

2017 MALAWI MALARIA INDICATOR SURVEY  
 HOUSEHOLD QUESTIONNAIRE

MINISTRY OF HEALTH

NATIONAL MALARIA CONTROL PROGRAM

IDENTIFICATION				
PLACE NAME _____				
NAME OF HOUSEHOLD HEAD _____				
CLUSTER NUMBER .....				<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
HOUSEHOLD NUMBER .....				<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> MONTH <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> YEAR <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">7</div> INT. NO. <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> RESULT* <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
INTERVIEWER'S NAME	_____	_____	_____	
RESULT*	_____	_____	_____	
NEXT VISIT: DATE	_____	_____		
TIME	_____	_____		TOTAL NUMBER OF VISITS <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
*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 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> TOTAL ELIGIBLE WOMEN <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
<div style="display: flex; justify-content: space-between;"> <div>           LANGUAGE OF QUESTIONNAIRE** <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">1</div> </div> <div>           LANGUAGE OF INTERVIEW** <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div>           NATIVE LANGUAGE OF RESPONDENT** <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div>           TRANSLATOR USED (YES = 1, NO = 2) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>           LANGUAGE OF QUESTIONNAIRE** <b>ENGLISH</b> </div> <div>           **LANGUAGE CODES:            01 ENGLISH            02 CHICHEWA         </div> <div>           03 TUMBUKA            06 OTHER _____ (SPECIFY)         </div> </div>				
SUPERVISOR <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>NAME _____</div> <div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div></div> <div>NUMBER</div> </div>				

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## INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_. I am working with the Ministry of Health. We are conducting a survey about malaria 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



100	RECORD THE TIME.	<div style="display: flex; justify-content: space-between;"><div>HOURS .....</div><div>MINUTES .....</div></div> <div style="display: flex; align-items: center; justify-content: flex-end;"><table border="1" style="border-collapse: collapse; text-align: center;"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr></table></div>				

## HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		DATE OF BIRTH	AGE	ELIGIBILITY	
1	2	3	4	5	6	7A	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>What is (NAME)'s date of birth?</p> <p>On what day, month, and year was (NAME) born?</p> <p>IF DON'T KNOW DAY, RECORD '98'. IF DON'T KNOW MONTH, RECORD '98'. IF DON'T KNOW YEAR, RECORD '9998'.</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	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	IN YEARS <input type="text"/>	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<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 ☐

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 = OTHER RELATIVE  
10 = ADOPTED/FOSTER/STEPCHILD  
11 = NOT RELATED  
98 = DON'T KNOW

## HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		DATE OF BIRTH	AGE	ELIGIBILITY	
1	2	3	4	5	6	7A	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>What is (NAME)'s date of birth?</p> <p>On what day, month, and year was (NAME) born?</p> <p>IF DON'T KNOW DAY, RECORD '98'. IF DON'T KNOW MONTH, RECORD '98'. IF DON'T KNOW YEAR, RECORD '9998'.</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	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	IN YEARS <input type="text"/>	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	20	20
TICK HERE IF CONTINUATION SHEET USED <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 CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	<p><b>PIPED WATER</b></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><b>DUG WELL</b></p> <p>PROTECTED WELL ..... 31</p> <p>UNPROTECTED WELL ..... 32</p> <p><b>WATER FROM SPRING</b></p> <p>PROTECTED SPRING ..... 41</p> <p>UNPROTECTED SPRING ..... 42</p> <p>RAINWATER ..... 51</p> <p>TANKER TRUCK ..... 61</p> <p>CART WITH SMALL TANK ..... 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><b>PIPED WATER</b></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><b>DUG WELL</b></p> <p>PROTECTED WELL ..... 31</p> <p>UNPROTECTED WELL ..... 32</p> <p><b>WATER FROM SPRING</b></p> <p>PROTECTED SPRING ..... 41</p> <p>UNPROTECTED SPRING ..... 42</p> <p>RAINWATER ..... 51</p> <p>TANKER TRUCK ..... 61</p> <p>CART WITH SMALL TANK ..... 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.	<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 ..... 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 ..... 02 NATURAL GAS ..... 03 BIOGAS ..... 04 KEROSENE ..... 05 COAL, LIGNITE ..... 06 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"/>	
109A	How many separate rooms are in this household?	ROOMS ..... <input type="text"/> <input type="text"/>	
109B	How many separate sleeping spaces are there in your household?	SPACES ..... <input type="text"/> <input type="text"/>	
110	Does this household own any livestock, herds, other farm animals, or poultry?	YES ..... 1 NO ..... 2	→ 112
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) Milk cows or bulls? b) Other cattle? c) Horses, donkeys, or mules? d) Goats? e) Sheep? f) Chickens or other poultry? g) Pigs? h) Rabbits?	a) COWS/BULLS ..... <input type="text"/> <input type="text"/> b) OTHER CATTLE ..... <input type="text"/> <input type="text"/> c) HORSES/DONKEYS/MULES ..... <input type="text"/> <input type="text"/> d) GOATS ..... <input type="text"/> <input type="text"/> e) SHEEP ..... <input type="text"/> <input type="text"/> f) CHICKENS/POULTRY ..... <input type="text"/> <input type="text"/> g) PIGS ..... <input type="text"/> <input type="text"/> h) RABBITS ..... <input type="text"/> <input type="text"/>	

