Streamlined Durability Monitoring of ITNs

<Country> <Year> Mass Campaign

Baseline Net Listing and Sampling

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| **STUDY SITE AND CLUSTER IDENTIFICATION** |
| **Date**[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] | **Name of senior member of staff**[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] |
| **ITN Brand**[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] |  |
| **Health District / Study Site**[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] |  [\_\_\_\_] |
| **Cluster Name**[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] |  [\_\_\_\_|\_\_\_\_|\_\_\_\_] **Sheet** [\_\_\_\_] **of** [\_\_\_\_] |

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| **INTRODUCTION AND CONSENT** |
| **For all households sampled for inclusion in the study: Introduce the study and sampling frame listing to the respondent using the Information Sheet and request consent to include the household in the study.** |
| Respondent **agrees** to be sampled for the study | **1** | **🡪 Go to Net Listing** |
| Respondent **does not agree** to be sampled for the study | **0** | **🡪 End / Identify next household** |

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| **NET LISTING AND SAMPLING** |
| **SAMPLING** | **LISTING** |
| **Selected (*X*)** | **Selection order** | **HH ID** | **First name of head of household** | **Household GPS*****(Latitude, longitude, altitude & accuracy)*** | **Campaign Net ID** |
| **X** | **5** | [\_**0**\_|\_**1**\_] | Chouaibou | *Captured on Tablet* | [\_**1**\_|\_**0**\_|\_**0**\_|\_**1**\_] |
|  |  | [\_**0**\_|\_**1**\_] | -- |  | [\_**1**\_|\_**0**\_|\_**0**\_|\_**2**\_] |
|  |  | [\_**0**\_|\_**1**\_] | -- |  | [\_**1**\_|\_**0**\_|\_**0**\_|\_**3**\_] |
| **X** | **2** | [\_**0**\_|\_**2**\_] | Mercy |  | [\_**1**\_|\_**0**\_|\_**0**\_|\_**4**\_] |
| **X** | **3** | [\_**0**\_|\_**2**\_] | -- |  | [\_**1**\_|\_**0**\_|\_**0**\_|\_**5**\_] |
|  |  | [\_**0**\_|\_**3**\_] | Dieudonné |  | [\_**1**\_|\_**0**\_|\_**0**\_|\_**6**\_] |
| **X** | **1** | [\_**0**\_|\_**3**\_] | -- |  | [\_**1**\_|\_**0**\_|\_**0**\_|\_**7**\_] |
|  |  | [\_**0**\_|\_**3**\_] | -- |  | [\_**1**\_|\_**0**\_|\_**0**\_|\_**8**\_] |
| **X** | **4** | [\_**0**\_|\_**3**\_] | -- |  | [\_**1**\_|\_**0**\_|\_**0**\_|\_**9**\_] |
|  |  | [\_\_***etc***\_\_] |  |  | [\_\_***etc***\_\_] |

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| **Health District**[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] |  [\_\_\_\_] |
| **Cluster Name**[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] |  [\_\_\_\_|\_\_\_\_|\_\_\_\_] **Sheet** [\_\_\_\_] **of** [\_\_\_\_] |

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