2011 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 _____ . . . .

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 _____

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY
				MONTH
				YEAR 2 0 1
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER
RESULT*	_____	_____	_____	RESULT
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS
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

TOTAL WOMEN 15-49

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE

SUPERVISOR	OFFICE EDITOR	KEYED BY
NAME _____		
DATE _____		

INTRODUCTION AND CONSENT

Hello. My name is _____ . I am working with the Ministry of Health. We are conducting a survey about health all over Liberia. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 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 this card.

GIVE CARD WITH CONTACT INFORMATION

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
        ↓

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELA-TION-SHIP	SEX	RESIDENCE		AGE	ELIGIBILITY	
	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 5-13 FOR EACH PERSON.	What is the relation-ship of (NAME) to the head of the house-hold? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF 95 OR MORE, RECORD 95	CIRCLE LINE NUM-BER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUM-BER OF ALL CHILD-REN AGE 0-5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
01			M F 1 2	YES NO 1 2	YES NO 1 2	IN YEARS	01	01
02			1 2	1 2	1 2		02	02
03			1 2	1 2	1 2		03	03
04			1 2	1 2	1 2		04	04
05			1 2	1 2	1 2		05	05
06			1 2	1 2	1 2		06	06
07			1 2	1 2	1 2		07	07
08			1 2	1 2	1 2		08	08

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR
    DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW

08 = BROTHER OR SISTER
09 = OTHER RELATIVE
10 = ADOPTED/FOSTER/STEPCHILD
11 = NOT RELATED
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 treat-ment? USE CODES BELOW.	How much did the treatment cost? INCLUDE COST OF DOCTOR, NURSE, DRUGS, TESTS IF > 9990, WRITE '9990'.
	(10)	(11)	(12)	(13)
	Y N DK	Y N DK		LIBERIAN DOLLARS
01	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	☐☐	☐☐☐☐
02	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	☐☐	☐☐☐☐
03	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	☐☐	☐☐☐☐
04	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	☐☐	☐☐☐☐
05	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	☐☐	☐☐☐☐
06	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	☐☐	☐☐☐☐
07	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	☐☐	☐☐☐☐
08	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	☐☐	☐☐☐☐

CODES FOR Q. 12: 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 = MEDICINE STORE

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

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELA- TION- SHIP	SEX	RESIDENCE		AGE	ELIGIBILITY	
	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 5-13 FOR EACH PERSON.	What is the relation- ship of (NAME) to the head of the house- hold? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF 95 OR MORE, RECORD 95	CIRCLE LINE NUM- BER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUM- BER OF ALL CHILD- REN AGE 0-5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
09		☐☐	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS ☐☐	09	09
10		☐☐	1 2	1 2	1 2	☐☐	10	10
11		☐☐	1 2	1 2	1 2	☐☐	11	11
12		☐☐	1 2	1 2	1 2	☐☐	12	12
13		☐☐	1 2	1 2	1 2	☐☐	13	13
14		☐☐	1 2	1 2	1 2	☐☐	14	14
15		☐☐	1 2	1 2	1 2	☐☐	15	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'.
	(10)	(11)	(12)	(13)
09	Y N DK 1 2 ─┬─ 8 NEXT LINE	Y N DK 1 2 ─┬─ 8 NEXT LINE	☐☐	LIBERIAN DOLLARS ☐☐☐☐
10	1 2 ─┬─ 8 NEXT LINE	1 2 ─┬─ 8 NEXT LINE	☐☐	☐☐☐☐
11	1 2 ─┬─ 8 NEXT LINE	1 2 ─┬─ 8 NEXT LINE	☐☐	☐☐☐☐
12	1 2 ─┬─ 8 NEXT LINE	1 2 ─┬─ 8 NEXT LINE	☐☐	☐☐☐☐
13	1 2 ─┬─ 8 NEXT LINE	1 2 ─┬─ 8 NEXT LINE	☐☐	☐☐☐☐
14	1 2 ─┬─ 8 NEXT LINE	1 2 ─┬─ 8 NEXT LINE	☐☐	☐☐☐☐
15	1 2 ─┬─ 8 NEXT LINE	1 2 ─┬─ 8 NEXT LINE	☐☐	☐☐☐☐

CODES FOR Q. 12: TREATMENT FOR FEVER

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HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

101	What type of water do you mainly drink?	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 81
		BOTTLED WATER 91
		
		OTHER _____ 96
		              (SPECIFY)
			→104
			
			→104

102	Where is that water source located?	IN OWN DWELLING . . . . 1 IN OWN YARD/PLOT . . . . 2 ELSEWHERE 3	→104
103	How long does it take to go there, get water, and come back?	MINUTES . . . . [ ][ ][ ] DON'T KNOW 998	

104	What type of toilet do you use here?
	
	IF FLUSH OR POUR FLUSH TOILET, PROBE: When you flush the toilet, where does the water go?
		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)
			→107

105	Do you share this toilet facility with other households?	YES . . . . 1 NO 2	→107
106	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 . . . . [0][ ] 10 OR MORE HOUSEHOLDS . . . . 95 DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
107	Does your household have:		**YES**	**NO**	
	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	
108	What do you use for heating food while cooking?	ELECTRICITY . . . . 01 GAS CYLINDER . . . . 02 KEROSENE STOVE . . . . 03 FIRE COAL / CHARCOAL . . . . 04 WOOD . . . . 06 NO FOOD COOKED IN HOUSEHOLD . . . 95 OTHER _____ 96 (SPECIFY)			
109	MAIN MATERIAL OF THE **FLOOR**. 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)			
110	MAIN MATERIAL OF THE **ROOF**. RECORD OBSERVATION.	NATURAL ROOFING THATCH/PALM LEAF . . . . 11 RUDIMENTARY ROOFING RUSTIC MAT . . . . 21 PALM/BAMBOO . . . . 22 WOOD PLANKS . . . . 23 TARPAULIN, PLASTIC . . . . 24 FINISHED ROOFING ZINC, METAL . . . . 31 WOOD . . . . 32 CERAMIC TILES . . . . 34 CONCRETE, CEMENT . . . . 35 ASBESTOS SHEETS, SHINGLES . . . 36 OTHER _____ 96 (SPECIFY)			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

