

2018-19 UGANDA MALARIA INDICATOR SURVEY  
 HOUSEHOLD QUESTIONNAIRE

Uganda  
 NMCP/UBOS

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

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### INTRODUCTION AND CONSENT

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

GIVE CARD WITH CONTACT INFORMATION

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

SIGNATURE OF INTERVIEWER \_\_\_\_\_ DATE \_\_\_\_\_

RESPONDENT AGREES  
TO BE INTERVIEWED .. 1



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

100	RECORD THE TIME.	HOURS .....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
		MINUTES .....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY	
1	2	3	4	5	6	7	8	9
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-9 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME)?</p> <p>IF 95 OR MORE, RECORD '95'.</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	10	10

2A) Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed?	YES <input type="checkbox"/>	→ ADD TO TABLE	NO <input type="checkbox"/>
2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?	YES <input type="checkbox"/>	→ ADD TO TABLE	NO <input type="checkbox"/>
2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?	YES <input type="checkbox"/>	→ ADD TO TABLE	NO <input type="checkbox"/>

**CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD**

01 = HEAD	07 = PARENT-IN-LAW
02 = WIFE OR HUSBAND	08 = BROTHER OR SISTER
03 = SON OR DAUGHTER	09 = OTHER RELATIVE
04 = SON-IN-LAW OR DAUGHTER-IN-LAW	10 = ADOPTED/FOSTER/STEPCHILD
05 = GRANDCHILD	11 = NOT RELATED
06 = PARENT	98 = DON'T KNOW

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY	
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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	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>BICYCLE WITH JERRYCANS ..... 71</p> <p>SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 81</p> <p>BOTTLED WATER ..... 91</p> <p>SACHET WATER ..... 92</p> <p>OTHER ..... 96</p> <p>(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>BICYCLE WITH JERRYCANS ..... 71</p> <p>SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 81</p> <p>OTHER ..... 96</p> <p>(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/CYLINDER GAS ..... 02 BIOGAS ..... 04 KEROSENE ..... 05 CHARCOAL ..... 07 WOOD ..... 08 STRAW/SHRUBS/GRASS ..... 09 AGRICULTURAL CROP RESIDUE ..... 10 ANIMAL DUNG ..... 11  NO FOOD COOKED IN HOUSEHOLD ..... 95  OTHER ..... 96 (SPECIFY)	
109	How many rooms in this household are used for sleeping?	ROOMS ..... <input type="text"/> <input type="text"/>	
110	Does this household own any livestock, herds, other farm animals, or poultry?	YES ..... 1 NO ..... 2	→ 112

