

2012 MALAWI MALARIA INDICATOR SURVEY
HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION																															
PLACE NAME _____ DISTRICT _____ CLUSTER NUMBER HOUSEHOLD NUMBER NAME OF HOUSEHOLD HEAD _____	<table border="1" style="margin: auto;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>																														
INTERVIEWER VISITS																															
	1	2	3	FINAL VISIT																											
DATE				DAY <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table> INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table> RESULT <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td></tr> </table>																											
INTERVIEWER'S NAME				INT. NUMBER																											
RESULT*				RESULT																											
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS																											
TIME				<table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>																											
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT 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 _____ <div align="right">(SPECIFY)</div>				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>																											
LANGUAGE OF QUESTIONNAIRE** ENGLISH LANGUAGE OF INTERVIEW** NATIVE LANGUAGE OF RESPONDENT** TRANSLATOR USED (1=NOT AT ALL; 2=SOMETIME; 3=ALL THE TIME)			<table border="1" style="width: 30px; height: 40px;"> <tr><td style="text-align: center;">4</td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </table>		4																										
4																															
**LANGUAGE CODES: 1 CHICHEWA 3 YAO 6 OTHER _____ 2 TUMBUKA 4 ENGLISH (SPECIFY)																															

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the Ministry of Health. We are conducting a survey about health all over Malawi. 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 have any questions?
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	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	WOMEN AGE 15-49	CHILDREN AGE 0-5
1	2	3	4	5	6	7	8	9
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-10 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME)?</p> <p>IF 95 OR MORE, RECORD '95'.</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	10	10

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD	08 = BROTHER OR SISTER
02 = WIFE OR HUSBAND	09 = OTHER RELATIVE
03 = SON OR DAUGHTER	10 = ADOPTED/FOSTER/STEPCHILD
04 = SON-IN-LAW OR DAUGHTER-IN-LAW	11 = NOT RELATED
05 = GRANDCHILD	98 = DONT KNOW
06 = PARENT	
07 = PARENT-IN-LAW	

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	WOMEN AGE 15-49	CHILDREN AGE 0-5
1	2	3	4	5	6	7	8	9
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-10 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME)?</p> <p>IF 95 OR MORE, RECORD '95'.</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	20	20

TICK HERE IF CONTINUATION SHEET USED ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

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 NO ☐

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

YES ☐ → ADD TO TABLE 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 TO TABLE NO ☐

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

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 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/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 OTHER 96 	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	Does your household have: Electricity? A radio? A television? A cellular phone? A telephone (landline)? A refrigerator?	<div>YES NO</div> ELECTRICITY 1 2 RADIO 1 2 TELEVISION 1 2 CELL PHONE 1 2 TELEPHONE (LANDLINE) 1 2 REFRIGERATOR 1 2	
108	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG/NATURAL GAS 02 BIOGAS 03 KEROSENE 04 COAL, LIGNITE 05 CHARCOAL 06 WOOD 07 STRAW/SHRUBS/GRASS 08 ANIMAL DUNG 09 NO FOOD COOKED IN HOUSEHOLD 95 OTHER 96 (SPECIFY)	
109	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 BROKEN BRICKS 23 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER 96 (SPECIFY)	
110	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 RUDIMENTARY ROOFING RUSTIC MAT 21 PALM/BAMBOO/GRASS 22 WOOD PLANKS 23 CARDBOARD 24 FINISHED ROOFING IRON SHEETS 31 WOOD 32 CALAMINE/CEMENT FIBER 33 CERAMIC TILES 34 CEMENT 35 ROOFING SHINGLES 36 OTHER 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
111	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 CANE/PALM/TRUNKS 12 DIRT 13 RUDIMENTARY WALLS BAMBOO/TREE TRUNKS WITH MUD . 21 STONE WITH MUD 22 PLYWOOD 23 CARDBOARD 24 REUSED WOOD 25 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BURNT BRICKS 33 UNBURNT BRICKS 34 CEMENT BLOCKS 35 WOOD PLANKS 36 OTHER _____ 96 (SPECIFY)																						
112	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>																						
112A	How many separate rooms are in this household?	ROOMS <input type="text"/> <input type="text"/>																						
112B	How many separate sleeping spaces are there in your household?	SLEEPING SPACES <input type="text"/> <input type="text"/>																						
113	Does any member of this household own:	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>A bicycle?</td><td></td><td></td></tr> <tr> <td>BICYCLE</td><td>1</td><td>2</td></tr> <tr> <td>A motorcycle or motor scooter?</td><td></td><td></td></tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td><td>1</td><td>2</td></tr> <tr> <td>A car or truck?</td><td></td><td></td></tr> <tr> <td>CAR/TRUCK</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A bicycle?			BICYCLE	1	2	A motorcycle or motor scooter?			MOTORCYCLE/SCOOTER ...	1	2	A car or truck?			CAR/TRUCK	1	2	
	YES	NO																						
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A motorcycle or motor scooter?																								
MOTORCYCLE/SCOOTER ...	1	2																						
A car or truck?																								
CAR/TRUCK	1	2																						
114	Does any member of this household own any agricultural land?	YES 1 NO 2	→ 116																					
115	How many hectares of agricultural land do members of this household own? 1 HECTARE = 2.47 ACRES 1 ACRE = 0.4 HECTARE IF 95 OR MORE, CIRCLE '950'. RECORD IN UNITS RESPONDENT USES. _____	ACRES 1 <input type="text"/> <input type="text"/> . <input type="text"/> HECTARES 2 <input type="text"/> <input type="text"/> . <input type="text"/> FOOTBALL PITCHES 3 <input type="text"/> <input type="text"/> . <input type="text"/> 95 OR MORE HECTARES 9995 DON'T KNOW 9998																						
116	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 118																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
117	<p>How many of the following animals does this household own?</p> <p>IF NONE, ENTER '00'. IF 95 OR MORE, ENTER '95'. IF UNKNOWN, ENTER '98'.</p> <p>Goats?</p> <p>Pigs?</p> <p>Cattle?</p> <p>Sheep?</p> <p>Poultry (chickens, ducks, pigeons)?</p> <p>Other? _____ (SPECIFY)</p>	<p>GOATS</p> <p>PIGS</p> <p>CATTLE</p> <p>SHEEP</p> <p>POULTRY</p> <p>OTHER</p>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>
118	Does any member of this household have a bank account?	<p>YES 1</p> <p>NO 2</p>	
119	At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 15px; height: 15px; margin-right: 5px;"></div> <div>→ 121</div> </div>
119A	<p>How many months ago was the house sprayed?</p> <p>IF LESS THAN 1 MONTH AGO, RECORD '00'</p>	<p>MONTHS <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; vertical-align: middle;"></div></p>	
120	Who sprayed the house?	<p>OTHER GOVERNMENT WORKER/ PROGRAMME 1</p> <p>PRIVATE COMPANY 2</p> <p>NONGOVERNMENTAL ORGANIZATION (NGO) 3</p> <p>OTHER 6 (SPECIFY)</p> <p>DON'T KNOW 8</p>	
120A	At any time in the past 12 months, have the walls in your dwelling been plastered or painted?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 15px; height: 15px; margin-right: 5px;"></div> <div>→ 121</div> </div>
120B	<p>How many months ago were the walls plastered or painted?</p> <p>IF LESS THAN 1 MONTH AGO, RECORD '00'</p>	<p>MONTHS <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; vertical-align: middle;"></div></p>	
121	Does your household have any mosquito nets that can be used while sleeping?	<p>YES 1</p> <p>NO 2</p>	→ 122A
122	<p>How many mosquito nets does your household have?</p> <p>IF 7 OR MORE NETS, RECORD '7'.</p>	<p>NUMBER OF NETS <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; vertical-align: middle;"></div></p>	
122A	Has anyone in your household ever sold or given away a mosquito net?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

