

MALARIA INDICATOR SURVEY IN ANGOLA

COSEP CONSULTORIA - CONSAUDE

HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION				
NAME OF LOCALITY _____ REGION _____ PROVINCE _____ MUNICIPALITY _____ CLUSTED NUMBER IN AMIS URBAN / RURAL (URBAN =1 / RURAL = 2) HOUSEHOLD NUMBER NAME OF HOUSEHOLD HEAD _____ MARK "X" IN CIRCLE IF HOUSEHOLD WAS SELECTED FOR MALARIA TESTING				

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP	SEX	RESIDENCE		AGE	WOMEN AGE 15-49		CHILD-REN < 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 CHILD-REN AGE 0-5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	10
01			M F 1 2	YES NO 1 2	YES NO 1 2	IN YEARS 	01	YES NO/DK 1 2	01
02			1 2	1 2	1 2		02	1 2	02
03			1 2	1 2	1 2		03	1 2	03
04			1 2	1 2	1 2		04	1 2	04
05			1 2	1 2	1 2		05	1 2	05
06			1 2	1 2	1 2		06	1 2	06
07			1 2	1 2	1 2		07	1 2	07
08			1 2	1 2	1 2		08	1 2	08
09			1 2	1 2	1 2		09	1 2	09
10			1 2	1 2	1 2		10	1 2	10

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD 02 = WIFE OR HUSBAND 03 = SON OR DAUGHTER 04 = ADOPTED CHILD 05 = SON-IN-LAW OR DAUGHTER-IN-LAW 06 = GRANDCHILD 07 = PARENT 08 = PARENT-IN-LAW	09 = BROTHER OR SISTER 10 = NIECE/NEPHEW BY BLOOD 11 = NIECE/NEPHEW BY MARRIAGE 12 = OTHER RELATIVE 13 = STEPCHILD 14 = NOT RELATED 98 = DON'T KNOW
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HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP	SEX	RESIDENCE		AGE	WOMEN AGE 15-49		CHILD-REN < 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 CHILD-REN AGE 0-5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
11			M F 1 2	YES NO 1 2	YES NO 1 2	IN YEARS 	11	YES NO/DK 1 2	11
12			1 2	1 2	1 2		12	1 2	12
13			1 2	1 2	1 2		13	1 2	13
14			1 2	1 2	1 2		14	1 2	14
15			1 2	1 2	1 2		15	1 2	15
16			1 2	1 2	1 2		16	1 2	16
17			1 2	1 2	1 2		17	1 2	17
18			1 2	1 2	1 2		18	1 2	18
19			1 2	1 2	1 2		19	1 2	19
20			1 2	1 2	1 2		20	1 2	20