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																		
111	<p>How many of the following animals does this household own?  IF NONE, RECORD '00'.  IF 95 OR MORE, RECORD '95'.  IF UNKNOWN, RECORD '98'.</p> <p>a) Local cattle?  b) Exotic/cross-breed cattle?  c) Horses, donkeys, or mules?  d) Goats?  e) Sheep?  f) Chickens or other poultry?  g) Pigs?</p>	<p>a) LOCAL CATTLE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>b) EXOTIC CATTLE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>c) HORSES/DONKEYS/MULES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>d) GOATS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>e) SHEEP ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>f) CHICKENS/POULTRY ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>g) PIGS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>																																																																																																			
112	<p>Does any member of this household own any agricultural land?</p>	<p>YES ..... 1  NO ..... 2</p>	→ 114																																																																																																		
113	<p>How many acres of agricultural land do members of this household own?</p> <p>IF 95 OR MORE HECTARES, CIRCLE '950'.  IF 95 OR MORE ACRES, RECORD IN HECTARES  IF 95 OR MORE POLES, RECORD IN ACRES</p>	<p>HECTARES ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr></table></p> <p>ACRES ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr></table></p> <p>POLES ..... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr></table></p> <p>95 OR MORE HECTARES ..... 950  DON'T KNOW ..... 998</p>																																																																																																			
114	<p>Does your household have:</p> <p>a) Electricity?  b) A radio?  c) A television?  d) A non-mobile telephone?  e) A computer?  f) A refrigerator?  g) A cassette/CD/DVD player?  h) A table?  i) A chair?  j) A sofa set?  k) A bed?  l) A cupboard?  m) A clock?</p>	<p align="center">NO</p> <p>a) ELECTRICITY ..... 1 ..... 2  b) RADIO ..... 1 ..... 2  c) TELEVISION ..... 1 ..... 2  d) NON-MOBILE TELEPHONE .. 1 ..... 2  e) COMPUTER ..... 1 ..... 2  f) REFRIGERATOR ..... 1 ..... 2  g) PLAYER ..... 1 ..... 2  h) TABLE ..... 1 ..... 2  i) CHAIR ..... 1 ..... 2  j) SOFA SET ..... 1 ..... 2  k) BED ..... 1 ..... 2  l) CUPBOARD ..... 1 ..... 2  m) CLOCK ..... 1 ..... 2</p>																																																																																																			
115	<p>Does any member of this household own:</p> <p>a) A watch?  b) A mobile phone?  c) A bicycle?  d) A motorcycle or motor scooter?  e) An animal-drawn cart?  f) A car or truck?  g) A boat with a motor?  h) A boat without a motor?</p>	<table> <tr> <th></th><th>YES</th><th>NO</th></tr> <tr> <td>a) WATCH ..... 1</td><td>1</td><td>2</td></tr> <tr> <td>b) MOBILE PHONE ..... 1</td><td>1</td><td>2</td></tr> <tr> <td>c) BICYCLE ..... 1</td><td>1</td><td>2</td></tr> <tr> <td>d) MOTORCYCLE/SCOOTER ..... 1</td><td>1</td><td>2</td></tr> <tr> <td>e) ANIMAL-DRAWN CART ..... 1</td><td>1</td><td>2</td></tr> <tr> <td>f) CAR/TRUCK ..... 1</td><td>1</td><td>2</td></tr> <tr> <td>g) BOAT WITH MOTOR ..... 1</td><td>1</td><td>2</td></tr> <tr> <td>h) BOAT WITHOUT MOTOR ..... 1</td><td>1</td><td>2</td></tr> </table>		YES	NO	a) WATCH ..... 1	1	2	b) MOBILE PHONE ..... 1	1	2	c) BICYCLE ..... 1	1	2	d) MOTORCYCLE/SCOOTER ..... 1	1	2	e) ANIMAL-DRAWN CART ..... 1	1	2	f) CAR/TRUCK ..... 1	1	2	g) BOAT WITH MOTOR ..... 1	1	2	h) BOAT WITHOUT MOTOR ..... 1	1	2																																																																								
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h) BOAT WITHOUT MOTOR ..... 1	1	2																																																																																																			
116	<p>Does any member of this household have a bank account?</p>	<p>YES ..... 1  NO ..... 2</p>																																																																																																			



## HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
117	At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 118
117A	How many months ago was the dwelling last sprayed?  IF LESS THAN 1 MONTH, RECORD '00'	MONTHS AGO ..... <input type="text"/> <input type="text"/>	
117B	Who sprayed the dwelling?	GOVERNMENT WORKER/PROGRAM ..... A PRIVATE COMPANY ..... B NONGOVERNMENTAL ORGANIZATION (NGO) .. C  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
117C	Did you pay for your dwelling to be sprayed?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
118	Is there a community worker, community medicine distributor (CMD), or a village health team (VHT) member who distributes malaria medicines in your village or community?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 119
118A	Does the community health worker currently have malaria medicines available?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
119	Does your household have any mosquito nets?	YES ..... 1 NO ..... 2	→ 131
120	How many mosquito nets does your household have?  IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS ..... <input type="text"/>	