		NET #1	NET #2	NET #3						
123	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2						
123A	OBSERVE (OR ASK ABOUT) THE CONDITION OF THE MOSQUITO NET: DOES THE NET HAVE HOLES IN IT (HOLES THE SIZE OF THE TIP OF YOUR THUMB OR LARGER)?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2						
123B	OBSERVE (OR ASK) THE COLOR OF THE MOSQUITO NET.	GREEN 01 DARK BLUE ... 02 LIGHT BLUE ... 03 RED 04 BLACK 05 WHITE 06 OTHER 96	GREEN 01 DARK BLUE ... 02 LIGHT BLUE ... 03 RED 04 BLACK 05 WHITE 06 OTHER 96	GREEN 01 DARK BLUE ... 02 LIGHT BLUE ... 03 RED 04 BLACK 05 WHITE 06 OTHER 96						
123C	OBSERVE (OR ASK) THE SHAPE OF THE MOSQUITO NET.	CONICAL 1 RECTANGLE 2 OTHER 6	CONICAL 1 RECTANGLE 2 OTHER 6	CONICAL 1 RECTANGLE 2 OTHER 6						
123D	Is the net hanging for sleeping?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2						
124	How many months ago did your household get the mosquito net? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> AGO ... MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98			MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> AGO ... MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98			MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> AGO ... MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98		
125	Is this net a long-lasting net, retreatable, or an untreated net? OBSERVE OR ASK THE BRAND/ TYPE OF MOSQUITO NET. ITN/LONG-LASTING NET DURANET (GREEN, SQUARE) OLYSNET (LIGHT BLUE, SQUARE) LIFENET (WHITE, SQUARE) PERMANET (GREEN, SQUARE) CONVENTIONAL NETS: CAN BE RETREATABLE OR UNTREATED SAFI NET (DARK BLUE, CONICAL) THERE ARE OTHER BRANDS BE AWARE THAT MANY BRANDS MAY EXIST AND BE DISTRIBUTED BY DIFFERENT ORGANIZATIONS.	ITN/LONG-LASTING NET DURANET 11 OLYSET 12 LIFENET 13 PERMANET ... 14 OTHER/ DK BRAND ... 16 (SKIP TO 128) RETREATABLE NET SAFI NET 21 OTHER/ DK BRAND ... 26 (SKIP TO 126) UNTREATED NET SAFI NET 31 OTHER/ DK BRAND ... 36 OTHER 41 (SPECIFY) DK BRAND 98	ITN/LONG-LASTING NET DURANET 11 OLYSET 12 LIFENET 13 PERMANET ... 14 OTHER/ DK BRAND ... 16 (SKIP TO 128) RETREATABLE NET SAFI NET 21 OTHER/ DK BRAND ... 26 (SKIP TO 126) UNTREATED NET SAFI NET 31 OTHER/ DK BRAND ... 36 OTHER 41 (SPECIFY) DK BRAND 98	ITN/LONG-LASTING NET DURANET 11 OLYSET 12 LIFENET 13 PERMANET ... 14 OTHER/ DK BRAND ... 16 (SKIP TO 128) RETREATABLE NET SAFI NET 21 OTHER/ DK BRAND ... 26 (SKIP TO 126) UNTREATED NET SAFI NET 31 OTHER/ DK BRAND ... 36 OTHER 41 (SPECIFY) DK BRAND 98						
125A	When you received this net, did it come with a treatment kit?	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8						

		NET #1	NET #2	NET #3
126	Since you got the net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes?	YES 1 NO 2 (SKIP TO 128) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 128) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 128) ← NOT SURE 8
127	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS <input type="text"/> AGO ... <input type="text"/> MORE THAN 24 MONTHS AGO 95 NOT SURE 98	MONTHS <input type="text"/> AGO ... <input type="text"/> MORE THAN 24 MONTHS AGO ... 95 NOT SURE 98	MONTHS <input type="text"/> AGO ... <input type="text"/> MORE THAN 24 MONTHS AGO 95 NOT SURE 98
127A	Did you pay to have the net soaked or dipped?	YES 1 NO 2 (SKIP TO 128) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 128) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 128) ← NOT SURE 8
127B	How much did you pay to soak or dip the net?	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998
128	Where did you obtain the net?	GOVT. CLINIC/ HOSPITAL 01 NEIGHBORHOOD HEALTH COMMITTEE (NHC) 02 COM. HEALTH WORKER (CHW) 03 SHOP 04 PHARMACY 05 WORKPLACE 06 OTHER 96 (SPECIFY) DON'T KNOW 98	GOVT. CLINIC/ HOSPITAL 01 NEIGHBORHOOD HEALTH COMMITTEE (NHC) 02 COM. HEALTH WORKER (CHW) 03 SHOP 04 PHARMACY 05 WORKPLACE 06 OTHER 96 (SPECIFY) DON'T KNOW 98	GOVT. CLINIC/ HOSPITAL 01 NEIGHBORHOOD HEALTH COMMITTEE (NHC) 02 COM. HEALTH WORKER (CHW) 03 SHOP 04 PHARMACY 05 WORKPLACE 06 OTHER 96 (SPECIFY) DON'T KNOW 98
128A	Did you purchase the net?	YES 1 NO 2 (SKIP TO 129) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 129) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 129) ← NOT SURE 8
128B	How much did you pay for the net when you purchased it?	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998
129	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 (SKIP TO 130C) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 130C) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 130C) ← NOT SURE 8

		NET #1	NET #2	NET #3
129A	<p>Who slept under this mosquito net last night?</p> <p>RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.</p>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>
		NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>
		NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>
		NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>
130	<p>ANY CHILDREN UNDER AGE 5 WHO DID NOT SLEEP UNDER A MOSQUITO NET</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>NAME OF CHILD(REN): _____</p>			
130A	<p>Why did (NAME OF CHILD) (and (NAME OF CHILD)) not sleep under a mosquito net last night?</p> <p>Any other reason?</p> <p>RECORD ALL MENTIONED.</p>	<p>TOO HOT A</p> <p>TOO COLD B</p> <p>CHILD CRIES C</p> <p>CHILD AFRAID D</p> <p>NOT ENOUGH NET E</p> <p>NET NOT HUNG UP F</p> <p>USED BY ADULTS G</p> <p>NET NOT USED WHEN TRAVELING H</p> <p>NET NOT IN GOOD CONDITION I</p> <p>NET BAD FOR CHILDREN'S HEALTH J</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>		
130C	<p>CHECK 121:</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p>			
130D	<p>You donot have a mosquito net in your house. If you have a choice, what color of mosquito net do you prefer?</p>	<p>BLUE 1</p> <p>GREEN 2</p> <p>RED 3</p> <p>WHITE 4</p> <p>BLACK 5</p> <p>OTHER 6</p> <p>(SPECIFY)</p> <p>DK/NO PREFERENCE 8</p>		
130E	<p>What shape of mosquito net do you prefer?</p>	<p>CONICAL 1</p> <p>RECTANGULAR 2</p> <p>DK/NO PREFERENCE 8</p>		
131		<p>NEXT NET; OR, IF NO MORE NETS, GO TO 201.</p>	<p>NEXT NET; OR, IF NO MORE NETS, GO TO 201.</p>	<p>COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 201.</p>