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 TO TABLE

NÃO

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 TO TABLE

NÃO

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 TO TABLE

NÃO

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 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/PIPE) 81 BOTTLED WATER 91 OTHER 96 _____ (SPECIFY)	
102	What kind of toilet facility do members of your household usually use?	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 LATRINE ... 51 NO FACILITY/BUSH/FIELD 61 OTHER 96 _____ (SPECIFY)	
103	Does your household have:	<u>YES</u> <u>NO</u> Electricity from public network? ELECTRICITY 1 2 A generator? GENERATOR 1 2 A radio? RADIO 1 2 A refrigerator? REFRIGERATOR 1 2 A sewing machine? SEWING MACHINE 1 2 A television? TELEVISION 1 2	
104	Does any member of this household own:	<u>YES</u> <u>NO</u> A watch? WRIST WATCH 1 2 A mobile telephone? MOBILE TELEPHONE 1 2 A bicycle? BICYCLE 1 2 A motorcycle? MOTORCYCLE 1 2 A car or truck? CAR/TRUCK 1 2 A boat or canoe? BOAT/CANOE 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
105	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG/NATURAL GAS 02 OIL 03 COAL 04 WOOD 05 STRAW 06 DUNG/MANURI 07 NO FOOD COOKED IN HOUSEHOLD 95 OTHER 96 (SPECIFY)	
106	MAIN MATERIAL OF THE FLOOR RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR BOARD/WOOD PLANKS .. 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET/POLISHED WOOD . . 31 VINYL/ASPHALT STRIPS 32 CERAMIC TILES/MOSAIC/BRICK 33 CEMENT 34 CARPET 35 OTHER 96 (SPECIFY)	
107	MAIN MATERIAL OF THE ROOF OF THE HOUSEHOLD. RECORD OBSERVATION.	RUDIMENTARY ROOFING PALM/BAMBOO/MATS 21 WOOD PLANKS 22 TARPAULIN/PLASTIC 23 FINISHED ROOFING ZINC/METAL 31 ASBESTOS SHEETS, SHINGLES ... 32 CERAMIC TILES 33 CONCRETE/CEMENT 34 OTHER 96 (SPECIFY)	
108	MAIN MATERIAL OF THE OUTSIDE WALLS OF THE HOUSEHOLD. RECORD OBSERVATION.	RUDIMENTARY WALLS STRAW/THATCH MATS 13 CARDBOARD/PLASTIC 14 MUD AND STICKS 15 MUD BLOCKS 16 CANE/PALM/TRUNKS 17 REUSED WOOD 18 FINISHED WALLS CEMENT/STONE BLOCKS 31 BRICKS 32 WOOD PLANKS/SHINGLES 33 OTHER 96 (SPECIFY)	
109	How many rooms in this household are used for sleeping?	ROOMS	
109A	At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?	YES 1 NO 2 DON'T KNOW 8	110
109B	How many months ago was the dwelling sprayed? IF LESS THAN ONE MONTH, RECORD "0"	MONTHS AGO ...	
109C	Who sprayed the dwelling?	HEALTH WORKER/GOVERNMENT A NON-GOVERNMENTAL ORGANIZATION B PRIVATE COMPANY C OTHER X (SPECIFY) DON'T KNOW Y	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110	Does your household have any mosquito nets that can be used while sleeping?	YES 1 NO 2	→ 112
111	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NÚMERO DE MOSQUITEIROS	→ 113
112	Why doesn't your household have any mosquito nets? CIRCLE ALL MENTIONED.	NO MOSQUITOES A NETS NOT AVAILAB B DON'T LIKE TO USE NETS C TOO EXPENSIVE D OTHER _____ X (SPECIFY)	} 200

		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' IF YEARS, CONVERT TO MONTHS	MONTHS AGO MORE THAN 36 MONTHS AGO 95 NOT SURE 98	MONTHS AGO MORE THAN 36 MONTHS AGO 95 NOT SURE 98	MONTHS AGO MORE THAN 36 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 '9998'.	Akz	Akz	Akz
117	OBSERVE OR ASK THE BRAND/TYPE OF MOSQUITO NET.	JOIA 11 OLYSET 12 PERMANET 13 SEGURO E SALVO 14 OTHER BRAND 15 PERMANENT . . . 16 (SKIP TO 121)← OTHER BRAND TREATED 46 OTHER BRAND DK IF TREATED . 96 DK BRAND 98	JOIA 11 OLYSET 12 PERMANET 13 SEGURO E SALVO 14 OTHER BRAND 15 PERMANENT . . . 16 (SKIP TO 121)← OTHER BRAND TREATED 46 OTHER BRAND DK IF TREATED . 96 DK BRAND 98	JOIA 11 OLYSET 12 PERMANET 13 SEGURO E SALVO 14 OTHER BRAND 15 PERMANENT . . . 16 (SKIP TO 121)← OTHER BRAND TREATED 46 OTHER BRAND DK IF TREATED . 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'	MONTHS AGO MORE THAN 24 MONTHS AGO 95 NOT SURE 98	MONTHS AGO MORE THAN 24 MONTHS AGO 95 NOT SURE 98	MONTHS AGO MORE THAN 24 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