111	MAIN MATERIAL OF THE OUTSIDE **WALLS**.
	
	RECORD OBSERVATION.
		NATURAL WALLS
		   MUD AND STICKS 11
		   CANE/PALM/TRUNKS 12
		   STRAW, THATCH MATS 13
		RUDIMENTARY WALLS
		   MUD BRICKS 21
		   PLYWOOD 22
		   CARDBOARD, PLASTIC 23
		   REUSED WOOD 24
		FINISHED WALLS
		   CEMENT 31
		   STONE BLOCKS 32
		   BRICKS 33
		   WOOD PLANKS/SHINGLES 34
		
		OTHER _____ 96
		               (SPECIFY)	

112	How many rooms does this household use for sleeping?	ROOMS . . . . ☐☐	
113	Does any member of this household own:	**YES** **NO**	
	A watch?	WATCH 1 2	
	A bicycle?	BICYCLE 1 2	
	A motorcycle or motor scooter?	MOTORCYCLE/SCOOTER . . . 1 2	
	A car or truck?	CAR/TRUCK 1 2	
	A boat or a canoe?	BOAT OR CANOE 1 2	
114	Does any member of this household own any agricultural land?	YES . . . . 1 NO 2	
115	Is anyone in this household raising any livestock, herds, other farm animals, or poultry?	YES . . . . 1 NO 2	→ 117

116	How many of the following animals does this household own?
	
	IF NONE, ENTER '00'.
	IF 95 OR MORE, ENTER '95'.
	IF UNKNOWN, ENTER '98'.
	
	    Cows?
	
	    Pigs?
	
	    Goats?
	
	    Sheep?
	
	    Chickens, ducks, or guinea fowl?
		
		COWS . . . . ☐☐
		
		PIGS . . . . ☐☐
		
		GOATS . . . . ☐☐
		
		SHEEP . . . . ☐☐
		
		CHICKENS, DUCKS, OR FOWL . . . ☐☐	

117	Does any member of this household have a bank account?	YES . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
118	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	→ 120

119	Who sprayed the dwelling?	GOVERNMENT WORKER/PROGRAM . . . . . A
		PRIVATE COMPANY . . . . B
		NONGOVERNMENTAL
		    ORGANIZATION (NGO) C
		
		OTHER _____ X
		                    (SPECIFY)
		DON'T KNOW . . . . Y	

120	Does your household have any mosquito nets that can be used while sleeping?	YES . . . . 1 NO 2	→ 122
121	Why doesn't your household have any mosquito nets? CIRCLE ALL MENTIONED.	NO MOSQUITOES . . . . A NOT AVAILABLE . . . . B DON'T LIKE TO USE NETS . . . . C TOO EXPENSIVE . . . . D OTHER _____ X (SPECIFY)	→ 201
122	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS . . . . [ ]	

		NET #1	NET #2	NET #3
123	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
124	How many months ago did your household receive the mosquito net? IF LESS THAN ONE MONTH, WRITE '00'.	MOS AGO ..... ☐☐ MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98	MOS AGO ..... ☐☐ MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98	MOS AGO ..... ☐☐ MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98
125	Did you buy the net or was it given to you free?	FREE .... 1 BOUGHT .... 2 (SKIP TO 127) ↵ DON'T KNOW ..... 8 (SKIP TO 129) ↵	FREE .... 1 BOUGHT .... 2 (SKIP TO 127) ↵ DON'T KNOW ..... 8 (SKIP TO 129) ↵	FREE .... 1 BOUGHT .... 2 (SKIP TO 127) ↵ DON'T KNOW ..... 8 (SKIP TO 129) ↵
126	Where did you receive the free net?	EPI CAMPAIGN ... 1 ANC VISIT .... 2 UNHCR .... 3 NGO DISTRIBUTION 4 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 129) ←	EPI CAMPAIGN ... 1 ANC VISIT .... 2 UNHCR .... 3 NGO DISTRIBUTION 4 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 129) ←	EPI CAMPAIGN ... 1 ANC VISIT .... 2 UNHCR .... 3 NGO DISTRIBUTION 4 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 129) ←
127	How much did you pay for the net? IF DK, WRITE '998'.	COST IN LIB. $ ☐☐☐	COST IN LIB. $ ☐☐☐	COST IN LIB. $ ☐☐☐

128	Where did you buy the net?	PUBLIC SECTOR
		  GOVT HOSPITAL 11
		  GOVT HEALTH CENTER 12
		  GOVT HEALTH POST 13
		  MOBILE CLINIC 14
		  OTHER PUBLIC SECTOR
		    _____ 16
		    (SPECIFY)
		
		PRIVATE MED SECTOR
		  PVT HOSPITAL/ CLINIC 21
		  PHARMACY ... 22
		  PVT DOCTOR ... 23
		  MOBILE CLINIC 24
		  OTHER PRIVATE MED. SECTOR
		    _____ 26
		    (SPECIFY)
		
		OTHER SOURCE
		  MEDICINE STORE 31
		  TRADITIONAL PRACTITIONER 32
		  MARKET 33
		OTHER _____ 36
		    (SPECIFY)
		
		DON'T KNOW 98
			PUBLIC SECTOR
			  GOVT HOSPITAL 11
			  GOVT HEALTH CENTER 12
			  GOVT HEALTH POST 13
			  MOBILE CLINIC 14
			  OTHER PUBLIC SECTOR
			    _____ 16
			    (SPECIFY)
			
			PRIVATE MED SECTOR
			  PVT HOSPITAL/ CLINIC 21
			  PHARMACY ... 22
			  PVT DOCTOR ... 23
			  MOBILE CLINIC 24
			  OTHER PRIVATE MED. SECTOR
			    _____ 26
			    (SPECIFY)
			
			OTHER SOURCE
			  MEDICINE STORE 31
			  TRADITIONAL PRACTITIONER 32
			  MARKET 33
			OTHER _____ 36
			    (SPECIFY)
			
