



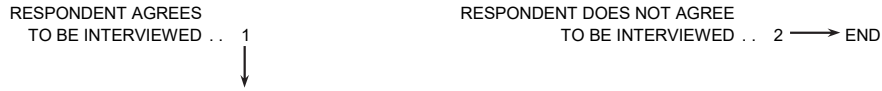
INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_. I am working with the National Bureau of Statistics. We are conducting a survey about malaria all over Tanzania. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 10 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you 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.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

Do you have any questions?  
May I begin the interview now?

SIGNATURE OF INTERVIEWER \_\_\_\_\_ DATE \_\_\_\_\_



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS ..... <input type="text"/> <input type="text"/> MINUTES ..... <input type="text"/> <input type="text"/>	
102	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	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS ..... <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 108
105	What is the highest level of school you attended: primary, secondary, or higher?	PRE-PRIMARY ..... 0 PRIMARY ..... 1 POST PRIMARY TRAINING ..... 2 SECONDARY 'O' LEVEL ..... 3 POST SECONDARY 'O' LEVEL TRAINING ..... 4 SECONDARY 'A' LEVEL ..... 5 POST SECONDARY 'A' LEVEL TRAINING ..... 6 UNIVERSITY ..... 7 DON'T KNOW ..... 8	
106	What is the highest GRADE you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	[GRADE/FORM/YEAR] ..... <input type="text"/> <input type="text"/>	
107	CHECK 105:  PRIMARY OR <input type="checkbox"/> SECONDARY ↓  HIGHER <input type="checkbox"/>		→ 111
108	Now I would like you to read this sentence to me. SHOW CARD 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 PART OF THE SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE ..... 3 NO CARD WITH REQUIRED LANGUAGE ..... 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED ..... 5	
111	In the past six months, have you seen or heard any messages about malaria?	YES ..... 1 NO ..... 2	→ 201
112	Have you seen or heard these messages: a) On the radio? b) On the television? c) On a poster or billboard? d) From a community health worker? e) At a community event? f) Anywhere else?	YES NO RADIO ..... 1 2 TELEVISION ..... 1 2 POSTER/BILLBOARD ..... 1 2 COMMUNITY HEALTH WORKER ..... 1 2 COMMUNITY EVENT ..... 1 2 ANYWHERE ELSE ..... 1 2	

**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 given birth?	YES ..... 1 NO ..... 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES ..... 1 NO ..... 2	→ 204								
203	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME ..... <table border="1" data-bbox="1209 344 1348 405"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS AT HOME ..... <table border="1" data-bbox="1209 405 1348 465"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES ..... 1 NO ..... 2	→ 206								
205	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE ..... <table border="1" data-bbox="1209 595 1348 656"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS ELSEWHERE ..... <table border="1" data-bbox="1209 656 1348 716"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES ..... 1 NO ..... 2	→ 208								
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD ..... <table border="1" data-bbox="1209 949 1348 1010"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) GIRLS DEAD ..... <table border="1" data-bbox="1209 1010 1348 1070"><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 BIRTHS ..... <table border="1" data-bbox="1209 1115 1348 1176"><tr><td> </td><td> </td></tr></table>									
209	<p>CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct?</p> <p align="center">             YES <input type="checkbox"/> ↓              NO <input type="checkbox"/> ↓              PROBE AND CORRECT 201-208 AS NECESSARY. ←           </p>										
210	<p>CHECK 208:</p> <p align="center">             ONE OR MORE BIRTHS <input type="checkbox"/> ↓              NO BIRTHS <input type="checkbox"/> → 225           </p>										
211	Now I'd like to ask you about your more recent births. How many births have you had in 2012-2017? RECORD NUMBER OF LIVE BIRTHS IN 2012-2017	TOTAL IN 2012-2017 ..... <table border="1" data-bbox="1209 1603 1348 1664"><tr><td> </td><td> </td></tr></table> NONE ..... 00			→ 225						

