

2009 LIBERIA MALARIA INDICATOR SURVEY
NATIONAL MALARIA CONTROL PROGRAM - MINISTRY OF HEALTH AND SOCIAL WELFARE
LIBERIA INSTITUTE OF STATISTICS AND GEO-INFORMATION SERVICES

HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION				
NAME OF COUNTY _____	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>			
NAME OF DISTRICT _____	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>			
NAME OF CLAN/TOWNSHIP _____				
NAME OF CITY/TOWN/VILLAGE _____				
LMIS CLUSTER NUMBER	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>			
HOUSEHOLD NUMBER	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>			
URBAN: MONROVIA=1; OTHER URBAN=2; VILLAGE=3				
NAME OF HOUSEHOLD HEAD _____				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> MONTH <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> YEAR <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">0</div> INT. NUMBER <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> RESULT <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
INTERVIEWER'S NAME				
RESULT*				
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
TIME				
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER HOME/NO COMPETENT RESPONDENT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> TOTAL WOMEN 15-49 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
SUPERVISOR NAME _____ DATE _____ <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>		OFFICE EDITOR <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>		KEYED BY <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
INTRODUCTION AND CONSENT				
<p>Hello, my name is ___ and I'm from the Ministry of Health. We are talking to people all over the country about malaria. I would like to ask you some questions. I hope you will agree. The information you give will help the government to plan health services.</p> <p>The survey usually takes about 15 to 20 minutes to complete.</p> <p>The information you give will be kept confidential and will not be shared with anyone other than members of the survey team. You do not have to participate in the survey. If I ask any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope you will participate in the survey since your views are important.</p> <p>Do you want to ask me anything about the survey? May I begin the interview now?</p> <p>Signature of interviewer: _____ Date: _____</p> <p>RESPONDENT AGREES TO BE INTERVIEWED... 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED... 2 → END</p>				

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP	SEX	RESIDENCE		AGE	WOMEN AGE 15-49		CHILDREN < 5
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES, RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-14 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME)?</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p>Is (NAME) currently pregnant?</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
01		<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-between;"> M F </div> <div style="display: flex; justify-content: space-between;"> 1 2 </div>	<div style="display: flex; justify-content: space-between;"> YES NO </div> <div style="display: flex; justify-content: space-between;"> 1 2 </div>	<div style="display: flex; justify-content: space-between;"> YES NO </div> <div style="display: flex; justify-content: space-between;"> 1 2 </div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	01	<div style="display: flex; justify-content: space-between;"> YES NO/DK </div> <div style="display: flex; justify-content: space-between;"> 1 2 </div>	01
02		<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-between;"> 1 2 </div>	<div style="display: flex; justify-content: space-between;"> 1 2 </div>	<div style="display: flex; justify-content: space-between;"> 1 2 </div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	02	<div style="display: flex; justify-content: space-between;"> 1 2 </div>	02
03		<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-between;"> 1 2 </div>	<div style="display: flex; justify-content: space-between;"> 1 2 </div>	<div style="display: flex; justify-content: space-between;"> 1 2 </div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	03	<div style="display: flex; justify-content: space-between;"> 1 2 </div>	03
04		<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-between;"> 1 2 </div>	<div style="display: flex; justify-content: space-between;"> 1 2 </div>	<div style="display: flex; justify-content: space-between;"> 1 2 </div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	04	<div style="display: flex; justify-content: space-between;"> 1 2 </div>	04
05		<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-between;"> 1 2 </div>	<div style="display: flex; justify-content: space-between;"> 1 2 </div>	<div style="display: flex; justify-content: space-between;"> 1 2 </div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	05	<div style="display: flex; justify-content: space-between;"> 1 2 </div>	05
06		<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-between;"> 1 2 </div>	<div style="display: flex; justify-content: space-between;"> 1 2 </div>	<div style="display: flex; justify-content: space-between;"> 1 2 </div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	06	<div style="display: flex; justify-content: space-between;"> 1 2 </div>	06
07		<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-between;"> 1 2 </div>	<div style="display: flex; justify-content: space-between;"> 1 2 </div>	<div style="display: flex; justify-content: space-between;"> 1 2 </div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	07	<div style="display: flex; justify-content: space-between;"> 1 2 </div>	07
08		<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-between;"> 1 2 </div>	<div style="display: flex; justify-content: space-between;"> 1 2 </div>	<div style="display: flex; justify-content: space-between;"> 1 2 </div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	08	<div style="display: flex; justify-content: space-between;"> 1 2 </div>	08

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD	08 = BROTHER OR SISTER
02 = WIFE OR HUSBAND	09 = NIECE/NEPHEW BY BLOOD
03 = SON OR DAUGHTER	10 = NIECE/NEPHEW BY MARRIAGE
04 = SON-IN-LAW OR DAUGHTER-IN-LAW	11 = OTHER RELATIVE
05 = GRANDCHILD	12 = ADOPTED/FOSTER/STEPCHILD
06 = PARENT	13 = NOT RELATED
07 = PARENT-IN-LAW	98 = DON'T KNOW

LINE NO.	FOR EVERYONE FEVER AND TREATMENT			
	In the last 4 weeks, has (NAME) been sick with a fever at any time?	Did (NAME) get any treatment for the fever in the last 4 weeks?	Where did (NAME) go for treatment? USE CODES BELOW.	How much did the treatment cost? INCLUDE COST OF DOCTOR, NURSE, DRUGS, TESTS IF > 9990, WRITE '9990'.
	(11)	(12)	(13)	(14)
01	Y N DK 1 2 8 ↓ NEXT LINE	Y N DK 1 2 8 ↓ NEXT LINE	<input type="text"/>	LIBERIAN DOLLARS <input type="text"/>
02	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
03	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
04	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
05	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
06	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
07	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
08	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>

