

CONFIDENTIAL

NIGERIA MALARIA INDICATOR SURVEY HOUSEHOLD QUESTIONNAIRE

NATIONAL POPULATION COMMISSION
NATIONAL MALARIA CONTROL PROGRAM

National Health Research Ethics Committee
Assigned Number NHREC/01/01/2007 - 10/09/2010b

IDENTIFICATION									
STATE									
LOCAL GOVT. AREA									
LOCALITY									
ENUMERATION AREA									
URBAN/RURAL (URBAN=1, RURAL=2)									
CLUSTER NUMBER									
BUILDING NUMBER									
HOUSEHOLD HEAD NAME/NUMBER									

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE				DAY MONTH YEAR <table border="1"><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	2	0	1	0				
2	0	1	0									
INTERVIEWER'S NAME				INT. NUMBER <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>								
RESULT*				RESULT <table border="1"><tr><td></td><td></td></tr></table>								
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS <table border="1"><tr><td></td></tr></table>								
TIME												
*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 _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <table border="1"><tr><td></td><td></td></tr></table> TOTAL ELIGIBLE WOMEN <table border="1"><tr><td></td><td></td></tr></table> TOTAL ELIGIBLE CHILDREN AGE 0-5 YEARS <table border="1"><tr><td></td><td></td></tr></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1"><tr><td></td><td></td></tr></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"><tr><td>4</td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr></table>	4							
4												
**LANGUAGE CODES: 1 HAUSA 3 IGBO 6 OTHER _____ 2 YORUBA 4 ENGLISH (SPECIFY)												
SUPERVISOR/EDITOR NAME _____ DATE _____			OFFICE EDITOR <table border="1"><tr><td></td><td></td></tr></table>			KEYED BY <table border="1"><tr><td></td><td></td></tr></table>						

Introduction and Consent

Greetings. My name is _____ and I am working with National Population Commission. We are conducting a national survey that asks women and men about various health issues. This study has been reviewed and granted approval by the National Health Research Ethics Committee, assigned number NHREC/01/01/2007, for the study period of September 2010 to September 2011. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes between 20 and 30 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons. Should you have any questions, feel free to call any of the following contact person(s):

2010 NMIS Contact Person, NPC: Project Director; **Email:** saligar58@yahoo.com; **Phone:** 08033708114

NMCP Contact Person: National Coordinator; **Email:** jide_coker1@yahoo.com; **Phone:** 08037860784

NHREC Contact Person(s): Secretary, NHREC; **Email:** secretary@nhrec.net; **Phone:** 08033143791
Desk Officer, NHREC; **Email:** deskofficer@nhrec.net; **Phone:** 08065479926

As part of the survey we would first like to ask some questions about your household. All of the answers you give will be confidential. As part of this survey, we are asking that children all over the country take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or disease. This survey will help the government to develop programs to prevent and treat anemia. 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. If the malaria test is positive, treatment will be offered. This survey will help the government to develop programs to prevent malaria. Participation in the survey is completely voluntary. If we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope you will participate in the survey since your views are important.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

Signature/thumb print of respondent: _____ 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	SEX	RESIDENCE		AGE	WOMEN AGE 15-49		CHILDREN 0-5
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES, RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-14 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old was (NAME) at his/her last birthday?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 YEARS	Is (NAME) currently pregnant?	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5 YEARS
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
01		<input type="text"/>	M F 1 2	YES NO 1 2	YES NO 1 2	IN YEARS <input type="text"/>	01	YES NO/DK 1 2	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	02	1 2	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	03	1 2	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	04	1 2	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	05	1 2	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	06	1 2	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	07	1 2	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	08	1 2	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	09	1 2	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	10	1 2	10

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 ☐ ENTER EACH IN TABLE NO ☐

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

YES ☐ ENTER EACH IN 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 ☐ ENTER EACH IN TABLE NO ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

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

LINE NO.	IF AGE 5 YEARS OR OLDER		FOR EVERYONE FEVER AND TREATMENT			
	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	In the last 2 weeks, has (NAME) been sick with a fever at any time?	Did (NAME) get any treatment for the fever in the last 2 weeks?	Where did (NAME) first seek treatment? USE CODES BELOW.	How much did the treatment cost? INCLUDE COST OF DOCTOR, NURSE, DRUGS, TESTS. IF > 99990, WRITE '99990'. IF FREE, CIRCLE CODE '99995'.
	(10A)	(10B)	(11)	(12)	(13)	(14)
01	Y N 1 2 ↓ GO TO 11	CLASS/ LEVEL YEAR 1 2 ↓ GO TO 11	Y N DK 1 2 8 ↓ NEXT LINE NO.	Y N DK 1 2 8 ↓ NEXT LINE NO.		NAIRA FREE 99995
02	1 2 ↓ GO TO 11	1 2 ↓ GO TO 11	1 2 8 ↓ NEXT LINE NO.	1 2 8 ↓ NEXT LINE NO.		FREE 99995
03	1 2 ↓ GO TO 11	1 2 ↓ GO TO 11	1 2 8 ↓ NEXT LINE NO.	1 2 8 ↓ NEXT LINE NO.		FREE 99995
04	1 2 ↓ GO TO 11	1 2 ↓ GO TO 11	1 2 8 ↓ NEXT LINE NO.	1 2 8 ↓ NEXT LINE NO.		FREE 99995
05	1 2 ↓ GO TO 11	1 2 ↓ GO TO 11	1 2 8 ↓ NEXT LINE NO.	1 2 8 ↓ NEXT LINE NO.		FREE 99995
06	1 2 ↓ GO TO 11	1 2 ↓ GO TO 11	1 2 8 ↓ NEXT LINE NO.	1 2 8 ↓ NEXT LINE NO.		FREE 99995
07	1 2 ↓ GO TO 11	1 2 ↓ GO TO 11	1 2 8 ↓ NEXT LINE NO.	1 2 8 ↓ NEXT LINE NO.		FREE 99995
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10	1 2 ↓ GO TO 11	1 2 ↓ GO TO 11	1 2 8 ↓ NEXT LINE NO.	1 2 8 ↓ NEXT LINE NO.		FREE 99995

CODES FOR Q. 10B: EDUCATION

EDUCATION LEVEL:

