|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **C:\Projects\Kenya\PMTCT\Operations\Certificate\kenya-shield.jpgMINISTRY OF HEALTH**  **KENYA AIDS INDICATOR SURVEY II**  **HOUSEHOLD QUESTIONNAIRE** | | | | | | |
| PROVINCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NASCOP REGION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DISTRICT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NASSEP V CLUSTER NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  HOUSEHOLD NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  LARGE CITY/SMALL CITY/TOWN/RURAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NAME OF HOUSEHOLD HEAD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  |
| **INTERVIEWER VISITS** | | | | | | |
|  | | **1** | **2** | | **3** | **FINAL VISIT** |
| **DATE** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DAY \_\_\_\_ \_\_\_\_ |
|  | |  |  | |  | MONTH \_\_\_\_ \_\_\_\_ |
| **INTERVIEWER NAME** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | YEAR **2012** |
|  | |  |  | |  | INT CODE \_\_\_\_ \_\_\_\_ |
| **RESULT** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | RESULT \_\_\_\_\_ |
| **NEXT VISIT**: DATE | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | TOTAL NUMBER  OF VISITS \_\_\_\_\_\_\_ |
| TIME | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
| **TOTAL PERSONS**  **IN HOUSEHOLD**  \_\_\_\_\_ \_\_\_\_\_ | | **TOTAL ELIGIBLE WOMEN**  \_\_\_\_\_ \_\_\_\_\_ | **TOTAL ELIGIBLE MEN**  \_\_\_\_\_ \_\_\_\_\_ | | **TOTAL ELIGIBLE CHILDREN**  \_\_\_\_\_ \_\_\_\_\_ | **LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE**  \_\_\_\_\_ \_\_\_\_\_ |
| **TIME STARTED** | |  | **TIME ENDED** | |  |  |
| **HOUR** | | \_\_\_\_ \_\_\_\_ | **HOUR** | | \_\_\_\_ \_\_\_\_ |  |
| **MINUTES** | | \_\_\_\_ \_\_\_\_ | **MINUTES** | | \_\_\_\_ \_\_\_\_ |  |
| **SUPERVISOR** | | |  | |  |  |
| NAME | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |  |  |
| DATE | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |  |  |
| **RESULTS 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**Consent 1: Household Questionnaire Consent**

***[Interviewer: The statement should be read to the most responsible/respected adult ages 18 years and above (household head) or emancipated individual, i.e., persons with no parent/guardian or not living with their parent/guardian, who will respond to the household questionnaire.***

***Note: The respondent to the Household questionnaire need not be within the stipulated age bracket for the adult questionnaire (18-64 years).***

***Throughout the process of obtaining consent, it is important that you are patient and allow the respondent to ask questions and to consider the decision. Never rush or otherwise pressure the respondent to give consent. [Provide a copy of this consent script to all eligible persons ages 15-64]***

Hello, my name is **\_\_\_\_\_\_\_\_\_\_\_** and I am working with the Ministry of Health and Public Sanitation. We are conducting a survey on HIV/AIDS, with National AIDS and STD Control Program and the National Public Health Laboratory of the Ministry of Health, the Kenya National Bureau of Statistics, the University of California San Francisco and the United States Centers for Disease Control and Prevention. This study will help us develop better health services for Kenyans. We would very much appreciate if you could take part in this survey. Approximately 10,475 households with about 24,000 adults and 8,000 children will be taking part in this survey.

As part of this survey, we would like to ask some questions about your family. You will be asked questions about your family; such as how many people live here, their relationship to you and others in the family, their sex and age. The interview will take up to 30 minutes. All of the answers you give will be private and will not be shown to anyone outside of the study team.

Being in the study is your choice. Please take your time to make your decision about taking part. Before you make your decision, is important that you know the following:

* The study will only include people who choose to take part.
* Your participation in this study is up to you. No one can make you participate if you do not want to.
* You may decide not to answer the questions, or to stop the study at any time. If you do not take part or decide to stop you will not lose any health care services.
* All of the information collected in this survey will be kept private and answers to these questions will not be shared with anyone.
* If you do agree to take part, if there are any questions you don’t want to answer, just let me know and I will go on to the next question; or you can stop at any time.

**Risks and Benefits**

If you take part of this survey, the risk to you is small. We may ask you questions that may be uncomfortable to answer. You are free to not answer any questions that you feel are uncomfortable. The information you give us is very private but there is a very small chance that someone might tell information about you to someone outside the study. However, the benefits of taking part is that the information that you provide to us will be used to improve the health of Kenyans by helping the us develop programs to fight HIV/AIDS and other disease in Kenya.

