



Malaria Prevention Trial: Muleba Entomology Questionnaire Round _ _

Version 3.0 - 21/09/2011

Identification			
Village Name			
Hamlet Name			
Cluster Number	<input type="text"/> <input type="text"/>	Household number	<input type="text"/> <input type="text"/> <input type="text"/>
Waypoint Number	<input type="text"/> L <input type="text"/> <input type="text"/> <input type="text"/>		

Interview Information				
Date (dd/mm/yy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Interviewer Initials	<input type="text"/> <input type="text"/>	
Result*	<input type="checkbox"/>	HH randomly selected	Yes	1
			Extra	2
			No	0
*Result Codes	1. Consent Given	2. Ineligible (no children under 15)	4. Refused	
	5. Dwelling not found	6. Dwelling vacant for survey duration	7. Dwelling not visited	
Comments				

Reminder that informed consent must be granted before continuing the interview.

Other information			
Name of the head of the house			
Head of the house phone number			
Light trap identification number	<input type="text"/> <input type="text"/>	Batteries identification number	<input type="text"/> <input type="text"/>

YOU CAN INSTALL THE LIGHT TRAPS NOW

Household Characteristics				
No	Question	Categories		Skip
Q01	Please could you give the number of persons who usually live in your household and guests of the household who stayed here last night	<input type="text"/> <input type="text"/>		
Q02	How many rooms are there in the household? >> include all structures (huts etc)	<input type="text"/> <input type="text"/>		
Q03	How many of these rooms are used for sleeping?	<input type="text"/> <input type="text"/>		
Q04	How many sleeping places are there in the household (beds, mats, mattresses, etc.)? >> ask for both inside the hut and outside	<input type="text"/> <input type="text"/>		
Q05	What is the <u>main</u> material of the roof? >> observe or ask for the <u>main</u> structure in the household	Grass/Thatch/Palm-banana leaves	1	
		Iron / aluminium sheets	2	
		Tiles	3	
		Other	4	
Specify:				
Q06	What is the <u>main</u> material of the walls? >> observe or ask for the <u>main</u> structure in the household	Grass	1	
		Mud	2	
		Brick	3	
		Cement	4	
		Wood	5	
		Other	7	
Specify:				
Q07	Are the walls plastered?	Yes	1	
		Damage/Partially present	2	
		Absent	3	
Q08	Are eave open? (Is there is a gap between the top of the wall and the roof?)	Yes	1	
		No	0	
Q09	How many doors have the main house?	<input type="text"/>		
Q10	How many windows have the main house?	<input type="text"/> <input type="text"/>		
Q11	Is screen netting over the window?	Intact	1	
		Damage/Partially present	2	
		Absent	3	
Q12	Does the house have a ceiling?	Intact	1	
		Damage/Partially present	2	
		No ceiling	3	
Q13	Does the household own any animals?	Yes	1	NO ⇒Q16
		No	0	
Q14	Number of animals household owns? >> probes: Does your household own any other animals? How many? >> if unknown number, write 999 >> if none, write 000	Cows	<input type="text"/> <input type="text"/> <input type="text"/>	
		Goats and sheep	<input type="text"/> <input type="text"/> <input type="text"/>	
		Pigs	<input type="text"/> <input type="text"/> <input type="text"/>	
		Chickens/duck	<input type="text"/> <input type="text"/> <input type="text"/>	
		Specify: Others	<input type="text"/> <input type="text"/> <input type="text"/>	
Q15	Where are the animals staying during the nights?		Yes	No
		Inside the houses	1	0
		Outside the houses	1	0
		If outside kept close to the house <20m	1	0

Malaria preventive measures				
No.	Question description	Options	Answer	
Q16	At any time in this year, since 1 st January 2011 has anyone sprayed the interior walls of your dwelling against mosquitoes?	Yes	1	NO or DNK ⇒Q18
		No	0	
		Don't Know	9	
Q17	When the house was last sprayed in 2011? <i>Record Month Number e.g. January = 01, February = 02 etc.</i>	Give Month	<input type="text"/>	
		Don't Know	98	
Q18	At any time last year, January to December 2010, has anyone sprayed the interior walls of your dwelling against mosquitoes?	Yes	1	
		No	0	
		Don't Know	9	
Q19	How many times your house has been sprayed?	Number	<input type="text"/>	
		Don't Know	98	
Q20	Does the household own any mosquito nets for sleeping under?	Yes	1	NO or DNK ⇒Q23
		No	0	
		Don't Know	9	
Q21	If yes, how many mosquito nets does the household have?	Number LLINs	<input type="text"/>	
		Number of other nets	<input type="text"/>	
Q22	Among the mosquito net that the household owns how many of them were used in the household last night?	Number LLINs	<input type="text"/>	
		Number of other nets	<input type="text"/>	
Q23	Does the household ever also use any of the following measures against mosquitoes / to protect against malaria?	No	0	
		Aerosol can	1	
		Mosquito coils	2	
		Herbs or plant	3	
		Other	4	
	Specify:			

Collection Night (detail information on the room where LT is installed)								
No.	Question	Bed 1		Bed 2		Bed 3		
Q24	Is a net already installed on the bed?	Yes	1	Yes	1	Yes	1	
		⇒Q26 No	0	⇒Q26 No	0	⇒Q26 No	0	
Q25	Is the net already installed an LLIN?	Yes	1	Yes	1	Yes	1	
		No	0	No	0	No	0	
		Don't know	9	Don't know	9	Don't know	9	
Q26	Is the light trap installed at the foot of this bed?	Yes	1	Yes	1	Yes	1	
		No	0	No	0	No	0	
Q27	Does the FW install a new untreated net on the bed?	Yes	1	Yes	1	Yes	1	
		No	0	No	0	No	0	
QUESTION TO ASK ON DAY TWO								
No.	Question	Bed 1		Bed 2		Bed 3		
Q28	How many people sleep in this bed last night	Adult (> 15 years)	<input type="text"/>	Adult (> 15 years)	<input type="text"/>	Adult (> 15 years)	<input type="text"/>	
		Child (0 to 14 yrs)	<input type="text"/>	Child (0 to 14 yrs)	<input type="text"/>	Child (0 to 14 yrs)	<input type="text"/>	
Q29	Date LT installed	__ / __ / __		Time LT switch on		__: __		
Q30	Date LT removed	__ / __ / __		Time LT switch off		__: __		
Q31	Was the LT working last night?		Yes	No	Don't know			
		Light	1	0	9			
		Fan	1	0	9			
Q32	Were any mosquito coil/repellent used last night	Yes	1	Q33	Was the room where Light trap is installed sprayed in 2011?	Yes	1	
		No	0			No	0	
		Don't know	9			Don't know	9	
Q34	Has it been raining last night?	No	0	Q35	Wind velocity	No	0	
		Light	1			Light	1	
		Heavily	2			Medium	2	
		Don't know	9			Storm	3	
						Don't know	9	

Mosquito Identification (to be filled in the lab)			
Q35	Number of <i>Anopheles gambiae</i> collected	Male	<input type="text"/>
		Female	<input type="text"/>
Q36	Number of <i>Anopheles funestus</i> collected	Male	<input type="text"/>
		Female	<input type="text"/>
Q37	Number of other <i>Anopheles species</i> collected	Male	<input type="text"/>
		Female	<input type="text"/>
Q38	Number of other mosquito species	Culex	<input type="text"/>
		Aedes	<input type="text"/>
Q39	Number of unknown mosquitoes collected	Male	<input type="text"/>
		Female	<input type="text"/>

Capsule been no. from _____ to _____