

## HOUSEHOLD QUESTIONNAIRE

Introduction: Hello, my name is “.....”. I am from IHI and work on a project investigating where Dengue is found in Dar es Salaam. We would like to ask you some questions.

### To be filled in before the interview

0.1 Code of interviewer |\_\_|\_\_|

0.2 Date of interview |\_\_|\_\_| / |\_\_|\_\_| / |\_\_|\_\_|\_\_|\_\_| (Day/Month/Year)

0.3 Name of district |\_\_\_\_\_|

0.4 Name of ward |\_\_\_\_\_|

0.6 GPS coordinates of household: S: |\_\_|\_\_|\_\_|\_\_|\_\_| E |\_\_|\_\_|\_\_|\_\_|\_\_|

0.7 Did you or a member of your household recently have a case of Dengue?  Yes  
 No – STOP

0.8 INFORMED CONSENT OBTAINED:  Yes  
 No – STOP

### Section 1: Household characteristics

**“Now I would like to ask you some general questions about this household.”**

Q #	Questions and filters	Coding category	Answer (enter coding categories)
1.1	Who is responding to the questions?	01...Head of household 02...Partner of household head 03...Other adult in household, specify	__ __  _____
1.2	How old is the respondent?	<b>Age in years</b>	__ __  if less than 18, STOP

1.3	What is the main source of income in the household head?	01...Salary 02...Business 03...Farming/livestock keeping 04...Skilled labour (fundi) 05...Casual labour (kibarua) 06...Fishing 07...Driver/taxi/bajaji 08...Student 09...Pension 10...No source of income 11...Other, specify	_ _   _____
1.4	What is the main material of the roof? <b>Observe</b>	01...Grass /palm thatch 02...Corrugated iron sheets 03... Other metal, e.g. korie 04... Other, specify	_ _   _____
1.5	What is the main material of the walls? <b>Observe</b>	01...Mud and sticks 02...Burned bricks 03...Cement bricks 04...Mud bricks (Matofali mabichi) 05...Other, specify	_ _   _____
1.6	What is the main material of the floor? <b>Observe</b>	01...Earth 02...Cement 03...Tiles 04...Wood 05...Other, specify	_ _   _____
1.7	Are any of the windows screened with netting? <b>Observe</b>	01...Yes 00...No, <b>go to 1.8</b>	_ _
1.7a	What are the windows screened with? <b>Observe</b>	01...Wire mesh (metal/plastic) 02...Old bednet 03...Other material, specify	_ _   _____
1.8	Does the house have an open eave gap? <b>Observe</b>	01...Yes 00...No	_ _
1.9	What is the main type of ceiling? <b>Observe</b>	01...No ceiling 02...Wooden boards (unfitted) 03...Wooden plates or fitted boards 04...Gypsum 05...Traditional e.g. leaves, mud 06...Other, specify	_ _   _____



1.15	Does the household (any member) have any of the following means of transport?  <b>Prompt each category</b>	01...Yes 00...No	Bicycle Motorbike Car/Truck Bajaji Animal/Cart Boat/Canoe/Dhow None of the above	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1.16	Does the household have any of the following close to the house?  <b>Observe a 20metre radius around the house do not ask</b>	01...Yes 00...No	Water storage jars Plant pots Discarded containers Plastic bags Car tyres Pools of water None of the above	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**Section 2: I would like to ask you some questions about your past travel and work place**

2.1	Where did you travel to in the past two weeks before you had dengue fever?  <b>Prompt each category</b>	01...Yes 00...No	Did Not travel Up country East Africa Other Africa Middle East/ Arab Asia America South America Australia/Oceania	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2.2	Do you commute to your working place/ business?  <b>Prompt if working place is area near home which doesn't require commuting</b>	01...Yes 00...No	Do not travel Once a day Frequently in a day Weekly Monthly	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**Section 3: "Now I would like to ask you some questions about dengue."**

