

2014 MALAWI MALARIA INDICATOR SURVEY
HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION																						
PLACE NAME _____ DISTRICT _____ CLUSTER NUMBER HOUSEHOLD NUMBER NAME OF HOUSEHOLD HEAD _____	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																					
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> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>2</td><td>0</td><td>1</td><td>4</td></tr> </table> INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> RESULT <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table>									2	0	1	4						
2	0	1	4																			
INTERVIEWER'S NAME	_____	_____	_____																			
RESULT*	_____	_____	_____																			
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td></tr> </table>																		
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 _____ <div style="text-align: center;">(SPECIFY)</div>				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** ENGLISH LANGUAGE OF INTERVIEW** NATIVE LANGUAGE OF RESPONDENT** TRANSLATOR USED (1=NOT AT ALL; 2=SOMETIME; 3=ALL THE TIME)			<table border="1" style="margin: auto;"> <tr><td>4</td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>		4																	
4																						
**LANGUAGE CODES: 1 CHICHEWA 3 YAO 6 OTHER _____ 2 TUMBUKA 4 ENGLISH (SPECIFY)																						

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the Ministry of Health. We are conducting a survey about health all over Malawi. 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

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	WOMEN AGE 15-49	CHILDREN AGE 0-5
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 5-10 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

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	98 = DON'T KNOW
06 = PARENT	
07 = PARENT-IN-LAW	

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	WOMEN AGE 15-49	CHILDREN AGE 0-5
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 5-10 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 1 F 2	Y 1 N 2	Y 1 N 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

2A) Just to make sure that I have a complete listing: are there any other persons 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 ☐

