

# Participant questionnaire

Please complete the survey below.

Thank you!

Date and time of visit

\_\_\_\_\_

Date and time of visit

\_\_\_\_\_

Survey ID

(i.e. "s2\_1")

\_\_\_\_\_

Structure ID

(Typing the ID shown on the structure. i.e, "malela-10-10")

\_\_\_\_\_

First name

\_\_\_\_\_

Middle name

\_\_\_\_\_

Last name

\_\_\_\_\_

Age

\_\_\_\_\_  
(years old)

Does [name\_f] know the birthday?

- ☐ Yes  
☐ No

Birthday

\_\_\_\_\_

The birthday and your age are contradicting. Please check the true age again.

Sex

- ☐ Male  
☐ Female  
☐ Other  
☐ Prefer not to say

Longitude

\_\_\_\_\_

Latitude

\_\_\_\_\_

This participant is available for the survey.

- ☐ Yes  
☐ No

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Please select the reason why the participant is not available.

- ☐ Moved out from the area (will never come back)
- ☐ Travel to another village in Ndhiwa
- ☐ Travel to Homa Bay County other than Ndhiwa
- ☐ Travel to Another county in Kenya
- ☐ Travel to Another country
- ☐ Refuse
- ☐ Do not know (Could not find)
- ☐ Others

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Specify the reason.

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Did [name\_f] spend any nights outside [name\_f]'s house in the last four weeks?

- ☐ Yes
- ☐ No

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Where did [name\_f] spend those nights?

- ☐ Another house in your village
- ☐ Another village in Ndhiwa
- ☐ Homa Bay County other than Ndhiwa
- ☐ Another county in Kenya
- ☐ Another country

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How many nights did [name\_f] spend in another house in [name\_f]'s village?

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Did you see the ceiling nets in the household you visited in another house in the village?

- ☐ Yes
- ☐ No

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How many nights did [name\_f] spend in another village in Ndhiwa?

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Did you see the ceiling nets in the household you visited in another village in Ndhiwa?

- ☐ Yes
- ☐ No

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How many nights did [name\_f] spend in Homa Bay County other than Ndhiwa?

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How many nights did [name\_f] spend in another county in Kenya?

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How many nights did [name\_f] spend in another country?

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Did [name\_f] have any symptoms at any point in the past four weeks?

- ☐ Yes
- ☐ No
- ☐ Don't know

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What was the symptom? Tick all that apply.

- ☐ Fever
- ☐ Chills
- ☐ Profuse sweating
- ☐ Muscle/joint pain
- ☐ Abdominal pain
- ☐ Diarrhoea
- ☐ Nausea
- ☐ Vomiting
- ☐ Irritability
- ☐ Refusal to feed
- ☐ Prostration (difficulty to sit upright)
- ☐ Alteration in the level of consciousness
- ☐ Convulsions or coma
- ☐ Difficulty in breathing/respiratory distress
- ☐ Jaundice
- ☐ Cough
- ☐ Rash
- ☐ Itches
- ☐ Others

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Please list other symptoms [name\_f] experienced in the past four weeks.

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Did [name\_f] visit any health facility in the last four weeks?

- ☐ Yes  
☐ No

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Which health facility did [name\_f] visit?

- ☐ Malela level 4 hospital
- ☐ Kabongo HC
- ☐ Andiwo HC
- ☐ Wikomimo HC
- ☐ Abuoro HC
- ☐ Langi HC
- ☐ Kobodo HC
- ☐ Okok HC
- ☐ Other

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Please state the health facility [name\_f] visited.

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Was [name\_f] diagnosed with malaria?

- ☐ Yes  
☐ No

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What was the diagnosis?

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Did [name\_f] take any treatment or medication?

- ☐ Yes  
☐ No

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Do you know the name of the medication?

- ☐ Yes  
☐ No

What treatment or medication did [name\_f] receive from the health facility?

- ☐ AL
- ☐ DHAP
- ☐ OTHER ACT (NOT AL OR DHAP)
- ☐ SP/FANSIDAR
- ☐ CHLOROQUINE
- ☐ AMODIAQUINE
- ☐ QUININE (PILLS)
- ☐ QUININE (INJECTION/IV)
- ☐ ARTESUNATE (RECTAL)
- ☐ ARTESUNATE (INJECTION/IV)
- ☐ OTHER ANTIMALARIAL
- ☐ AMOXICILLIN
- ☐ COTRIMOXAZOLE
- ☐ OTHER ANTIBIOTIC MEDICINE (PILL/SYRUP)
- ☐ OTHER ANTIBIOTIC MEDICINE (INJECTION/IV)
- ☐ ASPIRIN
- ☐ PARACETAMOL/PANADOL/ACETAMINOPHEN
- ☐ IBUPROFEN
- ☐ OTHER

Please list other medications [name\_f] received from the health facility.

\_\_\_\_\_

Did [name\_f] take treatment or medication from friends, relatives, pharmacy/chemist, or traditional healers in the past four weeks?

- ☐ Yes
- ☐ No

Did [name\_f] take treatment or medication from the following in the past four weeks?