**2012 MALAWI MALARIA INDICATOR SURVEY
WOMAN'S QUESTIONNAIRE**

IDENTIFICATION													
PLACE NAME				<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>									
DISTRICT													
CLUSTER NUMBER													
HOUSEHOLD NUMBER				<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td></td><td></td></tr> </table>									
NAME OF HOUSEHOLD HEAD				<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td></td><td></td></tr> </table>									
NAME AND LINE NUMBER OF WOMAN													

INTERVIEWER VISITS								
	1	2	3	FINAL VISIT				
DATE				DAY <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>				
				MONTH <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>				
INTERVIEWER'S NAME				YEAR <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>				
RESULT*				INT. NUMBER <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>				
				RESULT <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>				
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>				
TIME								
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY)								
LANGUAGE OF QUESTIONNAIRE** ENGLISH			<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">4</td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </table>		4			
4								
LANGUAGE OF INTERVIEW**								
NATIVE LANGUAGE OF RESPONDENT**								
TRANSLATOR USED (1=NOT AT ALL; 2=SOMETIME; 3=ALL THE TIME)								
**LANGUAGE CODES: 1 CHICHEWA 3 YAO 6 OTHER _____ 2 TUMBUKA 4 ENGLISH (SPECIFY)								
SUPERVISOR	OFFICE EDITOR	KEYED BY						
NAME <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	<table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>						

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____. I am working with the Ministry of Health. We are conducting a survey about health all over Malawi. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 10-20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

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

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

SIGNATURE OF INTERVIEWER: _____ DATE: _____

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 <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES 1 NO 2	→ 108
105	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	
106	What is the highest (grade/form/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	CLASS/FORM/YEAR <input type="text"/> <input type="text"/>	
107	CHECK 105: PRIMARY <input type="checkbox"/> ↓ SECONDARY OR HIGHER <input type="checkbox"/>		→ 109

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	<p>Now I would like you to read this sentence to me.</p> <p>SHOW CARD TO RESPONDENT.</p> <p>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?</p>	<p>CANNOT READ AT ALL 1</p> <p>ABLE TO READ ONLY PARTS OF SENTENCE 2</p> <p>ABLE TO READ WHOLE SENTENCE 3</p> <p>NO CARD WITH REQUIRED LANGUAGE 4</p> <p>(SPECIFY LANGUAGE)</p> <p>BLIND/VISUALLY IMPAIRED 5</p>	
109	What is your religion?	<p>CATHOLIC 01</p> <p>CCAP 02</p> <p>ANGLICAN 03</p> <p>SEVENTH DAY ADVENT./BAPTIST ... 04</p> <p>OTHER CHRISTIAN 05</p> <p>MUSLIM 06</p> <p>NO RELIGION 07</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	
110	What is your tribe or ethnic group?	<p>CHEWA 01</p> <p>TUMBUKA 02</p> <p>LOMWE 03</p> <p>TONGA 04</p> <p>YAO 05</p> <p>SENA 06</p> <p>NKHONDE 07</p> <p>NGONI 08</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	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 sons or daughters to whom you have given birth 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 given birth to a boy or girl who was born alive but 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 BIRTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> NONE 00			→ 224						
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 <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE BIRTH <input type="checkbox"/> TWO OR MORE BIRTHS <input type="checkbox"/> ↓ ↓ Was this child born in the last six years? How many of these children were born in the last six years? IF NO CIRCLE '00'.	TOTAL IN THE LAST 6 YEARS LAST 6 YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> NONE 00			→ 224						

211 Now I would like to record the names of all your births **in the last six years**, whether still alive or not, starting with the most recent one you had.
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 ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220
What name was given to your (most recent/previous) baby? RECORD NAME. BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: When is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	Were there any other live births between (NAME) and (NAME OF BIRTH ON PREVIOUS LINE), including any children who died after birth?
01	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 (NEXT BIRTH) ↓	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	
02	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 ADD BIRTH ↙ NO 2 NEXT BIRTH ↘
03	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 ADD BIRTH ↙ NO 2 NEXT BIRTH ↘
04	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 ADD BIRTH ↙ NO 2 NEXT BIRTH ↘
05	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 ADD BIRTH ↙ NO 2 NEXT BIRTH ↘
06	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 ADD BIRTH ↙ NO 2 NEXT BIRTH ↘
07	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 ADD BIRTH ↙ NO 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
221	Have you had any live births 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 ABOVE AND MARK: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> NUMBERS ARE SAME <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE.) </div> </div>		
223	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2006 OR LATER.	NUMBER OF BIRTHS <input type="text"/> NONE 0	
224	Are you pregnant now?	YES 1 NO 2 UNSURE 8	<input type="checkbox"/> → 226
225	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
226	CHECK 223: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> ONE OR MORE BIRTHS IN 2006 OR LATER <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO BIRTHS IN 2006 OR LATER OR IS BLANK <input type="checkbox"/> → 501 </div> </div>		

SECTION 3A. PREGNANCY AND INTERMITTENT PREVENTATIVE TREATMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	CHECK 215: ENTER IN THE TABLE THE NAME AND SURVIVAL STATUS OF THE MOST RECENT BIRTH. Now I would like to ask some questions about your last pregnancy that resulted in a live birth.		
301	FROM 212 AND 216, LINE 01:	<div>LAST BIRTH</div> <div>NAME _____</div> <div>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></div> <div>↓ ↓</div>	
302	When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2	→ 304
303	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR/CLINICAL OFFICER ... A NURSE/MIDWIFE B PATIENT ATTENDANT C HSA D OTHER PERSON TRADITIONAL BIRTHATTENDANT E OTHER _____ X (SPECIFY)	
304	During this pregnancy, did you take any drugs to keep you from getting malaria?	YES 1 NO 2 DON'T KNOW 8	→ 310
305	What drugs did you take to prevent getting malaria? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP/FANSIDAR/NOVIDAR SP A CHLOROQUINE B OTHER _____ X (SPECIFY) DON'T KNOW Z	
306	CHECK 305: SP/FANSIDAR TAKEN FOR MALARIA PREVENTION.	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/>	→ 310
307	How many times did you take (SP/Fansidar or Novidar SP) during this pregnancy?	TIMES <input type="text"/>	
308	CHECK 303: ANTENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY	CODE 'A', 'B' OR 'C' CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>	→ 310
309	Did you get the (SP/Fansidar) during any antenatal care visit, during another visit to a health facility or from another source?	ANTENATAL VISIT 1 ANOTHER FACILITY VISIT 2 OTHER SOURCE 6	
310	Did you take the (SP/Fansidar or Novidar SP) under direct observation by the health worker each time, or did you take it at home?	DIRECT OBSERVATION 1 AT HOME 2 ELSEWHERE 3	
311	CHECK 215 AND 216: ONE OR MORE LIVING CHILDREN BORN IN 2006 OR LATER <input type="checkbox"/> NO LIVING CHILDREN BORN IN 2006 OR LATER <input type="checkbox"/>	GO TO 401	→ 501