SECTION 2. REPRODUCTION

<p>212 Now I would like to record the names of all your births in 2012-2017, whether still alive or not, starting with the most recent one you had.                  RECORD IN 213 THE NAMES OF ALL THE BIRTHS BORN IN 2012-2017. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. IF THERE ARE MORE THAN 5 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE STARTING WITH THE SECOND ROW.</p>								
213	214	215	216	217	218	219	220	221
What name was given to your (most recent/ previous) baby?  RECORD NAME.  BIRTH HISTORY NUMBER.	Is (NAME) a boy or a girl?	Were any of these births twins?	On what day, month, and year was (NAME) born?	Is (NAME) still alive?	How old was (NAME) at (NAME)'s last birthday?  RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	Were there any other live births between (NAME) and (NAME OF PREVIOUS BIRTH), including any children who died after birth?
01	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 ↓ (NEXT BIRTH)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (NEXT BIRTH)	
02	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO 221)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/>	YES 1 (ADD BIRTH) ↓  NO 2 (NEXT BIRTH) ↓
03	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO 221)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/>	YES 1 (ADD BIRTH) ↓  NO 2 (NEXT BIRTH) ↓
04	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO 221)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/>	YES 1 (ADD BIRTH) ↓  NO . . . . 2 (NEXT BIRTH) ↓
05	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO 221)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/>	YES 1 (ADD BIRTH) ↓  NO . . . . 2 (NEXT BIRTH) ↓

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	Have you had any live births since the birth of (NAME OF MOST RECENT BIRTH)?"	YES ..... 1 (RECORD BIRTH(S) IN TABLE) ← NO ..... 2	
223	COMPARE 211 WITH NUMBER OF BIRTHS IN BIRTH HISTORY  NUMBERS ARE SAME <input type="checkbox"/> ↓ NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) ←		
224	CHECK 216: ENTER THE NUMBER OF BIRTHS IN 2012-2017	NUMBER OF BIRTHS ..... <input type="text"/> NONE ..... 0	
225	Are you pregnant now?	YES ..... 1 NO ..... 2 UNSURE ..... 8	→ 227
226	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS ..... <input type="text"/> <input type="text"/>	
227	CHECK 224:  ONE OR MORE BIRTHS IN 2012-2017 <input type="checkbox"/> (GO TO 301) ←	NO BIRTHS IN 2012-2017 <input type="checkbox"/> → 501  Q. 224 IS BLANK <input type="checkbox"/> → 501	

**SECTION 3. PREGNANCY AND INTERMITTENT PREVENTIVE TREATMENT**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	RECORD THE NAME AND SURVIVAL STATUS OF THE MOST RECENT BIRTH FROM 213 AND 217,	<p align="center"><b>MOST RECENT BIRTH</b></p> <p>NAME _____</p> <p>LIVING <input type="checkbox"/>                      DEAD <input type="checkbox"/></p>	
302	<p>Now I would like to ask you some questions about your last pregnancy that resulted in a live birth.</p> <p>When you got pregnant with (NAME), did you see anyone for antenatal care for this pregnancy?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 304
303	<p>Whom did you see?</p> <p>Anyone else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.</p>	<p><b>HEALTH PERSONNEL</b></p> <p>DOCTOR ..... A</p> <p>NURSE/MIDWIFE ..... B</p> <p>AUXILIARY MIDWIFE ..... C</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH ATTENDANT ..... D</p> <p>COMMUNITY/VILLAGE HEALTH WORKER ... E</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	
303A	How many times did you receive antenatal care during this	<p>NUMBER OF TIMES _____ <input type="text"/></p> <p>DON'T KNOW ..... 8</p>	
303B	Did you receive a bed net at an antenatal care visit for this pregnancy?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
304	During this pregnancy, did you take SP/Fansidar to keep you from getting malaria?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	→ 306D
305	How many times did you take SP/Fansidar during this pregnancy?	<p>TIMES ..... <input type="text"/></p>	
306	<p>Did you get the SP/Fansidar during any antenatal care visit, during another visit to a health facility or from another source?</p> <p>IF MORE THAN ONE SOURCE, RECORD THE HIGHEST SOURCE ON THE LIST.</p>	<p>ANTENATAL VISIT ..... 1</p> <p>ANOTHER FACILITY VISIT ..... 2</p> <p>OTHER SOURCE ..... 6</p>	
306a	Did you buy SP/Fansidar or was it given to you free?	<p>BOUGHT ..... 1</p> <p>FREE ..... 2</p> <p align="center">( SKIP TO 307 ) ←</p> <p>DON'T KNOW ..... 8</p>	
306b	<p>How much did you pay for SP/Fansidar?</p> <p>IF DK, WRITE '99998'.</p>	<p>COST (TSH) <input type="text"/></p>	
306C	How did you pay	<p>CASH (OUT OF POCKET) ..... 1</p> <p>SOCIAL HEALTH INSURANCE SCHEME (eg.NHIF, NSSF, CHF, etc) ..... 2</p> <p>PRIVATE HEALTH INSURANCE SCHEMME (eg.Medex, Jubilee, Metropilan, resolution etc) ..... 3</p> <p>CASH AND HEALTH INSURANCE ..... 4</p>	→ 307