0=PRE-PRIMARY/KINDERGARTEN
1 = PRIMARY
2 = SECONDARY
3 = HIGHER
8 = DON'T KNOW

EDUCATION YEAR:

01 - 03 = YEARS AT PRE-PRIMARY/KINDERGARTEN LEVEL
01 - 06 = YEARS 1 - 6 AT PRIMARY LEVEL
01 - 06 = YEARS 1 - 6 AT SECONDARY LEVEL
01 - TOTAL NUMBER OF YEARS AT HIGHER LEVEL*
00 = LESS THAN 1 YEAR COMPLETED
98 = DON'T KNOW
*FOR "HIGHER", TOTAL THE NUMBER OF YEARS AT THE POST-SECONDARY LEVEL

CODES FOR Q. 13: PLACE OF TREATMENT

01 = GOVERNMENT HOSPITAL
02 = GOVERNMENT HEALTH CENTER
03 = GOVERNMENT HEALTH CLINIC
04 = PRIVATE HOSPITAL/CLINIC
05 = PHARMACY
06 = PRIVATE DOCTOR
07 = MOBILE CLINIC
08 = CHEMIST/PMV
09 = SHOP
10 = TRADITIONAL PRACTITIONER
11 = ROLE MODEL CAREGIVER/ COMMUNITY WORKER
12 = DRUG HAWKER
13 = SELF TREATMENT AT HOME
96 = OTHER
98 = DOES NOT KNOW

HOUSEHOLD SCHEDULE

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11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	11	Y N 1 2	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	12	1 2	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	13	1 2	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	14	1 2	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	15	1 2	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	16	1 2	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	17	1 2	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	18	1 2	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	19	1 2	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	20	1 2	20

TICK HERE IF CONTINUATION SHEET USED ☐

2A) Just to make sure that I have a complete listing, are there any other persons such as small children or infants that we have not listed?

YES ☐ ENTER EACH IN TABLE NO ☐

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14	1 2 ↓ GO TO 11	1 2 ↓ GO TO 11	1 2 8 ↓ NEXT LINE NO.	1 2 8 ↓ NEXT LINE NO.		FREE 99995
15	1 2 ↓ GO TO 11	1 2 ↓ GO TO 11	1 2 8 ↓ NEXT LINE NO.	1 2 8 ↓ NEXT LINE NO.		FREE 99995
16	1 2 ↓ GO TO 11	1 2 ↓ GO TO 11	1 2 8 ↓ NEXT LINE NO.	1 2 8 ↓ NEXT LINE NO.		FREE 99995
17	1 2 ↓ GO TO 11	1 2 ↓ GO TO 11	1 2 8 ↓ NEXT LINE NO.	1 2 8 ↓ NEXT LINE NO.		FREE 99995
18	1 2 ↓ GO TO 11	1 2 ↓ GO TO 11	1 2 8 ↓ NEXT LINE NO.	1 2 8 ↓ NEXT LINE NO.		FREE 99995
19	1 2 ↓ GO TO 11	1 2 ↓ GO TO 11	1 2 8 ↓ NEXT LINE NO.	1 2 8 ↓ NEXT LINE NO.		FREE 99995
20	1 2 ↓ GO TO 11	1 2 ↓ GO TO 11	1 2 8 ↓ NEXT LINE NO.	1 2 8 ↓ NEXT LINE NO.		FREE 99995