MOSQUITO NETS

		NET #1	NET #2	NET #3
121	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD.  IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S)	OBSERVED ..... 1 NOT OBSERVED ..... 2	OBSERVED ..... 1 NOT OBSERVED ..... 2	OBSERVED ..... 1 NOT OBSERVED ..... 2
122	How many months ago did your household get the mosquito net?  IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO ..... <input type="text"/> <input type="text"/>  MORE THAN 36 MONTHS AGO ..... 95 NOT SURE ..... 98	MONTHS AGO ..... <input type="text"/> <input type="text"/>  MORE THAN 36 MONTHS AGO ..... 95 NOT SURE ..... 98	MONTHS AGO ..... <input type="text"/> <input type="text"/>  MORE THAN 36 MONTHS AGO ..... 95 NOT SURE ..... 98
123	OBSERVE OR ASK BRAND/TYPE OF MOSQUITO NET.  IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> PERMANET 2.0 ..... 11 PERMANET 3.0 ..... 12 DURANET ..... 13 INTERCEPTOR ..... 14 NETPROTECT ..... 15 OLYSET ..... 16 OLYSET PLUS ..... 17 DAWA PLUS ..... 18 ICONLIFE ..... 19 YORKOOL ..... 20 MAGNET ..... 21 LLIN DK BRAND ..... 22 OTHER LLIN ..... 23  _____ (SPECIFY)  OTHER BRAND ..... 96 DK BRAND ..... 98	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> PERMANET 2.0 ..... 11 PERMANET 3.0 ..... 12 DURANET ..... 13 INTERCEPTOR ..... 14 NETPROTECT ..... 15 OLYSET ..... 16 OLYSET PLUS ..... 17 DAWA PLUS ..... 18 ICONLIFE ..... 19 YORKOOL ..... 20 MAGNET ..... 21 LLIN DK BRAND ..... 22 OTHER LLIN ..... 23  _____ (SPECIFY)  OTHER BRAND ..... 96 DK BRAND ..... 98	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> PERMANET 2.0 ..... 11 PERMANET 3.0 ..... 12 DURANET ..... 13 INTERCEPTOR ..... 14 NETPROTECT ..... 15 OLYSET ..... 16 OLYSET PLUS ..... 17 DAWA PLUS ..... 18 ICONLIFE ..... 19 YORKOOL ..... 20 MAGNET ..... 21 LLIN DK BRAND ..... 22 OTHER LLIN ..... 23  _____ (SPECIFY)  OTHER BRAND ..... 96 DK BRAND ..... 98
126	Did you get the net through a mass distribution, during an antenatal care visit, or during an immunization visit?	YES, MASS DISTRIBUTION ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION VISIT ..... 3 (SKIP TO 128) ← NO ..... 4	YES, MASS DISTRIBUTION ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION VISIT ..... 3 (SKIP TO 128) ← NO ..... 4	YES, MASS DISTRIBUTION ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION VISIT ..... 3 (SKIP TO 128) ← NO ..... 4
127	Where did you get the net?	<b>PUBLIC SECTOR</b> GOVT. HOSPITAL ..... 11 GOVT. HEALTH FACILITY ..... 12 <b>PNFP/NGO</b> HOSPITAL ..... 21 HEALTH FACILITY ..... 22 <b>PRIVATE SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... 31 PHARMACY ..... 32 <b>OTHER SOURCE</b> SHOP/MARKET ..... 41 HAWKER ..... 42 CHW ..... 43 RELIGIOUS INSTITUTION ..... 44 OTHER ..... 96 DON'T KNOW ..... 98	<b>PUBLIC SECTOR</b> GOVT. HOSPITAL ..... 11 GOVT. HEALTH FACILITY ..... 12 <b>PNFP/NGO</b> HOSPITAL ..... 21 HEALTH FACILITY ..... 22 <b>PRIVATE SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... 31 PHARMACY ..... 32 <b>OTHER SOURCE</b> SHOP/MARKET ..... 41 HAWKER ..... 42 CHW ..... 43 RELIGIOUS INSTITUTION ..... 44 OTHER ..... 96 DON'T KNOW ..... 98	<b>PUBLIC SECTOR</b> GOVT. HOSPITAL ..... 11 GOVT. HEALTH FACILITY ..... 12 <b>PNFP/NGO</b> HOSPITAL ..... 21 HEALTH FACILITY ..... 22 <b>PRIVATE SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... 31 PHARMACY ..... 32 <b>OTHER SOURCE</b> SHOP/MARKET ..... 41 HAWKER ..... 42 CHW ..... 43 RELIGIOUS INSTITUTION ..... 44 OTHER ..... 96 DON'T KNOW ..... 98