**Confidentiality**

What we talk about will be kept as private, even from your family. We will keep the records using numbers, not names. We will keep the records at Kenya National Bureau of Statistics (KNBS) and at the National AIDS and STD Control Program (NASCOP). Your name will not appear when we discuss this project. When the results of this study are discussed, we will focus on all answers from the big group so no one will know your answers**.**

This study is funded by the Government of Kenya, the United States Government, the United Nations, and other partners. There are no costs to you for taking part in this study.

At this time, do you want to ask me anything about the survey? If you have any questions at any time, we want you to ask us.

***[Interviewer: provide the following information to the participant:]***

If you feel that you have been harmed by your participation you should contact the deputy director of the survey (Dr. Davies Kimanga).

National AIDS and STD Control Program (NASCOP): Dr. Davies Kimanga

P O Box 19361-00200 Nairobi

Tel: 2729549

If you have any additional questions about the study you can contact the technical manager of the survey (Dr. Collins Opiyo).

Kenya National Bureau of Statistics (KNBS): Dr. Collins Opiyo

P O Box 30266-00100 Nairobi

Tel: 205544067, 317783/86

Email: dpss@knbs.or.ke

If you have any questions on what your rights are as a participant in this study you can contact the Secretary of the Ethical Review Committee at KEMRI.

Secretary of Ethical Review Committee:

Kenya Medical Research Institute (KEMRI)

P O Box 54840 – 00200 Nairobi

Tel: 020-2722541, 072222050901; 0733400003

Email: [erc@kemri.org](mailto:erc@kemri.org)

###### May I begin the interview now? \_\_\_\_\_\_ YES \_\_\_\_\_\_ NO

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Interviewer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature or Initial of Interviewer Date

***[Interviewer: Indicate whether participant says “Yes” or “NO” to the above statement, write your names and sign/initial on the above line and record the date. Record decision on household questionnaire.]***

**HOUSEHOLD SCHEDULE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| LINE NO. | USUAL RESIDENTS AND VISITORS | RELATIONSHIP TO HEAD OF HOUSEHOLD | SEX | | RESIDENCE | | | AGE | | | EMANCIPATED MINOR | | PARENT/ GUARDIAN OF CHILD | CO-HABITAING PARTNER(S) | | ELIGIBILITY |
|  | Please give me the names of the person who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.  AFTER LISTING THEIR NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, QUESTIONS ASK 2A AND 2C BELOW 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?  MALE=1  FEMALE=2 | | Does (NAME) usually live here?  YES=1  NO=2 | | Did (NAME) sleep here last night?  YES=1  NO=2 | How old is (NAME)? | | Is age of (NAME) recorded in MONTHS/  YEARS  YEARS=1  MONTHS=2 | If (NAME) is under 18 years, is (NAME) emancipated?  YES = 1  NO = 2 | | If age of (NAME) is under 18 years and not emancipated, record the LINE NUMBER of the parent or guardian.  If parent/guardian not present in HH then record 99 | RECORD LINE NUMBER OF CO-HABITATING PARTNER(S) | | Is (NAME) eligible for survey?  YES = 1  NO = 2 |
| (1) | (2) | (3) | (4) | | (5) | | (6) | (7) | | (8) | (9) | | (10) | (11a) | (11b) | (12a) |
| 01 |  |  |  | |  | |  |  | |  |  | |  |  |  |  |
| 02 |  |  |  | |  | |  |  | |  |  | |  |  |  |  |
| 03 |  |  |  | |  | |  |  | |  |  | |  |  |  |  |
| 04 |  |  |  | |  | |  |  | |  |  | |  |  |  |  |
| 05 |  |  |  | |  | |  |  | |  |  | |  |  |  |  |
| 06 |  |  |  | |  | |  |  | |  |  | |  |  |  |  |
| 07 |  |  |  | |  | |  |  | |  |  | |  |  |  |  |
| 08 |  |  |  | |  | |  |  | |  |  | |  |  |  |  |
| 09 |  |  |  | |  | |  |  | |  |  | |  |  |  |  |
| 10 |  |  |  | |  | |  |  | |  |  | |  |  |  |  |
| **2A)** Just to make sure I have a complete listing, are there any other persons such as small children or infants that we have not listed?  **2B)** Are there any other people who may not be members of your household such as domestic servants, lodgers, of friends who usually live here?  **2C)** Are there any guests or temporary visitors staying here, or anyone else who stayed here last night who we have not seen? | | | | If Yes then add to listing | | CODES FOR QUESTION 3: RELATIONSHIP TO HOUSEHOLD HEAD | | | | | | | | TOTAL ELIGIBLE \_\_\_\_ \_\_\_\_  (MEN + WOMEN + CHILDREN)  TOTAL AGED 0 – 17 YEARS \_\_\_\_\_ \_\_\_\_\_ | | |
| 01 = HEAD | | | 06 = PARENT | | | 11 = CO-WIFE | |
| 02 = WIFE/HUSBAND | | | 07 = PARENT-IN-LAW | | | 12 = OTHER RELATIVE | |
| 03 = SON OR DAUGHTER | | | 08 = BROTHER/SISTER | | | 13 = ADOPTED/ FOSTER/ STEPCHILD | |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | | | 09 = NIECE/NEPHEW BY BLOOD | | | 14 = NOT RELATED | |
| 05 = GRANDCHILD | | | 10 = NIECE/NEPHEW BY MARRIAGE | | | 88 = DON’T KNOW | |