3.1	How is dengue spread?  <b>Do not Prompt but discuss and check each answer you</b>	01...Yes 00...No	Human-human Mosquito bite Don't know	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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	<b>hear mentioned</b>		Other	_ _  _____
3.2	How can you stop dengue from spreading?  <b>Do not Prompt but discuss and check each answer you hear mentioned</b>	01...Yes 00...No	Control mosquitoes / stop mosquito bites  Take medicine	_ _   _ _   _ _   _ _   _ _   _ _   _ _
3.2	What are the symptoms of dengue?  <b>Prompt each category</b>	01...Yes 00...No	Fever Headache Joints hurt Feeling sick/vomiting Don't know Other	_ _   _ _   _ _   _ _   _ _   _ _   _ _  _____
<b>Section 4: "Now I would like to ask you some questions about your bednets and mosquito control."</b>				
4.1	How many sleeping places are there in your household?  <b>Include all sleeping spaces where a net could be hung up, or has ever been hung up, including if there is more than one sleeping space in each room used for sleeping</b>			Indoors  _ _ _  Outdoors  _ _ _  Indoors Temporary  _ _ _  Outdoors Temporary  _ _ _
4.1a	How many sleeping places were used last night in your household?			Indoors  _ _ _  Outdoors  _ _ _  Indoors Temporary  _ _ _  Outdoors Temporary  _ _ _
4.2	How many mosquito nets that can be used for sleeping does your household have in total?  <b>Probe for nets not in use: stored, saved, unopened</b>			_ _
4.3	Which methods do you use to stop Dengue mosquitoes biting you?  <b>Do not Prompt but discuss and check each answer you hear mentioned</b>	01...Yes 00...No		Bednet  _ _ _  Long clothes  _ _ _  Screen house  _ _ _  Spray insecticide  _ _ _  Mosquito coil  _ _ _

			<p>Clean vegetation around house  _ _ </p> <p>Use a fan  _ _ </p> <p>Use an electricutor  _ _ </p> <p>Mosquito repellent cream/lotion  _ _ </p> <p>Empty water from trash or containers around the house  _ _ </p>
4.4	Where do you use these methods?	<p>00...Indoors</p> <p>01...Outdoors</p> <p>02...Indoors and outdoors</p>	<p>Bednet  _ _ </p> <p>Long clothes  _ _ </p> <p>Screen house  _ _ </p> <p>Spray insecticide  _ _ </p> <p>Mosquito coil  _ _ </p> <p>Use a fan  _ _ </p> <p>Use an electricutor  _ _ </p> <p>Mosquito repellent cream/lotion  _ _ </p>
4.5	What time of day do you normally use these methods to stop mosquito bites?	<p>00...Evening</p> <p>01...Night</p> <p>02...Evening and night</p>	<p>Bednet  _ _ </p> <p>Long clothes  _ _ </p> <p>Screen house  _ _ </p> <p>Spray insecticide  _ _ </p> <p>Mosquito coil  _ _ </p> <p>Use a fan  _ _ </p> <p>Use an electricutor  _ _ </p> <p>Mosquito repellent cream/lotion  _ _ </p>
4.6	How often do you normally use these methods to stop mosquito bites?	<p>00...Daily</p> <p>01...Several times a week</p> <p>02...About one time a week</p> <p>03...Less than one time a week</p> <p>04...When mosquitoes are a nuisance</p> <p>91...Don't Know/ Don' t use</p>	<p>Bednet  _ _ </p> <p>Long clothes  _ _ </p> <p>Screen house  _ _ </p> <p>Spray insecticide  _ _ </p> <p>Mosquito coil  _ _ </p> <p>Use a fan  _ _ </p> <p>Use an electricutor  _ _ </p> <p>Mosquito repellent cream/lotion  _ _ </p> <p>Clean vegetation around house  _ _ </p> <p>Empty water from trash or containers around the house  _ _ </p>

4.7	<p>What do you (or the person who had dengue if under 18) do in the evenings after about 4pm until you go to bed?</p> <p><b>Try to talk about this and get some idea of the times when these activities are taking place.</b></p> <p><b>Write the time that the person is doing each activity roughly</b></p>		<p>At work  _ _ - _ _ </p> <p>Coming home from work  _ _ - _ _ </p> <p>Visit friends  _ _ - _ _ </p> <p>Go to a bar / restaurant  _ _ - _ _ </p> <p>Activities inside the house  _ _ - _ _ </p> <p>Sit outside the house  _ _ - _ _ </p> <p>Go to bed  _ _ - _ _ </p>
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