SECTION 3. PREGNANCY AND INTERMITTENT PREVENTIVE TREATMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
306D	<p>Why did you not take SP/Fansidar to prevent you from getting malaria?</p> <p>PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.</p>	<p>NONE AVAILABLE AT FACILITY A            PROVIDER DID NOT OFFER MEDICINE B            PROVIDER REFUSED TO GIVE MEDICINE C            NO WATER AT FACILITY TO TAKE WITH MED D            NO CUP AT FACILITY TO DRINK WATER E            AFRAID OF EFFECTS ON MY HEALTH F            AFRAID OF EFFECTS ON BABY'S HEALTH G            HAD NOT EATEN BEFORE H            AFRAID OF VOMITING I            I DIDN'T HAVE MONEY TO PAY THE SP J            TAKING SEPTRIM K            OTHER (SPECIFY) _____ X            DON'T KNOW Z</p>	
307	<p>CHECK 216 AND 217:</p> <p>ONE OR MORE LIVING CHILDREN BORN IN 2012-2017 <input type="checkbox"/></p> <p>(GO TO 401) ←</p>	<p>NO LIVING CHILDREN BORN IN 2012-2017 <input type="checkbox"/></p> <p>→ 501</p>	501

SECTION 4. FEVER IN CHILDREN

401	<p>CHECK 213: RECORD THE BIRTH HISTORY NUMBER IN 402 AND THE NAME AND SURVIVAL STATUS IN 403 FOR EACH BIRTH IN 2012-2017. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE MOST RECENT BIRTH. IF THERE ARE MORE THAN 2 BIRTHS, USE ADDITIONAL QUESTIONNAIRE(S).</p> <p>Now I would like to ask some questions about the health of your children born since January 2012. (We will talk about each separately.)</p>		
402	BIRTH HISTORY NUMBER FROM 213 IN BIRTH HISTORY.	<p>MOST RECENT BIRTH</p> <p>BIRTH HISTORY NUMBER ..... <input type="text"/> <input type="text"/></p>	<p>NEXT MOST RECENT BIRTH</p> <p>BIRTH HISTORY NUMBER ..... <input type="text"/> <input type="text"/></p>
403	FROM 213 AND 217:	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(SKIP TO 428) ←</p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(SKIP TO 428) ←</p>
404	Has (NAME) been ill with a fever at any time in the last 2 weeks?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 428) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 428) ←</p> <p>DON'T KNOW ..... 8</p>
405	At any time during the illness, did (NAME) have blood taken from (NAME)'s finger or heel for testing?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>
406	Did you seek advice or treatment for the illness from any source?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 411) ←</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 411) ←</p>
407	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S).</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p><b>GOVERNMENT/PARASTATAL</b></p> <p>ZON/REFERRAL/SPEC.HOSPITA A</p> <p>REFERRAL REGIONAL HOSP. B</p> <p>REGIONAL HOSPITAL ..... C</p> <p>DISTRICT HOSPITAL ..... D</p> <p>HEALTH CENTRE ..... E</p> <p>DISPENSARY ..... F</p> <p>CLINIC ..... G</p> <p>CHW ..... H</p> <p><b>RELIGIOUS/VOLUNTARY</b></p> <p>REFERAL SPEC.HOSPITA ... I</p> <p>DISTRICT HOSPITAL ..... J</p> <p>HOSPITAL ..... K</p> <p>HEALTH CENTRE ..... L</p> <p>DISPENSARY ..... M</p> <p>CLINIC ..... N</p> <p><b>PRIVATE</b></p> <p>SPECIALISED HOSPITAL O</p> <p>HOSPITAL ..... P</p> <p>HEALTH CENTRE ..... Q</p> <p>DISPENSARY ..... R</p> <p>CLINIC ..... S</p> <p><b>OTHER</b></p> <p>PHARMACY ..... T</p> <p>ADDO ..... U</p> <p>NGO ..... V</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p><b>GOVERNMENT/PARASTATAL</b></p> <p>ZON/REFERRAL/SPEC.HOSP A</p> <p>REFERRAL REGIONAL HOSP B</p> <p>REGIONAL HOSPITAL ..... C</p> <p>DISTRICT HOSPITAL ..... D</p> <p>HEALTH CENTRE ..... E</p> <p>DISPENSARY ..... F</p> <p>CLINIC ..... G</p> <p>CHW ..... H</p> <p><b>RELIGIOUS/VOLUNTARY</b></p> <p>REFERAL SPEC.HOSPITA ... I</p> <p>DISTRICT HOSPITAL ..... J</p> <p>HOSPITAL ..... K</p> <p>HEALTH CENTRE ..... L</p> <p>DISPENSARY ..... M</p> <p>CLINIC ..... N</p> <p><b>PRIVATE</b></p> <p>SPECIALISED HOSPITAL O</p> <p>HOSPITAL ..... P</p> <p>HEALTH CENTRE ..... Q</p> <p>DISPENSARY ..... R</p> <p>CLINIC ..... S</p> <p><b>OTHER</b></p> <p>PHARMACY ..... T</p> <p>ADDO ..... U</p> <p>NGO ..... V</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>
407a	Did you pay for the advice or treatment for this illness?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 408) ←</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 408) ←</p>
407b	How much did you pay?	<p>TSHS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 999998</p>	<p>TSHS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 999998</p>