## MOSQUITO NETS

		NET #1	NET #2	NET #3																								
128	Did anyone sleep under this mosquito net last night?	YES ..... 1 (SKIP TO 129) ← NO ..... 2  NOT SURE ..... 8 (SKIP TO 130) ←	YES ..... 1 (SKIP TO 129) ← NO ..... 2  NOT SURE ..... 8 (SKIP TO 130) ←	YES ..... 1 (SKIP TO 129) ← NO ..... 2  NOT SURE ..... 8 (SKIP TO 130) ←																								
128A	What are some of the reasons why this net was not used?  RECORD ALL MENTIONED	TOO HOT ..... A DON'T LIKE SMELL ..... B NO MOSQUITOES ..... C NET TOO OLD/ MANY HOLES ..... D UNABLE TO HANG ..... E NO PLACE TO HANG ..... F CHEMICALS IN NET NOT SAFE ..... G SAVING FOR RAINY SEASON ..... H SAVING TO REPLACE OTHER NET ..... I MATERIAL TOO HARD/ROUGH ..... J USUAL USER DIDN'T SLEEP HERE ..... K OTHER ..... X (SPECIFY) DON'T KNOW ..... Z (ALL SKIP TO 130) ←	TOO HOT ..... A DON'T LIKE SMELL ..... B NO MOSQUITOES ..... C NET TOO OLD/ MANY HOLES ..... D UNABLE TO HANG ..... E NO PLACE TO HANG ..... F CHEMICALS IN NET NOT SAFE ..... G SAVING FOR RAINY SEASON ..... H SAVING TO REPLACE OTHER NET ..... I MATERIAL TOO HARD/ROUGH ..... J USUAL USER DIDN'T SLEEP HERE ..... K OTHER ..... X (SPECIFY) DON'T KNOW ..... Z (ALL SKIP TO 130) ←	TOO HOT ..... A DON'T LIKE SMELL ..... B NO MOSQUITOES ..... C NET TOO OLD/ MANY HOLES ..... D UNABLE TO HANG ..... E NO PLACE TO HANG ..... F CHEMICALS IN NET NOT SAFE ..... G SAVING FOR RAINY SEASON ..... H SAVING TO REPLACE OTHER NET ..... I MATERIAL TOO HARD/ROUGH ..... J USUAL USER DIDN'T SLEEP HERE ..... K OTHER ..... X (SPECIFY) DON'T KNOW ..... Z (ALL SKIP TO 130) ←																								
129	Who slept under this mosquito net last night?  RECORD THE PERSON'S NAME AND LINE NUMBER FROM HOUSEHOLD SCHEDULE.	NAME _____ LINE NO. .... <table border="1"><tr><td></td><td></td></tr></table> ----- NAME _____ LINE NO. .... <table border="1"><tr><td></td><td></td></tr></table> ----- NAME _____ LINE NO. .... <table border="1"><tr><td></td><td></td></tr></table> ----- NAME _____ LINE NO. .... <table border="1"><tr><td></td><td></td></tr></table>									NAME _____ LINE NO. .... <table border="1"><tr><td></td><td></td></tr></table> ----- NAME _____ LINE NO. .... <table border="1"><tr><td></td><td></td></tr></table> ----- NAME _____ LINE NO. .... <table border="1"><tr><td></td><td></td></tr></table> ----- NAME _____ LINE NO. .... <table border="1"><tr><td></td><td></td></tr></table>									NAME _____ LINE NO. .... <table border="1"><tr><td></td><td></td></tr></table> ----- NAME _____ LINE NO. .... <table border="1"><tr><td></td><td></td></tr></table> ----- NAME _____ LINE NO. .... <table border="1"><tr><td></td><td></td></tr></table> ----- NAME _____ LINE NO. .... <table border="1"><tr><td></td><td></td></tr></table>								
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>CONCRETE ..... 32</p> <p>CERAMIC TILES ..... 33</p> <p>CEMENT ..... 34</p> <p>CARPET ..... 35</p> <p>STONES ..... 36</p> <p>BRICKS ..... 37</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>MUD ..... 13</p> <p><b>RUDIMENTARY ROOFING</b></p> <p>RUSTIC MAT ..... 21</p> <p>TINS ..... 22</p> <p>WOOD PLANKS ..... 23</p> <p>CARDBOARD ..... 24</p> <p>TARPAULIN ..... 25</p> <p><b>FINISHED ROOFING</b></p> <p>IRON SHEETS ..... 31</p> <p>WOOD ..... 32</p> <p>ASBESTOS ..... 33</p> <p>TILES ..... 34</p> <p>CONCRETE ..... 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>THATCHED/STRAW ..... 12</p> <p>DIRT ..... 13</p> <p><b>RUDIMENTARY WALLS</b></p> <p>POLES WITH MUD ..... 21</p> <p>STONE WITH MUD ..... 22</p> <p>UNBURNT BRICKS WITH MUD ..... 23</p> <p>PLYWOOD ..... 24</p> <p>CARDBOARD ..... 25</p> <p>REUSED WOOD ..... 26</p> <p>UNBURNT BRICKS WITH PLASTER ..... 27</p> <p>BURNT BRICKS WITH MUD ..... 28</p> <p><b>FINISHED WALLS</b></p> <p>CEMENT ..... 31</p> <p>STONE WITH LIME/CEMENT ..... 32</p> <p>BURNT BRICKS WITH CEMENT ..... 33</p> <p>CEMENT BLOCKS ..... 34</p> <p>UNBURNT BRICKS WITH CEMENT ..... 35</p> <p>WOOD PLANKS/SHINGLES ..... 36</p> <p>OTHER ..... 96</p> <p align="center">(SPECIFY)</p>									
134	<p>RECORD THE TIME.</p>	<p>HOURS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><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></p> <p>MINUTES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><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></p>									

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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