



**POST CAMPAIGN SURVEY ON THE USE OF LLINs  
PCS-LLIN 2016**

*Information collected during this survey are strictly confidential according to law N° 91/023 of 16 December 1991, on statistical surveys and censuses*

**HOUSEHOLD QUESTIONNAIRE**

NAME OF LOCALITY _____ NAME OF HOUSEHOLD HEAD _____ REGION _____ CLUSTER NUMBER ..... STRUCTURE NUMBER ..... HOUSEHOLD SEQUENTIAL NUMBER IN THE CLUSTER ..... URBAN/RURAL (URBAN=1, RURAL=2) ..... YAOUNDE=1, DOUALA=2, GAROUA/MAROUA/ BAFOUSSAM/BAMENDA/NGAOUNDERE=3 OTHER TOWNS =4, RURAL=5	REGION CLUSTER STRUCTURE HOUSEHOLD AREA OF RESIDENCE <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><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><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><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><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>															

**INTERVIEWER'S VISITS**

	1	2	3	FINAL VISIT			
DATE	_____	_____	_____	DAY ..... MONTH..... YEAR <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr></table>	2	0	
2	0						
NAME INTERVIEWER	_____	_____	_____	INTERV. CODE <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
RESULT*	_____	_____	_____	RESULT .....			
NEXT VISIT:	DATE _____	DATE _____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>			

**\*CODES RESULTS:**

- 1 COMPLETED
- 2 NO HOUSEHOLD MEMBER OR NO COMPETENT RESPONDENT AT HOME AT THE TIME OF VISIT
- 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
- 4 DIFERRED
- 5 REFUSED
- 6 DWELLING VACANT OR ADDRESS NOT A DWELLING
- 7 DWEEELING DESTROYED
- 8 DWELLING NOT FOUND
- 9 OTHER \_\_\_\_\_

(SPECIFY)

TOTAL IN THE HOUSEHOLD 

--	--

TOTAL ELIGIBLE PERSONS 

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LANGUAGE OF THE QUESTIONNAIRE 1=FRENCH 2=ENGLISH

LANGUAGE OF INTERVIEW \_\_\_\_\_

INTERPRETER ? YES=1 NO= 2

1

LINE N° OF INTERVIEWEE FOR HOUSEHOLD QUESTIONNAIRE 

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\*\*Code 1 FRENCH/2 ENGLISH/ 3 FUFULDE/ 4 EWONDO/ 5 PIDGIN/ 6 OTHER

SUPERVISOR NAME _____ DATE _____	TEAM LEADER NAME _____ DATE _____	OFFICE CHECK <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			ENTERED BY _____ <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		

INTERVIEWER'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

RESPONDENT AGREES TO ANSWER → GO TO THE HOUSEHOLD TABLE

RESPONDENT REFUSES TO ANSWER..... END

**HOUSEHOLD TABLE**

We would like now to have information on persons who usually live in your household or living with you now

LINE N°	USUAL RESIDENTS AND VISITORS	RELATIONSHIP WITH HOUSEHOLD HEAD	SEX		RESIDENCE		DATE OF BIRTH		AGE (in years)	IF 10 YEARS OR MORE
			M	F	Y	N	Y	N	MONTH	YEAR
	<p>Please give me the names of persons who usually live in your household and of visitors who spent the last night here, starting with the household head.</p> <p>AFTER LISTING OUT THE NAMES OF HOUSEHOLD MEMBERS AND RECORDED THE RELATIONSHIP AND THE SEX OF EACH PERSON, ASK QUESTIONS Q2A-2C TO ENSURE THAT THE LIST OF MEMBERS IS COMPLETED. THEN ASK THE APPROPRIATE QUESTIONS OF COLUMN 5 TO 23 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) with the household head?</p> <p>SEE CODES BELOW</p>	<p>Is (NAME) of male or female sex ?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) spend the last night here?</p>	<p>What is (NAME'S) date of birth?</p> <p>98 DK- MONTH</p> <p>9998 DK YEAR</p>		<p>How old is (NAME)?</p> <p>if 95 years or more, record 95</p>	<p>What is (NAME'S) current marital status?</p> <p>1=MARRIED OR LIVING TOGETHER 2 = DIVORCEE/ SEPARATED 3 = WIDOWER/WIDOW 4 = NEVER MARRIED/ NEVER LIVED WITH SOMEONE</p>	
(1)	(2)	(3)	(4)	(5)	(6)	(7)		(8)	(9)	
01		0 1	1 2	1 2	1 2					
02			1 2	1 2	1 2					
03			1 2	1 2	1 2					
04			1 2	1 2	1 2					
05			1 2	1 2	1 2					
06			1 2	1 2	1 2					
07			1 2	1 2	1 2					
08			1 2	1 2	1 2					
09			1 2	1 2	1 2					
10			1 2	1 2	1 2					
11			1 2	1 2	1 2					
12			1 2	1 2	1 2					