407C	How did you pay?	CASH (OUT OF POCKET) 1	CASH (OUT OF POCKET) 1
		SOCIAL HEALTH INSURANCE SCHEME (eg.NHIF, NSSF, CHF, etc) 2	SOCIAL HEALTH INSURANCE SCHEME (eg.NHIF, NSSF, CHF, etc) 2
		PRIVATE HEALTH INSURANCE SCHEMME (eg.Medex, Jubilee, Metropilan, resolution etc) 3	PRIVATE HEALTH INSURANCE SCHEMME (eg.Medex, Jubilee, Metropilan, resolution etc) 3
		CASH AND HEALTH INSURANCE 4	CASH AND HEALTH INSURANCE 4

SECTION 4. FEVER IN CHILDREN

NO.	QUESTIONS AND FILTERS	MOST RECENT BIRTH NAME _____	NEXT MOST RECENT BIRTH NAME _____
408	CHECK 407:	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ↓ ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 410) ←	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ↓ ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 410) ←
409	Where did you first seek advice or treatment? USE LETTER CODE FROM 407	FIRST PLACE ..... <input type="checkbox"/>	FIRST PLACE ..... <input type="checkbox"/>
410	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS ..... <input type="text"/> <input type="text"/>	DAYS ..... <input type="text"/> <input type="text"/>
411	At any time during the illness, did (NAME) take any drugs for the illness?	YES ..... 1 NO ..... 2 (SKIP TO 428) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 428) ← DON'T KNOW ..... 8
412	What drugs did (NAME) take?  Any other drugs?  RECORD ALL MENTIONED.	<b>ANTIMALARIAL DRUGS</b> ARTEMISININ COMBINATION THERAPY (ACT) SUCH AS ALU/COARTEM/ARTESUNATE-AMODIAQUINE OR OTHER A SP/FANSIDAR ..... B CHLOROQUINE ..... C AMODIAQUINE ..... D QUININE PILLS ..... E INJECTION/IV ..... F ARTESUNATE RECTAL ..... G INJECTION/IV ..... H  OTHER ANTIMALARIAL _____ I (SPECIFY)  <b>ANTIBIOTIC DRUGS</b> PILL/SYRUP ..... J INJECTION/IV ..... K  <b>OTHER DRUGS</b> ASPIRIN ..... L ACETAMINOPHEN ..... M IBUPROFEN ..... N  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	<b>ANTIMALARIAL DRUGS</b> ARTEMISININ COMBINATION THERAPY (ACT) SUCH AS ALU/COARTEM/ARTESUNATE-AMODIAQUINE OR OTHER A SP/FANSIDAR ..... B CHLOROQUINE ..... C AMODIAQUINE ..... D QUININE PILLS ..... E INJECTION/IV ..... F ARTESUNATE RECTAL ..... G INJECTION/IV ..... H  OTHER ANTIMALARIAL _____ I (SPECIFY)  <b>ANTIBIOTIC DRUGS</b> PILL/SYRUP ..... J INJECTION/IV ..... K  <b>OTHER DRUGS</b> ASPIRIN ..... L ACETAMINOPHEN ..... M IBUPROFEN ..... N  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z

