MALARIA INDICATOR SURVEY
HOUSEHOLD QUESTIONNAIRE

REPUBLIC OF RWANDA
MALARIA & OTHER PARASITIC DISEASES DIVISION

IDENTIFICATION (1)	
PLACE NAME _____	
NAME OF HOUSEHOLD HEAD _____	
CLUSTER NUMBER	
HOUSEHOLD NUMBER	

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY
				MONTH
				YEAR
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER
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

SUPERVISOR	OFFICE EDITOR	KEYED BY
NAME _____		

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INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with MOPDD. We are conducting a survey about malaria all over RWANDA. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.
In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER: _____   DATE: _____

RESPONDENT AGREES TO BE INTERVIEWED . . .   1   RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . .   2 → END

HOUSEHOLD SCHEDULE

						IF 15 YEARS OR OLDER	
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE IN YEAR	MARITAL STATUS	ELIGIBILITY
	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 5-7 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)?	What is (NAME'S) current marital status? 1=MARRIED OR LIVING TOGETHER 2=DIVORCED SEPARATED 3=WIDOWED 4=NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 YEARS
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(7A)	(8)
01		☐☐	M F 1 2	Y N 1 2	Y N 1 2	IN YEAR ☐☐	☐	01
02		☐☐	1 2	1 2	1 2	☐☐	☐	02
03		☐☐	1 2	1 2	1 2	☐☐	☐	03
04		☐☐	1 2	1 2	1 2	☐☐	☐	04
05		☐☐	1 2	1 2	1 2	☐☐	☐	05
06		☐☐	1 2	1 2	1 2	☐☐	☐	06
07		☐☐	1 2	1 2	1 2	☐☐	☐	07
08		☐☐	1 2	1 2	1 2	☐☐	☐	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

							IF 15 YEARS OR OLDER	
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE IN YEAR	MARITAL STATUS	ELIGIBILITY
	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 5-7 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)? | What is (NAME'S) current marital status?

1=MARRIED OR LIVING TOGETHER 2=DIVORCED SEPARATED 3=WIDOWED 4=NEVER-MARRIED AND NEVER LIVED TOGETHER | CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 YEARS |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (7A) | (8) |
| | | | M F
1 2 | Y N
1 2 | Y N
1 2 | IN YEAR | | |
09								09
10			1 2	1 2	1 2			10
11			1 2	1 2	1 2			11
12			1 2	1 2	1 2			12
13			1 2	1 2	1 2			13
14			1 2	1 2	1 2			14
15			1 2	1 2	1 2			15
16			1 2	1 2	1 2			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?   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/STEP CHILD
13 = NOT RELATED
98 = DON'T KNOW

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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 .... ☐☐☐ 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 .... ☐0☐ 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?	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?	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.
		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.
		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)	

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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 . . . . ☐☐	
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?	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 . . . . ☐☐.☐ 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?
		LOCAL COWS . . . . ☐☐
		
		MILK COWS . . . . ☐☐
		
		BULLS . . . . ☐☐
		
		GOATS . . . . ☐☐
		
		SHEEP . . . . ☐☐
		
		CHICKENS . . . . ☐☐
		
		PIGS . . . . ☐☐
		
		RABBITS . . . . ☐☐
		
		HORSES/DONKEYS/MULES ☐☐	

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	→ 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 . . . . [ ]	

		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 . . . ☐☐ MORE THAN 36 MONTHS AGO . . . 95 NOT SURE 98	MONTHS AGO . . . ☐☐ MORE THAN 36 MONTHS AGO . . . 95 NOT SURE 98	MONTHS AGO . . . ☐☐ MORE THAN 36 MONTHS AGO . . . 95 NOT SURE 98
124A	How did you obtain the net?	DURING IMMUNIZA- TION OF CHILDREN . . . 11 DURING IMMUNIZA- TION CAMPAIGN 12 DURING ANC VISIT 13 FROM A COMMU- NITY HEALTH WORKER . . . . . 14 FROM PHARMACY 15 FROM SHOP . . . . . 16 OTHER _____ 96 SPECIFY	DURING IMMUNIZA- TION OF CHILDREN . . . 11 DURING IMMUNIZA- TION CAMPAIGN 12 DURING ANC VISIT 13 FROM A COMMU- NITY HEALTH WORKER . . . . . 14 FROM PHARMACY 15 FROM SHOP . . . . . 16 OTHER _____ 96 SPECIFY	DURING IMMUNIZA- TION OF CHILDREN . . . 11 DURING IMMUNIZA- TION CAMPAIGN 12 DURING ANC VISIT 13 FROM A COMMU- NITY 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 . . . ☐☐ MORE THAN 24 MONTHS AGO . . . 95 NOT SURE 98	MONTHS AGO . . . ☐☐ MORE THAN 24 MONTHS AGO . . . 95 NOT SURE 98	MONTHS AGO . . . ☐☐ 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 . . . ☐☐
		
		MORE THAN
		  95 TIMES 95
		NOT SURE 98
			TIMES WASHED . . . ☐☐
			
			MORE THAN
			  95 TIMES 95
			NOT SURE 98
				TIMES WASHED . . . ☐☐
				
				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. . . . . . ☐☐ - - - - - - - - - - - - - - - NAME_____ LINE NO. . . . . . ☐☐ - - - - - - - - - - - - - - - NAME_____ LINE NO. . . . . . ☐☐ - - - - - - - - - - - - - - - NAME_____ LINE NO. . . . . . ☐☐	NAME_____ LINE NO. . . . . . ☐☐ - - - - - - - - - - - - - - - NAME_____ LINE NO. . . . . . ☐☐ - - - - - - - - - - - - - - - NAME_____ LINE NO. . . . . . ☐☐ - - - - - - - - - - - - - - - NAME_____ LINE NO. . . . . . ☐☐	NAME_____ LINE NO. . . . . . ☐☐ - - - - - - - - - - - - - - - NAME_____ LINE NO. . . . . . ☐☐ - - - - - - - - - - - - - - - NAME_____ LINE NO. . . . . . ☐☐ - - - - - - - - - - - - - - - NAME_____ LINE NO. . . . . . ☐☐
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 → 133
		USUALLY WASH
		   IN THE MORNING 2
		   IN THE AFTERNOO 3
		   IN THE EVENING 4

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

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