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?  1 ACRE = 0.4 HECTARE  1 FOOTBALL PITCH = 2.5 ACRE  IF 95 OR MORE HECTARES, CIRCLE '950' IF 95 OR MORE FOOT. PITCH, CIRCLE '950' IF 95 OR MORE ACRES, RECORD IN HECTARES	HECTARES ..... 1 <input type="text"/> <input type="text"/> . <input type="text"/>  FOOTBALL PITCH ..... 2 <input type="text"/> <input type="text"/> . <input type="text"/>  ACRES ..... 3 <input type="text"/> <input type="text"/> . <input type="text"/>  95 OR MORE HECTARES/FOOT. PITCH .. 950 DON'T KNOW ..... 998	
114	Does your household have: a) Electricity? b) A radio? c) A television? d) A non-mobile telephone? e) A computer/Tablet computer? f) A refrigerator? g) A Koloboyi? h) A paraffin lamp? i) A bed with a mattress? j) A torch? k) A sofa set?	YES NO a) ELECTRICITY ..... 1 2 b) RADIO ..... 1 2 c) TELEVISION ..... 1 2 d) NON-MOBILE TELEPHONE .. 1 2 e) COMPUTER/TABLET ..... 1 2 f) REFRIGERATOR ..... 1 2 g) KOLOBOYI ..... 1 2 h) PARAFFIN LAMP ..... 1 2 i) BED WITH MATTRESS ..... 1 2 j) TORCH ..... 1 2 k) SOFA SET ..... 1 2	
115	Does any member of this household own: a) A wrist 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 motor	YES NO a) WRIST 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	
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 HANGING .. 1 OBSERVED NOT HANGING/ PACKAGED ..... 2 NOT OBSERVED ..... 3	OBSERVED HANGING .. 1 OBSERVED NOT HANGING/ PACKAGED ..... 2 NOT OBSERVED ..... 3	OBSERVED HANGING .. 1 OBSERVED NOT HANGING/ PACKAGED ..... 2 NOT OBSERVED ..... 3
121A	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
121B	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
121C	OBSERVE OR ASK THE SHAPE OF THE MOSQUITO NET	CONICAL ..... 1 RECTANGULAR ..... 2 (SKIP TO 122) ← OTHER ..... 6	CONICAL ..... 1 RECTANGULAR ..... 2 (SKIP TO 122) ← OTHER ..... 6	CONICAL ..... 1 RECTANGULAR ..... 2 (SKIP TO 122) ← OTHER ..... 6
121D	Was this net altered to become a conical net?	YES ..... 1 NO ..... 2 (SKIP TO 122) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 122) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 122) ← NOT SURE ..... 8
121E	How many nets were used to make the mosquito net conical?	ONE NET ..... 1 TWO NETS ..... 2 THREE OR MORE NET .. 3	ONE NET ..... 1 TWO NETS ..... 2 THREE OR MORE NET .. 3	ONE NET ..... 1 TWO NETS ..... 2 THREE OR MORE NET .. 3
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> DAWAPLUS ..... 11 DURANET ..... 12 INTERCEPTOR ..... 13 LIFENET ..... 14 MAGNET ..... 15 OLYSET ..... 16 OLYSET PLUS ..... 17 PERMANET 2.0 ..... 18 PERMANET 3.0 ..... 19 ROYAL SENTRY ..... 20 YORKOOL ..... 21 OTHER/DON'T KNOW BRAND ..... 26  OTHER TYPE ..... 96 DON'T KNOW TYPE .. 98	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> DAWAPLUS ..... 11 DURANET ..... 12 INTERCEPTOR ..... 13 LIFENET ..... 14 MAGNET ..... 15 OLYSET ..... 16 OLYSET PLUS ..... 17 PERMANET 2.0 ..... 18 PERMANET 3.0 ..... 19 ROYAL SENTRY ..... 20 YORKOOL ..... 21 OTHER/DON'T KNOW BRAND ..... 26  OTHER TYPE ..... 96 DON'T KNOW TYPE .. 98	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> DAWAPLUS ..... 11 DURANET ..... 12 INTERCEPTOR ..... 13 LIFENET ..... 14 MAGNET ..... 15 OLYSET ..... 16 OLYSET PLUS ..... 17 PERMANET 2.0 ..... 18 PERMANET 3.0 ..... 19 ROYAL SENTRY ..... 20 YORKOOL ..... 21 OTHER/DON'T KNOW BRAND ..... 26  OTHER TYPE ..... 96 DON'T KNOW TYPE .. 98