		NET #1	NET #2	NET #3
122	Who slept under this mosquito net last night? RECORD THE PERSON'S LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME_____ LINE NO. NAME_____ LINE NO. NAME_____ LINE NO. NAME_____ LINE NO. NAME_____ LINE NO. NAME_____ LINE NO.	NAME_____ LINE NO. NAME_____ LINE NO. NAME_____ LINE NO. NAME_____ LINE NO. NAME_____ LINE NO. NAME_____ LINE NO.	NAME_____ LINE NO. NAME_____ LINE NO. NAME_____ LINE NO. NAME_____ LINE NO. NAME_____ LINE NO. NAME_____ LINE NO.
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 NAME _____	LINE NUMBER NAME _____	LINE NUMBER 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	DAY MONTH YEAR	DAY MONTH YEAR
204	CHECK 203: CHILD BORN IN JANUARY 2006 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) 6 MONTHS OR OLDER... 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) 6 MONTHS OR OLDER... 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) 6 MONTHS OR OLDER... 2
206	LINE NUMBER OF PARENT OR ADULT RESPONSIBLE FOR CHILD (COL. 1 IN HOUSEHOLD QUESTIONNAIRE). RECORD '00' IF NOT LISTED.	LINE NUMBER	LINE NUMBER	LINE NUMBER
207	READ ANEMIA CONSENT STATEMENT TO PARENT OR OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.	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 IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.	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 .	G/DL .	G/DL .
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 FOR CHILDREN WHO TESTED POSITIVE FOR MALARIA	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 NAME _____	LINE NUMBER NAME _____	LINE NUMBER 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	DAY MONTH YEAR	DAY MONTH YEAR
204	CHECK 203: CHILD BORN IN JANUARY 2006 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) 6 MONTHS OR OLDER... 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) 6 MONTHS OR OLDER... 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) 6 MONTHS OR OLDER... 2
206	LINE NUMBER OF PARENT OR ADULT RESPONSIBLE FOR CHILD (COL. 1 IN HOUSEHOLD QUESTIONNAIRE). RECORD '00' IF NOT LISTED.	LINE NUMBER	LINE NUMBER	LINE NUMBER
207	READ ANEMIA CONSENT STATEMENT TO PARENT OR OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.	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 IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.	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 .	G/DL .	G/DL .
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 FOR CHILDREN WHO TESTED POSITIVE FOR MALARIA	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 2006 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 and won't be shared with anyone other than members of our survey team.

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 2006 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 and won't be shared with anyone other than members of our survey team.

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 artemisin-based combination therapy or ACT. This drug 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.

MALARIA INDICATOR SURVEY IN ANGOLA

COSEP CONSULTORIA - CONSAUDE

WOMAN'S QUESTIONNAIRE

IDENTIFICATION				
NAME OF LOCALITY _____				
REGION _____				
PROVINCE _____				
MUNICIPALITY _____				
CLUSTED NUMBER IN AMIS				
URBAN / RURAL (URBAN =1 / RURAL = 2)				
HOUSEHOLD NUMBER				
NAME AND LINE NUMBER OF WOMAN _____				
INTERVIEWER VISITS				
	1	2	3	LAST VISIT
DATE	_____	_____	_____	DAY
INTERVIEWER'S NAME	_____	_____	_____	MONTH
				YEAR
				CODE
RESULT*	_____	_____	_____	RESULT
NEXT VISIT DATE	_____	_____		NUMBER OF VISITS
TIME	_____	_____		
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 3 POSTPONED 6 INCAPACITATED 7 OTHER _____ (SPECIFY)				
SUPERVISOR NAME _____ DATE _____		OFFICE EDITOR 		KEYED BY
INTRODUCTION AND CONSENT				
Good morning (good afternoon). My name is __ and I'm from COSEP Consultoria. We are doing a survey all over the country about malaria. I would like to ask you some questions and 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. 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. Do you want to ask me anything about the survey? May I begin the interview now? Signature of interviewer: _____ Date: _____ RESPONDENT AGREES TO BE INTERVIEWED..... 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 → END				

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR MINUTES	
102	In what month and year were you born?	MONTH DON'T KNOW MONTH 98 YEAR DON'T KNOW YEAR 9998	
103	How old were you in your last anniversary? COMPARE AND CORRECT 104 AND/OR 105 IF INCONSISTENT.	AGE IN COMPLETED YEARS	
104	Have you ever attended school?	YES 1 NO 2	→ 108
105	What is the highest level of school you attended: basic education, secondary, or higher?	BASIC EDUCATION 1 SECONDARY 2 HIGHER 3	
106	What is the highest (class/grade) you completed at that level?	CLASS/GRADE	
	BASIC EDUCATION 1 LEVEL BASIC EDUCATION 2 LEVEL BASIC EDUCATION 3 LEVEL SECONDARY HIGHER 5	1 2 3 4 CLASS 5 6 CLASS 7 8 9 CLASS 9 10 11 12 CLASS 1 2 3 4 5 6 YEAR	
107	CHECK 105: BASIC EDUCATION ☐ ☐ SECONDARY OR HIGHER ☐		→ 109
108	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	
1. The child is reading a book 2. Farming is hard work 3. The country should take care of its children 4 The rains were heavy this year			
109	What is your religion?	CATHOLIC 1 CHRISTIAN/PROTESTANT 2 ISLAM 3 TRADITIONAL RELIGION 4 NO RELIGION 5 OTHER 6 SPECIFY	
110	In which language did you learn to speak?	PORTUGUES 01 COQWE 02 KIMBUNDU 03 KIKONGO 04 KWANYAMA 05 NGANGUELA 06 UMBUNDU 07 OTHER 96 (SPECIFY)	

