

Annex 3: demographic, population-based household assessment of livelihoods and health among communities in Rongo Sub-County, Migori County, Kenya over multiple time points (2018-2022) - questions: CHH_Q14 - end of surveys			
Questions	Responses		
If the RDT/blood smear was positive, what was the treatment given to [child's name]?	9 possible options		
If the RDT/blood smear was negative or if [child's name] was never tested, was [child's name] treated?	Yes	No	Don't know
What was the treatment given to [child's name]?	9 possible options		
Did [child's name] take the antimalarial treatment the same day or the day after the onset of the fever?	Yes	No	Don't know
In the last two weeks, has [child's name] had diarrhea at any time?	Yes	No	Don't know
Did you seek advice or treatment for the diarrhea?	Yes	No	Don't know
Where did you seek advice or treatment? [Do not prompt] [Select all that apply]	12 possible options		
What was the treatment you used for this diarrhea? [Select all that apply]	8 possible options		
In the last two weeks, has [child's name] had a cough or difficult or shallow breathing?	Yes	No	Don't know
Has [child's name] had fast, short, rapid breaths or difficulty breathing any time in the last 2 weeks?	Yes	No	Don't know
Did you seek advice or treatment for the breathing problem?	Yes	No	Don't know
Where did you seek advice or treatment for the breathing problem? [Do not prompt] [Select all that apply]	12 possible options		
Can you tell me what symptoms indicate that a child needs to be taken to a health facility? Please tell me all the symptoms that you can. [Do not prompt] [Select all that apply]	12 possible options		
In your understanding, tell me some of the ways that you can identify a child who is malnourished? [Do not prompt] [Select all that apply]	11 possible options		
Has your household ever been visited by a Community Health Worker (CHW) or Umama Salama?	Yes	No	Don't know
In the past 3 months, how many times has a Community Health Worker (CHW) or Umama Salama from Lwala Community Alliance visited your household?	7 possible options		
In the past 1 month, how many times has a Community Health Worker (CHW) or Umama Salama from Lwala Community Alliance visited your household?	7 possible options		
What's the name of the CHW/Umama Salama who visits you most frequently?	Can't recall name CHW full name: _____		
Did you sleep under a mosquito net last night?	Yes	No	Don't know
Can you show me the mosquito net you slept under?	Yes, good quality net		
	Yes, poor quality net		
	Yes, no net		
	Other		
	No permission to see		
Did [child's name] sleep under a mosquito net last night?	Yes	No	Don't know
Can you show me the mosquito net that [child's name] slept under?	7 possible options		
Who in this household normally sleeps under mosquito nets?	Man of the house		
	You		

	Children
	Everyone
	Other
	Don't know
How many mosquito nets does your family have in this house?	None
	Less than the number of beds/mats
	One for every bed/mat
	More than the # of beds/mats
	Don't know
How long ago did you obtain the newest mosquito net? [If less than 1 month, 2 weeks for example, mark 1 month]	Years _____
	Months _____
	Don't know
How many of the nets in your household were donated?	Number _____
	Don't know
How many of the nets in your household were purchased?	Number _____
	Don't know
Do you need to treat any of the nets in the household with insecticide?	Yes No Don't know
Which one needs to be soaked?	A donated net
	A purchased net
	Both
	Don't know
Is there a season of the year when you do not need to use mosquito nets? Which one?	No
	Yes, dry season
	Yes, short rains
	Yes, long rains
	Don't know
What is the main source of lighting fuel for the household?	7 possible options
I'd like to take a look at where you cook - can you show me that place?	7 possible options
What fuel do you usually use when you cook?	8 possible options