MOSQUITO NETS

		NET #1	NET #2	NET #3
126	Did you get the net through the 2015-2016 mass distribution campaign, during an antenatal care visit, at birth, or first immunization visit?	YES, 2015-2016 MASS CAMPAIGN ..... 1 YES, ANC ..... 2 YES, AT BIRTH ..... 3 YES, IMMUNIZATION VISIT ..... 4 (SKIP TO 128) ← NO ..... 5	YES, 2015-2016 MASS CAMPAIGN ..... 1 YES, ANC ..... 2 YES, AT BIRTH ..... 3 YES, IMMUNIZATION VISIT ..... 4 (SKIP TO 128) ← NO ..... 5	YES, 2015-2016 MASS CAMPAIGN ..... 1 YES, ANC ..... 2 YES, AT BIRTH ..... 3 YES, IMMUNIZATION VISIT ..... 4 (SKIP TO 128) ← NO ..... 5
127	Where did you get the net?	GOVERNMENT HOSPITAL 01 GOVERNMENT HEALTH CENTER ..... 02 GOVERNMENT HEALTH POST/OUTREACH .. 03 CHAM/MISSION ..... 04 PRIVATE HEALTH FACILITY ..... 05 PHARMACY ..... 06 SHOP/MARKET ..... 07 WORKPLACE ..... 08 OTHER _____ (SPECIFY) 96 DON'T KNOW ..... 98	GOVERNMENT HOSPITAL 01 GOVERNMENT HEALTH CENTER ..... 02 GOVERNMENT HEALTH POST/OUTREACH .. 03 CHAM/MISSION ..... 04 PRIVATE HEALTH FACILITY ..... 05 PHARMACY ..... 06 SHOP/MARKET ..... 07 WORKPLACE ..... 08 OTHER _____ (SPECIFY) 96 DON'T KNOW ..... 98	GOVERNMENT HOSPITAL 01 GOVERNMENT HEALTH CENTER ..... 02 GOVERNMENT HEALTH POST/OUTREACH .. 03 CHAM/MISSION ..... 04 PRIVATE HEALTH FACILITY ..... 05 PHARMACY ..... 06 SHOP/MARKET ..... 07 WORKPLACE ..... 08 OTHER _____ (SPECIFY) 96 DON'T KNOW ..... 98
128	Did anyone sleep under this mosquito net last night?	YES ..... 1 NO ..... 2 (SKIP TO 130) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 130) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 130) ← NOT SURE ..... 8
129	Who slept under this mosquito net last night?  RECORD THE PERSON'S NAME AND LINE NUMBER FROM HOUSEHOLD SCHEDULE.	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. .... <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>
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	<p>OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p>	<p><b>NATURAL FLOOR</b></p> <p>EARTH/SAND ..... 11</p> <p>DUNG ..... 12</p> <p><b>RUDIMENTARY FLOOR</b></p> <p>WOOD PLANKS ..... 21</p> <p>PALM/BAMBOO ..... 22</p> <p><b>FINISHED FLOOR</b></p> <p>PARQUET OR POLISHED WOOD ..... 31</p> <p>VINYL OR ASPHALT STRIPS ..... 32</p> <p>CERAMIC TILES ..... 33</p> <p>CEMENT ..... 34</p> <p>CARPET ..... 35</p> <p>OTHER ..... 96</p> <p align="center">(SPECIFY)</p>	