			DON'T KNOW 98
				PUBLIC SECTOR
				  GOVT HOSPITAL 11
				  GOVT HEALTH CENTER 12
				  GOVT HEALTH POST 13
				  MOBILE CLINIC 14
				  OTHER PUBLIC SECTOR
				    _____ 16
				    (SPECIFY)
				
				PRIVATE MED SECTOR
				  PVT HOSPITAL/ CLINIC 21
				  PHARMACY ... 22
				  PVT DOCTOR ... 23
				  MOBILE CLINIC 24
				  OTHER PRIVATE MED. SECTOR
				    _____ 26
				    (SPECIFY)
				
				OTHER SOURCE
				  MEDICINE STORE 31
				  TRADITIONAL PRACTITIONER 32
				  MARKET 33
				OTHER _____ 36
				    (SPECIFY)
				
				DON'T KNOW 98

		NET #1	NET #2	NET #3

129	OBSERVE OR ASK THE BRAND/ TYPE OF MOSQUITO NET.
	
	IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NETS/BRANDS TO THE RESPONDENT
		LONG-LASTING INSECTI- CIDE TREATED NET
		OLYSET . . . . . 11 ┐
		PERMANET . . . . . 12 │
		BASF NET . . . . . 13 │
		OTHER/DK BRAND
		  BUT ITN . . . 16 ┘
		  (SKIP TO 133) ◄┘
		
		OTHER BRAND . . . 96
		DK BRAND 98
			LONG-LASTING INSECTI- CIDE TREATED NET
			OLYSET . . . . . 11 ┐
			PERMANET . . . . . 12 │
			BASF NET . . . . . 13 │
			OTHER/DK BRAND
			  BUT ITN . . . 16 ┘
			  (SKIP TO 133) ◄┘
			
			OTHER BRAND . . . 96
			DK BRAND 98
				LONG-LASTING INSECTI- CIDE TREATED NET
				OLYSET . . . . . 11 ┐
				PERMANET . . . . . 12 │
				BASF NET . . . . . 13 │
				OTHER/DK BRAND
				  BUT ITN . . . 16 ┘
				  (SKIP TO 133) ◄┘
				
				OTHER BRAND . . . 96
				DK BRAND 98

130	When you got the net, was it already treated with an insecticide to kill or repel/drive away mosquitoes?	YES . . . . 1 NO . . . . 2 NOT SURE 8	YES . . . . 1 NO . . . . 2 NOT SURE 8	YES . . . . 1 NO . . . . 2 NOT SURE 8

131	Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill or repel/drive away mosquitos?	YES 1
		NO 2
		  (SKIP TO 133) ◄┤
		NOT SURE 8
			YES 1
			NO 2
			  (SKIP TO 133) ◄┤
			NOT SURE 8
				YES 1
				NO 2
				  (SKIP TO 133) ◄┤
				NOT SURE 8

132	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH, WRITE '00'.	MOS AGO . . . . . ☐☐ MORE THAN 24 MONTHS AGO . . . 95 NOT SURE 98	MOS AGO . . . . . ☐☐ MORE THAN 24 MONTHS AGO . . . 95 NOT SURE 98	MOS AGO . . . . . ☐☐ MORE THAN 24 MONTHS AGO . . . 95 NOT SURE 98

133	Did anyone sleep under this mosquito net last night?	YES 1
		NO 2
		  (SKIP TO 135) ◄┤
		NOT SURE 8
			YES 1
			NO 2
			  (SKIP TO 135) ◄┤
			NOT SURE 8
				YES 1
				NO 2
				  (SKIP TO 135) ◄┤
				NOT SURE 8

134	Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND 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. . . . . . ☐☐
135		GO BACK TO 123 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO BACK TO 123 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO TO 123 IN FIRST COL. OF A NEW QUESTIONRE.; OR, IF NO MORE NETS, TO 201

201	CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
202	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH 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 CHILDREN, END INTERVIEW)	YES . . . . 1 NO . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW)	YES . . . . 1 NO . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW)
205	CHECK 203: WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	YES . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) NO 2	YES . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) NO 2	YES . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) NO 2
206	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER . . . . . ☐☐	LINE NUMBER . . . . . ☐☐	LINE NUMBER . . . . . ☐☐
207	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.	As part of this survey, we are asking children all over the country to take an **anemia** test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children born in 2006 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take 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 strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?		
208	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . 1 _____ (SIGN) REFUSED . . . . 2 NOT PRESENT . . . . 5 OTHER 6	GRANTED . . . . 1 _____ (SIGN) REFUSED . . . . 2 NOT PRESENT . . . . 5 OTHER 6	GRANTED . . . . 1 _____ (SIGN) REFUSED . . . . 2 NOT PRESENT . . . . 5 OTHER 6
209	ASK CONSENT FOR MALARIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.	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 ask that all children born in 2006 or later take part in malaria testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take 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). One blood drop will be tested for malaria immediately, and the result will be told to you right away. A few blood drops will be collected on a slide and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the malaria testing?		
210	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . 1 _____ (SIGN) REFUSED . . . . 2 NOT PRESENT . . . . 5 OTHER 6	GRANTED . . . . 1 _____ (SIGN) REFUSED . . . . 2 NOT PRESENT . . . . 5 OTHER 6	GRANTED . . . . 1 _____ (SIGN) REFUSED . . . . 2 NOT PRESENT . . . . 5 OTHER 6

211	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
212	BAR CODE LABEL	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT 99994 REFUSED ..... 99995 OTHER .... 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT 99994 REFUSED ..... 99995 OTHER .... 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT 99994 REFUSED ..... 99995 OTHER .... 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.
213	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA AND MALARIA BROCHURE.	G/DL [ ][ ].[ ] NOT PRESENT .....994 REFUSED ....995 OTHER 996	G/DL [ ][ ].[ ] NOT PRESENT .....994 REFUSED ....995 OTHER 996	G/DL [ ][ ].[ ] NOT PRESENT .....994 REFUSED ....995 OTHER 996
214	RECORD RESULT CODE OF THE MALARIA RDT	TESTED ....1 NOT PRESENT .....2⌐ REFUSED ....3⌐ OTHER ....6⌐ (SKIP TO 216)◄	TESTED ....1 NOT PRESENT .....2⌐ REFUSED ....3⌐ OTHER ....6⌐ (SKIP TO 216)◄	TESTED ....1 NOT PRESENT .....2⌐ REFUSED ....3⌐ OTHER ....6⌐ (SKIP TO 216)◄
215	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE ANEMIA AND MALARIA BROCHURE.	POSITIVE............1 (SKIP TO 218)◄⌐ NEGATIVE ....2 OTHER 6	POSITIVE............1 (SKIP TO 218)◄⌐ NEGATIVE ....2 OTHER 6	POSITIVE............1 (SKIP TO 218)◄⌐ NEGATIVE ....2 OTHER 6