WE-7

SECTION 4. FEVER IN CHILDREN

401	<p>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).</p> <p>Now I would like to ask some questions about the health of your children born since January 2006. (We will talk about each separately.)</p>			
402	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	<p>LAST BIRTH BIRTH HISTORY NUMBER</p> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<p>NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER</p> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<p>SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER</p> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>
403	FROM 212 AND 216	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p style="text-align: center;">↓ ↓</p> <p style="text-align: center;">(GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 501)</p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p style="text-align: center;">↓ ↓</p> <p style="text-align: center;">(GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 501)</p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p style="text-align: center;">↓ ↓</p> <p style="text-align: center;">(GO TO 403 IN NEXT- TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR, IF NO MORE BIRTHS, GO TO 501)</p>
404	Has (NAME) been ill with a fever at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p style="text-align: center;">(GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 501)</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p style="text-align: center;">(GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 501)</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p style="text-align: center;">(GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 501)</p> <p>DON'T KNOW 8</p>
404A	How many days ago did the fever start? IF LESS THAN ONE DAY, RECORD '00'	<p>DAYS AGO</p> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<p>DAYS AGO</p> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<p>DAYS AGO</p> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>
405	Did you seek advice or treatment for the illness from any source?	<p>YES 1</p> <p>NO 2</p> <p style="text-align: center;">(SKIP TO 410) ←</p>	<p>YES 1</p> <p>NO 2</p> <p style="text-align: center;">(SKIP TO 410) ←</p>	<p>YES 1</p> <p>NO 2</p> <p style="text-align: center;">(SKIP TO 410) ←</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____																		
406	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <hr/> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A</p> <p>GOVT HEALTH CENTER B</p> <p>GOVT HEALTH POST/..... C</p> <p>OUTREACH ... C</p> <p>MOBILE CLINIC . D</p> <p>HSA E</p> <p>OTHER PUBLIC F</p> <p>CHAM/MISSION</p> <p>HOSPITAL G</p> <p>HEALTH CENTER H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC J</p> <p>PHARMACY ... K</p> <p>PVT DOCTOR ... L</p> <p>MOBILE CLINIC . M</p> <p>HSA N</p> <p>OTHER PRIVATE MEDICAL O</p> <p>BLM P</p> <p>MACRO Q</p> <p>YOUTH DROP IN CENTRE R</p> <p>OTHER SOURCE</p> <p>SHOP S</p> <p>TRADITIONAL PRACTITIONER T</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A</p> <p>GOVT HEALTH CENTER B</p> <p>GOVT HEALTH POST/..... C</p> <p>OUTREACH ... C</p> <p>MOBILE CLINIC . D</p> <p>HSA E</p> <p>OTHER PUBLIC F</p> <p>CHAM/MISSION</p> <p>HOSPITAL G</p> <p>HEALTH CENTER H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC J</p> <p>PHARMACY ... K</p> <p>PVT DOCTOR ... L</p> <p>MOBILE CLINIC . M</p> <p>HSA N</p> <p>OTHER PRIVATE MEDICAL O</p> <p>BLM P</p> <p>MACRO Q</p> <p>YOUTH DROP IN CENTRE R</p> <p>OTHER SOURCE</p> <p>SHOP S</p> <p>TRADITIONAL PRACTITIONER T</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A</p> <p>GOVT HEALTH CENTER B</p> <p>GOVT HEALTH POST/..... C</p> <p>OUTREACH ... C</p> <p>MOBILE CLINIC . D</p> <p>HSA E</p> <p>OTHER PUBLIC F</p> <p>CHAM/MISSION</p> <p>HOSPITAL G</p> <p>HEALTH CENTER H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC J</p> <p>PHARMACY ... K</p> <p>PVT DOCTOR ... L</p> <p>MOBILE CLINIC . M</p> <p>HSA N</p> <p>OTHER PRIVATE MEDICAL O</p> <p>BLM P</p> <p>MACRO Q</p> <p>YOUTH DROP IN CENTRE R</p> <p>OTHER SOURCE</p> <p>SHOP S</p> <p>TRADITIONAL PRACTITIONER T</p> <p>OTHER _____ X (SPECIFY)</p>																		
406A	How many days after the fever began did you first seek treatment for (NAME)?	<p>SAME DAY 0</p> <p>NEXT DAY 1</p> <p>TWO DAYS AFTER FEVER 2</p> <p>THREE OR MORE DAYS AFTER FEVER 3</p> <p>DON'T KNOW ... 8</p>	<p>SAME DAY 0</p> <p>NEXT DAY 1</p> <p>TWO DAYS AFTER FEVER 2</p> <p>THREE OR MORE DAYS AFTER FEVER 3</p> <p>DON'T KNOW ... 8</p>	<p>SAME DAY 0</p> <p>NEXT DAY 1</p> <p>TWO DAYS AFTER FEVER 2</p> <p>THREE OR MORE DAYS AFTER FEVER 3</p> <p>DON'T KNOW ... 8</p>																		
406B	How much did you spend on the treatment including consultation on fees, if any?	<p>COST IN KWACHA</p> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p>FREE 99995</p> <p>DON'T KNOW 99998</p>							<p>COST IN KWACHA</p> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p>FREE 99995</p> <p>DON'T KNOW 99998</p>							<p>COST IN KWACHA</p> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p>FREE 99995</p> <p>DON'T KNOW 99998</p>						
406C	How much did you spend on drugs?	<p>COST IN KWACHA</p> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p>FREE 99995</p> <p>DON'T KNOW 99998</p>							<p>COST IN KWACHA</p> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p>FREE 99995</p> <p>DON'T KNOW 99998</p>							<p>COST IN KWACHA</p> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p>FREE 99995</p> <p>DON'T KNOW 99998</p>						