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07 = MOBILE CLINIC	98 = DOES NOT KNOW
08 = CHEMIST/PMV	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																							
15	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL HAND PUMP, PROTECTED WELL ... 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER/RIVER/LAKE/STREAM 81 BOTTLED WATER 91 WATER SACHETS (PURE WATER)..... 92 OTHER 96 (SPECIFY)																																								
16	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM . 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/OPEN PIT 23 COMPOSTING TOILET..... 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE . 51 NO FACILITY/BUSH/FIELD 61 OTHER 96 (SPECIFY)																																								
17	Does your household have the following items which are in good working order:	<table><thead><tr><th></th><th><u>YES</u></th><th><u>NO</u></th></tr></thead><tbody><tr><td>Electricity?</td><td>ELECTRICITY 1</td><td>2</td></tr><tr><td>A radio?</td><td>RADIO 1</td><td>2</td></tr><tr><td>A television?</td><td>TELEVISION 1</td><td>2</td></tr><tr><td>A mobile telephone?</td><td>MOBILE TELEPHONE 1</td><td>2</td></tr><tr><td>A non-mobile telephone?</td><td>NON-MOBILE TELEPHONE . 1</td><td>2</td></tr><tr><td>A refrigerator?</td><td>REFRIGERATOR 1</td><td>2</td></tr><tr><td>A cable TV ?</td><td>CABLE TV 1</td><td>2</td></tr><tr><td>A generating set ?</td><td>GENERATING SET 1</td><td>2</td></tr><tr><td>Airconditioner ?</td><td>AIR CONDITIONER 1</td><td>2</td></tr><tr><td>A computer ?</td><td>COMPUTER..... 1</td><td>2</td></tr><tr><td>Electric iron ?</td><td>ELECTRIC IRON 1</td><td>2</td></tr><tr><td>A fan ?</td><td>FAN 1</td><td>2</td></tr></tbody></table>		<u>YES</u>	<u>NO</u>	Electricity?	ELECTRICITY 1	2	A radio?	RADIO 1	2	A television?	TELEVISION 1	2	A mobile telephone?	MOBILE TELEPHONE 1	2	A non-mobile telephone?	NON-MOBILE TELEPHONE . 1	2	A refrigerator?	REFRIGERATOR 1	2	A cable TV ?	CABLE TV 1	2	A generating set ?	GENERATING SET 1	2	Airconditioner ?	AIR CONDITIONER 1	2	A computer ?	COMPUTER..... 1	2	Electric iron ?	ELECTRIC IRON 1	2	A fan ?	FAN 1	2	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
18	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG/COOKING GAS 02 NATURAL GAS 03 BIOGAS 04 KEROSENE 05 COAL, LIGNITE 06 CHARCOAL 07 WOOD 08 STRAW/SHRUBS/GRASS 09 AGRICULTURAL CROP 10 ANIMAL DUNG 11 NO FOOD COOKED IN HOUSEHOLD 95 OTHER 96 (SPECIFY)	
19	MAIN MATERIAL OF THE FLOOR OF THE HOUSEHOLD. RECORD OBSERVATION. IF DIFFERENT ROOMS HAVE DIFFERENT FLOOR MATERIAL, CIRCLE THE CODE FOR THE MOST COMMON, i.e., WHAT COVERS THE LARGEST AREA.	NATURAL FLOOR EARTH/SAND/MUD 11 RUDIMENTARY FLOOR WOOD PLANKS 21 FINISHED FLOOR PARQUET OR POLISHED WOOD ... 31 FLOOR MAT, LINOLEUM, VINYL 32 CERAMIC TILES 33 CONCRETE, CEMENT 34 CARPET 35 OTHER 96 (SPECIFY)	
20	MAIN MATERIAL OF THE ROOF OF THE HOUSEHOLD. RECORD OBSERVATION.	NATURAL ROOFING THATCH/PALM LEAF 11 RUDIMENTARY ROOFING PALM/BAMBOO/MATS 21 WOOD PLANKS 22 TARPAULIN, PLASTIC 23 FINISHED ROOFING ZINC, METAL 31 WOOD 32 CERAMIC TILES 34 CONCRETE, CEMENT 35 ASBESTOS SHEETS, SHINGLES ... 36 OTHER 96 (SPECIFY)	
21	MAIN MATERIAL OF THE OUTSIDE WALLS OF THE HOUSEHOLD. RECORD OBSERVATION.	NATURAL WALLS MUD AND STICKS 11 CANE/PALM/TRUNKS 12 STRAW, THATCH MATS 13 RUDIMENTARY WALLS MUD BRICKS 21 PLYWOOD, REUSED WOOD 22 CARDBOARD, PLASTIC 23 FINISHED WALLS CEMENT OR STONE BLOCKS 31 BRICKS 32 WOOD PLANKS/SHINGLES 33 OTHER 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
21A	How many rooms in total are in your household, including rooms for sleeping and all other rooms? INCLUDE ALL STRUCTURES BELONGING TO THE HOUSEHOLD DWELLING.	ROOMS (TOTAL) <input type="text"/> <input type="text"/>																						
21B	How many rooms are used for sleeping in your household?	NUMBER OF ROOMS (SLEEPING) <input type="text"/> <input type="text"/>																						
21C	How many sleeping facilities are currently in use in this household, including any beds, mattresses, mats, or rugs? ASK FOR BOTH INSIDE AND OUTSIDE OF DWELLING.	NUMBER OF SLEEPING FACILITIES <input type="text"/> <input type="text"/>																						
22	Does any member of this household own: A canoe? A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A boat with a motor?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>CANOE</td><td>1</td><td>2</td></tr> <tr> <td>BICYCLE</td><td>1</td><td>2</td></tr> <tr> <td>MOTORCYCLE/SCOOTER .</td><td>1</td><td>2</td></tr> <tr> <td>ANIMAL-DRAWN CART ...</td><td>1</td><td>2</td></tr> <tr> <td>CAR/TRUCK</td><td>1</td><td>2</td></tr> <tr> <td>BOAT WITH MOTOR</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	CANOE	1	2	BICYCLE	1	2	MOTORCYCLE/SCOOTER .	1	2	ANIMAL-DRAWN CART ...	1	2	CAR/TRUCK	1	2	BOAT WITH MOTOR	1	2	
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ANIMAL-DRAWN CART ...	1	2																						
CAR/TRUCK	1	2																						
BOAT WITH MOTOR	1	2																						
23	At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?	<table border="0"> <tbody> <tr> <td>YES</td><td>1</td></tr> <tr> <td>NO</td><td>2</td></tr> <tr> <td>DON'T KNOW</td><td>8</td></tr> </tbody> </table>	YES	1	NO	2	DON'T KNOW	8	→ 25															
YES	1																							
NO	2																							
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24	Who sprayed the dwelling?	<table border="0"> <tbody> <tr> <td>GOVERNMENT WORKER/PROGRAM</td><td>1</td></tr> <tr> <td>PRIVATE COMPANY</td><td>2</td></tr> <tr> <td>OTHER _____</td><td>6</td></tr> <tr> <td style="padding-left: 40px;">SPECIFY</td><td></td></tr> <tr> <td>DON'T KNOW</td><td>8</td></tr> </tbody> </table>	GOVERNMENT WORKER/PROGRAM	1	PRIVATE COMPANY	2	OTHER _____	6	SPECIFY		DON'T KNOW	8												
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SPECIFY																								
DON'T KNOW	8																							
25	Does your household have any mosquito nets that can be used while sleeping?	<table border="0"> <tbody> <tr> <td>YES</td><td>1</td></tr> <tr> <td>NO</td><td>2</td></tr> </tbody> </table>	YES	1	NO	2	→ 27																	
YES	1																							
NO	2																							
26	Why doesn't your household have any mosquito nets? CIRCLE ALL MENTIONED.	<table border="0"> <tbody> <tr> <td>NO MOSQUITOES</td><td>A</td></tr> <tr> <td>NOT AVAILABLE</td><td>B</td></tr> <tr> <td>DON'T LIKE TO USE NETS</td><td>C</td></tr> <tr> <td>TOO EXPENSIVE</td><td>D</td></tr> <tr> <td>OTHER _____</td><td>X</td></tr> <tr> <td style="padding-left: 40px;">(SPECIFY)</td><td></td></tr> </tbody> </table>	NO MOSQUITOES	A	NOT AVAILABLE	B	DON'T LIKE TO USE NETS	C	TOO EXPENSIVE	D	OTHER _____	X	(SPECIFY)		→ 40									
NO MOSQUITOES	A																							
NOT AVAILABLE	B																							
DON'T LIKE TO USE NETS	C																							
TOO EXPENSIVE	D																							
OTHER _____	X																							
(SPECIFY)																								
27	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS <input type="text"/>																						