<p>TICK HERE IF ANOTHER SHEET IS USED <input type="checkbox"/></p> <p>2A) Just to be sure that I have a complete list Are there other persons like children or infants who were not listed? YES <input type="checkbox"/> → ADD TO THE TABLE NO <input type="checkbox"/></p> <p>2B) Are there other persons who may not be members of your family, such as domestic servants, employees, tenants or friends who usually live here ? YES <input type="checkbox"/> → ADD TO THE TABLE NO <input type="checkbox"/></p> <p>2C) Have you got guests or temporary visitors who are with you or other persons who slept here last night and who were not listed? YES <input type="checkbox"/> → ADD TO THE TABLE NO <input type="checkbox"/></p>	<p>CODES FOR Q3: RELATIONSHIP WITH THE HOUSEHOLD HEAD</p> <p>01 = HOUSEHOLD HEAD 02 = WIFE OR HUSBAND 03 = SON OR DAUGHTER 04 = SON-IN-LAW OR DAUGHTER-IN-LAW 05 = GRAND SON/DAUGHTER 06 = FATHER/MOTHER 07 = IN-LAW PARENTS</p> <p>08 = BROTHER OR SISTER 09 = DIRECT NIECE/NEPHEW 10 = NIECE/NEPHEW BY MARRIAGE 11 = OTHER PARENTS 12 = ADOPTED/FOSTER/STEPCHILD 13 = NOT RELATED 98 = DOESN'T KNOW</p>
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LINE N°	IF AGE 0-17 YEARS				IF AGE 3 YEARS OR MORE			IF AGE 3-24 YEARS				IF WOMAN AGED 10 YRS OR +	
	SURVIVAL AND RESIDENTIAL STATUS OF NATURAL PARENTS				MOUSQUITO NETS			HAS ATTENDED SCHOOL	CURRENT OR RECENT SCHOOL ATTENDANCE				PREGNANT WOMAN
	Is (NAME'S) natural mother alive?	Does (NAME'S) natural mother usually live in this household or was she on visit here last night?	Is (NAME'S) natural father alive?	Does (NAME'S) natural father usually live in this household or was he on visit here last night?	Did (NAME) sleep under a mosquito net last night?	What is the main reason why (NAME) didn't sleep under a mosquito net last night?	Did (NAME) attend school? or nursery school/Child-Parent Center (CPC)?	What is the highest level of education (NAME) attended?	Did (NAME) attend school- or nursery school- or nursery /Child-Parent Center (CPC) at any time during the school year 2015-2016?	During this school year, which level and grade is/was (NAME) attending?	Did (NAME) attend school- or nursery /CPC at any time during the previous school year, that is (2014-2015)	During this school year, which level and grade was (NAME) attending?	Is (NAME) pregnant?
	IF YES: What is her name? RECORD THE LINE N° OF THE MOTHER. IF NOT, RECORD 00		IF YES: What is his name? RECORD THE LINE N° OF THE FATHER. IF NOT, RECORD 00			SEE CODES BELOW	SEE CODES BELOW	What is the highest grade (NAME) completed at at this level SEE CODES BELOW		SEE CODES BELOW		SEE CODES BELOW	
(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)
01	Y N DK 1 2 8 GO TO 13	<input type="checkbox"/>	Y N DK 1 2 8 GO TO 15	<input type="checkbox"/>	Y N DK 1 2 8 GO TO 17	<input type="checkbox"/>	Y N 1 2 GO TO 23	LEVEL GRADE <input type="checkbox"/>	Y N 1 2 GO TO 21	LEVEL GRADE <input type="checkbox"/>	Y N 1 2 GO TO 23	<input type="checkbox"/>	Y N 1 2
02	1 2 8 GO TO 13	<input type="checkbox"/>	1 2 8 GO TO 15	<input type="checkbox"/>	1 2 8 GO TO 17	<input type="checkbox"/>	1 2 GO TO 23	<input type="checkbox"/>	1 2 GO TO 21	<input type="checkbox"/>	1 2 GO TO 23	<input type="checkbox"/>	Y N 1 2
03	1 2 8 GO TO 13	<input type="checkbox"/>	1 2 8 GO TO 15	<input type="checkbox"/>	1 2 8 GO TO 17	<input type="checkbox"/>	1 2 GO TO 23	<input type="checkbox"/>	1 2 GO TO 21	<input type="checkbox"/>	1 2 GO TO 23	<input type="checkbox"/>	Y N 1 2
04	1 2 8 GO TO 13	<input type="checkbox"/>	1 2 8 GO TO 15	<input type="checkbox"/>	1 2 8 GO TO 17	<input type="checkbox"/>	1 2 GO TO 23	<input type="checkbox"/>	1 2 GO TO 21	<input type="checkbox"/>	1 2 GO TO 23	<input type="checkbox"/>	Y N 1 2
05	1 2 8 GO TO 13	<input type="checkbox"/>	1 2 8 GO TO 15	<input type="checkbox"/>	1 2 8 GO TO 17	<input type="checkbox"/>	1 2 GO TO 23	<input type="checkbox"/>	1 2 GO TO 21	<input type="checkbox"/>	1 2 GO TO 23	<input type="checkbox"/>	Y N 1 2
06	1 2 8 GO TO 13	<input type="checkbox"/>	1 2 8 GO TO 15	<input type="checkbox"/>	1 2 8 GO TO 17	<input type="checkbox"/>	1 2 GO TO 23	<input type="checkbox"/>	1 2 GO TO 21	<input type="checkbox"/>	1 2 GO TO 23	<input type="checkbox"/>	Y N 1 2
07	1 2 8 GO TO 13	<input type="checkbox"/>	1 2 8 GO TO 15	<input type="checkbox"/>	1 2 8 GO TO 17	<input type="checkbox"/>	1 2 GO TO 23	<input type="checkbox"/>	1 2 GO TO 21	<input type="checkbox"/>	1 2 GO TO 23	<input type="checkbox"/>	Y N 1 2
08	1 2 8 GO TO 13	<input type="checkbox"/>	1 2 8 GO TO 15	<input type="checkbox"/>	1 2 8 GO TO 17	<input type="checkbox"/>	1 2 GO TO 23	<input type="checkbox"/>	1 2 GO TO 21	<input type="checkbox"/>	1 2 GO TO 23	<input type="checkbox"/>	Y N 1 2
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11	1 2 8 GO TO 13	<input type="checkbox"/>	1 2 8 GO TO 15	<input type="checkbox"/>	1 2 8 GO TO 17	<input type="checkbox"/>	1 2 GO TO 23	<input type="checkbox"/>	1 2 GO TO 21	<input type="checkbox"/>	1 2 GO TO 23	<input type="checkbox"/>	Y N 1 2
12	1 2 8 GO TO 13	<input type="checkbox"/>	1 2 8 GO TO 15	<input type="checkbox"/>	1 2 8 GO TO 17	<input type="checkbox"/>	1 2 GO TO 23	<input type="checkbox"/>	1 2 GO TO 21	<input type="checkbox"/>	1 2 GO TO 23	<input type="checkbox"/>	Y N 1 2

**CODES FOR COLUMN 16 MOSQUITO NET**

DID NOT SLEEP HERE LAST NIGHT ..... 11

NOT ENOUGH MOSQUITO NETS ..... 12

MOSQUITO NET IN POOR

CONDITION/DESTROYED ..... 13

SICK PERSON ..... 14

IT'S NOT NECESSARY ..... 15

DOESN'T LIKE TO SLEEP UNDER A MOSQUITO NET ..... 16

IS NOT AFRAID OF MOSQUITOES ..... 17

IT'S TOO HOT ..... 18

KEEP MOSQUITO NET FOR FUTURE USE ..... 19

OTHER ..... 96

LEVEL	PRE SCHOOL=0	PRIMARY= 1	SECONDARY 1 <sup>ST</sup> Cycle = 2	SECONDARY 2 <sup>ND</sup> Cycle = 3	HIGHER EDC = 4	DK = 8
GRADE	1	LESS THAN 1 YR = 0	LESS THAN 1YR = 0	Less than1yr ..... = 0	less than1y = 0	
		SLUGDE SECT./cls1/Nurz = 1	6è/1ère A.T/Form 1 = 1	2nde G ou T/Form 5 ..... = 1	1 <sup>st</sup> year = 1	
		CP/CPS/class2 = 2	5è/2è A.T/Form 2 = 2	1ère G ou T/Lower 6 <sup>th</sup> ..... = 2	2 <sup>nd</sup> year = 2	
		CE1/Class3 = 3	4è/3è A.T/Form 3 = 3	Terminale G ou T/Upper 6 <sup>th</sup> = 3	3 <sup>rd</sup> year = 3	
		CE2/Class4 = 4	3è/4è A.T/Form 4 = 4	DK = 8	4 <sup>th</sup> year or+ = 4	
		CM1/Class5 = 5	DK = 8		DK = 8	
		CM2/Class6/7 = 6				
		DK = 8				