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
407	CHECK 406:	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED (SKIP TO 409)	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED (SKIP TO 409)	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED (SKIP TO 409)
408	Where did you first seek advice or treatment? USE LETTER CODE FROM 406.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
408A	How far is your house from the (FIRST PLACE IN 408)?	LESS THAN 15 KM . 1 15 KM + 2	LESS THAN 15 KM . 1 15 KM + 2	LESS THAN 15 KM . 1 15 KM + 2
408B	What is the total amount that you spent for transport to and from the (FIRST PLACE IN 408)?	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 99995 DON'T KNOW 99998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 99995 DON'T KNOW 99998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 99995 DON'T KNOW 99998
408C	Did any member of your household go with you to the (FIRST PLACE IN 408)?	YES 1 NO 2 (SKIP TO 408E)	YES 1 NO 2 (SKIP TO 408E)	YES 1 NO 2 (SKIP TO 408E)
408D	What is the total amount that you spent for his/her transport?	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 99995 DON'T KNOW 99998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 99995 DON'T KNOW 99998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 99995 DON'T KNOW 99998
408E	CHECK 408B and 408D:	<input type="checkbox"/> EITHER BOTH ONE ARE IS PAID FREE OR DK (SKIP TO 408G)	<input type="checkbox"/> EITHER BOTH ONE ARE IS PAID FREE OR DK (SKIP TO 408G)	<input type="checkbox"/> EITHER BOTH ONE ARE IS PAID FREE OR DK (SKIP TO 408G)
408F	What was the source of the payment (if any) you used during the child's sickness with fever?	INCOME A OCCASIONAL INCOME B BORROWED C SALE OF ASSETS . D OTHER _____ X (SPECIFY)	INCOME A OCCASIONAL INCOME B BORROWED C SALE OF ASSETS . D OTHER _____ X (SPECIFY)	INCOME A OCCASIONAL INCOME B BORROWED C SALE OF ASSETS . D OTHER _____ X (SPECIFY)
408G	Did you take any days off work in order to care for your child's sickness?	YES 1 NO 2 (SKIP TO 409)	YES 1 NO 2 (SKIP TO 409)	YES 1 NO 2 (SKIP TO 409)
408H	How many days?	DAYS ... <input type="text"/> <input type="text"/>	DAYS ... <input type="text"/> <input type="text"/>	DAYS ... <input type="text"/> <input type="text"/>
409	At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?	YES 1 NO 2 (SKIP TO 409C) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 409C) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 409C) DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
409A	Was the blood tested for malaria?	YES 1 NO 2 (SKIP TO 409C) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 409C) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 409C) ← DON'T KNOW 8
409B	Were you told the result?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
409C	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
410	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 GO TO 429) ← DON'T KNOW 8	YES 1 NO 2 GO TO 429) ← DON'T KNOW 8	YES 1 NO 2 GO TO 429) ← DON'T KNOW 8
411	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS SP/FANSIDAR/ NOVIDAR SP . A CHLOROQUINE B AMODIAQUINE C QUININE D LA (COARTEM) . E ARTESUNATE ... F AA/ASAQ (COMBINED AMODIAQUINE AND ARTE- SUNATE) ... G OTHER ANTI- MALARIAL _____ ... H (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... I INJECTION ... J OTHER DRUGS ASPIRIN/ CAFENOL ... K ACETAMINOPHEN/ PANADOL/ PARACETAMOL L IBUPROFEN ... M OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR/ NOVIDAR SP . A CHLOROQUINE B AMODIAQUINE C QUININE D LA (COARTEM) . E ARTESUNATE ... F AA/ASAQ (COMBINED AMODIAQUINE AND ARTE- SUNATE) ... G OTHER ANTI- MALARIAL _____ ... H (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... I INJECTION ... J OTHER DRUGS ASPIRIN/ CAFENOL ... K ACETAMINOPHEN/ PANADOL/ PARACETAMOL L IBUPROFEN ... M OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR/ NOVIDAR SP . A CHLOROQUINE B AMODIAQUINE C QUININE D LA (COARTEM) . E ARTESUNATE ... F AA/ASAQ (COMBINED AMODIAQUINE AND ARTE- SUNATE) ... G OTHER ANTI- MALARIAL _____ ... H (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... I INJECTION ... J OTHER DRUGS ASPIRIN/ CAFENOL ... K ACETAMINOPHEN/ PANADOL/ PARACETAMOL L IBUPROFEN ... M OTHER _____ X (SPECIFY) DON'T KNOW Z