		NET #1	NET #2	NET #3
28	ASK RESPONDENT TO SHOW YOU THE NETS. IF MORE THAN 3, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED, BUT HAS HOLES 1 OBSERVED, DOES NOT HAVE HOLES 2 NOT OBSERVED 3	OBSERVED, BUT HAS HOLES 1 OBSERVED, DOES NOT HAVE HOLES 2 NOT OBSERVED 3	OBSERVED, BUT HAS HOLES 1 OBSERVED, DOES NOT HAVE HOLES 2 NOT OBSERVED 3
28A	OBSERVER OR ASK IF NET IS HANGING.	OBSERVED HANGING 1 NOT HANGING 2 NOT OBSERVED HANGING 3 NOT HANGING 4	OBSERVED HANGING 1 NOT HANGING 2 NOT OBSERVED HANGING 3 NOT HANGING 4	OBSERVED HANGING 1 NOT HANGING 2 NOT OBSERVED HANGING 3 NOT HANGING 4
29	How many months ago did your household obtain the mosquito net? IF LESS THAN ONE MONTH, WRITE '00'.	MONTHS <input type="text"/> <input type="text"/> AGO MORE THAN 36 MONTHS AGO 95 NOT SURE 98	MONTHS <input type="text"/> <input type="text"/> AGO MORE THAN 36 MONTHS AGO 95 NOT SURE 98	MONTHS <input type="text"/> <input type="text"/> AGO MORE THAN 36 MONTHS AGO 95 NOT SURE 98
29A	Where did you obtain this mosquito net?	NET DISTRIBUTION CAMPAIGN 01 PRIMARY HEALTH CENTER/ HEALTH POST 02 GOVERNMENT HOSPITAL 03 PRIVATE HOSPITAL 04 NGO/MISSION CLINIC 05 MOSQUE/CHURCH 06 PHARMACY 07 PATENT MEDICINE STORE 08 SHOP/SUPERMARKET 09 OPEN MARKET 10 HAWKER 11 DON'T KNOW 96 OTHER 98 (SPECIFY)	NET DISTRIBUTION CAMPAIGN 01 PRIMARY HEALTH CENTER/ HEALTH POST 02 GOVERNMENT HOSPITAL 03 PRIVATE HOSPITAL 04 NGO/MISSION CLINIC 05 MOSQUE/CHURCH 06 PHARMACY 07 PATENT MEDICINE STORE 08 SHOP/SUPERMARKET 09 OPEN MARKET 10 HAWKER 11 DON'T KNOW 96 OTHER 98 (SPECIFY)	NET DISTRIBUTION CAMPAIGN 01 PRIMARY HEALTH CENTER/ HEALTH POST 02 GOVERNMENT HOSPITAL 03 PRIVATE HOSPITAL 04 NGO/MISSION CLINIC 05 MOSQUE/CHURCH 06 PHARMACY 07 PATENT MEDICINE STORE 08 SHOP/SUPERMARKET 09 OPEN MARKET 10 HAWKER 11 DON'T KNOW 96 OTHER 98 (SPECIFY)
30	Did you buy the net or was it given to you free?	BOUGHT 1 FREE 2 (SKIP TO 32) ← DON'T KNOW 8	BOUGHT 1 FREE 2 (SKIP TO 32) ← DON'T KNOW 8	BOUGHT 1 FREE 2 (SKIP TO 32) ← DON'T KNOW 8
31	How much did you pay for the net? IF DK, WRITE '99998'.	COST IN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NAIRA	COST IN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NAIRA	COST IN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NAIRA
32	OBSERVE OR ASK THE TYPE AND BRAND OF MOSQUITO NET. IF BRAND IS UNKNOWN, AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	LONG-LASTING INSECTICIDE TREATED NET (LLIN) PERMANET 11 OLYSET 12 ICONLIFE 13 DURANET 14 NETPROTECT 15 BASF INTERCEPTOR 16 OTHER/DK BRAND 17 (SKIP TO 36) ← RETREATABLE NET 21 (SKIP TO 34) ← UNTREATED NET 31 (SKIP TO 34) ← OTHER 96 (SPECIFY) DON'T KNOW 98	LONG-LASTING INSECTICIDE TREATED NET (LLIN) PERMANET 11 OLYSET 12 ICONLIFE 13 DURANET 14 NETPROTECT 15 BASF INTERCEPTOR 16 OTHER/DK BRAND 17 (SKIP TO 36) ← RETREATABLE NET 21 (SKIP TO 34) ← UNTREATED NET 31 (SKIP TO 34) ← OTHER 96 (SPECIFY) DON'T KNOW 98	LONG-LASTING INSECTICIDE TREATED NET (LLIN) PERMANET 11 OLYSET 12 ICONLIFE 13 DURANET 14 NETPROTECT 15 BASF INTERCEPTOR 16 OTHER/DK BRAND 17 (SKIP TO 36) ← RETREATABLE NET 21 (SKIP TO 34) ← UNTREATED NET 31 (SKIP TO 34) ← OTHER 96 (SPECIFY) DON'T KNOW 98
33	When you got the net, was it already factory-treated with an insecticide to kill or repel mosquitos?	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8
34	Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill or repel mosquitos?	YES 1 NO 2 (SKIP TO 36) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 36) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 36) ← NOT SURE 8
35	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH, RECORD '00' MONTHS. IF LESS THAN 2 YEARS AGO, RECORD MONTHS AGO. IF '12 MONTHS AGO' OR '1 YEAR AGO,' PROBE FOR EXACT NUMBER OF MONTHS.	MONTHS <input type="text"/> <input type="text"/> AGO MORE THAN 24 MONTHS AGO 95 NOT SURE 98	MONTHS <input type="text"/> <input type="text"/> AGO MORE THAN 24 MONTHS AGO 95 NOT SURE 98	MONTHS <input type="text"/> <input type="text"/> AGO MORE THAN 24 MONTHS AGO 95 NOT SURE 98