NO.	QUESTIONS AND FILTERS	CODES CATEGORIES	GO TO
208	Do you share this toilet facility with other households?	YES ..... 1 NO ..... 2	
209	Including your own household, how many households use this toilet facility?	NUMBER OF HOUSEHOLDS IF LESS THAN 10 <input type="text" value="0"/> <input type="text"/> 10 HOUSEHOLDS OR MORE 95 DOESN'T KNOW 98	
210	Where is this toilet facility found?	IN THE DWELLING 1 IN THE YARD/PLOT 2 ELSEWHERE ..... 8	
211	How many rooms in this household are used for sleeping?	NUMBER OF ROOMS <input type="text"/> <input type="text"/>	
211A	How many places (beds, mattress, carpet, mat, blanket) in this household are used for sleeping?	NUMBER OF PLACES <input type="text"/> <input type="text"/>	
212	<u>MAIN MATERIAL OF THE FLOOR</u> RECORD OBSERVATION	<b>NATURAL FLOOR</b> (EARTH/SAND/DUNG) ..... 11 <b>RUDIMENTARY FLOOR</b> (WOOD PLANKS/BAMBOO) ..... 21 <b>FINISHED FLOOR</b> PARQUET OR POLISHED WOOD ..... 31 VINYL OR ASPHALT STRIPS ..... 32 TILES ..... 33 CEMENT..... 34 CARPET ..... 35 OTHER ..... 96 (SPECIFY) _____	
213	<u>MAIN MATERIAL OF THE ROOF</u> RECORD YOUR OBSERVATION .	<b>NATURAL ROOF</b> NO ROOF ..... 11 THATCH/STRAW ..... 12 GRASS ..... 13 <b>RUDIMENTARY ROOF</b> BAMBOO/WOOD PLANK/CARDBOARD ..... 21 <b>FINISHED ROOF</b> ZINC/IRON SHEET METAL ..... 31 CERAMIC TILES ..... 34 CEMENT..... 35 OTHER ..... 96 (SPECIFY) _____	
214	<u>MAIN MATERIAL OF THE WALLS</u> RECORD YOUR OBSERVATION.	<b>NATURAL WALLS</b> NO WALLS ..... 11 WOOD, NATURAL PALM AND BAMBOO/SUGAR CANE ..... 12 EARTH ..... 13 <b>RUDIMENTARY WALLS</b> BAMBOO WITH MORTAR ..... 21 STONE WITH MORT. .... 22 UNCOVERED ADOBE ..... 23 PLY-WOOD ..... 24 CARDBOARD ..... 25 RE-USED WOOD ..... 26 <b>FINISHED WALLS</b> CEMENT..... 31 STONE WITH LIME/CEMENT ..... 32 BRICKS ..... 33 CEMENT BLOCKS..... 34 COVERED ADOBE/BAMBOO WITH CEMENT MORTAR ..... 35 WOOD PLANKS/SHINGLE ..... 36 OTHER ..... 96 (SPECIFY) _____	
215	<u>TYPE OF WINDOWS.</u> RECORD YOUR OBSERVATION.	<b>YES NO</b> NO WINDOWS ..... 1 2 WINDOW WITH GLASS ..... 1 2 WINDOW WITH FOLDING SCREEN ..... 1 2 WINDOW WITH CURTAINS OR SHUTTERS ..... 1 2 WINDOW WITH WOOD ..... 1 2	→ 216
216	In your household, is there:	<b>YES NO</b> A ELECTRICITY ..... 1 2 B RADIO ..... 1 2 C TELEVISION ..... 1 2 D COMPUTER ..... 1 2 E FIXED TELEPHONE ..... 1 2 F REFRIGERATOR ..... 1 2 G <b>STOVE/COOKER</b> ..... 1 2 H CABLE/SATELLITE DISH ..... 1 2	

NO.	QUESTIONS AND FILTERS	CODES CATEGORIES	GO TO																								
217	Does a member of your household own:	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>A WATCH .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B BICYCLE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C MOTOR BIKE/SCOOTER .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>D ANIMAL-DRAWN CART .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>E VEHICLE/TRUCK .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>F INTERNET CONNECTION .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>G MOBILE TELEPHONE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	A WATCH .....	1	2	B BICYCLE .....	1	2	C MOTOR BIKE/SCOOTER .....	1	2	D ANIMAL-DRAWN CART .....	1	2	E VEHICLE/TRUCK .....	1	2	F INTERNET CONNECTION .....	1	2	G MOBILE TELEPHONE .....	1	2	
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218	<p>How many of the following animals does your household own?</p> <p>IF NONE, RECORD '00'. IF 95 OR MORE, RECORD '95'. IF DOESN'T KNOW, RECORD '98'.</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 30%;">A Milk cows or bulls?</td> <td style="width: 40%;">A MILK COWS .....</td> <td style="width: 15%; text-align: center;">□ □</td> </tr> <tr> <td>B Other cattle?</td> <td>B OTHER CATTLE .....</td> <td style="text-align: center;">□ □</td> </tr> <tr> <td>C Horses, donkeys or mules ?</td> <td>C HORSES, DONKEYS OR MULES .....</td> <td style="text-align: center;">□ □</td> </tr> <tr> <td>D Goats?</td> <td>D GOATS .....</td> <td style="text-align: center;">□ □</td> </tr> <tr> <td>E Sheep ?</td> <td>E SHEEP .....</td> <td style="text-align: center;">□ □</td> </tr> <tr> <td>F Pigs</td> <td>F PIGS .....</td> <td style="text-align: center;">□ □</td> </tr> <tr> <td>G Chickens or other poultry?</td> <td>G CHICKENS OR OTHER POULTRY .....</td> <td style="text-align: center;">□ □</td> </tr> </tbody> </table>	A Milk cows or bulls?	A MILK COWS .....	□ □	B Other cattle?	B OTHER CATTLE .....	□ □	C Horses, donkeys or mules ?	C HORSES, DONKEYS OR MULES .....	□ □	D Goats?	D GOATS .....	□ □	E Sheep ?	E SHEEP .....	□ □	F Pigs	F PIGS .....	□ □	G Chickens or other poultry?	G CHICKENS OR OTHER POULTRY .....	□ □				
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219	Do any member of your household own agricultural land?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">YES .....</td> <td style="width: 10%; text-align: center;">1</td> </tr> <tr> <td>NO .....</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>	YES .....	1	NO .....	2	→ 221																				
YES .....	1																										
NO .....	2																										
220	How many hectares of agricultural land do members of your household own?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 60%;">HECTARES .....</td> <td style="width: 10%; text-align: center;">□ □ □</td> <td style="width: 10%; text-align: center;">□</td> <td style="width: 10%; text-align: center;">□</td> </tr> <tr> <td>95 HECTARES OR MORE .....</td> <td style="text-align: center;">950</td> </tr> <tr> <td>DOESN'T KNOW .....</td> <td style="text-align: center;">998</td> </tr> </tbody> </table>	HECTARES .....	□ □ □	□	□	95 HECTARES OR MORE .....	950	DOESN'T KNOW .....	998																	
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DOESN'T KNOW .....	998																										
221	Is there a non harnessed waterway or puddle (stream, river, swamp, lake.....), in the vicinity of this dwelling (within a radius of 100m) ?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">YES .....</td> <td style="width: 10%; text-align: center;">1</td> </tr> <tr> <td>NO .....</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>	YES .....	1	NO .....	2																					
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PROTECTION AGAINST MOSQUITOES			
N <sup>o</sup> .	QUESTIONS AND FILTERS	CODES	GO TO
300	<p><b>CHECK Q215</b></p> <p><b>IF HOUSE WITH WINDOW</b></p> <p><input type="checkbox"/></p>	<p><b>IF NO WINDOW</b></p> <p><input type="checkbox"/></p>	<p>→ 302</p>
301	Are windows of rooms used for habitation equipped with wire-nettings to prevent mosquitoes from entering?	YES ..... 1 NO ..... 2 NO WINDOWS ..... 3	
302	Are doors of rooms used for habitation equipped with wire-nettings or curtains to prevent mosquitoes from entering?	YES ..... 1 NO ..... 2	
303	In your household, do you have mosquito nets which could be used for sleeping?	YES ..... 1 NO ..... 2	→ 305
304	How many mosquito nets do you have in your household?	NUMB. OF MOSQUITO. NETS ..... <input type="text"/> <input type="text"/>	→ 306
305	Why are there no mosquito nets which could be used in your household?  CIRCLE ALL THE CODES MENTIONNED	LACK OF MEANS ..... A NOT NECESSARY ..... B USES SOMETHING ELSE ..... C NOT A LOT OF MOSQUITOES ..... D DOESN'T LIKE ..... E  OTHER _____ X (SPECIFY) DOESN'T KNOW ..... Y	→ 400