CODES FOR Q. 13: TREATMENT FOR FEVER

01 = GOVERNMENT HOSPITAL
 02 = GOVERNMENT HEALTH CENTER
 03 = GOVERNMENT HEALTH CLINIC
 04 = PRIVATE HOSPITAL/CLINIC
 05 = PHARMACY
 06 = PRIVATE DOCTOR
 07 = MOBILE CLINIC
 08 = SHOP

09 = TRADITIONAL PRACTITIONER
 10 = BLACK BAGGER, DRUG PEDDLAR
 96 = OTHER
 98 = DOES NOT KNOW

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP	SEX	RESIDENCE		AGE	WOMEN AGE 15-49		CHILDREN < 5
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES, RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-14 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	Is (NAME) currently pregnant?	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
09		<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	09	Y N 1 2	09
10		<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	10	1 2	10
11		<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	11	1 2	11
12		<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	12	1 2	12
13		<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	13	1 2	13
14		<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	14	1 2	14
15		<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	15	1 2	15

TICK HERE IF CONTINUATION SHEET USED

2A) Just to make sure that I have a complete listing,

are there any other persons such as small children or infants that we have not listed?

YES

ADD

NO

2B) Are there any other people who may not be members of your family, like domestic servants, lodgers, or friends who usually live here?

YES

ADD

NO

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?

YES

ADD

NO

LINE NO.	FOR EVERYONE FEVER AND TREATMENT			
	In the last 4 weeks, has (NAME) been sick with a fever at any time?	Did (NAME) get any treatment for the fever in the last 4 weeks?	Where did (NAME) go for treatment? USE CODES BELOW.	How much did the treatment cost? INCLUDE COST OF DOCTOR, NURSE, DRUGS, TESTS IF > 9990, WRITE '9990'.
(1)	(11)	(12)	(13)	(14)
09	Y N DK 1 2 8 ↓ NEXT LINE	Y N DK 1 2 8 ↓ NEXT LINE	<input type="text"/>	LIBERIAN DOLLARS <input type="text"/>
10	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
11	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
12	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
13	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
14	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
15	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>

CODES FOR Q. 13: TREATMENT FOR FEVER

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 10 = BLACK BAGGER,
 DRUG PEDDLAR
 96 = OTHER
 98 = DOES NOT KNOW

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	Where do you people get your drinking water from?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE..... 13 TUBE WELL OR BOREHOLI..... 21 DUG WELL HAND PUMP, PROTECTED WELL ... 31 UNPROTECTED WELL..... 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING..... 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER/RIVER/LAKE/STREAM 81 BOTTLED WATER 91 OTHER _____ 96 (SPECIFY)	
102	What type of toilet do you use here?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM... 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/OPEN PIT 23 COMPOSTING TOILET..... 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINI... 51 NO FACILITY/BUSH/FIELD 61 OTHER _____ 96 (SPECIFY)	
103	Does your household have:	<div style="text-align: right; margin-bottom: 10px;"> <u>YES</u> <u>NO</u> </div> Electricity? ELECTRICITY 1 2 A generator? GENERATOR 1 2 A radio? RADIO 1 2 A mobile telephone? MOBILE TELEPHONE 1 2 An ice box? ICE BOX (REFRIGERATOR)... 1 2 A table? TABLE 1 2 Chairs? CHAIRS 1 2 A cupboard? CUPBOARD 1 2 A mattress (not made of straw or grass)? MATTRESS 1 2 A sewing machine? SEWING MACHINE 1 2 A television? TELEVISION 1 2 A computer? COMPUTER..... 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
104	What do you use for cooking--coal, gas, wood?	ELECTRICITY 01 GAS CYLINDER 02 KEROSENE STOVE 03 FIRE COAL / COAL / CHARCOAL 04 WOOD 05 NO FOOD COOKED IN HOUSEHOLD ... 95 OTHER 96 (SPECIFY)			
105	MAIN MATERIAL OF THE FLOOR OF THE HOUSEHOLD. RECORD OBSERVATION. IF DIFFERENT ROOMS HAVE DIFFERENT FLOOR MATERIAL, CIRCLE THE CODE FOR THE MOST COMMON, i.e., WHAT COVERS THE LARGEST AREA.	NATURAL FLOOR EARTH/SAND/MUD 11 RUDIMENTARY FLOOR WOOD PLANKS 21 FINISHED FLOOR PARQUET OR POLISHED WOOD ... 31 FLOOR MAT, LINOLEUM, VINYL 32 CERAMIC TILES 33 CONCRETE, CEMENT 34 CARPET 35 OTHER 96 (SPECIFY)			
106	MAIN MATERIAL OF THE ROOF OF THE HOUSEHOLD. RECORD OBSERVATION.	NATURAL ROOFING THATCH/PALM LEAF 11 RUDIMENTARY ROOFING PALM/BAMBOO/MATS 21 WOOD PLANKS 22 TARPAULIN, PLASTIC 23 FINISHED ROOFING ZINC, METAL 31 WOOD 32 CERAMIC TILES 34 CONCRETE, CEMENT 35 ASBESTOS SHEETS, SHINGLES ... 36 OTHER 96 (SPECIFY)			
107	MAIN MATERIAL OF THE OUTSIDE WALLS OF THE HOUSEHOLD. RECORD OBSERVATION.	NATURAL WALLS MUD AND STICKS 11 CANE/PALM/TRUNKS 12 STRAW, THATCH MATS 13 RUDIMENTARY WALLS MUD BRICKS 21 PLYWOOD, REUSED WOOD 22 CARDBOARD, PLASTIC 23 FINISHED WALLS CEMENT OR STONE BLOCKS 31 BRICKS 32 WOOD PLANKS/SHINGLES 33 OTHER 96 (SPECIFY)			
108	How many rooms in this household are used for sleeping?	ROOMS <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
109	Does any member of this household own: A watch? A bicycle? A motorcycle or motor scooter? A car or truck? A boat or a canoe?	<u>YES</u>	<u>NO</u>	
		WATCH	1 2	
		BICYCLE	1 2	
		MOTORCYCLE/SCOOTER ...	1 2	
		CAR/TRUCK	1 2	
		BOAT OR CANOE	1 2	
110	Does your household have any mosquito nets that can be used while sleeping?	YES	1	→ 112
		NO	2	
111	Why doesn't your household have any mosquito nets? CIRCLE ALL MENTIONED.	NO MOSQUITOES	A	} → 201
		NOT AVAILABLE	B	
		DON'T LIKE TO USE NETS	C	
		TOO EXPENSIVE.....	D	
		OTHER _____ (SPECIFY)	X	
112	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS	<input type="text"/>	