412A	<p>Where did you get these drugs from?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S).</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p><b>GOVERNMENT/PARASTATAL</b></p> <p>ZON/REFERRAL/SPEC.HOSP A  REFERRAL REGIONAL HOSP B  REGIONAL HOSPITAL ..... C  DISTRICT HOSPITAL ..... D  HEALTH CENTRE ..... E  DISPENSARY ..... F  CLINIC ..... G  CHW ..... H</p> <p><b>RELIGIOUS/VOLUNTARY</b></p> <p>REFERAL SPEC.HOSPITA ... I  DISTRICT HOSPITAL ..... J  HOSPITAL ..... K  HEALTH CENTRE ..... L  DISPENSARY ..... M  CLINIC ..... N</p> <p><b>PRIVATE</b></p> <p>SPECIALISED HOSPITAL O  HOSPITAL ..... P  HEALTH CENTRE ..... Q  DISPENSARY ..... R  CLINIC ..... S</p> <p><b>OTHER</b></p> <p>PHARMACY ..... T  ADDO ..... U  NGO ..... V  OTHER _____ X  (SPECIFY)</p>	<p><b>GOVERNMENT/PARASTATAL</b></p> <p>ZON/REFERRAL/SPEC.HOSP A  REFERRAL REGIONAL HOSP B  REGIONAL HOSPITAL ..... C  DISTRICT HOSPITAL ..... D  HEALTH CENTRE ..... E  DISPENSARY ..... F  CLINIC ..... G  CHW ..... H</p> <p><b>RELIGIOUS/VOLUNTARY</b></p> <p>REFERAL SPEC.HOSPITA ... I  DISTRICT HOSPITAL ..... J  HOSPITAL ..... K  HEALTH CENTRE ..... L  DISPENSARY ..... M  CLINIC ..... N</p> <p><b>PRIVATE</b></p> <p>SPECIALISED HOSPITAL O  HOSPITAL ..... P  HEALTH CENTRE ..... Q  DISPENSARY ..... R  CLINIC ..... S</p> <p><b>OTHER</b></p> <p>PHARMACY ..... T  ADDO ..... U  NGO ..... V  OTHER _____ X  (SPECIFY)</p>
413	CHECK 412: ANY CODE A-I CIRCLED?	<p>YES                      NO <input type="checkbox"/></p> <p><input type="checkbox"/>                      (SKIP TO 428) ←</p>	<p>YES                      NO <input type="checkbox"/></p> <p><input type="checkbox"/>                      (SKIP TO 428) ←</p>
414	CHECK 412: ARTEMISININ COMBINATION THERAPY ('A') GIVEN	<p>CODE 'A'                      CODE 'A' <input type="checkbox"/></p> <p>CIRCLED                      NOT CIRCLED</p> <p><input type="checkbox"/>                      (SKIP TO 416) ←</p>	<p>CODE 'A'                      CODE 'A' <input type="checkbox"/></p> <p>CIRCLED                      NOT CIRCLED</p> <p><input type="checkbox"/>                      (SKIP TO 416) ←</p>
415	How long after the fever started did (NAME) first take an artemisinin combination therapy?	<p>SAME DAY ..... 0  NEXT DAY ..... 1  TWO DAYS AFTER  FEVER ..... 2  THREE OR MORE DAYS  AFTER FEVER ..... 3  DON'T KNOW ..... 8</p>	<p>SAME DAY ..... 0  NEXT DAY ..... 1  TWO DAYS AFTER  FEVER ..... 2  THREE OR MORE DAYS  AFTER FEVER ..... 3  DON'T KNOW ..... 8</p>
416	CHECK 412: SP/FANSIDAR ('B') GIVEN	<p>CODE 'B'                      CODE 'B' <input type="checkbox"/></p> <p>CIRCLED                      NOT CIRCLED</p> <p><input type="checkbox"/>                      (SKIP TO 418) ←</p>	<p>CODE 'B'                      CODE 'B' <input type="checkbox"/></p> <p>CIRCLED                      NOT CIRCLED</p> <p><input type="checkbox"/>                      (SKIP TO 418) ←</p>
417	How long after the fever started did (NAME) first take SP/Fansidar?	<p>SAME DAY ..... 0  NEXT DAY ..... 1  TWO DAYS AFTER  FEVER ..... 2  THREE OR MORE DAYS  AFTER FEVER ..... 3  DON'T KNOW ..... 8</p>	<p>SAME DAY ..... 0  NEXT DAY ..... 1  TWO DAYS AFTER  FEVER ..... 2  THREE OR MORE DAYS  AFTER FEVER ..... 3  DON'T KNOW ..... 8</p>