- ☐ Friends
- ☐ Relatives
- ☐ Pharmacy/chemist
- ☐ Traditional healers

Do you know the names of medications from your friends?

- ☐ Yes
- ☐ No

What medications did [name\_f] take from the friends?

- ☐ AL
- ☐ DHAP
- ☐ OTHER ACT (NOT AL OR DHAP)
- ☐ SP/FANSIDAR
- ☐ CHLOROQUINE
- ☐ AMODIAQUINE
- ☐ QUININE (PILLS)
- ☐ QUININE (INJECTION/IV)
- ☐ ARTESUNATE (RECTAL)
- ☐ ARTESUNATE (INJECTION/IV)
- ☐ OTHER ANTIMALARIAL
- ☐ AMOXICILLIN
- ☐ COTRIMOXAZOLE
- ☐ OTHER ANTIBIOTIC MEDICINE (PILL/SYRUP)
- ☐ OTHER ANTIBIOTIC MEDICINE (INJECTION/IV)
- ☐ ASPIRIN
- ☐ PARACETAMOL/PANADOL/ACETAMINOPHEN
- ☐ IBUPROFEN
- ☐ OTHER

Please list other medications [name\_f] took from the friends.

\_\_\_\_\_

Do you know the names of medications from your relatives?

- ☐ Yes
- ☐ No

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What medications did [name\_f] take from the relatives?

- ☐ AL
- ☐ DHAP
- ☐ OTHER ACT (NOT AL OR DHAP)
- ☐ SP/FANSIDAR
- ☐ CHLOROQUINE
- ☐ AMODIAQUINE
- ☐ QUININE (PILLS)
- ☐ QUININE (INJECTION/IV)
- ☐ ARTESUNATE (RECTAL)
- ☐ ARTESUNATE (INJECTION/IV)
- ☐ OTHER ANTIMALARIAL
- ☐ AMOXICILLIN
- ☐ COTRIMOXAZOLE
- ☐ OTHER ANTIBIOTIC MEDICINE (PILL/SYRUP)
- ☐ OTHER ANTIBIOTIC MEDICINE (INJECTION/IV)
- ☐ ASPIRIN
- ☐ PARACETAMOL/PANADOL/ACETAMINOPHEN
- ☐ IBUPROFEN
- ☐ OTHER

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Please list other medications [name\_f] took from the relatives.

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Do you know the names of medications from the pharmacy/chemist?

- ☐ Yes  
☐ No

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What medications did [name\_f] take from the pharmacy/chemist?

- ☐ AL
- ☐ DHAP
- ☐ OTHER ACT (NOT AL OR DHAP)
- ☐ SP/FANSIDAR
- ☐ CHLOROQUINE
- ☐ AMODIAQUINE
- ☐ QUININE (PILLS)
- ☐ QUININE (INJECTION/IV)
- ☐ ARTESUNATE (RECTAL)
- ☐ ARTESUNATE (INJECTION/IV)
- ☐ OTHER ANTIMALARIAL
- ☐ AMOXICILLIN
- ☐ COTRIMOXAZOLE
- ☐ OTHER ANTIBIOTIC MEDICINE (PILL/SYRUP)
- ☐ OTHER ANTIBIOTIC MEDICINE (INJECTION/IV)
- ☐ ASPIRIN
- ☐ PARACETAMOL/PANADOL/ACETAMINOPHEN
- ☐ IBUPROFEN
- ☐ OTHER

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Please list other medications [name\_f] took from the pharmacy.

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Do you know the names of medications from the traditional healer?

- ☐ Yes  
☐ No

What medications did [name\_f] take from the traditional healer?

- ☐ AL
- ☐ DHAP
- ☐ OTHER ACT (NOT AL OR DHAP)
- ☐ SP/FANSIDAR
- ☐ CHLOROQUINE
- ☐ AMODIAQUINE
- ☐ QUININE (PILLS)
- ☐ QUININE (INJECTION/IV)
- ☐ ARTESUNATE (RECTAL)
- ☐ ARTESUNATE (INJECTION/IV)
- ☐ OTHER ANTIMALARIAL
- ☐ AMOXICILLIN
- ☐ COTRIMOXAZOLE
- ☐ OTHER ANTIBIOTIC MEDICINE (PILL/SYRUP)
- ☐ OTHER ANTIBIOTIC MEDICINE (INJECTION/IV)
- ☐ ASPIRIN
- ☐ PARACETAMOL/PANADOL/ACETAMINOPHEN
- ☐ IBUPROFEN
- ☐ OTHER

Please list other medications [name\_f] took from the traditional healer.

\_\_\_\_\_

Does [name\_f] have any symptoms now or in the last 24 hours?

- ☐ Yes
- ☐ No

Does [name\_f] have the following symptoms now or in the last 24 hours?

- ☐ Fever
- ☐ Chills
- ☐ Profuse sweating
- ☐ Muscle/joint pain
- ☐ Abdominal pain
- ☐ Diarrhoea
- ☐ Nausea
- ☐ Vomiting
- ☐ Irritability
- ☐ Refusal to feed
- ☐ Prostration (difficulty to sit upright)
- ☐ Alteration in the level of consciousness
- ☐ Convulsions or coma
- ☐ Difficulty in breathing/respiratory distress
- ☐ Jaundice
- ☐ Cough
- ☐ Rash
- ☐ Itches
- ☐ Others

Please list other symptoms [name\_f] experience now or in the last 24 hours.