		NET #1	NET #2	NET #3
113	ASK RESPONDENT TO SHOW YOU THE NETS. IF MORE THAN 3, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED, BUT HAS HOLES 1 OBSERVED, DOES NOT HAVE HOLES 2 NOT OBSERVED. 3	OBSERVED, BUT HAS HOLES 1 OBSERVED, DOES NOT HAVE HOLES 2 NOT OBSERVED. 3	OBSERVED, BUT HAS HOLES 1 OBSERVED, DOES NOT HAVE HOLES 2 NOT OBSERVED. 3
114	How many months ago did your household obtain the mosquito net? IF LESS THAN ONE MONTH, WRITE '00	MOS AGO <input type="text"/> <input type="text"/> 37 OR MORE MONTHS AGO . . . 95 NOT SURE 98	MOS AGO <input type="text"/> <input type="text"/> 37 OR MORE MONTHS AGO . . . 95 NOT SURE 98	MOS AGO <input type="text"/> <input type="text"/> 37 OR MORE MONTHS AGO . . . 95 NOT SURE 98
115	Did you buy the net or was it given to you free?	BOUGHT 1 FREE 2 (SKIP TO 117) ← DON'T KNOW 8	BOUGHT 1 FREE 2 (SKIP TO 117) ← DON'T KNOW 8	BOUGHT 1 FREE 2 (SKIP TO 117) ← DON'T KNOW 8
116	How much did you pay for the net? IF DK, WRITE '998'.	COST IN LIB. \$ <input type="text"/> <input type="text"/> <input type="text"/>	COST IN LIB. \$ <input type="text"/> <input type="text"/> <input type="text"/>	COST IN LIB. \$ <input type="text"/> <input type="text"/> <input type="text"/>
117	OBSERVE OR ASK THE BRAND/TYPE OF MOSQUITO NET.	LONG-LASTING INSECTICIDE TREATED NET OLYSET 11 PERMANET 12 OTHER/DK BRAND BUT ITN . . . 16 (SKIP TO 121) ← OTHER 96 DK BRAND 98	LONG-LASTING INSECTICIDE TREATED NET OLYSET 11 PERMANET 12 OTHER/DK BRAND BUT ITN . . . 16 (SKIP TO 121) ← OTHER 96 DK BRAND 98	LONG-LASTING INSECTICIDE TREATED NET OLYSET 11 PERMANET 12 OTHER/DK BRAND BUT ITN . . . 16 (SKIP TO 121) ← OTHER 96 DK BRAND 98
118	When you got the net, was it already treated with an insecticide to kill or repel mosquitos?	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8
119	Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill or repel mosquitos?	YES 1 NO 2 (SKIP TO 121) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 121) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 121) ← NOT SURE 8
120	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH, WRITE '00	MOS AGO <input type="text"/> <input type="text"/> 25 OR MORE MONTHS AGO . . . 95 NOT SURE 98	MOS AGO <input type="text"/> <input type="text"/> 25 OR MORE MONTHS AGO . . . 95 NOT SURE 98	MOS AGO <input type="text"/> <input type="text"/> 25 OR MORE MONTHS AGO . . . 95 NOT SURE 98
121	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 (SKIP TO 123) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 123) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 123) ← NOT SURE 8
122	Who slept under this mosquito net last night? RECORD THE PERSON'S LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/>
123		GO BACK TO 113 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO BACK TO 113 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO TO 113 IN FIRST COL. OF A NEW QUESTIONRE.; OR, IF NO MORE NETS, TO 201

ANEMIA AND MALARIA TESTING FOR CHILDREN AGE 0-5

201	CHECK COLUMN 10. WRITE THE LINE NUMBER AND NAME FOR ALL CHILDREN 0-5 YEARS IN Q. 202 IN ORDER BY LINE NUMBER. IF MORE THAN 6 CHILDREN, USE ADDITIONAL QUESTIONNAIRES. BE SURE TO FILL Qs. 209 AND 211.			
		CHILD 1	CHILD 2	CHILD 3
202	LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> NAME _____
203	IF MOTHER INTERVIEWED, COPY CHILD'S MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 2003 OR LATER?	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) ←	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) ←	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) ←
205	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) ← OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) ← OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) ← OLDER 2
206	LINE NUMBER OF PARENT OR ADULT RESPONSIBLE FOR CHILD. RECORD '00' IF NOT LISTED.	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>
207	READ ANEMIA CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 _____ (SIGN) ← REFUSED 2	GRANTED 1 _____ (SIGN) ← REFUSED 2	GRANTED 1 _____ (SIGN) ← REFUSED 2
208	READ MALARIA CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 _____ (SIGN) ← REFUSED 2	GRANTED 1 _____ (SIGN) ← REFUSED 2	GRANTED 1 _____ (SIGN) ← REFUSED 2
CONDUCT TESTS FOR WHICH CONSENT IS GRANTED AND CONTINUE TO 209				
209	RECORD RESULT CODE OF ANEMIA TEST.	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 211) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 211) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 211) ←
210	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> <input type="text"/>	G/DL <input type="text"/> <input type="text"/> <input type="text"/>	G/DL <input type="text"/> <input type="text"/> <input type="text"/>
211	RECORD RESULT CODE OF MALARIA TEST	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 215) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 215) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 215) ←
212	BAR CODE LABEL PASTE BAR CODE HERE AND ON SLIDE AND ON TRANSMITTAL FORM.			
213	RESULT OF MALARIA TEST	POSITIVE 1 NEGATIVE 2 (SKIP TO 215) ← OTHER 6	POSITIVE 1 NEGATIVE 2 (SKIP TO 215) ← OTHER 6	POSITIVE 1 NEGATIVE 2 (SKIP TO 215) ← OTHER 6
214	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD. ASK ABOUT ANY TREATMENT THE CHILD HAS ALREADY RECEIVED.	ACCEPTED MEDICINE 1 _____ (SIGN) ← REFUSED 2 ALREADY HAS ACT 3 NOT ELIGIBLE 4 OTHER 6	ACCEPTED MEDICINE 1 _____ (SIGN) ← REFUSED 2 ALREADY HAS ACT 3 NOT ELIGIBLE 4 OTHER 6	ACCEPTED MEDICINE 1 _____ (SIGN) ← REFUSED 2 ALREADY HAS ACT 3 NOT ELIGIBLE 4 OTHER 6
215		GO BACK TO 203 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, END INTERVIEW		