216	CHECK 213
	
	HEMOGLOBIN RESULT
		BELOW 8.0 G/DL,
		  SEVERE ANEMIA 1
		8.0 G/DL OR ABOVE 2⌐
		NOT PRESENT .....4⌐
		REFUSED ....5⌐
		OTHER ....6⌐
		(SKIP TO 227)◄
			BELOW 8.0 G/DL,
			  SEVERE ANEMIA 1
			8.0 G/DL OR ABOVE 2⌐
			NOT PRESENT .....4⌐
			REFUSED ....5⌐
			OTHER ....6⌐
			(SKIP TO 227)◄
				BELOW 8.0 G/DL,
				  SEVERE ANEMIA 1
				8.0 G/DL OR ABOVE 2⌐
				NOT PRESENT .....4⌐
				REFUSED ....5⌐
				OTHER ....6⌐
				(SKIP TO 227)◄

217	**SEVERE ANEMIA REFERRAL** STATEMENT	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately. SKIP TO 227		

218	Has (NAME) suffered from the any of following sicknesses or symptoms in the past few days:
	
	Extreme weakness: Inability to sit or stand?
	
	Inability to eat/drink or breastfeed?
	Pale and/or cold extremities?
	Persistent vomiting or vomiting everything?
	
	Heart problems?
	Loss of consciousness?
	
	Rapid or difficult breathing?
	Seizures?
	Abnormal bleeding?
	Jaundice (yellow skin)?
	Dark urine (brown)?
	
	IF NO SYMPTOMS, CIRCLE CODE Y
		EXTREME WEAKNESS A
		
		INABILITY TO EAT ... B
		PALE OR COLD C
		VOMITING .... D
		
		HEART PROBLEMS ... E
		LOSS OF
		  CONSCIOUSNESS F
		RAPID BREATHING ... G
		SEIZURES .... H
		BLEEDING I
		JAUNDICE .... J
		DARK URINE .... K
		
		NO SYMPTOMS ..... Y
			EXTREME WEAKNESS A
			
			INABILITY TO EAT ... B
			PALE OR COLD C
			VOMITING .... D
			
			HEART PROBLEMS ... E
			LOSS OF
			  CONSCIOUSNESS F
			RAPID BREATHING ... G
			SEIZURES .... H
			BLEEDING I
			JAUNDICE .... J
			DARK URINE .... K
			
			NO SYMPTOMS ..... Y
				EXTREME WEAKNESS A
				
				INABILITY TO EAT ... B
				PALE OR COLD C
				VOMITING .... D
				
				HEART PROBLEMS ... E
				LOSS OF
				  CONSCIOUSNESS F
				RAPID BREATHING ... G
				SEIZURES .... H
				BLEEDING I
				JAUNDICE .... J
				DARK URINE .... K
				
				NO SYMPTOMS ..... Y

219	CHECK 218 CODE A-K CIRCLED?	CODE Y CIRCLED . . 1 CODE A-K CIRCLED 2 (SKIP TO 222)◄	CODE Y CIRCLED . . 1 CODE A-K CIRCLED 2 (SKIP TO 222)◄	CODE Y CIRCLED . . 1 CODE A-K CIRCLED 2 (SKIP TO 222)◄

220	CHECK 213
	
	HEMOGLOBIN RESULT
		BELOW 8.0 G/DL,
		  SEVERE ANEMIA 1
		    (SKIP TO 222) ↵
		8.0 G/DL OR ABOVE 2
		NOT PRESENT 4
		REFUSED 5
		OTHER 6
			BELOW 8.0 G/DL,
			  SEVERE ANEMIA 1
			    (SKIP TO 222) ↵
			8.0 G/DL OR ABOVE 2
			NOT PRESENT 4
			REFUSED 5
			OTHER 6
				BELOW 8.0 G/DL,
				  SEVERE ANEMIA 1
				    (SKIP TO 222) ↵
				8.0 G/DL OR ABOVE 2
				NOT PRESENT 4
				REFUSED 5
				OTHER 6

221	In the past two weeks has (NAME) taken or is taking ACTs given by a doctor or health center to treat the malaria?
	
	VERIFY BY ASKING TO SEE TREATMENT
		YES 1
		
		  (SKIP TO 223) ↵
		NO 2
		  (SKIP TO 224) ↵
			YES 1
			
			  (SKIP TO 223) ↵
			NO 2
			  (SKIP TO 224) ↵
				YES 1
				
				  (SKIP TO 223) ↵
				NO 2
				  (SKIP TO 224) ↵

222	**SEVERE MALARIA REFERRAL** STATEMENT	The malaria test shows that (NAME OF CHILD) has malaria. Your child also has symptoms of severe malaria. The malaria treatment I have will not help your child, and I cannot give you the medication. Your child is very ill and must be taken to a health facility right away. SKIP TO 226		
223	**ALREADY TAKING ACT REFERRAL STATEMENT**	You have told me that (NAME OF CHILD) has already received ACT for malaria. Therefore, I cannot give you additional ACT. However, the test shows that he/she is positive for malaria. If your child has a fever for two days after the last dose of ACT, you should take the child to the nearest health facility for further examination. SKIP TO 226		
224	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD	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. 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.		
225	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE 1 _____↵ (SIGN) REFUSED .... 2 OTHER 6	ACCEPTED MEDICINE 1 _____↵ (SIGN) REFUSED .... 2 OTHER 6	ACCEPTED MEDICINE 1 _____↵ (SIGN) REFUSED .... 2 OTHER 6

226	RECORD THE RESULT CODE OF **MALARIA TREATMENT OR REFERRAL**	MEDICATION GIVEN 1
		MEDS REFUSED 2
		SEVERE MALARIA
		  REFERRAL 3
		ALREADY TAKING ACTS
		  REFERRAL 4
		OTHER 6
			MEDICATION GIVEN 1
			MEDS REFUSED 2
			SEVERE MALARIA
			  REFERRAL 3
			ALREADY TAKING ACTS
			  REFERRAL 4
			OTHER 6
				MEDICATION GIVEN 1
				MEDS REFUSED 2
				SEVERE MALARIA
				  REFERRAL 3
				ALREADY TAKING ACTS
				  REFERRAL 4
				OTHER 6

227	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, END INTERVIEW.			