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 = OTHER RELATIVE

10 = ADOPTED/FOSTER/

STEPCHILD

11 = NOT RELATED

98 = DON'T KNOW

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 OTHER _____ 96 (SPECIFY)	<div style="text-align: right;">→ 104</div> <div style="text-align: right;">→ 104</div>
102	Where is that water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	<div style="text-align: right;">→ 104</div>
103	How long does it take to go there, get water, and come back?	MINUTES <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black;"></div> DON'T KNOW 998	
104	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET 11 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)	<div style="text-align: right;">→ 107</div>
105	Do you share this toilet facility with other households?	YES 1 NO 2	<div style="text-align: right;">→ 107</div>
106	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; text-align: center; vertical-align: middle;">0</div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black;"></div> 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 cellular phone? A telephone (landline)? A refrigerator?	<div>YES NO</div> ELECTRICITY 1 2 RADIO 1 2 TELEVISION 1 2 CELL PHONE 1 2 TELEPHONE (LANDLINE) 1 2 REFRIGERATOR 1 2	
108	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG/NATURAL GAS 02 BIOGAS 03 KEROSENE 04 COAL, LIGNITE 05 CHARCOAL 06 WOOD 07 STRAW/SHRUBS/GRASS 08 ANIMAL DUNG 09 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 BROKEN BRICKS 23 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 RUDIMENTARY ROOFING RUSTIC MAT 21 PALM/BAMBOO/GRASS 22 WOOD PLANKS 23 CARDBOARD 24 FINISHED ROOFING IRON SHEETS 31 WOOD 32 CALAMINE/CEMENT FIBER 33 CERAMIC TILES 34 CEMENT 35 ROOFING SHINGLES 36 OTHER 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
111	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 CANE/PALM/TRUNKS 12 DIRT 13 RUDIMENTARY WALLS BAMBOO/TREE TRUNKS WITH MUD . 21 STONE WITH MUD 22 PLYWOOD 23 CARDBOARD 24 REUSED WOOD 25 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BURNT BRICKS 33 UNBURNT BRICKS 34 CEMENT BLOCKS 35 WOOD PLANKS 36 OTHER 96 (SPECIFY)													
112	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>													
112A	How many separate rooms are in this household?	ROOMS <input type="text"/> <input type="text"/>													
112B	How many separate sleeping spaces are there in your household?	SLEEPING SPACES <input type="text"/> <input type="text"/>													
113	Does any member of this household own: A bicycle? A motorcycle or motor scooter? A car or truck?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>BICYCLE</td><td>1</td><td>2</td></tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td><td>1</td><td>2</td></tr> <tr> <td>CAR/TRUCK</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	BICYCLE	1	2	MOTORCYCLE/SCOOTER ...	1	2	CAR/TRUCK	1	2	
	YES	NO													
BICYCLE	1	2													
MOTORCYCLE/SCOOTER ...	1	2													
CAR/TRUCK	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? 1 HECTARE = 2.47 ACRES 1 ACRE = 0.4 HECTARE 1 FOOTBALL PITCH = 1 HECTARE IF 95 OR MORE, CIRCLE '950'. RECORD IN UNITS RESPONDENT USES.	ACRES 1 <input type="text"/> <input type="text"/> . <input type="text"/> HECTARES 2 <input type="text"/> <input type="text"/> . <input type="text"/> FOOTBALL PITCHES 3 <input type="text"/> <input type="text"/> . <input type="text"/> 95 OR MORE HECTARES 9995 DON'T KNOW 9998													
116	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 118												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
117	<p>How many of the following animals does this household own?</p> <p>IF NONE, ENTER '00'. IF 95 OR MORE, ENTER '95'. IF UNKNOWN, ENTER '98'.</p> <p>Goats? _____</p> <p>Pigs? _____</p> <p>Cattle? _____</p> <p>Sheep? _____</p> <p>Poultry (chickens, ducks, pigeons)? _____</p> <p>Other? _____ (SPECIFY)</p>	<p>GOATS <input type="text"/> <input type="text"/></p> <p>PIGS <input type="text"/> <input type="text"/></p> <p>CATTLE <input type="text"/> <input type="text"/></p> <p>SHEEP <input type="text"/> <input type="text"/></p> <p>POULTRY <input type="text"/> <input type="text"/></p> <p>OTHER <input type="text"/> <input type="text"/></p>	
118	Does any member of this household have a bank account?	<p>YES 1</p> <p>NO 2</p>	
119	At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 121
119A	<p>How many months ago was the house sprayed?</p> <p>IF LESS THAN 1 MONTH AGO, RECORD '00'</p>	MONTHS <input type="text"/> <input type="text"/>	
120	Who sprayed the house?	<p>OTHER GOVERNMENT WORKER/ PROGRAMME 1</p> <p>PRIVATE COMPANY 2</p> <p>NONGOVERNMENTAL ORGANIZATION (NGO) 3</p> <p>OTHER 6 (SPECIFY)</p> <p>DON'T KNOW 8</p>	
120A	At any time in the past 12 months, have the walls in your dwelling been plastered or painted?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 121
120B	<p>How many months ago were the walls plastered or painted?</p> <p>IF LESS THAN 1 MONTH AGO, RECORD '00'</p>	MONTHS <input type="text"/> <input type="text"/>	
121	Does your household have any mosquito nets that can be used while sleeping?	<p>YES 1</p> <p>NO 2</p>	→ 130
122	<p>How many mosquito nets does your household have?</p> <p>IF 7 OR MORE NETS, RECORD '7'.</p>	NUMBER OF NETS <input type="text"/>	
122A	Has anyone in your household ever sold or given away a mosquito net?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 130