		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____
203	IF MOTHER INTERVIEWED, COPY CHILD'S MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 2003 OR LATER?	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)
205	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) OLDER 2
206	LINE NUMBER OF PARENT OR ADULT RESPONSIBLE FOR CHILD. RECORD '00' IF NOT LISTED.	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>
207	READ ANEMIA CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 _____ (SIGN) ← REFUSED 2	GRANTED 1 _____ (SIGN) ← REFUSED 2	GRANTED 1 _____ (SIGN) ← REFUSED 2
208	READ MALARIA CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 _____ (SIGN) ← REFUSED 2	GRANTED 1 _____ (SIGN) ← REFUSED 2	GRANTED 1 _____ (SIGN) ← REFUSED 2
CONDUCT TESTS FOR WHICH CONSENT IS GRANTED AND CONTINUE TO 209				
209	RECORD RESULT CODE OF ANEMIA TEST.	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 211) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 211) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 211) ←
210	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> .	G/DL <input type="text"/> <input type="text"/> .	G/DL <input type="text"/> <input type="text"/> .
211	RECORD RESULT CODE OF MALARIA TEST	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 215) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 215) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 215) ←
212	BAR CODE LABEL PASTE BAR CODE HERE AND ON SLIDE AND ON TRANSMITTAL FORM.			
213	RESULT OF MALARIA TEST	POSITIVE 1 NEGATIVE 2 (SKIP TO 215) ← OTHER 6	POSITIVE 1 NEGATIVE 2 (SKIP TO 215) ← OTHER 6	POSITIVE 1 NEGATIVE 2 (SKIP TO 215) ← OTHER 6
214	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD. ASK ABOUT ANY TREATMENT THE CHILD HAS ALREADY RECEIVED.	ACCEPTED MEDICINE 1 _____ (SIGN) ← REFUSED 2 ALREADY HAS ACT 3 NOT ELIGIBLE 4 OTHER 6	ACCEPTED MEDICINE 1 _____ (SIGN) ← REFUSED 2 ALREADY HAS ACT 3 NOT ELIGIBLE 4 OTHER 6	ACCEPTED MEDICINE 1 _____ (SIGN) ← REFUSED 2 ALREADY HAS ACT 3 NOT ELIGIBLE 4 OTHER 6
215		GO BACK TO 203 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, END INTERVIEW		

CONSENT STATEMENT FOR ANEMIA TEST

As part of this survey, we are asking that children all over the country take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or disease. This survey will help the government to develop programs to prevent and treat anemia.

We request that all children born in 2003 or later participate in the anemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

The blood will be tested for anemia immediately and the result will be told to you right away. The result will be kept confidential.

Do you have any questions about the anemia test?

You can say yes to the test or you can say no. It is up to you to decide.

Will you allow (NAME(S) OF CHILD(REN)) to participate in the anemia test?

CONSENT STATEMENT FOR MALARIA TEST

As part of this survey, we are asking that children all over the country take a test to see if they have malaria. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will help the government to develop programs to prevent malaria.

We request that all children born in 2003 or later participate in the malaria testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test. (We will use blood from the same finger prick made for the anemia test).

The blood will be tested for malaria immediately and the result will be told to you right away. The result will be kept confidential.

Do you have any questions about the malaria test?

You can say yes to the test or you can say no. It is up to you to decide.

Will you allow (NAME(S) OF CHILD(REN)) to participate in the malaria test?

TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS

IF MALARIA TEST IS POSITIVE: The malaria test shows that your child has malaria. We can give you free medicine.

The medicine is called ACT. ACT is very effective and in a few days it should get rid of the fever and other symptoms.

**BEFORE PROVIDING ACT, FIRST ASK IF THE CHILD IS ALREADY TAKING OTHER DRUGS AND IF SO, ASK TO SEE THEM.
IF CHILD IS ALREADY TAKING ACT, CHECK ON THE DOSE ALREADY AVAILABLE. BE CAREFUL NOT TO OVERTREAT.**

You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.

TREATMENT WITH ACT		
Weight (in Kg)	Amodiaquine (153 mg.)	Artesunate (50 mg.)
Less than 5 kgs.	Nothing	Nothing
5-7 kgs.	1/4 tablet once a day for 3 days	1/2 tablet once a day for 3 days
8-10 kgs.	1/2 tablet once a day for 3 days	1/2 tablet once a day for 3 days
11-13 kgs.	3/4 tablet once a day for 3 days	1 tablet once a day for 3 days
14-16 kgs.	1 tablet once a day for 3 days	1 tablet once a day for 3 days
17-19 kgs.	1 tablet once a day for 3 days	1 1/2 tablets once a day for 3 days
Amodiaquine and Artesunate (ACT) are to be taken together once a day for 3 days. IF CHILD WEIGHS LESS THAN 5 KGS., DO NOT LEAVE DRUGS. TELL PARENT TO TAKE CHILD TO HEALTH FACILITY.		

