



POST-DISTRIBUTION SURVEY OF MOSQUITO NET USAGE

Country:	Sub-location:
Date of distribution:	Health Centre /Village name:
Reference:	Date of this survey:

Form Number:

To the Householder In the past, you received mosquito nets for free in a community distribution. We are conducting a survey of randomly selected households to assess net usage and net condition. We would like to ask for your permission to enter your home to gather this information. Information is gathered anonymously; your personal details are not recorded.

I agree to allow you to enter my home, in my presence, to assess the use and condition of my mosquito nets.

Signature of Householder

1. How many regularly used sleeping spaces are there in the household?

2. What is the condition of the HUNG nets?

	Brand of net		Is it an AMF Net? <input type="checkbox"/>	Net condition			How many slept under this net last night?			Net condition
	Olyset <input type="checkbox"/>	PermaNet <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# Child	# Preg W	# Other adult	
Example	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1		Very Good fewer than 2 holes of less than 2cm each
Net 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				OK fewer than 10 small holes
Net 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Net 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Poor more than 10 small holes or 1 big hole, larger than 10 cm
Net 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Net 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				If there are more than 10 nets continue on another form (and mark both forms).
Net 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Net 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Net 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Net 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Net 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

3. Of the Against Malaria Foundation nets ONLY:

Number originally received	Hung (= # ticked above)	Present but not hung *	Not present	
			Worn out	Other*
	=	+	+	+
*Reason:				

4. Are all the nets being used correctly?

Please ask the Householder to demonstrate how the nets are used at night.

Yes / No

CERTIFICATION

I certify the information in this form is correct

Surveyor's name and position:	Official Stamp
Surveyor's organisation:	

Form Number:

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