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
412	CHECK 411: ANY CODE A-H CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 429)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 429)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 429)
413	CHECK 411: SP/FANSIDAR/NOVIDAR SP ('A') GIVEN	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 415) ←	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 415) ←	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 415) ←
414	How long after the fever started did (NAME) first take SP/Fansidar/Novidar SP?	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
414A	For how many days did (NAME) take SP/Fansidar/Novidar SP?	NUMBER OF DAYS ... <input type="text"/> <input type="text"/>	NUMBER OF DAYS ... <input type="text"/> <input type="text"/>	NUMBER OF DAYS ... <input type="text"/> <input type="text"/>
414B	Did you have SP/Fansidar/ Novidar SP at home or did you get it from somewhere else? IF SOMEWHERE ELSE, PROBE FOR SOURCE. IF MORE THAN ONE SOURCE ASK :Where did you get the SP/Fansidar/Novidar SP first?	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8
414C	Did you purchase the SP/Fansidar/ Novidar SP?	YES 1 NO 2 (SKIP TO 415) ←	YES 1 NO 2 (SKIP TO 415) ←	YES 1 NO 2 (SKIP TO 415) ←
414D	How much did you pay for the SP/Fansidar/Novidar SP?	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998
415	CHECK 411: CHLOROQUINE ('B') GIVEN	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 417) ←	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 417) ←	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 417) ←
416	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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
416A	For how many days did (NAME) take chloroquine?	NUMBER OF DAYS ... <input type="text"/> <input type="text"/>	NUMBER OF DAYS ... <input type="text"/> <input type="text"/>	NUMBER OF DAYS ... <input type="text"/> <input type="text"/>
416B	Did you have chloroquine at home or did you get it from somewhere else? IF SOMEWHERE ELSE, PROBE FOR SOURCE. IF MORE THAN ONE SOURCE ASK :Where did you get the chloroquine first?	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8
416C	Did you purchase the chloroquine?	YES 1 NO 2 (SKIP TO 417) ←	YES 1 NO 2 (SKIP TO 417) ←	YES 1 NO 2 (SKIP TO 417) ←
416D	How much did you pay for the chloroquine?	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998
417	CHECK 411: AMODIAQUINE ('C') GIVEN	CODE 'C' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 419) ←	CODE 'C' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 419) ←	CODE 'C' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 419) ←
418	How long after the fever started did (NAME) first take AMODIAQUINE?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8
418A	For how many days did (NAME) take AMODIAQUINE?	NUMBER OF DAYS ... <input type="text"/> <input type="text"/>	NUMBER OF DAYS ... <input type="text"/> <input type="text"/>	NUMBER OF DAYS ... <input type="text"/> <input type="text"/>
418B	Did you have AMODIAQUINE at home or did you get it from somewhere else? IF SOMEWHERE ELSE, PROBE FOR SOURCE. IF MORE THAN ONE SOURCE ASK :Where did you get the AMODIAQUINE first?	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8
418C	Did you purchase the AMODIAQUINE?	YES 1 NO 2 (SKIP TO 419) ←	YES 1 NO 2 (SKIP TO 419) ←	YES 1 NO 2 (SKIP TO 419) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
418D	How much did you pay for the AMODIAQUINE?	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998
419	CHECK 411: QUININE ('D') GIVEN	CODE 'D' CIRCLED <input type="checkbox"/> CODE 'D' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 421) ←	CODE 'D' CIRCLED <input type="checkbox"/> CODE 'D' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 421) ←	CODE 'D' CIRCLED <input type="checkbox"/> CODE 'D' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 421) ←
420	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
420A	For how many days did (NAME) take QUININE?	NUMBER OF DAYS ... <input type="text"/> <input type="text"/>	NUMBER OF DAYS ... <input type="text"/> <input type="text"/>	NUMBER OF DAYS ... <input type="text"/> <input type="text"/>
420B	Did you have QUININE at home or did you get it from somewhere else? IF SOMEWHERE ELSE, PROBE FOR SOURCE. IF MORE THAN ONE SOURCE ASK :Where did you get the QUININE first?	HOME 1 GOVERNMENT HEALTH FACILITY/WORKER 2 PRIVATE HEALTH FACILITY/WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/WORKER 2 PRIVATE HEALTH FACILITY/WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/WORKER 2 PRIVATE HEALTH FACILITY/WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8
420C	Did you purchase the QUININE?	YES 1 NO 2 (SKIP TO 421) ←	YES 1 NO 2 (SKIP TO 421) ←	YES 1 NO 2 (SKIP TO 421) ←
420D	How much did you pay for the QUININE?	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998
421	CHECK 411: LA (COARTEM) (E) GIVEN	CODE 'E' CIRCLED <input type="checkbox"/> CODE 'E' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 423) ←	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 423) ←	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 423) ←
422	How long after the fever started did (NAME) first take LA/COARTEM?	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 _____
422A	For how many days did (NAME) take LA/COARTEM?	NUMBER OF DAYS ... <input type="text"/> <input type="text"/>	NUMBER OF DAYS ... <input type="text"/> <input type="text"/>	NUMBER OF DAYS ... <input type="text"/> <input type="text"/>
422B	Did you have LA/COARTEM at home or did you get it from somewhere else? IF SOMEWHERE ELSE, PROBE FOR SOURCE. IF MORE THAN ONE SOURCE ASK :Where did you get the LA/COARTEM first?	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8
422C	Did you purchase the LA/ COARTEM?	YES 1 NO 2 (SKIP TO 423) ←	YES 1 NO 2 (SKIP TO 423) ←	YES 1 NO 2 (SKIP TO 423) ←
422D	How much did you pay for the LA/COARTEM?	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998
423	CHECK 411: ARTESUNATE (F) GIVEN	CODE 'F' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 425) ← CODE 'F' NOT CIRCLED <input type="checkbox"/>	CODE 'F' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 425) ← CODE 'F' NOT CIRCLED <input type="checkbox"/>	CODE 'F' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 425) ← CODE 'F' NOT CIRCLED <input type="checkbox"/>
424	How long after the fever started did (NAME) first take ARTESUNATE?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8
424A	For how many days did (NAME) take ARTESUNATE?	NUMBER OF DAYS ... <input type="text"/> <input type="text"/>	NUMBER OF DAYS ... <input type="text"/> <input type="text"/>	NUMBER OF DAYS ... <input type="text"/> <input type="text"/>
424B	Did you have ARTESUNATE at home or did you get it from somewhere else? IF SOMEWHERE ELSE, PROBE FOR SOURCE. IF MORE THAN ONE SOURCE ASK :Where did you get the ARTESUNATE first?	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8
424C	Did you purchase the ARTESUNATE?	YES 1 NO 2 (SKIP TO 425) ←	YES 1 NO 2 (SKIP TO 425) ←	YES 1 NO 2 (SKIP TO 425) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
424D	How much did you pay for the ARTESUNATE?	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998
425	CHECK 411: AA/ASQA (COMBINED AMODIAQUINE AND ARTESUNATE) (G) GIVEN	CODE 'G' CIRCLED <input type="checkbox"/> CODE 'G' NOT CIRCLED <input type="checkbox"/> (SKIP TO 427) ←	CODE 'G' CIRCLED <input type="checkbox"/> CODE 'G' NOT CIRCLED <input type="checkbox"/> (SKIP TO 427) ←	CODE 'G' CIRCLED <input type="checkbox"/> CODE 'G' NOT CIRCLED <input type="checkbox"/> (SKIP TO 427) ←
426	How long after the fever started did (NAME) first take AA/ASQA?	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
426A	For how many days did (NAME) take AA/ASQA?	NUMBER OF DAYS ... <input type="text"/> <input type="text"/>	NUMBER OF DAYS ... <input type="text"/> <input type="text"/>	NUMBER OF DAYS ... <input type="text"/> <input type="text"/>
426B	Did you have AA/ASQA at home or did you get it from somewhere else? IF SOMEWHERE ELSE, PROBE FOR SOURCE. IF MORE THAN ONE SOURCE ASK :Where did you get the AA/ASQA first?	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8
426C	Did you purchase the AA/ASQA?	YES 1 NO 2 (SKIP TO 427) ←	YES 1 NO 2 (SKIP TO 427) ←	YES 1 NO 2 (SKIP TO 427) ←
426D	How much did you pay for the AA/ASQA?	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998
427	CHECK 411: OTHER ANTIMALARIAL ('H') GIVEN	CODE 'H' CIRCLED <input type="checkbox"/> CODE 'H' NOT CIRCLED <input type="checkbox"/> (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 429)	CODE 'H' CIRCLED <input type="checkbox"/> CODE 'H' NOT CIRCLED <input type="checkbox"/> (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 429)	CODE 'H' CIRCLED <input type="checkbox"/> CODE 'H' NOT CIRCLED <input type="checkbox"/> (GO TO 403 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 429)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____															
428	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8															
428A	For how many days did (NAME) take OTHER ANTIMALARIAL?	NUMBER OF <table border="1"><tr><td></td><td></td></tr></table> DAYS ...			NUMBER OF <table border="1"><tr><td></td><td></td></tr></table> DAYS ...			NUMBER OF <table border="1"><tr><td></td><td></td></tr></table> DAYS ...											
428B	Did you have OTHER ANTIMALARIAL at home or did you get it from somewhere else? IF SOMEWHERE ELSE, PROBE FOR SOURCE. IF MORE THAN ONE SOURCE ASK :Where did you get the OTHER ANTIMALARIAL first?	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8															
428C	Did you purchase the OTHER ANTIMALARIAL?	YES 1 NO 2 (SKIP TO 429) ←	YES 1 NO 2 (SKIP TO 429) ←	YES 1 NO 2 (SKIP TO 429) ←															
428D	How much did you pay for the OTHER ANTIMALARIAL?	COST IN KWACHA <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> DON'T KNOW 99998						COST IN KWACHA <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> DON'T KNOW 99998						COST IN KWACHA <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> DON'T KNOW 99998					
429	Was (NAME) admitted in a hospital the last 12 months?	YES 1 NO 2 (SKIP TO 430) ←	YES 1 NO 2 (SKIP TO 430) ←	YES 1 NO 2 (SKIP TO 430) ←															
429A	How much did you spend on admission if any?	COST IN KWACHA <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> DON'T KNOW 99998						COST IN KWACHA <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> DON'T KNOW 99998						COST IN KWACHA <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> DON'T KNOW 99998					
430		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 MOST RECENT 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	→ 523
502	What signs or symptoms would lead you to think that a person has malaria? Anything else? RECORD ALL MENTIONED.	FEVER A FEELING COLD B HEADACHE C NAUSEA/VOMITING D DIARRHEA E DIZZINESS F LOSS OF APPETITE G BODY ACHE OR JOINT PAIN H PALE EYES I SALTY-TASTING PALMS J FEELING WEAK K REFUSE TO EAT OR DRINK L OTHER X (SPECIFY) DON'T KNOW Z	
503	What do you think is the cause of malaria? Anything else? RECORD ALL MENTIONED.	MOSQUITO BITES A EATING IMMATURE SUGARCANE ... B EATING COLD SIMA C EATING DIRTY FOOD D DRINKING DIRTY WATER E GETTING SOAKED IN RAIN F COLD OR CHANGING WEATHER ... G WITCHCRAFT H OTHER X (SPECIFY) DON'T KNOW Z	
504	How can someone protect themselves against malaria? Anything else? RECORD ALL MENTIONED.	SLEEP UNDER A MOSQUITO NET ... A SLEEP UNDER AN INSECTICIDE- TREATED MOSQUITO NET B USE MOSQUITO REPELLANT C AVOID MOSQUITO BITES D TAKE PREVENTIVE MEDICATION ... E SPRAY HOUSE WITH INSECTICIDE F USE MOSQUITO COILS G CUT GRASS AROUND THE HOUSE H FILL IN PUDDLES (STAGNANT WATER) I KEEP HOUSE AND SURROUNDINGS CLEAN J BURN LEAVES K AVOID DRINKING DIRTY WATER ... L AVOID EATING BAD FOOD M PUT SCREENS ON WINDOWS N AVOID GETTING SOAKED IN RAIN ... O OTHER X (SPECIFY) DON'T KNOW Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
511	Has anyone ever provided you with information on malaria at your home?	YES 1 NO 2	→ 515				
512	Who gave you the information at your home? Anybody else? RECORD ALL MENTIONED.	HEALTH CARE WORKER A COMMUNITY HEALTH WORKER ... B FRIENDS/FAMILY C EMPLOYER D PEER EDUCATORS E OTHER X (SPECIFY) DON'T KNOW Z					
513	How long ago did someone visit your house to provide you with information about malaria?	MONTHS AGO <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>					
514	What type of messages about malaria did you hear or saw? Anything else? RECORD ALL MENTIONED.	MALARIA IS DANGEROUS A MALARIA CAN KILL B MOSQUITO SPREAD MALARIA ... C SLEEPING UNDER A MOSQUITO NET IS IMPORTANT D WHO SHOULD SLEEP UNDER A MOSQUITO NET F SEEK TREATMENT FOR FEVER ... G SEEK TREATMENT FOR FEVER ... I PROMPTLY (WITHIN 24 HOURS) . J IMPORTANCE OF HOUSE SPRAYING K NOT PLASTERING WALLS AFTER SPRAYING L ENVIRONMENTAL SANITATION ACTIVITIES M OTHER X (SPECIFY) DON'T KNOW Z					
515	CHECK HOUSEHOLD QUESTIONNAIRE 121: HAS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> MOSQUITO NET HAS NO <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> MOSQUITO NET				→ 523		
516	Has the community health worker in your village ever helped hang a mosquito net in this house?	YES 1 NO 2					
517	Has any mosquito net in this house been used for any reason other than sleeping?	YES 1 NO 2	→ 519				
518	What was it used for? Anything else? RECORD ALL MENTIONED.	FISHING A COVER/PROTECTION B WINDOW SCREEN C CLOTHING/WEDDING VEIL D OTHER X (SPECIFY) DON'T KNOW Z					
519	How often do your children sleep under a mosquito net?	ALWAYS 1 SOMETIMES 2 NEVER 3	→ 523				
523	RECORD THE TIME.	HOUR <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> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></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: _____