		1 <sup>st</sup> NET	2 <sup>nd</sup> NET	3 <sup>rd</sup> NET
306	ASK THE RESPONDENT TO SHOW YOU THE MOSQUITO NETS OF THE HOUSEHOLD	SEEN ..... 1 NOT SEEN ..... 2	SEEN ..... 1 NOT SEEN ..... 2	SEEN ..... 1 NOT SEEN... .. 2
307	How many months ago did your household get this mosquito net?  IF LESS THAN ONE MONTH, RECORD '00'. IF 3 YEARS OR MORE, (36 MONTHS OR +) CIRCLE '95'	<b>MONTHS AGO</b> <input type="text"/>  <b>MORE THAN 36 MONTHS</b> ..... 95 <b>NOT SURE</b> ..... 98	<b>MONTHS AGO</b> <input type="text"/>  <b>MORE THAN 36 MONTHS</b> ..... 95 <b>NOT SURE</b> ..... 98	<b>MONTHS AGO</b> <input type="text"/>  <b>MORE THAN 36 MONTHS</b> ..... 95 <b>NOT SURE</b> ..... 98
308	OBSERVE OR ASK THE BRAND/TYPE OF THE MOSQUITO NET. IF THE BRAND IS NOT KNOWN AND IF YOU CAN NOT OBSERVE THE MOSQUITO NET, SHOW THE RESPONDENT PICTURES OF COMMON BRANDS AND TYPES OF MOSQUITO NETS.	<b>"LLIN" MOSQUITO NET</b> OLYSET ..... 11 PERMANET ..... 12 DURANET ..... 13 INTERCEPTOR ..... 14 NET PROTECT ..... 15 OTHER (Specify) ..... 16 DK BRAND ..... 18 (GO TO 311) ← <b>OTHER MOSQUITO NET</b> (Specify) ..... 96 <b>DK BRAND/TYPE</b> ..... 98	<b>"LLIN" MOSQUITO NET</b> OLYSET ..... 11 PERMANET ..... 12 DURANET ..... 13 INTERCEPTOR ..... 14 NET PROTECT ..... 15 OTHER (Specify) ..... 16 DK BRAND ..... 18 (GO TO 311) ← <b>OTHER MOSQUITO NET</b> (Specify) ..... 96 <b>DK BRAND/TYPE</b> ..... 98	<b>"LLIN" MOSQUITO NET</b> OLYSET ..... 11 PERMANET ..... 12 DURANET ..... 13 INTERCEPTOR ..... 14 NET PROTECT ..... 15 OTHER (Specify) ..... 16 DK BRAND ..... 18 (GO TO 311) ← <b>OTHER MOSQUITO NET</b> (Specify) ..... 96 <b>DK BRAND/TYPE</b> ..... 98
309	Since you got this mosquito net, was it ever soaked or dipped in a liquid that kills or repels mosquitoes?	YES ..... 1 NO ..... 2 (GO TO 311) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (GO TO 311) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (GO TO 311) ← NOT SURE ..... 8
310	How many months ago was this mosquito net soaked or dipped in an insecticide liquid for the last time?  IF LESS THAN ONE MONTH, RECORD '00'. IF MORE THAN 2 YEARS (24 MONTHS +), CIRCLE '95'	<b>MONTHS AGO</b> <input type="text"/>  <b>MORE THAN 24 MONTHS AGO</b> ..... 95 <b>NOT SURE</b> ..... 98	<b>MONTHS AGO</b> <input type="text"/>  <b>MORE THAN 24 MONTHS AGO</b> ..... 95 <b>NOT SURE</b> ..... 98	<b>MONTHS AGO</b> <input type="text"/>  <b>MORE THAN 24 MONTHS AGO</b> ..... 95 <b>NOT SURE</b> ..... 98
311	Did you receive this mosquito net: a) during the 2011/2012 campaign, b) the 2015/2016 campaign, c) the 2011 campaign, d) during an antenatal consultation or a delivery, e) during a child's vaccination session f) or during another campaign?	YES, 2015/2016 DISTRIBUTION CAMPAIGN ..... 1 YES, 2011/2012 DISTRIBUTION CAMPAIGN ..... 2 YES, ANTENATAL VISIT ..... 3 YES, VACCINATION VISIT ..... 4 OTHER CAMPAIGN ..... 5 (SPECIFY) ..... (GO TO 313) ← NO ..... 6	YES, 2015/2016 DISTRIBUTION CAMPAIGN ..... 1 YES, 2011/2012 DISTRIBUTION CAMPAIGN ..... 2 YES, ANTENATAL VISIT ..... 3 YES, VACCINATION VISIT ..... 4 OTHER CAMPAIGN ..... 5 (SPECIFY) ..... (GO TO 313) ← NO ..... 6	YES, 2015/2016 DISTRIBUTION CAMPAIGN ..... 1 YES, 2011/2012 DISTRIBUTION CAMPAIGN ..... 2 YES, ANTENATAL VISIT ..... 3 YES, VACCINATION VISIT ..... 4 OTHER CAMPAIGN ..... 5 (SPECIFY) ..... (GO TO 313) ← NO ..... 6
312	Where did you get the mosquito net?	PUBLIC HEALTH ESTABLISHMENT 01 PRIVATE HEALTH ESTABLISHMENT 02 PHARMACY 03 SHOP/MARKET 04 COMMUNITY HEALTH WORKER 05 FRIEND/FAMILY 06 RELIGIOUS INSTITUTION 07  OTHER (Specify) ..... 96 DOESN'T KNOW ..... 98	PUBLIC HEALTH ESTABLISHMENT 01 PRIVATE HEALTH ESTABLISHMENT 02 PHARMACY 03 SHOP/MARKET 04 COMMUNITY HEALTH WORKER 05 FRIEND/FAMILY 06 RELIGIOUS INSTITUTION 07  OTHER (Specify) ..... 96 DOESN'T KNOW ..... 98	PUBLIC HEALTH ESTABLISHMENT 01 PRIVATE HEALTH ESTABLISHMENT 02 PHARMACY 03 SHOP/MARKET 04 COMMUNITY HEALTH WORKER 05 FRIEND/FAMILY 06 RELIGIOUS INSTITUTION 07  OTHER (Specify) ..... 96 DOESN'T KNOW ..... 98
313	Is this mosquito net presently hanged?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
314	Was this mosquito net hanged last night?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
315	OBSERVE THE MOSQUITO NET AND APPRECIATE THE STATE IF NOT, ASK THE FOLLOWING QUESTION  Would you say that this mosquito net has small holes or is torn?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
315A	<b>CHECK Q311, Q313 AND Q314 IF MOSQUITO NET OBTAINED DURING THE 2015/2016 DISTRIBUTION CAMPAIGN AND IF CURRENTLY HANGED OR HANGED LAST NIGHT</b>	<b>MOSQUITO NET 2015/2016 CAMPAIGN CURRENTLY HANGED OR HANGED LAST NIGHT</b> <input type="checkbox"/> → 315B  <b>IF NOT</b> <input type="checkbox"/> → 316	<b>MOSQUITO NET 2015/2016 CAMPAIGN CURRENTLY HANGED OR HANGED LAST NIGHT</b> <input type="checkbox"/> → 315B  <b>IF NOT</b> <input type="checkbox"/> → 316	<b>MOSQUITO NET 2015/2016 CAMPAIGN CURRENTLY HANGED OR HANGED LAST NIGHT</b> <input type="checkbox"/> → 315B  <b>IF NOT</b> <input type="checkbox"/> → 316
315B	Was this mosquito net dried before you started using it?	YES ..... 1 NO ..... 2 → 316	YES ..... 1 NO ..... 2 → 316	YES ..... 1 NO ..... 2 → 316
315C	If yes, for how long did you dry it in the sun before you started using it?	<b>DURING LESS THAN ONE DAY</b> ..... 1 <b>DURING THE WHOLE DAY</b> ..... 2 <b>DURING 2 TO 3 DAY</b> ..... 3 <b>DURING MORE THAN 3 DAYS</b> ..... 4	<b>DURING LESS THAN ONE DAY</b> ..... 1 <b>DURING THE WHOLE DAY</b> ..... 2 <b>DURING 2 TO 3 DAY</b> ..... 3 <b>DURING MORE THAN 3 DAYS</b> ..... 4	<b>DURING LESS THAN ONE DAY</b> ..... 1 <b>DURING THE WHOLE DAY</b> ..... 2 <b>DURING 2 TO 3 DAY</b> ..... 3 <b>DURING MORE THAN 3 DAYS</b> ..... 4