		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH 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 CHILDREN, END INTERVIEW)	YES . . . . 1 NO . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO ← MORE CHILDREN, END INTERVIEW)	YES . . . . 1 NO . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO ← MORE CHILDREN, END INTERVIEW)
205	CHECK 203: WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	YES . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO ← MORE CHILDREN, END INTERVIEW) NO 2	YES . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO ← MORE CHILDREN, END INTERVIEW) NO 2	YES . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO ← MORE CHILDREN, END INTERVIEW) NO 2
206	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER . . . . . ☐☐	LINE NUMBER . . . . . ☐☐	LINE NUMBER . . . . . ☐☐
207	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.	As part of this survey, we are asking children all over the country to take an **anemia** test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children born in 2006 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take 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 strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?		
208	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . 1 _____ ←┐ (SIGN) REFUSED . . . . 2 NOT PRESENT . . . . 5 OTHER 6	GRANTED . . . . 1 _____ ←┐ (SIGN) REFUSED . . . . 2 NOT PRESENT . . . . 5 OTHER 6	GRANTED . . . . 1 _____ ←┐ (SIGN) REFUSED . . . . 2 NOT PRESENT . . . . 5 OTHER 6
209	ASK CONSENT FOR MALARIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.	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 ask that all children born in 2006 or later take part in malaria testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take 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). One blood drop will be tested for malaria immediately, and the result will be told to you right away. A few blood drops will be collected on a slide and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the malaria testing?		
210	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . 1 _____ ←┐ (SIGN) REFUSED . . . . 2 NOT PRESENT . . . . 5 OTHER 6	GRANTED . . . . 1 _____ ←┐ (SIGN) REFUSED . . . . 2 NOT PRESENT . . . . 5 OTHER 6	GRANTED . . . . 1 _____ ←┐ (SIGN) REFUSED . . . . 2 NOT PRESENT . . . . 5 OTHER 6

211	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).		
212	BAR CODE LABEL	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT 99994 REFUSED ..... 99995 OTHER .... 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT 99994 REFUSED ..... 99995 OTHER .... 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT 99994 REFUSED ..... 99995 OTHER .... 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.
213	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA AND MALARIA BROCHURE.	G/DL ☐☐.☐ NOT PRESENT .....994 REFUSED ....995 OTHER 996	G/DL ☐☐.☐ NOT PRESENT .....994 REFUSED ....995 OTHER 996	G/DL ☐☐.☐ NOT PRESENT .....994 REFUSED ....995 OTHER 996
214	RECORD RESULT CODE OF THE MALARIA RDT	TESTED ....1 NOT PRESENT .....2 REFUSED ....3 OTHER ....6 (SKIP TO 216)	TESTED ....1 NOT PRESENT .....2 REFUSED ....3 OTHER ....6 (SKIP TO 216)	TESTED ....1 NOT PRESENT .....2 REFUSED ....3 OTHER ....6 (SKIP TO 216)
215	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE ANEMIA AND MALARIA BROCHURE.	POSITIVE ....1 (SKIP TO 218) NEGATIVE ....2 OTHER 6	POSITIVE ....1 (SKIP TO 218) NEGATIVE ....2 OTHER 6	POSITIVE ....1 (SKIP TO 218) NEGATIVE ....2 OTHER 6
216	CHECK 213 HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT .....4 REFUSED ....5 OTHER ....6 (SKIP TO 227)	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT .....4 REFUSED ....5 OTHER ....6 (SKIP TO 227)	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT .....4 REFUSED ....5 OTHER ....6 (SKIP TO 227)
217	**SEVERE ANEMIA REFERRAL** STATEMENT	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately. SKIP TO 227		
218	Has (NAME) suffered from the any of following sicknesses or symptoms in the past few days: Extreme weakness: Inability to sit or stand? Inability to eat/drink or breastfeed? Pale and/or cold extremities? Persistent vomiting or vomiting everything? Heart problems? Loss of consciousness? Rapid or difficult breathing? Seizures? Abnormal bleeding? Jaundice (yellow skin)? Dark urine (brown)? IF NO SYMPTOMS, CIRCLE CODE Y	EXTREME WEAKNESS A INABILITY TO EAT ... B PALE OR COLD ..... C VOMITING .... D HEART PROBLEMS ... E LOSS OF CONSCIOUSNESS F RAPID BREATHING ... G SEIZURES .... H BLEEDING .... I JAUNDICE .... J DARK URINE .... K NO SYMPTOMS ..... Y	EXTREME WEAKNESS A INABILITY TO EAT ... B PALE OR COLD ..... C VOMITING .... D HEART PROBLEMS ... E LOSS OF CONSCIOUSNESS F RAPID BREATHING ... G SEIZURES .... H BLEEDING .... I JAUNDICE .... J DARK URINE .... K NO SYMPTOMS ..... Y	EXTREME WEAKNESS A INABILITY TO EAT ... B PALE OR COLD ..... C VOMITING .... D HEART PROBLEMS ... E LOSS OF CONSCIOUSNESS F RAPID BREATHING ... G SEIZURES .... H BLEEDING .... I JAUNDICE .... J DARK URINE .... K NO SYMPTOMS ..... Y
219	CHECK 218 CODE A-K CIRCLED?	CODE Y CIRCLED .. 1 CODE A-K CIRCLED 2 (SKIP TO 222)	CODE Y CIRCLED .. 1 CODE A-K CIRCLED 2 (SKIP TO 222)	CODE Y CIRCLED .. 1 CODE A-K CIRCLED 2 (SKIP TO 222)