2009 LIBERIA MALARIA INDICATOR SURVEY
NATIONAL MALARIA CONTROL PROGRAM - MINISTRY OF HEALTH AND SOCIAL WELFARE
LIBERIA INSTITUTE OF STATISTICS AND GEO-INFORMATION SERVICES

WOMAN'S QUESTIONNAIRE

IDENTIFICATION				
NAME OF COUNTY _____	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> </div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div>			
NAME OF DISTRICT _____				
NAME OF CLAN/TOWNSHIP _____				
NAME OF CITY/TOWN/VILLAGE _____				
LMIS CLUSTER NUMBER				
HOUSEHOLD NUMBER				
URBAN: MONROVIA=1; OTHER URBAN=2; VILLAGE=3				
NAME OF HOUSEHOLD HEAD _____				
NAME AND LINE NUMBER OF WOMAN _____				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY
INTERVIEWER'S NAME				MONTH
RESULT*				YEAR
NEXT VISIT: DATE				INT. NUMBER
TIME				RESULT
				TOTAL NUMBER OF VISITS
<p>*RESULT CODES:</p> <div style="display: flex; justify-content: space-between;"> <div> 1 COMPLETED 2 NOT AT HOME 3 POSTPONED </div> <div> 4 REFUSED 5 PARTLY COMPLETED 6 INCAPACITATED </div> <div> 7 OTHER _____ (SPECIFY) </div> </div>				
SUPERVISOR		OFFICE EDITOR		KEYED BY
NAME _____		NAME _____		NAME _____
DATE _____		DATE _____		DATE _____
INTRODUCTION AND CONSENT				
<p>Hello. My name is _____ and I'm from the Ministry of Health. We are talking to people all over the country about malaria. I would like to ask you some questions. I hope you will agree. The information you give will help the government to plan health services. The survey usually takes about 10 to 20 minutes to complete.</p> <p>The information you give will be kept confidential and will not be shared with anyone other than members of our survey team. You do not have to participate in the survey. If I ask any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope you will participate in the survey since your views are important.</p> <p>Do you want to ask me anything about the survey? May I begin the interview now?</p> <p>Signature of interviewer: _____ Date: _____</p> <p>RESPONDENT AGREES TO BE INTERVIEWED 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 → END</p>				

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	<input type="checkbox"/> → 104
103	Just before you moved here, did you live in a city, in a town, or in a village?	CITY 1 TOWN 2 VILLAGE 3	
104	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
105	How old are you? COMPARE AND CORRECT 104 AND/OR 105 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
106	Have you ever attended school?	YES 1 NO 2	→ 110
107	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	
108	What is the highest grade you completed?	GRADE <input type="text"/> <input type="text"/>	
109	CHECK 108: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		→ 111
110	Now I would like you to read this sentence to me. SHOW SENTENCES TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE.. 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
111	What is your religion?	CHRISTIAN 1 MUSLIM 2 TRADITIONAL RELIGION 3 NO RELIGION 4 OTHER 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	What dialect do you speak very well (besides English)?	BASSA 01 GBANDI 02 BELLE 03 DEY 04 GIO 05 GOLA 06 GREBO 07 KISSI 08 KPELLE 09 KRAHN 10 KRU 11 LORMA 12 MANDIGO 13 MANO 14 MENDE 15 VAI 16 NONE / ONLY ENGLISH 17 OTHER 96	

SENTENCES FOR READING (Q.110):

1. The child is reading a book.
2. Farming is hard work.
3. Parents should care for their children.
4. The rains were heavy this year.

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever born a child?	YES 1 NO 2	→ 206								
202	Do you have any children you born who are living with you? I mean belly born.	YES 1 NO 2	→ 204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
204	Do you have any children you born who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
206	Have you ever born a child who was born alive and later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→ 208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
209	CHECK 208: So in all, you have belly born ____ (TOTAL) children in your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS Q.208 IS '00' <input type="checkbox"/> → 224										

211 Now I want the names of all the children you born, whether still alive or not, starting with the first one.

RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.
(IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE STARTING WITH THE SECOND ROW).

212	213	214	215	216	217	218	219	220	221
What is/was the name of your (first/next) child? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still living?	IF LIVING: How old is (NAME)? RECORD AGE IN COMPLETED YEARS.	IF LIVING: Is (NAME) living with you?	IF LIVING: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	IF DEAD: How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Did you born any other child between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS... 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	
02	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS... 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH
03	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS... 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH
04	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS... 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH
05	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS... 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH
06	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS... 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH
07	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS... 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH

212	213	214	215	216	217	218	219	220	221
What name was given to your next baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	217 IF LIVING: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	218 IF LIVING: Is (NAME) living with you?	219 IF LIVING: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	220 IF DEAD: How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	221 Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
08	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS... 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH
09	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS... 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH
10	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS... 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH
11	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS... 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH
12	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> <input type="text"/> MONTHS... 2 <input type="text"/> <input type="text"/> YEARS... 3 <input type="text"/> <input type="text"/>	YES... 1 ADD ↙ BIRTH NO... 2 NEXT ↘ BIRTH
222	Did you born any child since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.					YES 1 NO 2			
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE) CHECK: FOR EACH BIRTH: MONTH AND YEAR OF BIRTH IS RECORDED. FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.								<input type="text"/> <input type="text"/>
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2003 OR LATER. IF NONE, RECORD '0' AND CONTINUE TO Q. 225.								<input type="text"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	Are you pregnant now?	YES 1 NO 2 UNSURE 8	<input type="checkbox"/> → 227
226	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
227	CHECK 224: <div style="display: flex; justify-content: space-between;"> <div> ONE OR MORE BIRTHS IN 2003 OR LATER </div> <div> NO BIRTHS IN 2003 OR LATER </div> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <input type="checkbox"/> <input type="checkbox"/> </div>		<input type="checkbox"/> → 501