316	Since you got this mosquito net, has it ever been washed?	YES ..... 1 NO ..... 2 (GO TO 321) ← DK ..... 8	YES ..... 1 NO ..... 2 (GO TO 321) ← DK ..... 8	YES ..... 1 NO ..... 2 (GO TO 321) ← DK ..... 8
317	How many times was this mosquito net ever been washed?	LESS THAN 20 TIMES ..... 1 20 TIMES OR MORE ..... 2 DK ..... 8	LESS THAN 20 TIMES ..... 1 20 TIMES OR MORE ..... 2 DK ..... 8	LESS THAN 20 TIMES ..... 1 20 TIMES OR MORE ..... 2 DK ..... 8
318	What type of detergent did you use the last time?	ORDINARY SOAP ..... A BLEACH ..... B LIQUID OR POWDERED DETERGENT ..... C NO DETERGENTS ..... X OTHER _____ (SPECIFY) ..... Y DOESN'T KNOW ..... Y	ORDINARY SOAP ..... A BLEACH ..... B LIQUID OR POWDERED DETERGENT ..... C NO DETERGENTS ..... X OTHER _____ (SPECIFY) ..... Y DOESN'T KNOW ..... Y	ORDINARY SOAP ..... A BLEACH ..... B LIQUID OR POWDERED DETERGENT ..... C NO DETERGENTS ..... X OTHER _____ (SPECIFY) ..... Y DOESN'T KNOW ..... Y
319	The last time this mosquito net was washed, was it washed with heated or unheated water?	UNHEATED WTAER ..... 1 HEATED WATER ..... 2	UNHEATED WTAER ..... 1 HEATED WATER ..... 2	UNHEATED WTAER ..... 1 HEATED WATER ..... 2
320	How did you dry this mosquito net the last time you washed it?	IN THE SHADE ..... 1 IN THE SUN ..... 2	IN THE SHADE ..... 1 IN THE SUN ..... 2	IN THE SHADE ..... 1 IN THE SUN ..... 2
321	Did anyone sleep under this mosquito net last night?	YES ..... 1 → 323 NO ..... 2 DK ..... 8	YES ..... 1 → 323 NO ..... 2 DK ..... 8	YES ..... 1 → 323 NO ..... 2 DK ..... 8
322	For which main reason did someone not sleep under this mosquito net last night?	NO MOSQUITOES ..... 1 HEAT ..... 2 TORN/POOR STATE ..... 3 NOT EFFICIENT ANY MORE ..... 4 STILL PACKAGED ..... 5 OTHER _____ (Specify) ..... 6 DOESN'T KNOW ..... 8 (GO TO 324) ←	NO MOSQUITOES ..... 1 HEAT ..... 2 TORN/POOR STATE ..... 3 NOT EFFICIENT ANY MORE ..... 4 STILL PACKAGED ..... 5 OTHER _____ (Specify) ..... 6 DOESN'T KNOW ..... 8 (GO TO 324) ←	NO MOSQUITOES ..... 1 HEAT ..... 2 TORN/POOR STATE ..... 3 NOT EFFICIENT ANY MORE ..... 4 STILL PACKAGED ..... 5 OTHER _____ (Specify) ..... 6 DOESN'T KNOW ..... 8 (GO TO 324) ←
323	Who slept under this mosquito net last night?  RECORD THE PERSON'S LINE NUMBER FROM THE HOUSEHOLD TABLE.	NAME _____ LINE N <sup>o</sup> ..... <input type="text"/> <input type="text"/> NAME _____ LINE N <sup>o</sup> ..... <input type="text"/> <input type="text"/> NAME _____ LINE N <sup>o</sup> ..... <input type="text"/> <input type="text"/> NAME _____ LINE N <sup>o</sup> ..... <input type="text"/> <input type="text"/>	NAME _____ LINE N <sup>o</sup> ..... <input type="text"/> <input type="text"/> NAME _____ LINE N <sup>o</sup> ..... <input type="text"/> <input type="text"/> NAME _____ LINE N <sup>o</sup> ..... <input type="text"/> <input type="text"/> NAME _____ LINE N <sup>o</sup> ..... <input type="text"/> <input type="text"/>	NAME _____ LINE N <sup>o</sup> ..... <input type="text"/> <input type="text"/> NAME _____ LINE N <sup>o</sup> ..... <input type="text"/> <input type="text"/> NAME _____ LINE N <sup>o</sup> ..... <input type="text"/> <input type="text"/> NAME _____ LINE N <sup>o</sup> ..... <input type="text"/> <input type="text"/>
323A	CHECK Q311, Q313 AND Q314 IF MOSQUITO NET OBTAINED DURING THE 2015/2016 DISTRIBUTION CAMPAIGN AND IF NOT CURRENTLY HANGED AND NOT HANGED LAST NIGHT	MOSQUITO NET 2015/2016 CAMPAIGN NOT CURRENTRLY HANGED AND NOT HANGED LAST NIGHT <input type="checkbox"/> → 323B IF NOT <input type="checkbox"/> → 324	MOSQUITO NET 2015/2016 CAMPAIGN NOT CURRENTRLY HANGED AND NOT HANGED LAST NIGHT <input type="checkbox"/> → 323B IF NOT <input type="checkbox"/> → 324	MOSQUITO NET 2015/2016 CAMPAIGN NOT CURRENTRLY HANGED AND NOT HANGED LAST NIGHT <input type="checkbox"/> → 323B IF NOT <input type="checkbox"/> → 324
323B	Have you ever used this mosquito net at least once?	YES, ONLY ONCE ..... 1 YES, MORE THAN ONCE ..... 2 NOT YET ..... 3	YES, ONLY ONCE ..... 1 YES, MORE THAN ONCE ..... 2 NOT YET ..... 3	YES, ONLY ONCE ..... 1 YES, MORE THAN ONCE ..... 2 NOT YET ..... 3
313C	How soon do you intend to start using this mosquito net?	AS FROM TODAY ..... 1 IN LESS THAN ONE WEEK ..... 2 IN LESS THAN ONE MONTH ..... 3 IN LESS THAN ONE YEAR ..... 4 IN ONE YEAR OR MORE ..... 5 DOESN'T INTEND TO USE IT ..... 6	AS FROM TODAY ..... 1 IN LESS THAN ONE WEEK ..... 2 IN LESS THAN ONE MONTH ..... 3 IN LESS THAN ONE YEAR ..... 4 IN ONE YEAR OR MORE ..... 5 DOESN'T INTEND TO USE IT ..... 6	AS FROM TODAY ..... 1 IN LESS THAN ONE WEEK ..... 2 IN LESS THAN ONE MONTH ..... 3 IN LESS THAN ONE YEAR ..... 4 IN ONE YEAR OR MORE ..... 5 DOESN'T INTEND TO USE IT ..... 6
324		GO BACK TO 306 FOR THE NEXT MOSQUITO NET OR, IF THERE ARE NO MOSQUITO NETS, GO TO 400.	GO BACK TO 306 FOR THE NEXT MOSQUITO NET OR, IF THERE ARE NO MOSQUITO NETS, GO TO 400.	GO TO 307, FIRST COLUMN OF A NEW QUESTIONNAIRE; IF NO MOSQUITO NETS, GO TO Q 400.