220	CHECK 213	BELOW 8.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 222)	BELOW 8.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 222)	BELOW 8.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 222)
	HEMOGLOBIN RESULT	8.0 G/DL OR ABOVE 2 NOT PRESENT . . . . . 4 REFUSED . . . . 5 OTHER 6	8.0 G/DL OR ABOVE 2 NOT PRESENT . . . . . 4 REFUSED . . . . 5 OTHER 6	8.0 G/DL OR ABOVE 2 NOT PRESENT . . . . . 4 REFUSED . . . . 5 OTHER 6
221	In the past two weeks has (NAME) taken or is taking ACTs given by a doctor or health center to treat the malaria? VERIFY BY ASKING TO SEE TREATMENT	YES . . . . 1 (SKIP TO 223) NO . . . . 2 (SKIP TO 224)	YES . . . . 1 (SKIP TO 223) NO . . . . 2 (SKIP TO 224)	YES . . . . 1 (SKIP TO 223) NO . . . . 2 (SKIP TO 224)
222	**SEVERE MALARIA REFERRAL** STATEMENT	The malaria test shows that (NAME OF CHILD) has malaria. Your child also has symptoms of severe malaria. The malaria treatment I have will not help your child, and I cannot give you the medication. Your child is very ill and must be taken to a health facility right away. SKIP TO 226		
223	**ALREADY TAKING ACT REFERRAL STATEMENT**	You have told me that (NAME OF CHILD) has already received ACT for malaria. Therefore, I cannot give you additional ACT. However, the test shows that he/she is positive for malaria. If your child has a fever for two days after the last dose of ACT, you should take the child to the nearest health facility for further examination. SKIP TO 226		
224	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD	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. 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.		
225	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE 1 (SIGN) REFUSED . . . . 2 OTHER 6	ACCEPTED MEDICINE 1 (SIGN) REFUSED . . . . 2 OTHER 6	ACCEPTED MEDICINE 1 (SIGN) REFUSED . . . . 2 OTHER 6

226	RECORD THE RESULT CODE OF **MALARIA TREATMENT OR REFERRAL**	MEDICATION GIVEN 1
		 MEDS REFUSED 2
		 SEVERE MALARIA
		    REFERRAL 3
		 ALREADY TAKING ACTS
		    REFERRAL 4
		 OTHER 6
			MEDICATION GIVEN 1
			 MEDS REFUSED 2
			 SEVERE MALARIA
			    REFERRAL 3
			 ALREADY TAKING ACTS
			    REFERRAL 4
			 OTHER 6
				MEDICATION GIVEN 1
				 MEDS REFUSED 2
				 SEVERE MALARIA
				    REFERRAL 3
				 ALREADY TAKING ACTS
				    REFERRAL 4
				 OTHER 6

227	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, END INTERVIEW.			

TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS

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.

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)	**Age**	**Artesunate(AS) and Amodiaquine (AQ)**	**Dosage**
< 4.5 kgs.	< 6 months	NOTHING	NOTHING
4.5 < 9 kgs.	6-11 months	25 mg AS + 67.5 mg AQ	1 tablet once a day for 3 days
9-18 kgs.	1 - 5 years	50 mg AS + 135 mg AQ	1 tablet once a day for 3 days
Amodiaquine and Artesunate (ACT) are to be taken together once a day for 3 days. IF THE CHILD WEIGHS LESS THAN 4.5 KGS., DO NOT LEAVE DRUGS. TELL THE PARENT TO TAKE THE CHILD TO HEALTH FACILITY.			

ALSO TELL THE PARENT/ADULT RESPONSIBLE FOR THE CHILD:
If [NAME] has a fever for two days after completing the last dose of ACTs, you should take him/her to a health professional for treatment right away.

2011 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 _____ . . . .

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		
				MONTH		
				YEAR	2 0 1	
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER		
RESULT*	_____	_____	_____	RESULT		
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS		
TIME	_____	_____				

*RESULT CODES:
1	COMPLETED	4	REFUSED		
2	NOT AT HOME	5	PARTLY COMPLETED	7	OTHER _____
3	POSTPONED	6	INCAPACITATED		(SPECIFY)

SUPERVISOR	OFFICE EDITOR	KEYED BY
NAME _____		
DATE _____		

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with Ministry of Health. We are conducting a survey about health all over Liberia. 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 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

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 are you? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS ☐☐	
104	Have you ever attended school?	YES . . . . 1 NO 2	→ 107
105	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY . . . . 1 SECONDARY . . . . 2 HIGHER 3	
106	What is the highest grade you completed?	GRADE . . . . ☐☐	
107	What is your religion?	CHRISTIAN . . . . 1 MUSLIM . . . . 2 TRADITIONAL RELIGION . . . . 3 NO RELIGION . . . . 4 OTHER _____ 6 (SPECIFY)	
108	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	

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 . . . . ☐☐ DAUGHTERS AT HOME . . . . . . ☐☐	
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 . . . . ☐☐ DAUGHTERS ELSEWHERE . ☐☐	
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 . . . . ☐☐ GIRLS DEAD . . . . ☐☐	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, CIRCLE '00'.	TOTAL BIRTHS . . . . ☐☐ NONE 00	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES ☐ NO ☐ → PROBE AND CORRECT 201-208 AS NECESSARY.		
210	Now I'd like to ask you about your more recent births. How many births have you had in the last 6 years? IF NONE CIRCLE '00.'	TOTAL BIRTHS IN THE LAST 6 YEARS . . . . ☐☐ NONE 00	→ 224

211								
Now I want the names of all the children you born in the **last six years**, whether still alive or not, starting with your last/most recent birth. RECORD NAMES OF ALL THE BIRTHS IN THE LAST 6 YEARS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS.								