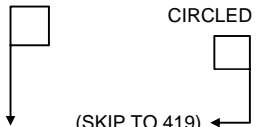
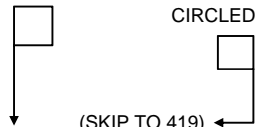
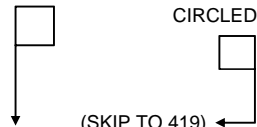



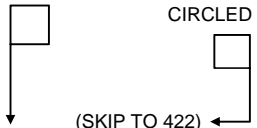
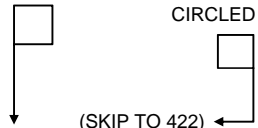
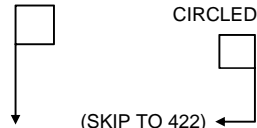



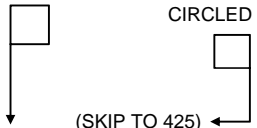
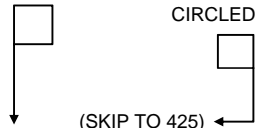
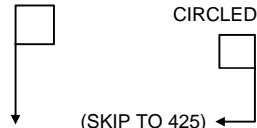
SECTION 3. PREGNANCY AND INTERMITTENT PREVENTIVE TREATMENT

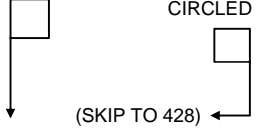
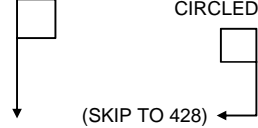
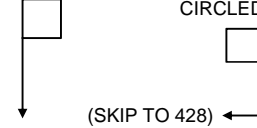
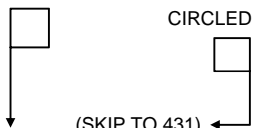
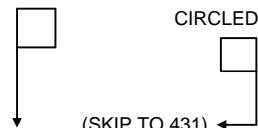
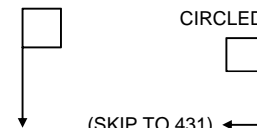
301	<p>CHECK 212 AND 215: ENTER IN 302 THE NAME AND LINE NUMBER OF THE MOST RECENT BIRTH SINCE 2003 EVEN IF THE CHILD IS NO LONGER ALIVE.</p> <p>Now I would like to ask you some questions about your last pregnancy that ended in a live birth.</p>		
302	NAME AND LINE NUMBER FROM 212	NAME OF LAST BIRTH _____ LINE NO. _____ <input type="text"/> <input type="text"/>	
303	<p>When you were pregnant with (NAME) did you see anyone for a check-up (prenatal care) for this pregnancy?</p> <p>IF YES: Whom did you see? Anyone else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR A</p> <p>NURSE/MIDWIFE B</p> <p>PHYSICIAN ASST. C</p> <p>TRADITIONAL MIDWIFE D</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p> <p>NO ONE Y</p>	
303A	<p>During this pregnancy, did anyone tell you that pregnant women need to take some kind of medicine to <u>keep</u> them from getting malaria?</p> <p>EMPHASIZE THE WORD 'KEEP'.</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
304	<p>During this pregnancy, did you take any drugs to <u>keep</u> you from getting malaria?</p> <p>EMPHASIZE 'KEEP'. DO NOT CIRCLE '1' IF SHE WAS ONLY GIVEN DRUGS BECAUSE SHE HAD MALARIA.</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<input type="checkbox"/> → 401
305	<p>What drugs did you take to keep from getting malaria?</p> <p>RECORD ALL MENTIONED. IF SHE DOES NOT KNOW THE TYPE OF DRUG, SHOW HER THE TYPICAL ANTIMALARIAL DRUGS. TREATMENT WITH SP/FANSIDAR USUALLY CONSISTS OF TAKING 3 BIG WHITE TABLETS AT THE HEALTH FACILITY.</p>	<p>SP/FANSIDAR A</p> <p>CHLOROQUINE B</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW Z</p>	
306	<p>CHECK 305: DRUGS TAKEN FOR MALARIA PREVENTION</p> <p>CODE 'A' <input type="checkbox"/> CODE 'A' <input type="checkbox"/></p> <p>CIRCLED NOT CIRCLED</p>		<input type="checkbox"/> → 401
307	How many times did you take (SP/Fansidar) during this pregnancy?	TIMES <input type="text"/> <input type="text"/>	
308	<p>CHECK 303: PRENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY</p> <p>CODE 'A', 'B' <input type="checkbox"/> OR 'C' CIRCLED</p> <p>OTHER <input type="checkbox"/></p>		<input type="checkbox"/> → 401
309	Did you get the (SP/Fansidar) during any prenatal care visit, during another visit to a health facility or from another source?	<p>PRENATAL VISIT 1</p> <p>ANOTHER FACILITY VISIT 2</p> <p>OTHER SOURCE 6</p> <p align="center">(SPECIFY)</p>	