ANEMIA AND MALARIA TESTING FOR CHILDREN AGE 6-59 MONTHS

40	CHECK COLUMN 10. WRITE THE LINE NUMBER AND NAME FOR ALL CHILDREN 0-5 YEARS IN Q. 41 IN ORDER BY LINE NUMBER. IF MORE THAN 6 CHILDREN, USE ADDITIONAL QUESTIONNAIRES. BE SURE TO FILL Qs. 50 AND 52. IF NO CHILDREN AGE 0-5 YEARS IN HOUSEHOLD, END HOUSEHOLD QUESTIONNAIRE AND START WOMEN'S QUESTIONNAIRE.			
		CHILD 1	CHILD 2	CHILD 3
41	LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____
42	IF MOTHER INTERVIEWED, COPY CHILD'S MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
43	CHECK 42: CHILD BORN IN JANUARY 2005 OR LATER?	YES 1 NO 2 (GO TO 42 FOR NEXT CHILD OR, IF NO MORE, GO TO 56) ←	YES 1 NO 2 (GO TO 42 FOR NEXT CHILD OR, IF NO MORE, GO TO 56) ←	YES 1 NO 2 (GO TO 42 FOR NEXT CHILD OR, IF NO MORE, GO TO 56) ←
44	CHECK 42: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS 1 (GO TO 42 FOR NEXT CHILD OR, IF NO MORE, GO TO 56) ← OLDER 2	0-5 MONTHS 1 (GO TO 42 FOR NEXT CHILD OR, IF NO MORE, GO TO 56) ← OLDER 2	0-5 MONTHS 1 (GO TO 42 FOR NEXT CHILD OR, IF NO MORE, GO TO 56) ← OLDER 2
45	LINE NUMBER OF PARENT OR ADULT RESPONSIBLE FOR CHILD. RECORD '00' IF NOT LISTED.	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>
LAB SCIENTIST COMPLETE THIS SECTION				
46	READ ANEMIA CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR CHILD.	<p align="center">CONSENT STATEMENT FOR ANEMIA TEST</p> <p>As part of this survey, we are asking that children all over the country take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or disease. This survey will help the government to develop programs to prevent and treat anemia.</p> <p>We request that all children born in 2005 or later participate in the anemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</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 confidential.</p> <p>Do you have any questions about the anemia test?</p> <p>You can say yes to the test or you can say no. It is up to you to decide.</p> <p>Will you allow (NAME(S) OF CHILD(REN)) to participate in the anemia test?</p>		
47	LAB SCIENTIST SIGNATURE VERIFYING INTERVIEWER READ ANEMIA CONSENT TO THE RESPONDENT. CIRCLE THE APPROPRIATE CODE.	LAB SCIENTIST SIGNATURE _____ GRANTED TEST 1 GRANTED TEST, REFUSED SIGNATURE 2 THUMB PRINT 2 REFUSED 3 OTHER 6 (SKIP TO 48) ←	LAB SCIENTIST SIGNATURE _____ GRANTED TEST 1 GRANTED TEST, REFUSED SIGNATURE 2 THUMB PRINT 2 REFUSED 3 OTHER 6 (SKIP TO 48) ←	LAB SCIENTIST SIGNATURE _____ GRANTED TEST 1 GRANTED TEST, REFUSED SIGNATURE 2 THUMB PRINT 2 REFUSED 3 OTHER 6 (SKIP TO 48) ←
47A	RESPONDENT SIGNATURE/ THUMB PRINT IF RESPONDENT GRANTS TEST, HAVE RESPONDENT SIGN OR PLACE THUMB PRINT ON THE LINE.	SIGNATURE/THUMB PRINT _____	SIGNATURE/THUMB PRINT _____	SIGNATURE/THUMB PRINT _____

		CHILD 1	CHILD 2	CHILD 3
48	READ MALARIA CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR CHILD.	<p align="center"><u>CONSENT STATEMENT FOR MALARIA TEST</u></p> <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 request that all children born in 2005 or later participate in the malaria testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test. (We will use blood from the same finger prick made for the anemia test).</p> <p>The blood will be tested for malaria immediately and the result will be told to you right away. The result will be kept confidential.</p> <p>We will also take (NAME'S) temperature to see if s/he has a fever.</p> <p>Do you have any questions about the malaria test?</p> <p>Will you allow me to take (NAME'S) temperature?</p> <p>You can say yes to the test or you can say no. It is up to you to decide.</p> <p>Will you allow (NAME(S) OF CHILD(REN) to participate in the malaria test?</p>		
49	LAB SCIENTIST SIGNATURE VERIFYING INTERVIEWER READ MALARIA CONSENT TO THE RESPONDENT. CIRCLE THE APPROPRIATE CODE.	LAB SCIENTIST SIGNATURE GRANTED TEST 1 GRANTED TEST, REFUSED SIGNATURE THUMB PRINT 2 REFUSED TEST 3 OTHER 6 (SKIP TO 50) ←	LAB SCIENTIST SIGNATURE GRANTED TEST 1 GRANTED TEST, REFUSED SIGNATURE THUMB PRINT 2 REFUSED TEST 3 OTHER 6 (SKIP TO 50) ←	LAB SCIENTIST SIGNATURE GRANTED TEST 1 GRANTED TEST, REFUSED SIGNATURE THUMB PRINT 2 REFUSED TEST 3 OTHER 6 (SKIP TO 50) ←
49A	RESPONDENT SIGNATURE/ THUMB PRINT IF RESPONDENT GRANTS TEST, HAVE RESPONDENT SIGN OR PLACE THUMB PRINT ON THE LINE.	SIGNATURE/THUMB PRINT	SIGNATURE/THUMB PRINT	SIGNATURE/THUMB PRINT
CONDUCT TESTS FOR WHICH CONSENT IS GRANTED AND CONTINUE TO 50				
50	RECORD RESULT CODE OF ANEMIA TEST.	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 52) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 52) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 52) ←
51	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> <input type="text"/>	G/DL <input type="text"/> <input type="text"/> <input type="text"/>	G/DL <input type="text"/> <input type="text"/> <input type="text"/>
52	RECORD RESULT CODE OF MALARIA TEST	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 56) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 56) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 215) ←
53	BAR CODE LABEL	PUT THE 1ST BAR CODE LABEL HERE. <div align="center" style="border: 1px solid black; padding: 10px; width: 100px; margin: 0 auto;">BARCODE</div> PUT THE 2ND BAR CODE LABEL ON THE THICK BLOOD SMEAR SLIDE, THE 3RD ON THE THIN BLOOD SMEAR SLIDE, THE 4TH ON THE PARACHECK, AND THE 5TH ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. <div align="center" style="border: 1px solid black; padding: 10px; width: 100px; margin: 0 auto;">BARCODE</div> PUT THE 2ND BAR CODE LABEL ON THE THICK BLOOD SMEAR SLIDE, THE 3RD ON THE THIN BLOOD SMEAR SLIDE, THE 4TH ON THE PARACHECK, AND THE 5TH ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. <div align="center" style="border: 1px solid black; padding: 10px; width: 100px; margin: 0 auto;">BARCODE</div> PUT THE 2ND BAR CODE LABEL ON THE THICK BLOOD SMEAR SLIDE, THE 3RD ON THE THIN BLOOD SMEAR SLIDE, THE 4TH ON THE PARACHECK, AND THE 5TH ON THE TRANSMITTAL FORM.