418	CHECK 412: CHLOROQUINE ('C') GIVEN	CODE 'C' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 420) ←	CODE 'C' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 420) ←	CODE 'C' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 420) ←	CODE 'C' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 420) ←
419	How long after the fever started did (NAME) first take chloroquine?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8
420	CHECK 412: AMODIAQUINE ('D') GIVEN	CODE 'D' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 422) ←	CODE 'D' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 422) ←	CODE 'D' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 422) ←	CODE 'D' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 422) ←
421	How long after the fever started did (NAME) first take amodiaquine?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8
422	CHECK 412: QUININE ('E' OR 'F') GIVEN	CODE 'E' OR 'F' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 424) ←	CODE 'E' OR 'F' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 424) ←	CODE 'E' OR 'F' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 424) ←	CODE 'E' OR 'F' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 424) ←
423	How long after the fever started did (NAME) first take quinine?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8
424	CHECK 412: ARTESUNATE ('G' OR 'H') GIVEN	CODE 'G' OR 'H' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 426) ←	CODE 'G' OR 'H' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 426) ←	CODE 'G' OR 'H' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 426) ←	CODE 'G' OR 'H' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 426) ←
425	How long after the fever started did (NAME) first take artesunate?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8

426	CHECK 412: OTHER ANTIMALARIAL ('I') GIVEN	CODE 'I' CIRCLED <input type="checkbox"/> ↓ CODE 'I' NOT CIRCLED <input type="checkbox"/> (SKIP TO 428) ←	CODE 'I' CIRCLED <input type="checkbox"/> ↓ CODE 'I' NOT CIRCLED <input type="checkbox"/> (SKIP TO 428) ←
427	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8
428		GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE	GO TO 403 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO

## SECTION 10. MALARIA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	In your opinion, what is the most serious health problem in your community?	HIV/AIDS ..... 01 TUBERCULOSIS ..... 02 MALARIA ..... 03 MALNUTRITION ..... 04 DIABETES ..... 05 CANCER ..... 06 FLU ..... 07 ROAD TRAFFIC ACCIDENTS ..... 08 DIARRHEA ..... 09 HEART DISEASE ..... 10  OTHER _____ 96 (SPECIFY) DON'T KNOW ..... 98	
502	Can you tell me the signs or symptoms of malaria in a young child?  RECORD ALL MENTIONED.	FEVER ..... A FEELING COLD ..... B CHILLS ..... C PERSPIRATION/SWEATING ..... D HEADACHE ..... E BODY ACHES ..... F POOR APPETITE ..... G VOMITING ..... H DIARRHEA ..... I WEAKNESS ..... J COUGHING ..... K  OTHER _____ X (SPECIFY) DOES NOT KNOW ANY ..... Z	
503	Are there ways to avoid getting malaria?	YES ..... 1 NO ..... 2	→ 505
504	What are the ways to avoid getting malaria?  RECORD ALL MENTIONED.	SLEEP UNDER MOSQUITO NET ..... A USE MOSQUITO COILS ..... B USE INSECTICIDE SPRAY ..... C INDOOR RESIDUAL SPRAYING (IRS) ..... D KEEP DOORS/WINDOWS CLOSED ..... E USE INSECT REPELLANT ..... F KEEP SURROUNDINGS CLEAN ..... G CUT THE GRASS ..... H REMOVE STANDING WATER ..... I INTERMITTENT PREVENTIVE TREATMENT (IPT) ..... J HOUSE SCREENING ..... K  OTHER _____ X (SPECIFY) DOES NOT KNOW ANY ..... Z	
505	<b>Can ACTs such as Alu/Coartem/Artesunate-Amodiaquine or other be obtained at your nearest health facility or pharmacy (duka la dawa muhimu)?</b>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
506A	In the past year, have you seen or heard any messages about malaria prevention?	YES ..... 1 NO ..... 2	
506B	In the past year, have you seen or heard any messages about malaria treatment?	YES ..... 1 NO ..... 2	
507	LOCATION OF INTERVIEW:  MAINLAND <input type="checkbox"/> TANZANIA ↓	ZANZIBAR <input type="checkbox"/>	→ 508B