212	213	214	215	216	217 IF LIVING:	218 IF LIVING:	219 IF LIVING:	220
What is/was the name of your (most recent/ next) child? RECORD NAME BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	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 COM-PLETED YEARS.	Is (NAME) living with you?	RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	Did you born any other child between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .... 1 NO .... 2 ↓ NEXT BIRTH	AGE IN YEARS ☐☐	YES .... 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (NEXT BIRTH)	
02	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .... 1 NO .... 2 ↓ 220	AGE IN YEARS ☐☐	YES .... 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐	YES .... 1 ADD↵ BIRTH NO ..... 2 NEXT↵ BIRTH
03	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .... 1 NO .... 2 ↓ 220	AGE IN YEARS ☐☐	YES .... 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐	YES .... 1 ADD↵ BIRTH NO ..... 2 NEXT↵ BIRTH
04	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .... 1 NO .... 2 ↓ 220	AGE IN YEARS ☐☐	YES .... 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐	YES .... 1 ADD↵ BIRTH NO ..... 2 NEXT↵ BIRTH
05	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .... 1 NO .... 2 ↓ 220	AGE IN YEARS ☐☐	YES .... 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐	YES .... 1 ADD↵ BIRTH NO ..... 2 NEXT↵ BIRTH
06	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .... 1 NO .... 2 ↓ 220	AGE IN YEARS ☐☐	YES .... 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐	YES .... 1 ADD↵ BIRTH NO ..... 2 NEXT↵ BIRTH
07	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .... 1 NO .... 2 ↓ 220	AGE IN YEARS ☐☐	YES .... 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐	YES .... 1 ADD↵ BIRTH NO ..... 2 NEXT↵ BIRTH

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
221	Did you born any child since the birth of (NAME OF MOST RECENT BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.	YES . . . . 1 NO 2	
222	COMPARE 210 WITH NUMBER OF BIRTHS IN HISTORY AND MARK: NUMBERS ARE SAME ⌐┐↓ NUMBERS ARE DIFFERENT ⟶ (PROBE AND RECONCILE.)		
223	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2006 OR LATER. IF NONE CIRCLE '0.'	NUMBER OF BIRTHS . . . . ☐ NONE 0	
224	Are you pregnant now?	YES . . . . 1 NO . . . . 2 UNSURE 8	⟶ 226
225	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS . . . . ☐☐	
226	CHECK 223: ONE OR MORE BIRTHS IN 2006 OR LATER ⌐┐↓ NO BIRTHS IN 2006 OR LATER OR IS BLANK ⟶		⟶ 501

SECTION 3. PREGNANCY AND INTERMITTENT PREVENTIVE TREATMENT

301	CHECK 212 AND 215: ENTER IN 302 THE NAME AND BIRTH HISTORY 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 BIRTH HISTORY NUMBER FROM 212	NAME OF LAST BIRTH _____ BIRTH HISTORY NO. .... ☐☐	
303	When you were pregnant with (NAME) did you see anyone for a check-up (prenatal care) for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR .... A NURSE/MIDWIFE .... B PHYSICIAN ASST. .... C TRADITIONAL MIDWIFE .... D 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 medicine to keep 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	→ 401
305	What medicine 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. TREATMENT WITH SP/FANSIDAR USUALLY CONSISTS OF TAKING 3 BIG WHITE TABLETS AT THE HEALTH FACILITY.	SP/FANSIDAR .... A CHLOROQUINE .... B OTHER _____ X (SPECIFY) DON'T KNOW .... Z	
306	CHECK 305: DRUGS TAKEN FOR MALARIA PREVENTION CODE 'A' ☐ CODE 'A' ☐ CIRCLED ↓ NOT CIRCLED		→ 401
307	How many times did you take (SP/Fansidar) during this pregnancy?	TIMES .... ☐☐	
308	CHECK 303: PRENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY CODE 'A', 'B' ☐ OR 'C' CIRCLED ↓ OTHER ☐		→ 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)	

401	CHECK 215: ENTER IN THE TABLE THE BIRTH HISTORY 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 ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask some questions about the health of your children born since January 2006. (We will talk about each separately.)			
402	BIRTH HISTORY NUMBER FROM 212	LAST BIRTH BIRTH HISTORY NUMBER . . . ☐☐	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER . . . ☐☐	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER . . . ☐☐
403	FROM 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 THE NEXT-TO-LAST 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 NEXT-TO LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501) DON'T KNOW 8
406	Did you seek advice or treatment for the fever from any source?	YES . . . . 1 NO . . . . 2 (SKIP TO 411A)	YES . . . . 1 NO . . . . 2 (SKIP TO 411A)	YES . . . . 1 NO . . . . 2 (SKIP TO 411A)
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 THE NAME OF THE PLACE. ___ (NAME OF PLACE(S))	**PUBLIC SECTOR** GOVT HOSPITAL A GOVT HEALTH CENTER . . . . . B GOVT HEALTH POST . . . . C MOBILE CLINIC D FIELDWORKER E OTHER PUBLIC SECTOR ___ F (SPECIFY) **PRIVATE MED SECTOR** PVT HOSPITAL/ CLINIC . . . . G PHARMACY . . . H PVT DOCTOR . . . I MOBILE CLINIC J FIELDWORKER K OTHER PRIVATE MED. SECTOR ___ L (SPECIFY) **OTHER SOURCE** MEDICINE STORE M TRADITIONAL PRACTITIONER N MARKET . . . . . O BLACK BAGGER/ DRUG PEDDLER P OTHER ___ X (SPECIFY)	**PUBLIC SECTOR** GOVT HOSPITAL A GOVT HEALTH CENTER . . . . . B GOVT HEALTH POST . . . . C MOBILE CLINIC D FIELDWORKER E OTHER PUBLIC SECTOR ___ F (SPECIFY) **PRIVATE MED SECTOR** PVT HOSPITAL/ CLINIC . . . . G PHARMACY . . . H PVT DOCTOR . . . I MOBILE CLINIC J FIELDWORKER K OTHER PRIVATE MED. SECTOR ___ L (SPECIFY) **OTHER SOURCE** MEDICINE STORE M TRADITIONAL PRACTITIONER N MARKET . . . . . O BLACK BAGGER/ DRUG PEDDLER P OTHER ___ X (SPECIFY)	**PUBLIC SECTOR** GOVT HOSPITAL A GOVT HEALTH CENTER . . . . . B GOVT HEALTH POST . . . . C MOBILE CLINIC D FIELDWORKER E OTHER PUBLIC SECTOR ___ F (SPECIFY) **PRIVATE MED SECTOR** PVT HOSPITAL/ CLINIC . . . . G PHARMACY . . . H PVT DOCTOR . . . I MOBILE CLINIC J FIELDWORKER K OTHER PRIVATE MED. SECTOR ___ L (SPECIFY) **OTHER SOURCE** MEDICINE STORE M TRADITIONAL PRACTITIONER N MARKET . . . . . O BLACK BAGGER/ DRUG PEDDLER P 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 ☐ MORE CODES CIRCLED ONLY ONE CODE ☐ CIRCLED ↓ (SKIP TO 411A)←—	TWO OR ☐ MORE CODES CIRCLED ONLY ONE CODE ☐ CIRCLED ↓ (SKIP TO 411A)←—	TWO OR ☐ MORE CODES CIRCLED ONLY ONE CODE ☐ CIRCLED ↓ (SKIP TO 411A)←—
409	Where did you first go for advice or treatment? USE LETTER CODE FROM 407.	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐
411A	At any time during the sickness, 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 sickness, did (NAME) take any medicine for the sickness?	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 NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501) DON'T KNOW 8
413	What medicine did (NAME) take? Any other medicine? RECORD ALL MENTIONED.	**ANTIMALARIAL DRUGS** SP/FANSIDAR . . . A CHLOROQUINE B QUININE . . . . C NEW MALARIA 　MEDICINE (ACT) D OTHER ANTI- MALARIAL 　_____ . . . E 　(SPECIFY) **ANTIBIOTIC DRUGS** PILL/SYRUP . . . F INJECTION . . . G **OTHER DRUGS** ASPIRIN . . . . H PARACETOMOL I IBUPROFEN . . . J 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) **ANTIBIOTIC DRUGS** PILL/SYRUP . . . F INJECTION . . . G **OTHER DRUGS** ASPIRIN . . . . H PARACETOMOL I IBUPROFEN . . . J 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) **ANTIBIOTIC DRUGS** PILL/SYRUP . . . F INJECTION . . . G **OTHER DRUGS** ASPIRIN . . . . H PARACETOMOL I IBUPROFEN . . . J 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 NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501) ↓
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 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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