**HOUSEHOLD SCHEDULE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| LINE NO. | USUAL RESIDENTS AND VISITORS | RELATIONSHIP TO HEAD OF HOUSEHOLD | SEX | | RESIDENCE | | | AGE | | | EMANCIPATED MINOR | | PARENT/ GUARDIAN OF CHILD | CO-HABITAING PARTNER(S) | | ELIGIBILITY |
|  | Please give me the names of the person who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.  AFTER LISTING THEIR NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, QUESTIONS ASK 2A AND 2C BELOW 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?  MALE=1  FEMALE=2 | | Does (NAME) usually live here?  YES=1  NO=2 | | Did (NAME) sleep here last night?  YES=1  NO=2 | How old is (NAME)? | | Is age of (NAME) recorded in MONTHS/  YEARS  YEARS=1  MONTHS=2 | If (NAME) is under 18 years, is (NAME) emancipated?  YES = 1  NO = 2 | | If age of (NAME) is under 18 years and not emancipated, record the LINE NUMBER of the parent or guardian.  If parent/guardian not present in HH then record 99 | RECORD LINE NUMBER OF CO-HABITATING PARTNER(S) | | Is (NAME) eligible for survey?  YES = 1  NO = 2 |
| (1) | (2) | (3) | (4) | | (5) | | (6) | (7) | | (8) | (9) | | (10) | (11a) | (11b) | (12a) |
| 11 |  |  |  | |  | |  |  | |  |  | |  |  |  |  |
| 12 |  |  |  | |  | |  |  | |  |  | |  |  |  |  |
| 13 |  |  |  | |  | |  |  | |  |  | |  |  |  |  |
| 14 |  |  |  | |  | |  |  | |  |  | |  |  |  |  |
| 15 |  |  |  | |  | |  |  | |  |  | |  |  |  |  |
| 16 |  |  |  | |  | |  |  | |  |  | |  |  |  |  |
| 17 |  |  |  | |  | |  |  | |  |  | |  |  |  |  |
| 18 |  |  |  | |  | |  |  | |  |  | |  |  |  |  |
| 19 |  |  |  | |  | |  |  | |  |  | |  |  |  |  |
| 20 |  |  |  | |  | |  |  | |  |  | |  |  |  |  |
| **2A)** Just to make sure I have a complete listing, are there any other persons such as small children or infants that we have not listed?  **2B)** Are there any other people who may not be members of your household such as domestic servants, lodgers, of friends who usually live here?  **2C)** Are there any guests or temporary visitors staying here, or anyone else who stayed here last night who we have not seen? | | | | If Yes then add to listing | | CODES FOR QUESTION 3: RELATIONSHIP TO HOUSEHOLD HEAD | | | | | | | | TOTAL ELIGIBLE \_\_\_\_ \_\_\_\_  (MEN + WOMEN + CHILDREN)  TOTAL AGED 0 – 17 YEARS \_\_\_\_\_ \_\_\_\_\_ | | |
| 01 = HEAD | | | 06 = PARENT | | | 11 = CO-WIFE | |
| 02 = WIFE/HUSBAND | | | 07 = PARENT-IN-LAW | | | 12 = OTHER RELATIVE | |
| 03 = SON OR DAUGHTER | | | 08 = BROTHER/SISTER | | | 13 = ADOPTED/ FOSTER/ STEPCHILD | |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | | | 09 = NIECE/NEPHEW BY BLOOD | | | 14 = NOT RELATED | |
| 05 = GRANDCHILD | | | 10 = NIECE/NEPHEW BY MARRIAGE | | | 88 = DON’T KNOW | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HOUSEHOLD CHARACTERISTICS** | | | | |
| 101 | What is the main source of drinking water for members of your household? | **piped water**  piped into dwelling = 11  piped to yard/plot = 12  public tap/standpipe = 13  tube well or borehold = 21  **dug well**  protected well = 31  unprotected spring = 32  **water from spring**  protected spring = 41  unprotected spring = 42  rainwater = 51  tanker truck = 61  cart with small tank = 71  surface water(river/dam/lake/ pond/stream/canal) = 81  bottled water = 91  other = 96  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (SpECIFY) | |  |
