

MALARIA INDICATOR SURVEY  
 MODEL HOUSEHOLD QUESTIONNAIRE

[NAME OF COUNTRY]  
 [NAME OF ORGANIZATION]

IDENTIFICATION (1)														
PLACE 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="width: 40px; height: 20px; float: right;"></table>										
				MONTH <table border="1" style="width: 40px; height: 20px; float: right;"></table>										
INTERVIEWER'S NAME	_____	_____	_____	YEAR <table border="1" style="width: 40px; height: 20px; float: right;"></table>										
RESULT*	_____	_____	_____	INT. NO. <table border="1" style="width: 40px; height: 20px; float: right;"></table>										
				RESULT* <table border="1" style="width: 40px; height: 20px; float: right;"></table>										
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"></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 _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="width: 40px; height: 20px; float: right;"></table>  TOTAL ELIGIBLE WOMEN <table border="1" style="width: 40px; height: 20px; float: right;"></table>  LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="width: 40px; height: 20px; float: right;"></table>										
LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="width: 30px; height: 20px;"><tr><td>0</td><td>1</td></tr></table>	0	1	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 30px; height: 20px;"><tr><td> </td><td> </td></tr></table>			NATIVE LANGUAGE OF RESPONDENT**	<table border="1" style="width: 30px; height: 20px;"><tr><td> </td><td> </td></tr></table>			TRANSLATOR USED (YES = 1, NO = 2)	<table border="1" style="width: 30px; height: 20px;"><tr><td> </td></tr></table>	
0	1													
LANGUAGE OF QUESTIONNAIRE**	<b>ENGLISH</b>		**LANGUAGE CODES: 01 ENGLISH      03 LANGUAGE 3      05 LANGUAGE 5 02 LANGUAGE 2      04 LANGUAGE 4      06 LANGUAGE 6											
TEAM	TEAM SUPERVISOR		CAPI SUPERVISOR (2)											
<table border="1" style="width: 40px; height: 20px;"><tr><td> </td><td> </td></tr></table>			_____ NAME		<table border="1" style="width: 40px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					_____ NAME				
NUMBER	NUMBER		NUMBER											

Note: Brackets [ ] indicate items that should be adapted on a country-specific basis.

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INTRODUCTION AND CONSENT

(3)

Hello. My name is \_\_\_\_\_. I am working with [NAME OF ORGANIZATION]. We are conducting a survey about malaria all over [NAME OF COUNTRY]. 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 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

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

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

RESPONDENT AGREES  
TO BE INTERVIEWED .. 1

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



100	RECORD THE TIME.	HOURS .....	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
		MINUTES .....	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY	
				5	6		8	9
1	2	3	4	5	6	7	8	9
	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 ASKING QUESTIONS 2-7 FOR EACH PERSON ASK QUESTIONS 7A-7C TO BE SURE THAT THE LISTING IS COMPLETE.	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)?  IF 95 OR MORE, RECORD '95'.	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
01		<input type="text"/> <input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/> <input type="text"/>	01	01
02		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	02	02
03		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	03	03
04		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	04	04
05		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	05	05
06		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	06	06
07		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	07	07
08		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	08	08
09		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	09	09
10		<input type="text"/> <input type="text"/>	1 2	1 2	1 2	<input type="text"/> <input type="text"/>	10	10

7A) 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"/>
7B) 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"/>
7C) 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 = DONT KNOW