132	<p>OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p>	<p><b>NATURAL ROOFING</b></p> <p>NO ROOF ..... 11</p> <p>THATCH/PALM LEAF ..... 12</p> <p>SOD ..... 13</p> <p><b>RUDIMENTARY ROOFING</b></p> <p>RUSTIC MAT ..... 21</p> <p>PALM/BAMBOO ..... 22</p> <p>WOOD PLANKS ..... 23</p> <p>CARDBOARD ..... 24</p> <p><b>FINISHED ROOFING</b></p> <p>METAL ..... 31</p> <p>WOOD ..... 32</p> <p>CALAMINE/CEMENT FIBER ..... 33</p> <p>CERAMIC TILES ..... 34</p> <p>CEMENT ..... 35</p> <p>ROOFING SHINGLES ..... 36</p> <p>OTHER ..... 96</p> <p align="center">(SPECIFY)</p>	
133	<p>OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p>	<p><b>NATURAL WALLS</b></p> <p>NO WALLS ..... 11</p> <p>CANE/PALM/TRUNKS ..... 12</p> <p>DIRT ..... 13</p> <p><b>RUDIMENTARY WALLS</b></p> <p>BAMBOO WITH MUD ..... 21</p> <p>STONE WITH MUD ..... 22</p> <p>UNCOVERED ADOBE ..... 23</p> <p>PLYWOOD ..... 24</p> <p>CARDBOARD ..... 25</p> <p>REUSED WOOD ..... 26</p> <p><b>FINISHED WALLS</b></p> <p>CEMENT ..... 31</p> <p>STONE WITH LIME/CEMENT ..... 32</p> <p>BRICKS ..... 33</p> <p>CEMENT BLOCKS ..... 34</p> <p>COVERED ADOBE ..... 35</p> <p>WOOD PLANKS/SHINGLES ..... 36</p> <p>OTHER ..... 96</p> <p align="center">(SPECIFY)</p>	

### ADDITIONAL MOSQUITO NETS RELATED QUESTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
134	Has anyone in your household ever sold or given away a mosquito net?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
135	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) DON'T KNOW / NO PREFERENCE ..... 8	
136	If you have a choice, what shape of mosquito net do you prefer?	CONICAL ..... 1 RECTANGULAR ..... 2 DON'T KNOW / NO PREFERENCE ..... 8	→ 138 → 139
137	What are the reasons why you prefer a conical-shaped net over a rectangular-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 LOOKS NICER ..... G STRONGER ..... H  OTHER ..... X (SPECIFY)	→ 139
138	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 LOOKS NICER ..... G STRONGER ..... H  OTHER ..... X (SPECIFY)	
139	RECORD THE TIME.	HOURS ..... MINUTES .....	

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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