| 101A | What do you do to make your water safe for drinking? | BOILING = 01  FILTRATION ( E.G., CHARCOAL FILTER) = 02  SEDIMENTATION = 03  DISINFECTION (WATERGUARD, CHLORINE) = 04  USE BOTTLED WATER = 05  DO NOT TREAT WATER = 06  other = 96  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (SpECIFY) | |  |
| 102 | What kind of toilet facility do members of your household usually use? | FLUSH OR POUR FLUSH TOILET = 11  TRADTIONAL PIT LATRINE = 21  VENTILATED IMPROVED PIT LATRINE  (vip) = 22  NO FACILITY / BUSH / FIELD = 61  other = 96  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (SpECIFY) | | IF 61 🡪 104 |
| 103 | Do you share this toilet facility with other households? | YES = 1  NO = 2 | |  |
| 104 | Does your household have: | **yes** | **no** |  |
| a. | Electricity | 1 | 2 |  |
| b. | A radio | 1 | 2 |  |
| c. | A television | 1 | 2 |  |
| d. | A telephone/mobile telephone | 1 | 2 |  |
| e. | A refrigerator | 1 | 2 |  |
| 105 | What type of fuel does your household mainly use for cooking? | ELECTRICITY = 1  LPG / NATURAL GAS = 2  BIOGAS = 4  PARAFFIN / KEROSENE = 5  COAL, LIGNITE = 6  CHARCOAL FROM WOOD = 7  FIREWOOD / STRAW = 8  DUNG = 9  NO FOOD COOKED IN HOUSEHOLD = 95  other = 96  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (SpECIFY) | |  |
| 106 | MAIN MATERIAL OF FLOOR  RECORD OBSERVATION. | **NATURAL FLOOR**  EARTH / SAND = 11  DUNG = 12  **RUDIMENTARY FLOOR**  WOOD PLANKS = 21  PALM / BAMBOO = 22  **FINISHED FLOOR**  PARQUET OR POLISHED WOOD = 31  VINYL OR ASPHALT STRIP = 32  CERAMIC TILES = 33  CEMENT TERAZO = 34  CARPET = 35  other = 96  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (SpECIFY) | |  |
| 107 | MAIN MATERIAL OF THE ROOF  RECORD OBSERVATION. | **NATURAL ROOFING**  NO ROOF = 11  THATCH / PALM LEAF (MAKUTI) = 12  DUNG / MUD = 13  **RUDIMENTARY ROOFING**  CORRUGATED IRON (MABATI) = 21  TIN CANS = 22  **FINISHED ROOFING**  ASBESTOS SHEET = 31  CONCRETE = 32  TILES = 33  other = 96  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (SpECIFY) | |  |
| 108 | MAIN MATERIAL OF THE EXTERIOR WALLS  RECORD OBSERVATION. | **NATURAL WALLS**  NO WALLS = 11  CANE/PALM/TRUNKS = 12  DUNG / MUD = 13  **RUDIMENTARY WALLS**  BAMBOO WITH MUD = 21  STONE WITH MUD = 22  PLYWOOD/CARBOARD = 24  CARTON = 25  REUSED WOOD = 26  **FINISHED WALLS**  CEMENT 31  STONE WITH LIME/CEMENT = 32  BRICKS = 33  CEMENT BLOCKS = 34  WOOD PLANKS/SHINGLES = 36  other = 96  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (SpECIFY) | |  |
| 109 | How many rooms are used for sleeping? | number of rooms \_\_\_\_ \_\_\_\_\_\_ | |  |
| 110 | Does any member of your household own: | **yes** | **no** |  |
| a. | A bicycle? | 1 | 2 |  |
| b. | A motorcycle or motor scooter? | 1 | 2 |  |
| c. | A car or truck? | 1 | 2 |  |
| d. | A boat with a motor? | 1 | 2 |  |
| 111 | Does your household own any of the following: | **yes** | **no** |  |
| a. | Cows? | 1 | 2 |  |
| b. | Goats/Sheep? | 1 | 2 |  |
| c. | Poultry (e.g., ducks, chickens)? | 1 | 2 |  |
| d. | Dogs? | 1 | 2 |  |
| e. | Other animals (camels, horses, donkeys)? | 1 | 2 |  |
| 112 | Does your household have any mosquito nets that can be used while sleeping? | YES = 1  NO = 2 | |  |