419	CHECK 413:
	
	CHLOROQUINE ('B') GIVEN
		CODE 'B' CODE 'B'
		CIRCLED NOT
		☐ CIRCLED
		          ☐
		↓ (SKIP TO 422) ←
			CODE 'B' CODE 'B'
			CIRCLED NOT
			☐ CIRCLED
			          ☐
			↓ (SKIP TO 422) ←
				CODE 'B' CODE 'B'
				CIRCLED 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 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 413:
	
	QUININE ('C') GIVEN
		CODE 'C' CODE 'C'
		CIRCLED NOT
		☐ CIRCLED
		          ☐
		↓ (SKIP TO 425) ←
			CODE 'C' CODE 'C'
			CIRCLED NOT
			☐ CIRCLED
			          ☐
			↓ (SKIP TO 425) ←
				CODE 'C' CODE 'C'
				CIRCLED NOT
				☐ CIRCLED
				          ☐
				↓ (SKIP TO 425) ←

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

425	CHECK 413:
	
	NEW MALARIA MEDICINE (ACT) ('D') GIVEN
		CODE 'D' CODE 'D'
		CIRCLED NOT
		☐ CIRCLED
		          ☐
		↓ (SKIP TO 428) ←
			CODE 'D' CODE 'D'
			CIRCLED NOT
			☐ CIRCLED
			          ☐
			↓ (SKIP TO 428) ←
				CODE 'D' CODE 'D'
				CIRCLED NOT
				☐ CIRCLED
				          ☐
				↓ (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 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

428	CHECK 413:
	
	OTHER ANTIMALARIAL ('E') GIVEN
		CODE 'E' CODE 'E'
		CIRCLED NOT
		☐ CIRCLED
		          ☐
		↓ (SKIP TO 431) ←
			CODE 'E' CODE 'E'
			CIRCLED NOT
			☐ CIRCLED
			          ☐
			↓ (SKIP TO 431) ←
				CODE 'E' CODE 'E'
				CIRCLED NOT
				☐ CIRCLED
				          ☐
				↓ (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 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

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 NEXT-TO-LAST 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 sickness 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 BODY PAIN . . . . F OTHER _____ X (SPECIFY) DOES NOT KNOW ANY . . . . Z	
503	Which group of people are most likely to get 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 things people can do to stop them from getting malaria?	YES . . . . 1 NO 2	→ 507
506	What are the some of the things that people can do to stop them from 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
508	What medicines 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	What messages about malaria have you seen or heard?
	
	CIRCLE ALL MENTIONED.
		IF HAVE FEVER, GO TO HEALTH
		    FACILITY . . . . A
		SLEEP UNDER MOSQUITO BED NETS B
		PREGNANT WOMEN SHOULD TAKE
		    DRUGS TO PREVENT MALARIA . . . C
		MALARIA KILLS . . . . D
		
		OTHER _____ X
		              (SPECIFY)
		DOES NOT KNOW ANY . . . . Z	

511	Where did you hear or see these messages?
	
	CIRCLE ALL MENTIONED.
		RADIO . . . . A
		BILLBOARD . . . . B
		POSTER C
		T-SHIRT . . . . D
		LEAFLET/FACT SHEET/ BROCHURE E
		TELEVISION . . . . F
		VIDEO CLUB . . . . G
		SCHOOL . . . . H
		COMMUNITY HEALTH WORKERS,
		    TTM, TBA, HEALTH PROMOTERS . I
		PEER EDUCATORS . . . . J
		
		OTHER _____ X
		              (SPECIFY)	

512	RECORD THE TIME.	HOUR . . . . ☐☐ MINUTES . . . . ☐☐	

<u>INTERVIEWER'S OBSERVATIONS</u>

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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<u>SUPERVISOR'S OBSERVATIONS</u>

_____

_____

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_____

_____

_____

NAME OF SUPERVISOR: _____   DATE: _____