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 ☐ NO ☐ → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS ☐ NO BIRTHS ☐ → 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 child? What is/was the name of your second child? ...etc. (NAME)	Was (NAME) a twin?	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?	How old is (NAME)? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	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 YEAR	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS 	YES ... 1 NO ... 2	LINE NUMBER ↓ (NEXT BIRTH)	DAYS ... 1 MONTHS ... 2 YEARS ... 3	
02	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS 	YES ... 1 NO ... 2	LINE NUMBER ↓ (GO TO 221)	DAYS ... 1 MONTHS ... 2 YEARS ... 3	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH
03	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS 	YES ... 1 NO ... 2	LINE NUMBER ↓ (GO TO 221)	DAYS ... 1 MONTHS ... 2 YEARS ... 3	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH
04	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS 	YES ... 1 NO ... 2	LINE NUMBER ↓ (GO TO 221)	DAYS ... 1 MONTHS ... 2 YEARS ... 3	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH
05	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS 	YES ... 1 NO ... 2	LINE NUMBER ↓ (GO TO 221)	DAYS ... 1 MONTHS ... 2 YEARS ... 3	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH
06	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS 	YES ... 1 NO ... 2	LINE NUMBER ↓ (GO TO 221)	DAYS ... 1 MONTHS ... 2 YEARS ... 3	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH
07	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS 	YES ... 1 NO ... 2	LINE NUMBER ↓ (GO TO 221)	DAYS ... 1 MONTHS ... 2 YEARS ... 3	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH
08	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS 	YES ... 1 NO ... 2	LINE NUMBER ↓ (GO TO 221)	DAYS ... 1 MONTHS ... 2 YEARS ... 3	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH
09	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS 	YES ... 1 NO ... 2	LINE NUMBER ↓ (GO TO 221)	DAYS ... 1 MONTHS ... 2 YEARS ... 3	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?	IF LIVING: How old was (NAME) at his/her last birthday? 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.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
10	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS 	YES ... 1 NO ... 2	LINE NUMBER ↓ (GO TO 221)	DAYS ... 1 MONTHS ... 2 YEARS ... 3	YES ... 1 ADD ↓ BIRTH NO ... 2 NEXT ↓ BIRTH
11	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS 	YES ... 1 NO ... 2	LINE NUMBER ↓ (GO TO 221)	DAYS ... 1 MONTHS ... 2 YEARS ... 3	YES ... 1 ADD ↓ BIRTH NO ... 2 NEXT ↓ BIRTH
12	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS 	YES ... 1 NO ... 2	LINE NUMBER ↓ (GO TO 221)	DAYS ... 1 MONTHS ... 2 YEARS ... 3	YES ... 1 ADD ↓ BIRTH NO ... 2 NEXT ↓ BIRTH
13	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS 	YES ... 1 NO ... 2	LINE NUMBER ↓ (GO TO 221)	DAYS ... 1 MONTHS ... 2 YEARS ... 3	YES ... 1 ADD ↓ BIRTH NO ... 2 NEXT ↓ BIRTH
14	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS 	YES ... 1 NO ... 2	LINE NUMBER ↓ (GO TO 221)	DAYS ... 1 MONTHS ... 2 YEARS ... 3	YES ... 1 ADD ↓ BIRTH NO ... 2 NEXT ↓ BIRTH
15	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS 	YES ... 1 NO ... 2	LINE NUMBER ↓ (GO TO 221)	DAYS ... 1 MONTHS ... 2 YEARS ... 3	YES ... 1 ADD ↓ BIRTH NO ... 2 NEXT ↓ BIRTH
16	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS 	YES ... 1 NO ... 2	LINE NUMBER ↓ (GO TO 221)	DAYS ... 1 MONTHS ... 2 YEARS ... 3	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 ☐ NUMBERS ARE DIFFERENT ☐ → (PROBE AND RECONCILE)								
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2006 OR LATER.								NUMBER OF BIRTHS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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	
227	CHECK 224: ONE OR MORE BIRTHS IN 2006 OR LATER NO BIRTHS IN 2006 OR LATER ☐ ↓ ☐		☐ → 501