\_\_\_\_\_

Has [name\_f] received a malaria vaccine?

- ☐ Yes
- ☐ No

Please refer to the mother-child book.

How many times has [name\_f] received the malaria vaccine?

- ☐ 1 dose
- ☐ 2 doses
- ☐ 3 doses
- ☐ 4 doses
- ☐ Don't know

Please refer to the mother-child book.

Does the structure where [name\_f] usually sleeps have ceiling nets?

- ☐ Yes
- ☐ No

# Sample

Please complete the survey below.

Thank you!

Survey ID	
First name	
Middle name	
Last name	
Did you sleep under a bed net last night?	<div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div>
Axillary temperature (degrees Celsius)	
Perform finger prick	<div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div>
Blood spots on filter paper?	<div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div>
Thick and thin blood films?	<div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div>
RDT results for P.f	<div><input type="radio"/> Negative</div> <div><input type="radio"/> Positive</div>
RDT results for Pan	<div><input type="radio"/> Negative</div> <div><input type="radio"/> Positive</div>

# Head questionnaire

Please complete the survey below.

Thank you!

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Who is the respondent?

☐ Head
 ☐ Primary care taker
 ☐ Participant
 ☐ Others

\*If the respondent are not sure about the answer(s),  
 he/she can be helped by the other members.

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What is the respondent's relation to the participant?

☐ Head
 ☐ Spouse (Husband or wife 1)
 ☐ Wife 2 or 3
 ☐ Parent
 ☐ Parent in law
 ☐ Child
 ☐ Child in law
 ☐ Brother/Sister
 ☐ Brother/Sister in law
 ☐ Grand Child
 ☐ Nephew/Niece
 ☐ Uncle/Aunt
 ☐ Worker
 ☐ Other relative
 ☐ Other non-relative

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What is the condition of the ceiling net?

☐ No damage
 ☐ Damaged and not repaired
 ☐ Damaged but repaired
 ☐ Removed
 ☐ Not installed

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How many hole(s) does/did it have?  
(regardless of the size)  
(mark 0 if no hole)

---

Where are the hole(s) located?

☐ Around the edge (lower part, near the wall)
 ☐ Around the top
 ☐ In the middle

---

What is/was the size of largest hole?

☐ smaller than the tip of index finger
 ☐ smaller than the fist
 ☐ larger than the fist

---

What is/was the reason of the damage?

☐ Accident during the cleaning
 ☐ Animal
 ☐ Caught a fire
 ☐ Unknown
 ☐ Others

---

Please specify the reason of the damage

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Why did they remove?

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What is the condition of the wooden battens securing the ceiling net to the wall?

- ☐ Good  
☐ Damaged
- 

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Presence of gaps between battens and the wall

- ☐ Yes  
☐ No
- 

---

Do you agree with the following potential positive sides of the ceiling net?

- ☐ Stop mosquito entering the house  
☐ Stop other insects/animals entering the house  
☐ Durability of the ceiling nets  
☐ To beautify the house  
☐ Household coverage  
☐ Keep the room cool  
☐ Others
- 

Please specify.

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Do you agree with the following potential negative sides of the ceiling net?

- ☐ It makes room too hot  
☐ It reduces the storage space at the top of the wall  
☐ Fixing looks untidy  
☐ It is hard to clean  
☐ Dirt/debris trapped by the ceiling net  
☐ Rewiring of power lines  
☐ Others
- 

Please specify.

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Other features in the ceiling net (if any).

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Will you pay for the ceiling nets if you need to buy them in the future?

- ☐ Yes  
☐ No
- 

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How much will you pay the maximum for ceiling nets for your household?

- ☐ 100 KSH  
☐ 300 KSH  
☐ 500 KSH  
☐ 1000 KSH  
☐ 2000 KSH  
☐ 5000 KSH  
☐ More than 10,000 KSH
- 

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How many mosquito nets does your household have?

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How many new (unopened) mosquito nets does your household have?

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Does anyone in your household wash the mosquito nets?

- ☐ Yes  
☐ No
-

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How often does your household wash the mosquito nets?

- ☐ Every day  
☐ Every week  
☐ Every month  
☐ less frequently than every month

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How does your household wash the mosquito nets?

- ☐ With water  
☐ With hot water  
☐ With soap or detergent  
☐ Others

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How does your household dry the mosquito nets after washing it?

- ☐ Indoor  
☐ Under the sunlight  
☐ Under the shade  
☐ Others

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Have you ever gotten any instruction on how to use and treat the mosquito net?

- ☐ Yes  
☐ No

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From who did you get the instruction?

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In general, how long can you use the bed net effectively?

- ☐ One year even without damages  
☐ Three years even without damages  
☐ Ten years even without damages  
☐ Until it gets damaged

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Do you agree the mosquito net contains some drugs against mosquitoes?

- ☐ Yes  
☐ No