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101 (4)	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>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 (5)	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)	→ 109
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	Where is this toilet facility located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3	
109	In your household, what type of cookstove is mainly used for cooking?	ELECTRIC STOVE ..... 01 SOLAR COOKER ..... 02 LIQUIFIED PETROLEUM GAS (LPG)/ COOKING GAS STOVE ..... 03 PIPED NATURAL GAS STOVE ..... 04 BIOGAS STOVE ..... 05 LIQUID FUEL STOVE ..... 06 MANUFACTURED SOLID FUEL STOVE ..... 07 TRADITIONAL SOLID FUEL STOVE ..... 08 THREE STONE STOVE/OPEN FIRE ..... 09  NO FOOD COOKED IN HOUSEHOLD ..... 95 OTHER _____ 96 (SPECIFY)	→ 111          → 111
110	What type of fuel or energy source is used in this cookstove?	ALCOHOL/ETHANOL ..... 01 GASOLINE/DIESEL ..... 02 KEROSENE/PARAFFIN ..... 03 COAL/LIGNITE ..... 04 CHARCOAL ..... 05 WOOD ..... 06 STRAW/SHRUBS/GRASS ..... 07 AGRICULTURAL CROP ..... 08 ANIMAL DUNG/WASTE ..... 09 PROCESSED BIOMASS (PELLETS) OR WOODCHIPS ..... 10 GARBAGE/PLASTIC ..... 11 SAWDUST ..... 12  OTHER _____ 96 (SPECIFY)	
111	How many rooms in this household are used for sleeping?	ROOMS ..... <input type="text"/> <input type="text"/>	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
112	Does this household own any livestock, herds, other farm animals, or poultry?	YES ..... 1 NO ..... 2	→ 114																								
113 (6)	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?	a) COWS/BULLS ..... b) OTHER CATTLE ..... c) HORSES/DONKEYS/MULES .... d) GOATS ..... e) SHEEP ..... f) CHICKENS/POULTRY .....	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																								
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 ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> 95 OR MORE HECTARES ..... 950 DON'T KNOW ..... 998																									
116 (7)	Does your household have:  a) Electricity? b) A radio? c) A television? d) A non-mobile telephone? e) A computer? f) A refrigerator? [ADD ADDITIONAL ITEMS. SEE FOOTNOTE 7.]	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>a) ELECTRICITY .....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b) RADIO .....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>c) TELEVISION .....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>d) NON-MOBILE TELEPHONE ..</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>e) COMPUTER .....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>f) REFRIGERATOR .....</td> <td align="center">1</td> <td align="center">2</td> </tr> </table>		YES	NO	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				
	YES	NO																									
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																									
117	Does any member of this household own:  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?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>a) WATCH .....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b) MOBILE PHONE .....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>c) BICYCLE.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>d) MOTORCYCLE/SCOOTER ..</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>e) ANIMAL-DRAWN CART ....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>f) CAR/TRUCK .....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>g) BOAT WITH MOTOR .....</td> <td align="center">1</td> <td align="center">2</td> </tr> </table>		YES	NO	a) 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	
	YES	NO																									
a) WATCH .....	1	2																									
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d) MOTORCYCLE/SCOOTER ..	1	2																									
e) ANIMAL-DRAWN CART ....	1	2																									
f) CAR/TRUCK .....	1	2																									
g) BOAT WITH MOTOR .....	1	2																									
118	Does any member of this household have an account in a bank or other financial institution?	YES ..... 1 NO ..... 2																									
119	Does any member of this household use a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES ..... 1 NO ..... 2																									
120	Does your household have any mosquito nets?	YES ..... 1 NO ..... 2	→ 132																								
121	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>																									

MOSQUITO NETS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD. OBSERVE AND ANSWER THE QUESTIONS FOR EACH NET, ONE BY ONE.		
122	ASSIGN EACH NET A SEQUENTIAL NUMBER AND RECORD THE NUMBER HERE.	NET NUMBER ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
123	WAS THIS NET OBSERVED?	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 ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>  MORE THAN 36 MONTHS AGO ..... 95 NOT SURE ..... 98	
125	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> BRAND A ..... 11 BRAND B ..... 12 OTHER/DON'T KNOW BRAND (LLIN) .... 16  OTHER TYPE (NOT LLIN) ..... 96 DON'T KNOW TYPE ..... 98	
126 (8)	Did you get the net through a [LOCAL NAME OF MASS DISTRIBUTION CAMPAIGN], during an antenatal care visit, or during an immunization visit?	YES, [NAME OF MASS DISTRIBUTION CAMPAIGN] ..... 1 YES, ANC ..... 2 YES, IMMUNIZATION VISIT ..... 3  NO ..... 4	} → 128
127	Where did you get the net?	GOVERNMENT HEALTH FACILITY ..... 01 PRIVATE HEALTH FACILITY ..... 02 PHARMACY ..... 03 SHOP/MARKET ..... 04 CHW ..... 05 RELIGIOUS INSTITUTION ..... 06 SCHOOL ..... 07 OTHER ..... 96 DON'T KNOW ..... 98	
128	Did anyone sleep under this mosquito net last night?	YES ..... 1 NO ..... 2 NOT SURE ..... 8	→ 130 → 131