		CHILD 1	CHILD 2	CHILD 3															
54	RESULT OF MALARIA TEST	POSITIVE 1 NEGATIVE 2 (SKIP TO 56) ← OTHER 6	POSITIVE 1 NEGATIVE 2 (SKIP TO 56) ← OTHER 6	POSITIVE 1 NEGATIVE 2 (SKIP TO 56) ← OTHER 6															
54A	CIRCLE CODE IN FRONT OF BOXES TO RECORD WHETHER CHILD HAS A FEVER AND RECORD TEMPERATURE. IF TEMPERATURE IS 37.5°C OR HIGHER, RECORD TEMPERATURE UNDER CODE 2, HAS FEVER.	NO FEVER (°C) 1 <input type="text"/> <input type="text"/> <input type="text"/> HAS FEVER (°C) 2 <input type="text"/> <input type="text"/> <input type="text"/>	NO FEVER (°C) 1 <input type="text"/> <input type="text"/> <input type="text"/> HAS FEVER (°C) 2 <input type="text"/> <input type="text"/> <input type="text"/>	NO FEVER (°C) 1 <input type="text"/> <input type="text"/> <input type="text"/> HAS FEVER (°C) 2 <input type="text"/> <input type="text"/> <input type="text"/>															
54B	RESULT OF TEMPERATURE MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6															
NURSE COMPLETE THIS SECTION																			
54C	IF MALARIA TEST IS POSITIVE: READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD. ASK ABOUT ANY TREATMENT THE CHILD HAS ALREADY RECEIVED.	CONSENT STATEMENT FOR MALARIA TREATMENT The malaria test shows that (NAME) has malaria. We can give you free medicine. The medicine is called ACT. ACT is very effective and in a few days it should get rid of the malaria and other symptoms. You do not have to give (NAME) the medicine. This is up to you. Please tell me whether you accept the medicine or not. BEFORE PROVIDING ACT, FIRST ASK: Is (NAME) already taking any other drugs or medicine to treat malaria? IF YES, ASK TO SEE THE MEDICINE. IF CHILD IS ALREADY TAKING ACT, CHECK ON THE DOSE ALREADY AVAILABLE. BE CAREFUL NOT TO OVERTREAT THE CHILD.																	
55	NURSE SIGNATURE VERIFYING INTERVIEWER READ TREATMENT CONSENT TO THE RESPONDENT. CIRCLE THE APPROPRIATE CODE.	NURSE SIGNATURE ACCEPTED MEDICINE . 1 ACCEPTED MEDICINE, REFUSED SIGNATURE THUMB PRINT 2 REFUSED 3 ALREADY HAS ACT . 4 NOT ELIGIBLE 5 OTHER 6 (SKIP TO 56) ←	NURSE SIGNATURE ACCEPTED MEDICINE . 1 ACCEPTED MEDICINE, REFUSED SIGNATURE THUMB PRINT 2 REFUSED 3 ALREADY HAS ACT . 4 NOT ELIGIBLE 5 OTHER 6 (SKIP TO 56) ←	NURSE SIGNATURE ACCEPTED MEDICINE . 1 ACCEPTED MEDICINE, REFUSED SIGNATURE THUMB PRINT 2 REFUSED 3 ALREADY HAS ACT . 4 NOT ELIGIBLE 5 OTHER 6 (SKIP TO 56) ←															
55A	RESPONDENT SIGNATURE/ THUMB PRINT IF RESPONDENT ACCEPTS MEDICINE, HAVE RESPONDENT SIGN OR PLACE THUMB PRINT ON THE LINE.	SIGNATURE/THUMB PRINT	SIGNATURE/THUMB PRINT	SIGNATURE/THUMB PRINT															
55B	RECORD CHILD'S WEIGHT IN KILOGRAMS	KG. ... <input type="text"/> <input type="text"/> <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> <input type="text"/>															
55C	RESULT OF WEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6															
56		GO BACK TO 42 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, END INTERVIEW.																	
TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS <table border="1"> <thead> <tr> <th colspan="3">TREATMENT WITH ACT</th> </tr> <tr> <th>Weight (in kg)</th> <th>Age</th> <th>Artemether-Lumefantrine</th> </tr> </thead> <tbody> <tr> <td>Less than 5 kgs</td> <td>Nothing</td> <td>Nothing</td> </tr> <tr> <td>5-14 kgs</td> <td>6 months - 3 years</td> <td>1 tablet twice a day for 3 days</td> </tr> <tr> <td>15-25 kgs</td> <td>4 - 8 years</td> <td>2 tablets twice a day for 3 days</td> </tr> </tbody> </table> IF CHILD WEIGHS LESS THAN 5 KGS, DO NOT LEAVE DRUGS. TELL PARENT TO TAKE CHILD TO HEALTH FACILITY.					TREATMENT WITH ACT			Weight (in kg)	Age	Artemether-Lumefantrine	Less than 5 kgs	Nothing	Nothing	5-14 kgs	6 months - 3 years	1 tablet twice a day for 3 days	15-25 kgs	4 - 8 years	2 tablets twice a day for 3 days
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		CHILD 4	CHILD 5	CHILD 6
41	LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> NAME _____
42	IF MOTHER INTERVIEWED, COPY CHILD'S MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>
43	CHECK 42: CHILD BORN IN JANUARY 2005 OR LATER?	YES 1 NO 2 (GO TO 42 FOR NEXT CHILD OR, IF NO MORE, GO TO 56)	YES 1 NO 2 (GO TO 42 FOR NEXT CHILD OR, IF NO MORE, GO TO 56)	YES 1 NO 2 (GO TO 42 FOR NEXT CHILD OR, IF NO MORE, GO TO 56)
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47A	RESPONDENT SIGNATURE/ THUMB PRINT IF RESPONDENT GRANTS TEST, HAVE RESPONDENT SIGN OR PLACE THUMB PRINT ON THE LINE.	SIGNATURE/THUMB PRINT	SIGNATURE/THUMB PRINT	SIGNATURE/THUMB PRINT