**SECTION 4. EVALUATION OF THE LLIN DISTRIBUTION CAMPAIGN**

SERIAL N<sup>o</sup> OF THE MAIN RESPONDANT

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NO.	QUESTIONS AND FILTERS	CODES	GO TO		
400	During the month of.....2015, did you hear, see or receive messages on the distribution campaign of long lasting insecticide treated nets or LLIN?	YES ..... 1 NO ..... 2	→ 407		
400A	How many people were living in the household during the campaign?	<table border="1" style="margin: auto;"> <tr> <td style="width: 40px; height: 18px;"></td> <td style="width: 40px; height: 18px;"></td> </tr> </table>			
401	Did you hear, see or receive messages BEFORE the distribution?	YES ..... 1 NO ..... 2	→ 403		
402	Through which means did you hear, see or receive these message?  No other means?  RECORD ALL WHAT IS MENTIONNED.	RADIO ..... A TELEVISION ..... B BANNER ..... C HOSPITAL/HEALTH CENTRE ..... D COMMUNITY HEALTH WORKER ..... E TRADITIONAL/ADMINISTRATIVE AUTHORITY ..... F VISIT AT HOME OF THE ENUMERATION/SENSITIZATION TEAM ..... G CHURCH/MOSQUE ..... H FAMILY/FRIEND ..... I NEIGHBOUR ..... J NEWS PAPER ..... K TELEPHONE ..... L OTHER ..... X (SPECIFY)			
403	Did you hear, see or receive messages DURING this distribution?	YES ..... 1 NO ..... 2	→ 405		
404	Through which means did you hear, see or receive these messages?  No other means?  RECORD ALL WHAT IS MENTIONNED.	RADIO ..... A TELEVISION ..... B BANNER ..... C HOSPITAL/HEALTH CENTRE ..... D COMMUNITY HEALTH WORKER ..... E TRADITIONAL/ADMINISTRATIVE AUTHORITY ..... F VISIT AT HOME OF THE ENUMERATION/SENSITIZATION TEAM ..... G CHURCH/MOSQUE ..... H FAMILY/FRIEND ..... I NEIGHBOUR ..... J NEWS PAPER ..... K TELEPHONE ..... L OTHER ..... X (SPECIFY)			
405	Did you hear, see or receive messages AFTER the distribution?	YES ..... 1 NO ..... 2	→ 408		
406	Through which means did you hear, see or receive these messages?  No other means?  RECORD ALL WHAT IS MENTIONNED.	RADIO ..... A TELEVISION ..... B BANNER ..... C HOSPITAL/HEALTH CENTRE ..... D COMMUNITY HEALTH WORKER ..... E TRADITIONAL/ADMINISTRATIVE AUTHORITY ..... F VISIT AT HOME OF THE ENUMERATION/SENSITIZATION TEAM ..... G CHURCH/MOSQUE ..... H FAMILY/FRIEND ..... I NEIGHBOUR ..... J NEWS PAPER ..... K TELEPHONE ..... L OTHER ..... X (SPECIFY)			
407	Which messages did you hear, see or receive?  No other types of messages?  RECORD ALL WHAT IS MENTIONNED.	WHERE TO GET THE LLIN ..... A WHEN TO GET THE LLIN ..... B THE LLIN IS FREE OF CHARGE ..... C HOW TO HANG THE LLIN ..... D HOW TO TAKE CARE OF THE LLIN ..... E WHEN TO USE THE LLIN ..... F THE NEED TO TAKE A LLIN ..... G OTHER ..... X (SPECIFY)			
408	Was your household enumerated during the recent distribution campaign of mosquito nets (2015-2016)?	YES ..... 1 NO ..... 2 DOESN'T KNOW ..... 8	→ 410 → 410		
409	Why was your household not enumerated during this campaign?	THE ENUMERATION TEAM DID NOT PASS ..... 1 WE WERE NOT AT HOME AT THAT MOMENT ..... 2 WE REFUSED ..... 3 OTHER ..... 6 (SPECIFY)			