SECTION 4. FEVER IN CHILDREN

401	<p>ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2003 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE FIRST COLUMN).</p> <p>Now I would like to ask you some questions about the health of your children. (We will talk about each one separately.)</p>			
402	<p>LINE NUMBER FROM 212</p>	<p>LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/></p>	<p>NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/></p>	<p>SECOND-FROM-LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/></p>
403	<p>FROM 212 AND 216</p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 501)</p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 501)</p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(GO TO 403 IN FIRST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 501)</p>
404	<p>Has (NAME) been ill with a fever at any time in the last 2 weeks?</p>	<p>YES 1 NO 2 (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) DON'T KNOW 8</p>	<p>YES 1 NO 2 (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) DON'T KNOW 8</p>	<p>YES 1 NO 2 (GO TO 403 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501) DON'T KNOW 8</p>
405	<p>How many days ago did the fever start?</p> <p>IF LESS THAN ONE DAY, WRITE '00'.</p>	<p>DAYS AGO . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>DAYS AGO . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>DAYS AGO . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>
406	<p>Did you seek advice or treatment for the fever from any source?</p>	<p>YES 1 NO 2 (SKIP TO 411) ←</p>	<p>YES 1 NO 2 (SKIP TO 411) ←</p>	<p>YES 1 NO 2 (SKIP TO 411) ←</p>
407	<p>Where did you get treatment from?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B GOVT HEALTH CLINIC C OTHER PUBLIC D (SPECIFY)</p> <p>PRIVATE MEDICAL SEC. PVT. HOSPITAL/CLINIC E PHARMACY F PVT DOCTOR G MOBILE CLINIC H OTHER PRIVATE MED. I (SPECIFY)</p> <p>OTHER SOURCE SHOP J TRADITIONAL PRACTITIONER K OTHER X (SPECIFY)</p>	<p>PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B GOVT HEALTH CLINIC C OTHER PUBLIC D (SPECIFY)</p> <p>PRIVATE MEDICAL SEC. PVT. HOSPITAL/CLINIC E PHARMACY F PVT DOCTOR G MOBILE CLINIC H OTHER PRIVATE MED. I (SPECIFY)</p> <p>OTHER SOURCE SHOP J TRADITIONAL PRACTITIONER K OTHER X (SPECIFY)</p>	<p>PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B GOVT HEALTH CLINIC C OTHER PUBLIC D (SPECIFY)</p> <p>PRIVATE MEDICAL SEC. PVT. HOSPITAL/CLINIC E PHARMACY F PVT DOCTOR G MOBILE CLINIC H OTHER PRIVATE MED. I (SPECIFY)</p> <p>OTHER SOURCE SHOP J TRADITIONAL PRACTITIONER K OTHER X (SPECIFY)</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
408	CHECK 407:	TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 410)	TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 410)	TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 410)
409	Where did you first go for advice or treatment? USE LETTER CODE FROM 407.	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>
410	When the fever started, how long it took for you to carry the child for advice or treatment? IF THE SAME DAY, RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
411	Is (NAME) still sick with a fever?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
411A	At any time during the illness, did (NAME) have a drop of blood taken from his/her finger or heel?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
412	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) DON'T KNOW 8	YES 1 NO 2 (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) DON'T KNOW 8	YES 1 NO 2 (GO TO 403 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501) DON'T KNOW 8
413	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED. IF SHE DOES NOT KNOW THE TYPE OF DRUG, SHOW HER THE TYPICAL ANTIMALARIAL DRUGS. IF SHE STILL IS NOT SURE, ASK TO SEE THE DRUGS.	ANTIMALARIAL DRUGS SP/FANSIDAR A CHLOROQUINE . B QUININE C NEW MALARIA MEDICINE (ACT) D OTHER ANTI- MALARIAL _____ E (SPECIFY) OTHER DRUGS ASPIRIN F ACETAMINOPHEN G IBUPROFEN H OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR A CHLOROQUINE . B QUININE C NEW MALARIA MEDICINE (ACT) D OTHER ANTI- MALARIAL _____ E (SPECIFY) OTHER DRUGS ASPIRIN F ACETAMINOPHEN G IBUPROFEN H OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR A CHLOROQUINE . B QUININE C NEW MALARIA MEDICINE (ACT) D OTHER ANTI- MALARIAL _____ E (SPECIFY) OTHER DRUGS ASPIRIN F ACETAMINOPHEN G IBUPROFEN H OTHER _____ X (SPECIFY) DON'T KNOW Z
414	CHECK 413: ANY CODE A-E CIRCLED?	YES NO <input type="checkbox"/> <input type="checkbox"/> (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	YES NO <input type="checkbox"/> <input type="checkbox"/> (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	YES NO <input type="checkbox"/> <input type="checkbox"/> (GO TO 403 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
415	Did you already have (NAME OF DRUG FROM 413) at home when the child became ill? ASK SEPARATELY FOR EACH OF THE DRUGS 'A' THROUGH 'E' THAT THE CHILD IS RECORDED AS HAVING TAKEN IN 413. IF YES FOR ANY DRUG, CIRCLE CODE FOR THAT DRUG. IF NO FOR ALL DRUGS, CIRCLE 'Y'.	ANTIMALARIAL DRUGS SP/FANSIDAR A CHLOROQUINE B QUININE C NEW MALARIA MEDICINE-ACT D OTHER ANTI-MALARIAL E NO DRUG AT HOME Y	ANTIMALARIAL DRUGS SP/FANSIDAR A CHLOROQUINE B QUININE C NEW MALARIA MEDICINE-ACT D OTHER ANTI-MALARIAL E NO DRUG AT HOME Y	ANTIMALARIAL DRUGS SP/FANSIDAR A CHLOROQUINE B QUININE C NEW MALARIA MEDICINE-ACT D OTHER ANTI-MALARIAL E NO DRUG AT HOME Y
416	CHECK 413: SP/FANSIDAR ('A') GIVEN	CODE 'A' CIRCLED CODE 'A' NOT CIRCLED  (SKIP TO 419) ←	CODE 'A' CIRCLED CODE 'A' NOT CIRCLED  (SKIP TO 419) ←	CODE 'A' CIRCLED CODE 'A' NOT CIRCLED  (SKIP TO 419) ←
417	How long after the fever started did (NAME) first take SP/Fansidar?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER 4 DON'T KNOW 8
418	For how many days did (NAME) take the SP/Fansidar? IF 7 DAYS OR MORE, WRITE '7'.	DAYS  DON'T KNOW 8	DAYS  DON'T KNOW 8	DAYS  DON'T KNOW 8
419	CHECK 413: CHLOROQUINE ('B') GIVEN	CODE 'B' CIRCLED CODE 'B' NOT CIRCLED  (SKIP TO 422) ←	CODE 'B' CIRCLED CODE 'B' NOT CIRCLED  (SKIP TO 422) ←	CODE 'B' CIRCLED CODE 'B' NOT CIRCLED  (SKIP TO 422) ←
420	How long after the fever started did (NAME) first take chloroquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER 4 DON'T KNOW 8
421	For how many days did (NAME) take the chloroquine? IF 7 DAYS OR MORE, WRITE '7'.	DAYS  DON'T KNOW 8	DAYS  DON'T KNOW 8	DAYS  DON'T KNOW 8
422	CHECK 413: QUININE ('C') GIVEN	CODE 'C' CIRCLED CODE 'C' NOT CIRCLED  (SKIP TO 425) ←	CODE 'C' CIRCLED CODE 'C' NOT CIRCLED  (SKIP TO 425) ←	CODE 'C' CIRCLED CODE 'C' NOT CIRCLED  (SKIP TO 425) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
423	How long after the fever started did (NAME) first take quinine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW 8
424	For how many days did (NAME) take the quinine? IF 7 DAYS OR MORE, WRITE '7'.	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8
425	CHECK 413: NEW MALARIA MEDICINE (ACT) ('D') GIVEN	CODE 'D' CODE 'D' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/>  (SKIP TO 428) ←	CODE 'D' CODE 'D' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/>  (SKIP TO 428) ←	CODE 'D' CODE 'D' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/>  (SKIP TO 428) ←
426	How long after the fever started did (NAME) first take the new malaria medicine (ACT)?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW 8
427	For how many days did (NAME) take the ACT? IF 7 DAYS OR MORE, WRITE '7'.	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8
428	CHECK 413: OTHER ANTIMALARIAL ('E') GIVEN	CODE 'E' CODE 'E' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/>  (SKIP TO 431) ←	CODE 'E' CODE 'E' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/>  (SKIP TO 431) ←	CODE 'E' CODE 'E' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/>  (SKIP TO 431) ←
429	How long after the fever started did (NAME) first take the (OTHER ANTIMALARIAL)?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW 8
430	For how many days did (NAME) take the (OTHER ANTIMALARIAL)? IF 7 DAYS OR MORE, WRITE '7'.	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8
431		GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO TO 403 IN 1st COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