		CHILD 4	CHILD 5	CHILD 6
48	READ MALARIA CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR CHILD.	<p align="center"><u>CONSENT STATEMENT FOR MALARIA TEST</u></p> <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 request that all children born in 2005 or later participate in the malaria testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test. We will use blood from the same finger prick made for the anemia test.</p> <p>The blood will be tested for malaria immediately and the result will be told to you right away. The result will be kept confidential.</p> <p>We will also take (NAME'S) temperature to see if s/he has a fever.</p> <p>Do you have any questions about the malaria test?</p> <p>Will you allow me to take (NAME'S) temperature?</p> <p>You can say yes to the test or you can say no. It is up to you to decide.</p> <p>Will you allow (NAME(S) OF CHILD(REN) to participate in the malaria test?</p>		
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CONDUCT TESTS FOR WHICH CONSENT IS GRANTED AND CONTINUE TO 50				
50	RECORD RESULT CODE OF ANEMIA TEST.	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 52) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 52) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 52) ←
51	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	G/DL <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	G/DL <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
52	RECORD RESULT CODE OF MALARIA TEST	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 56) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 56) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 215) ←
53	BAR CODE LABEL	PUT THE 1ST BAR CODE LABEL HERE. <div align="center" style="border: 1px solid black; padding: 10px; width: 100px; margin: 0 auto;"> BARCODE </div> PUT THE 2ND BAR CODE LABEL ON THE THICK BLOOD SMEAR SLIDE, THE 3RD ON THE THIN BLOOD SMEAR SLIDE, THE 4TH ON THE PARACHECK, AND THE 5TH ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. <div align="center" style="border: 1px solid black; padding: 10px; width: 100px; margin: 0 auto;"> BARCODE </div> PUT THE 2ND BAR CODE LABEL ON THE THICK BLOOD SMEAR SLIDE, THE 3RD ON THE THIN BLOOD SMEAR SLIDE, THE 4TH ON THE PARACHECK, AND THE 5TH ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. <div align="center" style="border: 1px solid black; padding: 10px; width: 100px; margin: 0 auto;"> BARCODE </div> PUT THE 2ND BAR CODE LABEL ON THE THICK BLOOD SMEAR SLIDE, THE 3RD ON THE THIN BLOOD SMEAR SLIDE, THE 4TH ON THE PARACHECK, AND THE 5TH ON THE TRANSMITTAL FORM.

		CHILD 4	CHILD 5	CHILD 6															
54	RESULT OF MALARIA TEST	POSITIVE 1 NEGATIVE 2 (SKIP TO 56) ← OTHER 6	POSITIVE 1 NEGATIVE 2 (SKIP TO 56) ← OTHER 6	POSITIVE 1 NEGATIVE 2 (SKIP TO 56) ← OTHER 6															
54A	CIRCLE CODE IN FRONT OF BOXES TO RECORD WHETHER CHILD HAS A FEVER AND RECORD TEMPERATURE. IF TEMPERATURE IS 37.5°C OR HIGHER, RECORD TEMPERATURE UNDER CODE 2, HAS FEVER.	NO FEVER (°C) 1 <input type="text"/> <input type="text"/> <input type="text"/> HAS FEVER (°C) 2 <input type="text"/> <input type="text"/> <input type="text"/>	NO FEVER (°C) 1 <input type="text"/> <input type="text"/> <input type="text"/> HAS FEVER (°C) 2 <input type="text"/> <input type="text"/> <input type="text"/>	NO FEVER (°C) 1 <input type="text"/> <input type="text"/> <input type="text"/> HAS FEVER (°C) 2 <input type="text"/> <input type="text"/> <input type="text"/>															
54B	RESULT OF TEMPERATURE MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6															
NURSE COMPLETE THIS SECTION																			
54C	IF MALARIA TEST IS POSITIVE: READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD. ASK ABOUT ANY TREATMENT THE CHILD HAS ALREADY RECEIVED.	<u>CONSENT STATEMENT FOR MALARIA TREATMENT</u> The malaria test shows that (NAME) has malaria. We can give you free medicine. The medicine is called ACT. ACT is very effective and in a few days it should get rid of the malaria and other symptoms. You do not have to give (NAME) the medicine. This is up to you. Please tell me whether you accept the medicine or not. BEFORE PROVIDING ACT, FIRST ASK: Is (NAME) already taking any other drugs or medicine to treat malaria? IF YES, ASK TO SEE THE MEDICINE. IF CHILD IS ALREADY TAKING ACT, CHECK ON THE DOSE ALREADY AVAILABLE. BE CAREFUL NOT TO OVERTREAT THE CHILD.																	
55	NURSE SIGNATURE VERIFYING INTERVIEWER READ TREATMENT CONSENT TO THE RESPONDENT. CIRCLE THE APPROPRIATE CODE.	NURSE SIGNATURE ACCEPTED MEDICINE . 1 ACCEPTED MEDICINE REFUSED SIGNATURE THUMB PRINT 2 REFUSED 3 ALREADY HAS ACT . 4 NOT ELIGIBLE 5 OTHER 6 (SKIP TO 56) ←	NURSE SIGNATURE ACCEPTED MEDICINE . 1 ACCEPTED MEDICINE REFUSED SIGNATURE THUMB PRINT 2 REFUSED 3 ALREADY HAS ACT . 4 NOT ELIGIBLE 5 OTHER 6 (SKIP TO 56) ←	NURSE SIGNATURE ACCEPTED MEDICINE . 1 ACCEPTED MEDICINE REFUSED SIGNATURE THUMB PRINT 2 REFUSED 3 ALREADY HAS ACT . 4 NOT ELIGIBLE 5 OTHER 6 (SKIP TO 56) ←															
55A	RESPONDENT SIGNATURE/ THUMB PRINT IF RESPONDENT ACCEPTS MEDICINE, HAVE RESPONDENT SIGN OR PLACE THUMB PRINT ON THE LINE.	SIGNATURE/THUMB PRINT	SIGNATURE/THUMB PRINT	SIGNATURE/THUMB PRINT															
55B	RECORD CHILD'S WEIGHT IN KILOGRAMS	KG. ... <input type="text"/> <input type="text"/> <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> <input type="text"/>															
55C	RESULT OF WEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6															
56	GO BACK TO 42 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, END INTERVIEW.																		
<u>TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS</u> <table border="1"> <thead> <tr> <th colspan="3">TREATMENT WITH ACT</th> </tr> <tr> <th>Weight (in kg)</th> <th>Age</th> <th>Artemether-Lumefantrine</th> </tr> </thead> <tbody> <tr> <td>Less than 5 kgs</td> <td>Nothing</td> <td>Nothing</td> </tr> <tr> <td>5-14 kgs</td> <td>6 months - 3 years</td> <td>1 tablet twice a day for 3 days</td> </tr> <tr> <td>15-25 kgs</td> <td>4 - 8 years</td> <td>2 tablets twice a day for 3 days</td> </tr> </tbody> </table> <p>IF CHILD WEIGHS LESS THAN 5 KGS, DO NOT LEAVE DRUGS. TELL PARENT TO TAKE CHILD TO HEALTH FACILITY.</p>					TREATMENT WITH ACT			Weight (in kg)	Age	Artemether-Lumefantrine	Less than 5 kgs	Nothing	Nothing	5-14 kgs	6 months - 3 years	1 tablet twice a day for 3 days	15-25 kgs	4 - 8 years	2 tablets twice a day for 3 days
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CONFIDENTIAL