		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
123A	OBSERVE (OR ASK ABOUT) THE CONDITION OF THE MOSQUITO NET: DOES THE NET HAVE HOLES IN IT (HOLES THE SIZE OF THE TIP OF YOUR THUMB OR LARGER)?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
123B	OBSERVE (OR ASK) THE COLOR OF THE MOSQUITO NET.	GREEN 01 DARK BLUE ... 02 LIGHT BLUE ... 03 RED 04 BLACK 05 WHITE 06 OTHER 96	GREEN 01 DARK BLUE ... 02 LIGHT BLUE ... 03 RED 04 BLACK 05 WHITE 06 OTHER 96	GREEN 01 DARK BLUE ... 02 LIGHT BLUE ... 03 RED 04 BLACK 05 WHITE 06 OTHER 96
123C	OBSERVE (OR ASK) THE SHAPE OF THE MOSQUITO NET.	CONICAL 1 RECTANGLE 2 (SKIP TO 123F) ← OTHER 6	CONICAL 1 RECTANGLE 2 (SKIP TO 123F) ← OTHER 6	CONICAL 1 RECTANGLE 2 (SKIP TO 123F) ← OTHER 6
123D	Was this net altered to become a conical net?	YES 1 NO 2 (SKIP TO 123F) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 123F) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 123F) ← DON'T KNOW 8
123E	How many nets were used to make the mosquito net conical?	ONE NET 1 TWO NETS 2 THREE OR MORE NETS 3	ONE NET 1 TWO NETS 2 THREE OR MORE NETS 3	ONE NET 1 TWO NETS 2 THREE OR MORE NETS 3
123F	Is the net hanging for sleeping?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
124	How many months ago did your household get the mosquito net? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98

		NET #1	NET #2	NET #3
125	Is this net a long-lasting net, retreatable, or an untreated net? OBSERVE OR ASK THE BRAND/ TYPE OF MOSQUITO NET. ITN/LONG-LASTING NET DURANET (GREEN, SQUARE) OLYSNET (LIGHT BLUE, SQUARE) LIFENET (WHITE, SQUARE) PERMANET (GREEN, SQUARE) CONVENTIONAL NETS: CAN BE RETREATABLE OR UNTREATED SAFI NET (DARK BLUE, CONICAL) THERE ARE OTHER BRANDS BE AWARE THAT MANY BRANDS MAY EXIST AND BE DISTRIBUTED BY DIFFERENT ORGANIZATIONS.	ITN/LONG-LASTING NET DURANET 11 OLYSET 12 LIFENET 13 PERMANET ... 14 OTHER/ DK BRAND ... 16 RETREATABLE NET SAFI NET 21 OTHER/ DK BRAND ... 26 UNTREATED NET SAFI NET 31 OTHER/ DK BRAND ... 36 OTHER 41 (SPECIFY) DK BRAND 98	ITN/LONG-LASTING NET DURANET 11 OLYSET 12 LIFENET 13 PERMANET ... 14 OTHER/ DK BRAND ... 16 RETREATABLE NET SAFI NET 21 OTHER/ DK BRAND ... 26 UNTREATED NET SAFI NET 31 OTHER/ DK BRAND ... 36 OTHER 41 (SPECIFY) DK BRAND 98	ITN/LONG-LASTING NET DURANET 11 OLYSET 12 LIFENET 13 PERMANET ... 14 OTHER/ DK BRAND ... 16 RETREATABLE NET SAFI NET 21 OTHER/ DK BRAND ... 26 UNTREATED NET SAFI NET 31 OTHER/ DK BRAND ... 36 OTHER 41 (SPECIFY) DK BRAND 98
125A	When you received this net, did it come with a treatment kit?	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8
126	Since you got the net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes?	YES 1 NO 2 (SKIP TO 128) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 128) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 128) ← NOT SURE 8
127	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO 95 NOT SURE 98	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO 95 NOT SURE 98
127A	Did you pay to have the net soaked or dipped?	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
127B	How much did you pay to soak or dip the net?	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998