SECTION 3. PREGNANCY AND INTERMITTENT PREVENTIVE TREATMENT

301	CHECK 212 AND 215: ENTER IN 302 THE NAME AND LINE NUMBER OF THE MOST RECENT BIRTH SINCE 2006 EVEN IF THE CHILD IS NO LONGER ALIVE.				
	Now I would like to ask you some questions about your last pregnancy that ended in a live birth.				
302	NAME AND LINE NUMBER FROM 212	NAME OF LAST BIRTH _____ LINE NUMBER <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>			
303	When you were pregnant with (NAME) did you see anyone for prenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	DOCTOR A NURSE B MIDWIFE C AUXILIARY MIDWIFE D TRADITIONAL MIDWIFE E OTHER _____ X (SPECIFY) NO ONE Y			
303A	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? EMPHASIZE THE WORD 'KEEP'.	YES 1 NO 2 DON'T KNOW 8			
304	During this pregnancy, did you take any drugs to <u>keep</u> you from getting malaria? EMPHASIZE 'KEEP'. DO NOT CIRCLE '1' IF SHE WAS ONLY GIVEN DRUGS BECAUSE SHE HAD MALARIA.	YES 1 NO 2 DON'T KNOW 8	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> → 401		
305	What drugs did you take to keep from getting malaria? RECORD ALL MENTIONED. IF SHE DOES NOT KNOW THE TYPE OF DRUG, SHOW HER THE TYPICAL ANTIMALARIAL DRUGS.	SP/FANSIDAR A CHLOROQUINE B COARTEM B OTHER _____ X (SPECIFY) DON'T KNOW Z			
306	CHECK 305: DRUGS TAKEN FOR MALARIA PREVENTION CODE 'A' <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> CIRCLED CODE 'A' <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> NOT CIRCLED				→ 401
307	How many times did you take SP/Fansidar during this pregnancy?	NUMBER OF TIMES <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>			
308	CHECK 303: PRENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY CODE 'A', 'B', 'C' OR 'D' <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> CIRCLED OTHER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>				→ 401
309	Did you get the SP/Fansidar during any prenatal care visit, during another visit to a health facility or from another source?	PRENATAL VISIT 1 ANOTHER FACILITY VISIT 2 OTHER SOURCE _____ 6 (SPECIFY)			