NO.	QUESTIONS AND FILTERS	CODES	GO TO
410	Did your household receive a ticket for free mosquito nets?	YES ..... 1 NO ..... 2 NOT SURE/DK ..... 8	→ 412 → 415
411	Who received the ticket?	<b>HOUSEHOLD MEMBER</b> <b>NAME</b> ..... 1  LINE N° <input type="text"/> <input type="text"/> <b>OTHER PERSON OUT OF HOUSEHOLD</b> ..... 2 OTHER ..... 6 (SPECIFY) DK ..... 8	→ 413
412	Why did your household not receive the ticket?	THE TEAM HADN'T TICKET ANY MORE ..... 1 WE WERE NOT AT HOME AT THAT MOMENT ..... 2 WE REFUSED ..... 3 OTHER ..... 6 (SPECIFY) DOESN'T KNOW ..... 8	→ 421
413	Did someone go to the distribution point of mosquito nets to exchange the tickets?	YES ..... 1 NO ..... 2 NOT SURE/DK ..... 8	→ 415 → 421
414	Why did no one go to the distribution point of mosquito nets to exchange the tickets?	NO TIME TO GET THERE ..... 11 NO MEANS TO GET THERE ..... 12 NOT INFORMED OF THE DISTRIBUTION DAY ..... 13 NOT INTERESTED ..... 14 TICKET GOT LOST ..... 15 DATE FORGOTTEN ..... 16 OTHER ..... 96 (SPECIFY)	→ 421
415	Who went to exchange the tickets at the distribution point of mosquito nets?	<b>HOUSEHOLD MEMBER</b> <b>NOM</b> ..... 1  LINE N° <input type="text"/> <input type="text"/> <b>OTHER PERSON OUT OF THE HOUSEHOLD</b> ..... 2 OTHER ..... 6 (SPECIFY) DK ..... 8 DOESN'T KNOW ..... 8	
<b>QUESTIONS 416 TO 424 SHOLUD BE ASKED TO THE PERSON IDENTIFIED IN 415 IF HE/SHE IS MEMBER OF THE HOUSEHOLD</b>			
416	How long did you take from your household to the distribution point during the campaign?	<b>LESS THAN 30 MN</b> ..... 1 <b>FROM 30 MN TO LESS THAN 1</b> ..... 2 <b>FROM 1 HOUR TO LESS THAN 2 HOURS</b> ..... 3 <b>2 HOURS OR MORE</b> ..... 4 <b>DOESN'T KNOW</b> ..... 8	
417	Which means of transport did you use to get there?	ON FOOT ..... 1 BY VEHICLE ..... 2 BY MOTOR BIKE ..... 3 BY CANOE ..... 4 BY BICYCLE ..... 5 OTHER ..... 6 (SPECIFY) DOESN'T KNOW ..... 8	

NO.	QUESTIONS AND FILTERS	CODES	GO TO
418	Did you spend for transportation to get to the distribution point?	YES ..... 1 NO ..... 2 DK/NOT SURE ..... 8	420
419	If yes, how much did you spend to get to the distribution point?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
420	Once you got to the distribution place, how long did you wait before getting the mosquito net?	LESS THAN 30 MN ..... 1 FROM 30 MN TO LESS THAN 1 ..... 2 FROM 1 HOUR TO LESS THAN 2 HOURS ..... 3 2 HOURS OR MORE ..... 4 DID NOT RECEIVE LLIN ..... 5 DOESN'T KNOW ..... 8	
421	Did you receive LLIN in this household during this campaign?	YES ..... 1 NO ..... 2 NOT SURE/DK ..... 8	423 501
422	Why did you not receive LLIN during this campaign?	ABSENT DURING THE CAMPAIGN ..... 11 REFUSED BY THE DISTRIBUTOR ..... 12 NOT INFORMED OF THE DISTRIBUTION DAY ..... 13 STOCK OUT ..... 14 NOT ENUMERATED ..... 15 TICKET GOT LOST ..... 16 DID NOT RECEIVE TICKET ..... 17 OTHER ..... 96 _____ (SPECIFY)	501
423	How many LLIN did your household receive during this campaign?	NUMBER OF LLIN <input type="text"/> <input type="text"/>	
424	Where were this/these LLIN obtained?	IN A HEALTH CENTRE ..... 1 FROM THE VILLAGE CHIEF/QUARTER HEAD ..... 2 SCHOOL ..... 3 OTHER ..... 6 NOT SURE/DK ..... 8	
425	After receiving the mosquito net(s) during the campaign, when did you hang it(them) for the first time?  IF DATES ARE DIFFERENT FOR LLIN, CONSIDER THE DATE OF THE FIRST MOSQUITO NET HANGED.	THE SAME DAY ..... 1 THE NEXT DAY ..... 2 DURING THE FIRST WEEK ..... 3 DURING THE FIRST MONTH ..... 4 NOT YET HANGED ..... 5 NOTE SURE/DK ..... 6	427
426	How many mosquito nets received from the campaign have you already hanged?	NUMBER OF LLIN <input type="text"/> <input type="text"/>	
427	Did you face difficulties to hang the mosquito nets in your household?	YES ..... 1 NO ..... 2 DK ..... 8	429
428	What was the main problem?	NO SPACE TO HANG ..... 1 NO MATERIALS USED FOR HANGING ..... 2 DID NOT KNOW HOW TO HANG ..... 3 INAPPROPRIATE FORMAT/BORDER ..... 4 OTHER ..... 6 _____ (SPECIFY)	
429	How many persons were living in your household during the distribution campaign of LLIN?	NUMBER OF PERSONS <input type="text"/> <input type="text"/>	
430	How many mosquito nets did your household have before this campaign?	NUMBER OF MOSQUITO NETS <input type="text"/> <input type="text"/>	