		NET #1	NET #2	NET #3
128	Where did you obtain the net?	GOVT. CLINIC/ HOSPITAL 01 NEIGHBORHOOD HEALTH COMMITTEE (NHC) 02 COM. HEALTH WORKER (CHW) 03 SHOP 04 PHARMACY 05 WORKPLACE 06 OTHER 96 (SPECIFY) DON'T KNOW 98	GOVT. CLINIC/ HOSPITAL 01 NEIGHBORHOOD HEALTH COMMITTEE (NHC) 02 COM. HEALTH WORKER (CHW) 03 SHOP 04 PHARMACY 05 WORKPLACE 06 OTHER 96 (SPECIFY) DON'T KNOW 98	GOVT. CLINIC/ HOSPITAL 01 NEIGHBORHOOD HEALTH COMMITTEE (NHC) 02 COM. HEALTH WORKER (CHW) 03 SHOP 04 PHARMACY 05 WORKPLACE 06 OTHER 96 (SPECIFY) DON'T KNOW 98
128A	Did you purchase the net?	YES 1 NO 2 (SKIP TO 129) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 129) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 129) ← NOT SURE 8
128B	How much did you pay for the net when you purchased it?	COST IN KWACHA <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> DON'T KNOW 9998	COST IN KWACHA <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> DON'T KNOW 9998	COST IN KWACHA <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> DON'T KNOW 9998
129	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 (SKIP TO 130C) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 130C) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 130C) ← NOT SURE 8
129A	Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____ LINE NO. <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	NAME _____ LINE NO. <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	NAME _____ LINE NO. <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
		NAME _____ LINE NO. <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	NAME _____ LINE NO. <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	NAME _____ LINE NO. <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
		NAME _____ LINE NO. <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	NAME _____ LINE NO. <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	NAME _____ LINE NO. <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
		NAME _____ LINE NO. <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	NAME _____ LINE NO. <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	NAME _____ LINE NO. <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
130		NEXT NET; OR, IF NO MORE NETS, GO TO 131.	NEXT NET; OR, IF NO MORE NETS, GO TO 131.	COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 131.

		NET #1	NET #2	NET #3
131	ANY CHILDREN UNDER AGE 5 WHO DID NOT SLEEP UNDER A MOSQUITO NET <div style="display: flex; justify-content: space-around; align-items: center;"> <div> YES <input type="checkbox"/> ↓ NAME OF CHILD(REN): _____ _____ </div> <div> NO <input type="checkbox"/> → 131B </div> </div>			
131A	Why did (NAME OF CHILD) (and (NAME OF CHILD)) not sleep under a mosquito net last night? Any other reason? RECORD ALL MENTIONED.	TOO HOT A TOO COLD B CHILD CRIES C CHILD AFRAID D NOT ENOUGH NET E NET NOT HUNG UP F USED BY ADULTS G NET NOT USED WHEN TRAVELING H NET NOT IN GOOD CONDITION I NET BAD FOR CHILDREN'S HEALTH J OTHER X _____ (SPECIFY)		
131B	If you have a choice, what color of mosquito net do you prefer?	BLUE 1 GREEN 2 RED 3 WHITE 4 BLACK 5 OTHER 6 _____ (SPECIFY) DK/NO PREFERENCE 8		
131C	If you have a choice, what shape of mosquito net do you prefer?	CONICAL 11 RECTANGULAR 2 DK/NO PREFERENCE 8	→ 131E → 201	
131D	What are the reasons why you prefer a conical-shaped net over a rectangular-shaped net? Anything else? CIRCLE ALL MENTIONED.	EASIER TO HANG A EASIER TO STORE WHEN NOT HUNG B EASIER TO TRAVEL WITH OUTSIDE THE HOUSEHOLD C BETTER FIT AROUND SLEEPING PLACE D TALLER E MORE PEOPLE CAN SLEEP UNDER NET (WIDER) F LOOKS NICER G STRONGER H OTHER X _____ (SPECIFY)	→ 201	

		NET #1	NET #2	NET #3
131E	What are the reasons why you prefer a rectangular-shaped net over a conical-shaped net?		EASIER TO HANG A EASIER TO STORE WHEN NOT HUNG B EASIER TO TRAVEL WITH OUTSIDE THE HOUSEHOLD C BETTER FIT AROUND SLEEPING PLACE D TALLER E MORE PEOPLE CAN SLEEP UNDER NET (WIDER) F LOOKS NICER G STRONGER H OTHER X (SPECIFY)	201 →