SECTION 4. FEVER IN CHILDREN

401	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2006 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE WERE MORE THAN 3 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE FIRST COLUMN). Now I would like to ask you some questions about the health of your children. (We will talk about each one separately.)			
402	LINE NUMBER FROM QUESTION 212	LAST BIRTH LINE NUMBER ...	NEXT-TO-LAST BIRTH LINE NUMBER ...	SECOND-FROM-LAST BIRTH LINE NUMBER ...
403	CHECK 212 AND 216	NAME _____ LIVING ☐ DEAD ☐ ☐ (GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 501)	NAME _____ LIVING ☐ DEAD ☐ ☐ (GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 501)	NAME _____ LIVING ☐ DEAD ☐ ☐ (GO TO 403 IN FIRST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 501)
404	Has (NAME) been ill with a fever at any time in the last 2 weeks?	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
405	How many days ago did the fever start?	DAYS AGO .. DON'T KNOW 98	DAYS AGO . DON'T KNOW 98	DAYS AGO . DON'T KNOW 98
406	Did you seek advice or treatment for the fever from any source?	YES 1 NO 2 (SKIP TO 411)	YES 1 NO 2 (SKIP TO 411)	YES 1 NO 2 (SKIP TO 411)
407	Where did you get treatment from? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR STATE HOSPITAL . . . A HEALTH CENTER . . . B HEALTH POST C MOBILE CLINIC D CAMPAIGN WORKER. E PUBLIC COMPANY . . F OTHER PUBLIC _____ G (SPECIFY) PRIVATE SECTOR HOSPITAL H CLINIC I DOCTOR J PHARMACY K MOBILE CLINIC L OTHER PRIVATE _____ M (SPECIFY) OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER . . . O OTHER _____ X (SPECIFY)	PUBLIC SECTOR STATE HOSPITAL . . . A HEALTH CENTER . . . B HEALTH POST C MOBILE CLINIC D CAMPAIGN WORKER. E PUBLIC COMPANY . . F OTHER PUBLIC _____ G (SPECIFY) PRIVATE SECTOR HOSPITAL H CLINIC I DOCTOR J PHARMACY K MOBILE CLINIC L OTHER PRIVATE _____ M (SPECIFY) OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER . . . O OTHER _____ X (SPECIFY)	PUBLIC SECTOR STATE HOSPITAL . . . A HEALTH CENTER . . . B HEALTH POST C MOBILE CLINIC D CAMPAIGN WORKER. E PUBLIC COMPANY . . F OTHER PUBLIC _____ G (SPECIFY) PRIVATE SECTOR HOSPITAL H CLINIC I DOCTOR J PHARMACY K MOBILE CLINIC L OTHER PRIVATE _____ M (SPECIFY) OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER . . . O OTHER _____ X (SPECIFY)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
408	CHECK 407:	TWO OR ONLY ☐ MORE ONE ☐ CODES CODE CIRCLED CIRCLED (SKIP TO 410)	TWO OR ONLY ☐ MORE ONE ☐ CODES CODE CIRCLED CIRCLED (SKIP TO 410)	TWO OR ONLY ☐ 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 ... ☐	FIRST PLACE ... ☐	FIRST PLACE ... ☐
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	DAYS	DAYS
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, ASK TO SEE THEM. IF THIS IS NOT POSSIBLE OR THE TYPE OF DRUG IS STILL NOT DETERMINED, SHOW HER THE TYPICAL ANTIMALARIAL DRUGS.	ANTIMALARIAL DRUGS SP/FANSIDAR A CHLOROQUINE ... B QUININE C COARTEM D OTHER ANTI- MALARIAL _____ E (SPECIFY) OTHER DRUGS ASPIRIN F ACETAMINOPHEN ... G PARACETAMOL ... H IBUPROFEN I OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR A CHLOROQUINE ... B QUININE C COARTEM D OTHER ANTI- MALARIAL _____ E (SPECIFY) OTHER DRUGS ASPIRIN F ACETAMINOPHEN ... G PARACETAMOL ... H IBUPROFEN I OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR A CHLOROQUINE ... B QUININE C COARTEM D OTHER ANTI- MALARIAL _____ E (SPECIFY) OTHER DRUGS ASPIRIN F ACETAMINOPHEN ... G PARACETAMOL ... H IBUPROFEN I OTHER _____ X (SPECIFY) DON'T KNOW Z
414	CHECK 413: ANY CODE 'A'-E' CIRCLED?	YES ☐ NO ☐ (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	YES ☐ NO ☐ (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	YES ☐ NO ☐ (GO TO 403 IN FIRST 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 a person when he/she has 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 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 OTHER X (SPECIFY) DOES NOT KNOW Z	
504	What causes malaria? CIRCLE ALL MENTIONED.	MOSQUITOES A DIRTY WATER B DIRTY SURROUNDINGS C CONTAMINATED FOOD D WITCHCRAFT E OTHER X (SPECIFY) DOES NOT KNOW ANY Z	
505	Are there ways to avoid getting malaria?	YES 1 NO 2 DOES NOT KNOW 8	→ 507 → 507
506	What are the ways to avoid getting malaria? CIRCLE ALL MENTIONED.	SLEEP UNDER MOSQUITO NET A USE MOSQUITO COILS B SPRAY HOUSE WITH INSECTICIDE... 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 COARTEM 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	What messages about malaria have you seen or heard? CIRCLE ALL MENTIONED.	GET MEDICAL TREATMENT IF SICK WITH FEVER A SLEEP UNDER MOSQUITO BED NETS B PREGNANT WOMEN SHOULD TAKE DRUGS TO PREVENT MALARIA ... C MALARIA KILLS D OTHER _____ X (SPECIFY) DOES NOT REMEMBER Z									
511	Where did you hear or see these messages? CIRCLE ALL MENTIONED.	RADIO A TELEVISION B NEWSPAPER C VIDEO CLUB D BILLBOARD E POSTER F LEAFLET/FACT SHEET/ BROCHURE .. G SCHOOL/COLLEGE/UNIVERSITY H HEALTH WORKERS/HEALTH PROMOTERS I OTHER _____ X (SPECIFY)									
512	RECORD THE TIME.	HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									

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: _____