W-22







2012 MALAWI MALARIA INDICATOR SURVEY
BIOMARKER QUESTIONNAIRE

IDENTIFICATION	
PLACE NAME _____	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin-bottom: 5px;"></div> </div>
DISTRICT _____	
CLUSTER NUMBER	
HOUSEHOLD NUMBER	
NAME OF HOUSEHOLD HEAD _____	
HEALTH TECHNICIAN _____	<div style="border: 1px solid black; width: 40px; height: 40px;"></div>

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5

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	<p>ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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?</p>			

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5

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.	<p>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.</p> <p>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.</p> <p>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?</p>		
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	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> 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	< 8.0 G/DL, SEVERE ANEMIA  SKIP TO 229 OTHER 	< 8.0 G/DL, SEVERE ANEMIA  SKIP TO 229 OTHER 	< 8.0 G/DL, SEVERE ANEMIA  SKIP TO 229 OTHER 
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 229		

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5

218	<p>Does (NAME) suffer from the any of following illnesses or symptoms:</p> <p>Extreme weakness (Prostration)?</p> <p>Heart problems?</p> <p>Loss of consciousness?</p> <p>Rapid or difficult breathing?</p> <p>Seizures?</p> <p>Abnormal bleeding?</p> <p>Jaundice (Yellow Skin)?</p> <p>Dark urine (brown)?</p>	<p>EXTREME WEAKNESS A</p> <p>HEART PROBLEMS B</p> <p>LOSS OF CONSCIOUSNESS C</p> <p>RAPID BREATHING D</p> <p>SEIZURES E</p> <p>BLEEDING F</p> <p>JAUNDICE G</p> <p>DARK URINE H</p> <p>(SKIP TO 222) ←</p> <p>NO SYMPTOMS Y</p>	<p>EXTREME WEAKNESS A</p> <p>HEART PROBLEMS B</p> <p>LOSS OF CONSCIOUSNESS C</p> <p>RAPID BREATHING D</p> <p>SEIZURES E</p> <p>BLEEDING F</p> <p>JAUNDICE G</p> <p>DARK URINE H</p> <p>NO SYMPTOMS Y</p>	<p>EXTREME WEAKNESS A</p> <p>HEART PROBLEMS B</p> <p>LOSS OF CONSCIOUSNESS C</p> <p>RAPID BREATHING D</p> <p>SEIZURES E</p> <p>BLEEDING F</p> <p>JAUNDICE G</p> <p>DARK URINE H</p> <p>NO SYMPTOMS Y</p>
220	CHECK 213: HEMOGLOBIN RESULT	<p>< 8.0 G/DL, SEVERE ANEMIA</p> <p>OTHER</p> <p>(SKIP TO 222) ↓</p>	<p>< 8.0 G/DL, SEVERE ANEMIA</p> <p>OTHER</p> <p>(SKIP TO 222) ↓</p>	<p>< 8.0 G/DL, SEVERE ANEMIA</p> <p>OTHER</p> <p>(SKIP TO 222) ↓</p>
221	<p>In the past two weeks has (NAME) taken or is taking [FIRST LINE MEDICATION] given by a doctor or health center to treat the malaria?</p> <p>VERIFY BY ASKING TO SEE TREATMENT</p>	<p>YES 1</p> <p>(SKIP TO 223) ←</p> <p>NO 2</p> <p>(SKIP TO 224) ←</p>	<p>YES 1</p> <p>(SKIP TO 223) ←</p> <p>NO 2</p> <p>(SKIP TO 224) ←</p>	<p>YES 1</p> <p>(SKIP TO 223) ←</p> <p>NO 2</p> <p>(SKIP TO 224) ←</p>
222	<u>SEVERE MALARIA REFERRAL STATEMENT</u>	<p>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.</p> <p>SKIP TO 229</p>		
223	<u>ALREADY TAKING [FIRST LINE MEDICATION] REFERRAL STATEMENT</u>	<p>You have told me that (NAME OF CHILD) has already received medication for malaria. Therefore, I cannot give you additional medication. 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 medication, you should take the child to the nearest health facility for further examination.</p> <p>SKIP TO 229</p>		
224	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD	<p>The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called LA. LA 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.</p>		
225	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	<p>ACCEPTED MEDICINE 1</p> <p>(SIGN) _____</p> <p>REFUSED 2</p> <p>OTHER 6</p> <p>(SKIP TO 228) ←</p>	<p>ACCEPTED MEDICINE 1</p> <p>(SIGN) _____</p> <p>REFUSED 2</p> <p>OTHER 6</p> <p>(SKIP TO 228) ←</p>	<p>ACCEPTED MEDICINE 1</p> <p>(SIGN) _____</p> <p>REFUSED 2</p> <p>OTHER 6</p> <p>(SKIP TO 228) ←</p>
227	TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS	<p align="center">[INSERT DOSAGE INSTRUCTIONS]</p> <p>ALSO TELL THE PARENT/ADULT RESPONSIBLE FOR THE CHILD (10): If [NAME] has a high fever, fast or difficult breathing, is not able to drink or breastfeed, gets sicker or does not get better in two days, you should take him/her to a health professional for treatment right away.</p>		
228	RECORD THE RESULT CODE OF <u>MALARIA TREATMENT OR REFERRAL</u>	<p>MEDICATION GIVEN 1</p> <p>MEDS REFUSED 2</p> <p>SEVERE MALARIA REFERRAL 3</p> <p>ALREADY TAKING MEDS REFERRAL 4</p> <p>OTHER 6</p>	<p>MEDICATION GIVEN 1</p> <p>MEDS REFUSED 2</p> <p>SEVERE MALARIA REFERRAL 3</p> <p>ALREADY TAKING MEDS REFERRAL 4</p> <p>OTHER 6</p>	<p>MEDICATION GIVEN 1</p> <p>MEDS REFUSED 2</p> <p>SEVERE MALARIA REFERRAL 3</p> <p>ALREADY TAKING MEDS REFERRAL 4</p> <p>OTHER 6</p>
229	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.			