SECTION 10. MALARIA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
508A	Have you ever heard or seen the phrase " <b>Malaria Haikubaliki</b> "?	YES ..... 1 NO ..... 2	→ 508C → 508C				
508B	In the past year, have you ever heard or seen the phrase " <b>Maliza Malaria</b> "?	YES ..... 1 NO ..... 2					
508C	Have you ever heard or seen the phrase " <b>Sio kila homa ni malaria</b> "?	YES ..... 1 NO ..... 2	→ 510				
509	Where did you hear or see this phrase?  RECORD ALL MENTIONED.	RADIO ..... A BILLBOARD ..... B POSTER ..... C T-SHIRT ..... D LEAFLET/FACT SHEET/ BROCHURE .. E TELEVISION ..... F MOBILE VIDEO UNI ..... G SCHOOL ..... H HEALTH CARE WORKER ..... I COMMUNITY EVENT/PRESENTATIC .. J FRIEND/NEIGHBOR/FAMILY MEMBE .. K  OTHER _____ X (SPECIFY)  DON'T KNOW ..... Z					
510	In the past six months, were you visited by a health worker or volunteer who talked to you about malaria?	YES ..... 1 NO ..... 2					
511	Now I am going to read some statements and I would like you to tell me how much you agree or disagree with them. After I read each statement, please tell me whether you strongly agree with it, somewhat agree with it, somewhat disagree with it or strongly disagree with it. If you don't know, say, Don't know						
512	I can easily get treatment if my child gets malaria. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	STRONGLY AGREE ..... 1 SOMEWHAT AGREE ..... 2 SOMEWHAT DISAGREE ..... 3 STRONGLY DISAGREE ..... 4 DON'T KNOW/UNCERTAIN ..... 8					
513	My family rarely gets malaria. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	STRONGLY AGREE ..... 1 SOMEWHAT AGREE ..... 2 SOMEWHAT DISAGREE ..... 3 STRONGLY DISAGREE ..... 4 DON'T KNOW/UNCERTAIN ..... 8					
514	It is important to take the entire course of malaria medicine to make sure the disease will be fully cured . Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	STRONGLY AGREE ..... 1 SOMEWHAT AGREE ..... 2 SOMEWHAT DISAGREE ..... 3 STRONGLY DISAGREE ..... 4 DON'T KNOW/UNCERTAIN ..... 8					
515	ACTs can be obtained at nearest health facility or duka la dawa muhimu. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	STRONGLY AGREE ..... 1 SOMEWHAT AGREE ..... 2 SOMEWHAT DISAGREE ..... 3 STRONGLY DISAGREE ..... 4 DON'T KNOW/UNCERTAIN ..... 8					
516	The only way to be sure someone has malaria is to test their blood. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	STRONGLY AGREE ..... 1 SOMEWHAT AGREE ..... 2 SOMEWHAT DISAGREE ..... 3 STRONGLY DISAGREE ..... 4 DON'T KNOW/UNCERTAIN ..... 8					
518	RECORD THE TIME.	HOURS ..... MINUTES.....	<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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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EDITOR'S OBSERVATIONS

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