MOSQUITO NETS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
129	<p>Who slept under this mosquito net last night?</p> <p>RECORD THE PERSON'S NAME AND LINE NUMBER FROM HOUSEHOLD SCHEDULE.</p>	<p>NAME _____</p> <p>LINE NUMBER ..... <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NUMBER ..... <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NUMBER ..... <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NUMBER ..... <input type="text"/> <input type="text"/></p>	<p>→ 131</p>
130 (9)	<p>What was the main reason this net was not used last night?</p>	<p>TOO HOT ..... 01</p> <p>DON'T LIKE NET SHAPE/COLOR/SIZE ..... 02</p> <p>DON'T LIKE SMELL ..... 03</p> <p>UNABLE TO HANG NET ..... 04</p> <p>SLEPT OUTDOORS ..... 05</p> <p>USUAL USER DIDN'T SLEEP HERE LAST NIGHT ..... 06</p> <p>NO MOSQUITOES/NO MALARIA ..... 07</p> <p>EXTRA NET/SAVING FOR LATER ..... 08</p> <p>OTHER _____ 96 (SPECIFY)</p>	
131	<p>GO BACK TO 122 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 132.</p>		

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
132 (5)	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING.  RECORD OBSERVATION.	<b>NATURAL FLOOR</b> EARTH/SAND ..... 11 DUNG ..... 12 <b>RUDIMENTARY FLOOR</b> WOOD PLANKS ..... 21 PALM/BAMBOO ..... 22 <b>FINISHED FLOOR</b> PARQUET OR POLISHED WOOD ..... 31 VINYL OR ASPHALT STRIPS ..... 32 CERAMIC TILES ..... 33 CEMENT ..... 34 CARPET ..... 35  OTHER _____ 96 (SPECIFY)									
133 (5)	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING.  RECORD OBSERVATION.	<b>NATURAL ROOFING</b> NO ROOF ..... 11 THATCH/PALM LEAF ..... 12 SOD ..... 13 <b>RUDIMENTARY ROOFING</b> RUSTIC MAT ..... 21 PALM/BAMBOO ..... 22 WOOD PLANKS ..... 23 CARDBOARD ..... 24 <b>FINISHED ROOFING</b> METAL ..... 31 WOOD ..... 32 CALAMINE/CEMENT FIBER ..... 33 CERAMIC TILES ..... 34 CEMENT ..... 35 ROOFING SHINGLES ..... 36  OTHER _____ 96 (SPECIFY)									
134 (5)	OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING.  RECORD OBSERVATION.	<b>NATURAL WALLS</b> NO WALLS ..... 11 CANE/PALM/TRUNKS ..... 12 DIRT ..... 13 <b>RUDIMENTARY WALLS</b> BAMBOO WITH MUD ..... 21 STONE WITH MUD ..... 22 UNCOVERED ADOBE ..... 23 PLYWOOD ..... 24 CARDBOARD ..... 25 REUSED WOOD ..... 26 <b>FINISHED WALLS</b> CEMENT ..... 31 STONE WITH LIME/CEMENT ..... 32 BRICKS ..... 33 CEMENT BLOCKS ..... 34 COVERED ADOBE ..... 35 WOOD PLANKS/SHINGLES ..... 36  OTHER _____ 96 (SPECIFY)									
135	RECORD THE TIME.	HOURS ..... <table border="1" data-bbox="1198 1623 1318 1675"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> MINUTES ..... <table border="1" data-bbox="1198 1675 1318 1728"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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#### HOUSEHOLD: FOOTNOTES

- (1) This section should be adapted for country-specific survey design.
- (2) Remove the section for recording the name and ID number of the CAPI supervisor if the survey does not have CAPI supervisors who are separate from the team supervisors.
- (3) Increase the time reported to the respondent if modules are added to the questionnaire.
- (4) Countries that use sachet water (small plastic bags of water) as a source of drinking water should add SACHET WATER as a separate coding category after BOTTLED WATER, and follow the same question flow as households that use BOTTLED WATER (ask Q. 102, source of water for other purposes). Similarly, countries that have water kiosks should add WATER KIOSK as a separate coding category, and follow the same question flow as households that use BOTTLED WATER.
- (5) Coding categories to be developed locally; however, the broad categories must be maintained.
- (6) Add other country-specific animals, such as oxen, water buffalo, camels, llamas, alpacas, pigs, ducks, geese, or elephants.
- (7) Each country should add to the list at least five items of furniture (such as a table, chair, sofa, bed, armoire, cupboard, or cabinet). In addition, each country should add at least four additional household appliances so that the list includes at least three items that even a poor household may have, at least three items that a middle income household may have, and at least three items that a high income household may have. Some possible additions are clock, water pump, grain grinder, fan, blender, water heater, generator, washing machine, microwave oven, DVD player, CD player, camera, air conditioner or cooler, or sewing machine.
- (8) Adapt question locally to use the name of the mass distribution campaign.
- (9) Adapt list of response codes to country context as needed.