MOSQUITO NETS USED AND PREFERENCES			
Nº.	QUESTIONS AND FILTERS	CODES	GO TO
500	Do you <u>presently own</u> a mosquito net which is no more used for sleeping?	YES ..... 1 NO ..... 2	→ 504
501	How many mosquito nets do you own presently which are no more used for sleeping? IF 5 MOSQUITO NETS OR MORE, RECORD '5'.	NUMBER OF MOSQUITO NETS <input style="width: 50px; height: 30px;" type="text"/>	
502	CHECK 501 <input type="checkbox"/> ONE MOSQUITO NET ↓ What do you do of the mosquito net you are no more using for sleeping?  <input type="checkbox"/> SEVERAL MOSQUITO NETS ↓ What do you do of the last used mosquito net which is no more used for sleeping?	USED FOR CLEANING ..... 1 USED AS CURTAINS ..... 2 USED TO PROTECT HARVEST ..... 3 USED FOR FISHING ..... 4 KEPT FOR FUTUR USE ..... 5 OTHER USE ..... 6 DOESN'T KNOW ..... 8	
503	CHECK 501 <input type="checkbox"/> ONE MOSQUITO NET ↓ Would you have preferred keeping the mosquito net for other uses other than sleeping, or hand it to local officials to get rid of it?  <input type="checkbox"/> SEVERAL MOSQUITO NETS ↓ Would you have preferred keeping the last used mosquito net for other uses other than sleeping, or hand it to local officials to get rid of it?	KEEP FOR OTHER USES ..... 1 GIVE TO GET RID OF IT ..... 2 DOESN'T KNOW ..... 8	
504	Did you own a mosquito net which you do not have any more?	YES ..... 1 NO ..... 2	→ 506A
505	The last time you got rid of your last mosquito net, what did you do of it?	BURNT ..... 11 BURRIED ..... 12 THROWN ..... 13 COMPOSTED ..... 14 GIVEN TO SOMEONE ..... 15 EXCHANGED IT FOR A NEW ONE ..... 16 OTHER _____ 96 (SPECIFY) DOESN'T KNOW ..... 98	
506A	Some persons prefer some types of mosquito nets for sleeping, that is some shapes, colors or textures. Do you have a preference?	YES ..... 1 NO/INDIFFERENT ..... 2	→ 506F
506B	Which shape of mosquito net do you prefer for sleeping?	RECTANGULAR ..... 1 CONE-SHAPED ..... 2 OTHER _____ 6 (SPECIFY) NO PREFERENCE/IT DOESN'T MATTER TO ME ..... 7	
506C	Which type of texture of mosquito net do you prefer for sleeping?  SHOW PICTURES OF 2 TYPES OF MOSQUITO NETS/ IN POLYESTER AND IN POLYETHYLENE	SOFT TEXTURE /POLYESTER ..... 1 RIGID TEXTURE/POLYETHYLENE ..... 2 OTHER _____ 6 (SPECIFY) NO PREFERENCE/IT DOESN'T MATTER TO ME ..... 7	
506D	Which color of mosquito net do you prefer for sleeping?	WHITE ..... 1 BLUE ..... 2 GREEN ..... 3 PINK ..... 4 OTHER _____ 6 (SPECIFY) NO PREFERENCE/IT DOESN'T MATTER TO ME ..... 7	
506E	Which size of mosquito net do you prefer for sleeping?	LONG MOSQUITO NET (180cm) ..... 1 SHORT MOSQUITO NET (150cm) ..... 2 OTHER _____ 6 (SPECIFY) NO PREFERENCE/IT DOESN'T MATTER TO ME ..... 7	
506F	In many villages, some persons use mosquito nets for other purpose other than for sleeping, for exmapple as curtains or fishing net. Is it done with new mosquito nets, old mosquito nets or with both?	NEW MOSQUITO NETS. ..... 1 OLD MOSQUITO NETS ..... 2 BOTH (OLD AND NEW) ..... 3 IT DOESN'T HAPPEN HERE ..... 4 DOESN'T KNOW ..... 8	

**CONTINUOUS USE OF MOSQUITO NETS**

THE FOLLOWING QUESTIONS ARE ASKED TO A HOUSEHOLD MEMBER CHOSEN AT RANDOM BY THE COMPUTER

N <sup>o</sup> .	QUESTIONS AND FILTERS	CODES	GO TO
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**SELECTION TABLE**

Last digit of the household sequential number in the sample	Total number of persons usually residing in the household									
	1	2	3	4	5	6	7	8	9	10 et +
0	1	2	2	3	5	5	3	6	8	9
1	1	1	3	4	1	6	4	7	9	10
2	1	2	1	1	2	1	5	8	1	1
3	1	1	2	2	3	2	6	1	2	2
4	1	2	3	3	4	3	7	2	3	3
5	1	1	1	4	5	4	1	3	4	4
6	1	2	2	1	1	5	2	4	5	5
7	1	1	3	2	2	6	3	5	6	6
8	1	2	1	3	3	1	4	6	7	7
9	1	1	2	4	4	2	5	7	8	8

- 1-The household sequential number in the sample ends with the digit "X": select the line "X".
- 2-There are in total "Y" persons in this household select the column "Y".
- 3- The number "Z" in the intersection box between line "X" and column "Y" corresponds to the serial number of the person chosen in the household table

600

NAME OF THE PERSON CHOSEN \_\_\_\_\_  
 SERIAL NUMBER OF THE PERSON CHOSEN:   

601

CHECK THE AGE OF THE PERSON CHOSEN  
[0-14] [15 or more]  
   
 ↓ ↓

NAME OF THE PERSON SELECTED : \_\_\_\_\_  
 SERIAL N<sup>o</sup> : \_\_\_\_\_

602

<p><span style="color:red">ASK QUESTIONS 603A AND 604A TO THE MOTHER OR THE PERSON IN CHARGE OF THE INDIVIDUAL CHOSEN</span></p> <p>HIS/HER NAME _____                  HIS/HER SERIAL N<sup>o</sup> _____</p>	<p>ASK QUESTIONS 603B AND 604B DIRECTLY TO THE PERSON CHOSEN</p>
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603A

In which month does [NOM] use mosquito nets to sleep?  
to sleep?

CIRCLE ALL THE CODES MENTIONED

603B

In which month do you use mosquito nets to sleep?  
to sleep?

- |   |                                  |
|---|----------------------------------|
| JANUARY .....                                 | A                                |
| FEBRUARY .....                                | B                                |
| MARCH .....                                   | C                                |
| APRIL .....                                   | D                                |
| MAY .....                                     | E                                |
| JUNE .....                                    | F                                |
| <span style="color:red">JULY</span> .....     | <span style="color:red">G</span> |
| AUGUST .....                                  | H                                |
| SEPTEMBER .....                               | I                                |
| OCTOBER .....                                 | J                                |
| NOVEMBER .....                                | K                                |
| DECEMBER .....                                | L                                |
| <span style="color:red">NO MONTH</span> ..... | <span style="color:red">M</span> |
| THROUGHOUT THE YEAR .....                     | Z                                |
| DOESN'T KNOW .....                            | Y                                |

→ OBS

604A

Why does [NAME] not sleep under a mosquito net continuously throughout the year?

604B

Why don't you sleep under a mosquito net continuously throughout the year?

- |   |                                  |
|---|----------------------------------|
| NOT A LOT OF MOSQUITOES .....                                   | 1                                |
| BECAUSE OF HEAT .....   | 2                                |
| DOESN'T LIKE .....  | 3                                |
| FORGETTING TO SLEEP/NEGLIGENCE .....                            | 4                                |
| <span style="color:red">NO/NOT ENOUGH MOSQUITO NET</span> ..... | <span style="color:red">5</span> |
| OTHER _____   | 6                                |
| (SPECIFY)   |                                  |
| DOESN'T KNOW/DOESN'T REMEMBER .....                             | 8                                |

INTERVIEWER'S OBSERVATIONS

TO BE FILLED AT THE END OF INTERVIEW

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COMMENTS ON SPECIFIC QUESTIONS

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OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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SUPERVISOR'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

CONSENT AFTER INFORMATION

Good Morning. My name is \_\_\_\_\_ and I work for the National Institute of Statistics (NIS). We are currently carrying out a nation wide study on the use of Long Lasting Insecticide treated Net (LLIN). We would like you to participate in this study. The interview usually lasts between 30 to 45 minutes.

In the frame work of this study, we would first of all like to ask you some questions on your household. All the information you will provide will remain strictly confidential and will not be given to anyone apart from members of the survey team. Participation in this study is completely voluntary. If I ask a question you do not wish to answer, you should let me know and I will move to the next question, or you can stop the interview at any time. However, we hope you will agree to participate in this survey since your opinion is particularly important.

Have you got any questions on the survey?

Can I begin the interview now?

INTERVIEWER'S SIGNATURE: \_\_\_\_\_

DATE \_\_\_\_\_

RESPONDENT AGREES TO ANSWER 1 → GO TO THE HOUSEHOLD TABLE

RESPONDENT REFUSES TO ANSWER. . . . . 2 → END