SECTION 5. KNOWLEDGE OF MALARIA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Have you ever heard of an illness called malaria?	YES 1 NO 2	→ 512
502	What are some things that can happen to you when you have malaria? CIRCLE ALL MENTIONED.	FEVER A CHILLS B HEADACHE C JOINT PAIN D POOR APPETITE E OTHER X (SPECIFY) DOES NOT KNOW ANY Z	
503	Which age group of people are most likely to get a serious case of malaria? CIRCLE ALL MENTIONED.	CHILDREN A PREGNANT WOMEN B ADULTS C ELDERLY D EVERYONE E DOES NOT KNOW Z	
504	What causes malaria? CIRCLE ALL MENTIONED.	MOSQUITOES A DIRTY WATER B DIRTY SURROUNDINGS C BEER D CERTAIN FOODS E OTHER X (SPECIFY) DOES NOT KNOW ANY Z	
505	Are there ways to avoid getting malaria?	YES 1 NO 2	→ 507
506	What are the ways to avoid getting malaria? CIRCLE ALL MENTIONED.	SLEEP UNDER MOSQUITO NET A USE MOSQUITO COILS B USE INSECTICIDE SPRAY C KEEP DOORS AND WINDOWS CLOSED D USE INSECT REPELLANT E KEEP SURROUNDINGS CLEAN F CUT THE GRASS G OTHER X (SPECIFY) DOES NOT KNOW ANY Z	
507	Can malaria be treated?	YES 1 NO 2 DOES NOT KNOW 8	→ 509 → 509
508	What drugs are used to treat malaria? CIRCLE ALL MENTIONED.	SP/FANSIDAR A CHLOROQUINE B QUININE C NEW MALARIA DRUG (ACT) D ASPIRIN, PANADOL, PARACETEMOL E OTHER X (SPECIFY) DOES NOT KNOW ANY Z	
509	In the past few months, have you seen or heard any messages about malaria?	YES 1 NO 2	→ 512

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
510	<p>What messages about malaria have you seen or heard?</p> <p>CIRCLE ALL MENTIONED.</p>	<p>IF HAVE FEVER, GO TO HEALTH FACILITY A</p> <p>SLEEP UNDER MOSQUITO BED NETS B</p> <p>PREGNANT WOMEN SHOULD TAKE DRUGS TO PREVENT MALARIA C</p> <p>MALARIA KILLS D</p> <p>OTHER X (SPECIFY)</p> <p>DOES NOT KNOW ANY Z</p>									
511	<p>Where did you hear or see these messages?</p> <p>CIRCLE ALL MENTIONED.</p>	<p>RADIO A</p> <p>BILLBOARD B</p> <p>POSTER C</p> <p>T-SHIRT D</p> <p>LEAFLET/FACT SHEET/ BROCHURE E</p> <p>TELEVISION F</p> <p>VIDEO CLUB G</p> <p>SCHOOL H</p> <p>COMMUNITY HEALTH WORKERS, TTM, TBA, HEALTH PROMOTERS I</p> <p>PEER EDUCATORS J</p> <p>OTHER X (SPECIFY)</p>									
512	<p>RECORD THE TIME.</p>	<p>HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>									

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