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5

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 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 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 <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>
207	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.	<p>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.</p> <p>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.</p> <p>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.</p> <p>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?</p>		
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.	<p>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.</p> <p>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.</p> <p>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?</p>		

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5

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	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> 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 <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> 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	< 8.0 G/DL, SEVERE ANEMIA <input type="checkbox"/> OTHER <input type="checkbox"/> SKIP TO 229	< 8.0 G/DL, SEVERE ANEMIA <input type="checkbox"/> OTHER <input type="checkbox"/> SKIP TO 229	< 8.0 G/DL, SEVERE ANEMIA <input type="checkbox"/> OTHER <input type="checkbox"/> SKIP TO 229
217	<u>SEVERE ANEMIA REFERRAL STATEMENT</u>	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 229		
218	Does (NAME) suffer from the any of following illnesses or symptoms: Extreme weakness (Prostration)? Heart problems? Loss of consciousness? Rapid or difficult breathing? Seizures? Abnormal bleeding? Jaundice (Yellow Skin)? Dark urine (brown)?	EXTREME WEAKNESS A HEART PROBLEMS B LOSS OF CONSCIOUSNESS C RAPID BREATHING D SEIZURES E BLEEDING F JAUNDICE G DARK URINE H (SKIP TO 222) ← NO SYMPTOMS Y	EXTREME WEAKNESS A HEART PROBLEMS B LOSS OF CONSCIOUSNESS C RAPID BREATHING D SEIZURES E BLEEDING F JAUNDICE G DARK URINE H (SKIP TO 222) ← NO SYMPTOMS Y	EXTREME WEAKNESS A HEART PROBLEMS B LOSS OF CONSCIOUSNESS C RAPID BREATHING D SEIZURES E BLEEDING F JAUNDICE G DARK URINE H (SKIP TO 222) ← NO SYMPTOMS Y

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5

220	CHECK 213: HEMOGLOBIN RESULT	<div> <div>< 8.0 G/DL, SEVERE ANEMIA</div> <div>OTHER</div> <div> <input type="checkbox"/> ↓ (SKIP TO 222) </div> <div> <input type="checkbox"/> ↓ </div> </div>	<div> <div>< 8.0 G/DL, SEVERE ANEMIA</div> <div>OTHER</div> <div> <input type="checkbox"/> ↓ (SKIP TO 222) </div> <div> <input type="checkbox"/> ↓ </div> </div>	<div> <div>< 8.0 G/DL, SEVERE ANEMIA</div> <div>OTHER</div> <div> <input type="checkbox"/> ↓ (SKIP TO 222) </div> <div> <input type="checkbox"/> ↓ </div> </div>
221	<p>In the past two weeks has (NAME) taken or is taking [FIRST LINE MEDICATION] given by a doctor or health center to treat the malaria?</p> <p>VERIFY BY ASKING TO SEE TREATMENT</p>	<p>YES 1</p> <p>(SKIP TO 223) ←</p> <p>NO 2</p> <p>(SKIP TO 224) ←</p>	<p>YES 1</p> <p>(SKIP TO 223) ←</p> <p>NO 2</p> <p>(SKIP TO 224) ←</p>	<p>YES 1</p> <p>(SKIP TO 223) ←</p> <p>NO 2</p> <p>(SKIP TO 224) ←</p>
222	<u>SEVERE MALARIA REFERRAL STATEMENT</u>	<p>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.</p> <p>SKIP TO 229</p>		
223	<u>ALREADY TAKING [FIRST LINE MEDICATION] REFERRAL STATEMENT</u>	<p>You have told me that (NAME OF CHILD) has already received medication for malaria. Therefore, I cannot give you additional medication. 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 medication, you should take the child to the nearest health facility for further examination.</p> <p>SKIP TO 229</p>		
224	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD	<p>The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called LA. LA 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.</p>		
225	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	<p>ACCEPTED MEDICINE 1</p> <p>____ (SIGN) _____</p> <p>REFUSED 2</p> <p>OTHER 6</p> <p>(SKIP TO 228) ←</p>	<p>ACCEPTED MEDICINE 1</p> <p>____ (SIGN) _____</p> <p>REFUSED 2</p> <p>OTHER 6</p> <p>(SKIP TO 228) ←</p>	<p>ACCEPTED MEDICINE 1</p> <p>____ (SIGN) _____</p> <p>REFUSED 2</p> <p>OTHER 6</p> <p>(SKIP TO 228) ←</p>
227	TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS	<p align="center">[INSERT DOSAGE INSTRUCTIONS]</p> <p>ALSO TELL THE PARENT/ADULT RESPONSIBLE FOR THE CHILD: If [NAME] has a high fever, fast or difficult breathing, is not able to drink or breastfeed, gets sicker or does not get better in two days, you should take him/her to a health professional for treatment right away.</p>		
228	RECORD THE RESULT CODE OF <u>MALARIA TREATMENT OR REFERRAL</u>	<p>MEDICATION GIVEN 1</p> <p>MEDS REFUSED ... 2</p> <p>SEVERE MALARIA REFERRAL 3</p> <p>ALREADY TAKING MEDS REFERRAL 4</p> <p>OTHER 6</p>	<p>MEDICATION GIVEN 1</p> <p>MEDS REFUSED ... 2</p> <p>SEVERE MALARIA REFERRAL 3</p> <p>ALREADY TAKING MEDS REFERRAL 4</p> <p>OTHER 6</p>	<p>MEDICATION GIVEN 1</p> <p>MEDS REFUSED ... 2</p> <p>SEVERE MALARIA REFERRAL 3</p> <p>ALREADY TAKING MEDS REFERRAL 4</p> <p>OTHER 6</p>
229	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.			

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 Artemether-Lumefantrine or LA. LA 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.

Dosage schedule for Artemether-Lumefantrine-(A-20mg tablets/L-120mg)

Body weight in kg (age in years)	Number of AL tablets at approximate timing of dosing					
	DAY 1		DAY 2		DAY 3	
	Start	After 8	AM	PM	AM	PM
Less than 5 kg	0	0	0	0	0	0
5-14 kg (under 3)	1	1	1	1	1	1
15-24 kg (3 to under 5)	2	2	2	2	2	2

ALSO TELL THE PARENT/ADULT RESPONSIBLE FOR THE CHILD:

If (NAME) has a fever for [TWO DAYS] after completing the last dose of LA, you should take him/her to a health professional for treatment right away.
