 4 YES, SHEHIA COUPON ..... 5 (SKIP TO 128) NO ..... 6	YES, NET DISTRIBUTION CAMPAIGN ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION VISIT ..... 3 YES, SNP ..... 4 YES, SHEHIA COUPON ..... 5 (SKIP TO 128) NO ..... 6	YES, NET DISTRIBUTION CAMPAIGN ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION VISIT ..... 3 YES, SNP ..... 4 YES, SHEHIA COUPON ..... 5 (SKIP TO 128) NO ..... 6
127	Where did you get the net?	GOVERNMENT HEALTH FACILITY ..... 01 PRIVATE HEALTH FACILITY ..... 02 PHARMACY ..... 03 SHOP/MARKET ..... 04 CHW ..... 05 RELIGIOUS INSTITUTION ..... 06 SCHOOL ..... 07 OTHER ..... 96 DON'T KNOW ..... 98	GOVERNMENT HEALTH FACILITY ..... 01 PRIVATE HEALTH FACILITY ..... 02 PHARMACY ..... 03 SHOP/MARKET ..... 04 CHW ..... 05 RELIGIOUS INSTITUTION ..... 06 SCHOOL ..... 07 OTHER ..... 96 DON'T KNOW ..... 98	GOVERNMENT HEALTH FACILITY ..... 01 PRIVATE HEALTH FACILITY ..... 02 PHARMACY ..... 03 SHOP/MARKET ..... 04 CHW ..... 05 RELIGIOUS INSTITUTION ..... 06 SCHOOL ..... 07 OTHER ..... 96 DON'T KNOW ..... 98
127A	Did you pay for the net?	YES ..... 1 NO ..... 2 128 ←	YES ..... 1 NO ..... 2 128 ←	YES ..... 1 NO ..... 2 128 ←

MOSQUITO NETS

		NET #4	NET #5	NET #6
127B	How much did you pay?	TSHS <input type="text"/> DON'T KNOW 99999998	TSHS <input type="text"/> DON'T KNOW 99999998	TSHS <input type="text"/> DON'T KNOW 99999998
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?	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"/>
129H	Why not?  RECORD ALL MENTIONED	NO MOSQUITOES ..... A NO MALARIA NOW ..... B TOO HOT ..... C DON'T LIKE SMELL ..... D FEEL CLOSED IN/ AFRAID ..... E NET TOO OLD/TORN ..... F NET TOO DIRTY ..... G NET NOT AVAILABLE LAST NIGHT/NET BEING WASHED ..... H USUAL USER(S) DID NOT SLEEP HERE LAST NIGHT ..... I NET TOO SMALL ..... J SAVING NET FOR LATER ..... K NO LONGER KILLS/ REPELS MOSQ. .... L OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	NO MOSQUITOES ..... A NO MALARIA NOW ..... B TOO HOT ..... C DON'T LIKE SMELL ..... D FEEL CLOSED IN/ AFRAID ..... E NET TOO OLD/TORI ..... F NET TOO DIRTY ..... G NET NOT AVAILABLE LAST NIGHT/NET BEING WASHED ..... H USUAL USER(S) DID NOT SLEEP HERE LAST NIGHT ..... I NET TOO SMALL ..... J SAVING NET FOR LATER ..... K NO LONGER KILLS/ REPELS MOSQ. .... L OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	NO MOSQUITOES ..... A NO MALARIA NOW ..... B TOO HOT ..... C DON'T LIKE SMELL ..... D FEEL CLOSED IN/ AFRAID ..... E NET TOO OLD/TORI ..... F NET TOO DIRTY ..... G NET NOT AVAILABLE LAST NIGHT/NET BEING WASHED ..... H USUAL USER(S) DID NOT SLEEP HERE LAST NIGHT ..... I NET TOO SMALL ..... J SAVING NET FOR LATER ..... K NO LONGER KILLS/ REPELS MOSQ. .... L OTHER _____ X (SPECIFY) DON'T KNOW ..... Z
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.

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/CONCRETE ..... 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 GRASS/THATCH/PALM LEAF/MUD ..... 12 <b>RUDIMENTARY ROOFING</b> RUSTIC MAT ..... 21 PALM/BAMBOO ..... 22 WOOD PLANKS ..... 23 <b>FINISHED ROOFING</b> IRON SHEET ..... 31 CONCRETE ..... 32 TILES ..... 33  OTHER _____ 96 (SPECIFY)					
133	OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING.  RECORD OBSERVATION.	<b>NATURAL WALLS</b> NO WALL ..... 11 GRASS ..... 12 CANE/PALM/TRUNKS/BAMBOO ..... 13 <b>RUDIMENTARY WALLS</b> POLES WITH MUD ..... 21 STONE WITH MUD ..... 22 WOOD/TIMBER ..... 23 <b>FINISHED WALLS</b> CEMENT/CONCRETE ..... 31 STONE WITH LIME/CEMENT ..... 32 SUN-DRIED BRICKS/MUD BRICK ..... 33 BAKED BRICKS ..... 34 CEMENT BLOCKS ..... 35  OTHER _____ 96 (SPECIFY)					
133A	OBSERVE EAVES OF THE HOUSE  RECORD OBSERVATION	ALL EAVES CLOSED ..... 11 ALL EAVES OPEN ..... 12 PARTIALLY CLOSED ..... 13					
133B	OBSERVE MATERIAL ON EXTERNAL WINDOWS  RECORD OBSERVATION	GLASS ..... A BAGS ..... B WOOD ..... C IRON/METAL ..... D SCREENS ..... E  OTHER _____ X (SPECIFY)					
133C	OBSERVE EXTERNAL WINDOWS  RECORD OBSERVATION	ALL WINDOWS SCREENED ..... 11 ALL WINDOWS NOT SCREEDED ..... 12 SOME WINDOWS SCREENED ..... 13	→ 134				
133D	OBERVETYPE OF SCREENING ON EXTERNAL WINDOWS  RECORD OBSERVATION	<b>SCREENED WINDOWS</b> WIRE MESH ..... 11 OLD BEDNET ..... 12  OTHER _____ 96 (SPECIFY)					
134	RECORD THE TIME.	HOURS ..... <table border="1" data-bbox="1075 1659 1179 1693"> <tr><td> </td><td> </td></tr> </table> MINUTES ..... <table border="1" data-bbox="1075 1693 1179 1727"> <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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