NIGERIA MALARIA INDICATOR SURVEY WOMAN'S QUESTIONNAIRE

NATIONAL POPULATION COMMISSION
NATIONAL MALARIA CONTROL PROGRAM

National Health Research Ethics Committee
Assigned Number NHREC/01/01/2007 - 10/09/2010b

IDENTIFICATION			
STATE _____			
LOCAL GOVT. AREA _____			
LOCALITY _____			
ENUMERATION AREA _____			
URBAN/RURAL (URBAN=1, RURAL=2) _____			
CLUSTER NUMBER			
BUILDING NUMBER			
HOUSEHOLD HEAD NAME/NUMBER _____			
NAME AND LINE NUMBER OF WOMAN _____			

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY MONTH YEAR
INTERVIEWER'S NAME				INT. NUMBER RESULT
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY)				
LANGUAGE OF QUESTIONNAIRE** ENGLISH LANGUAGE OF INTERVIEW** NATIVE LANGUAGE OF RESPONDENT** TRANSLATOR USED (1=NOT AT ALL; 2=SOMETIME; 3=ALL THE TIME)				4
**LANGUAGE CODES: 1 HAUSA 3 IGBO 6 OTHER _____ 2 YORUBA 4 ENGLISH (SPECIFY)				
SUPERVISOR/EDITOR NAME _____ DATE _____			OFFICE EDITOR _____	KEYED BY _____

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Greetings. My name is _____ and I am working with National Population Commission. We are conducting a national survey about malaria all over Nigeria. This study has been reviewed and granted approval by the National Health Research Ethics Committee, assigned number NHREC/01/01/2007, for the study period of September 2010 to September 2011. Your household was selected for the survey. We would very much appreciate your participation in this survey. This information you provide will help the government to plan health services. The survey usually takes between 10 and 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons. Should you have any questions, feel free to call any of the following contact person(s):

2010 NMIS Contact Person, NPC: Project Director; **Email:** saligar58@yahoo.com; **Phone:** 08033708114

NMCP Contact Person: National Coordinator; **Email:** jide_coker1@yahoo.com; **Phone:** 08037860784

NHREC Contact Person(s): Secretary, NHREC; **Email:** secretary@nhrec.net; **Phone:** 08033143791
Desk Officer, NHREC; **Email:** deskofficer@nhrec.net; **Phone:** 08065479926

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

Signature/thumb print of respondent: _____ 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 style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> MINUTES <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
102	In what month and year were you born?	MONTH <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> DON'T KNOW MONTH 98 YEAR <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" 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 style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" 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 (class/form/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	CLASS/FORM/YEAR <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
107	CHECK 105: PRIMARY <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> SECONDARY OR HIGHER <input style="width: 20px; height: 20px; border: 1px solid black;" 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 SENTENCES ON 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 (SPECIFY LANGUAGE)</p> <p>BLIND/VISUALLY IMPAIRED 5</p>	
109	What is your religion?	<p>CHRISTIANITY 1</p> <p>ISLAM 2</p> <p>TRADITIONAL RELIGION 3</p> <p>NO RELIGION 4</p> <p>OTHER 6 (SPECIFY)</p>	
110	What is your ethnic group?	<p>_____</p> <p><input type="text"/> <input type="text"/> <input type="text"/></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 born a child?	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 children you born who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
206	Have you ever born a child who was born alive and later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→ 208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in total ____ children in your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS Q.208 IS '00' <input type="checkbox"/> → 224										

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).									
212	213	214	215	216	217 IF LIVING:	218 IF LIVING:	219 IF LIVING:	220 IF DEAD:	221
What name was given to your (first/next) baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still living?	How old is (NAME)? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME) and (NAME) OF BIRTH ON PREVIOUS LINE)? including any children who died after birth?
01	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (NEXT BIRTH)	DAYS... 1 MONTHS 2 YEARS... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
02	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH
03	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH
04	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH
05	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH
06	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH
07	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH

212	213	214	215	216	217 IF LIVING:	218 IF LIVING:	219 IF LIVING:	220 IF DEAD:	221
What name was given to your next baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	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).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME) and (NAME OF BIRTH ON PREVIOUS LINE)?
08	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↓ BIRTH NO... 2 NEXT ↓ BIRTH
09	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↓ BIRTH NO... 2 NEXT ↓ BIRTH
10	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↓ BIRTH NO... 2 NEXT ↓ BIRTH
11	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↓ BIRTH NO... 2 NEXT ↓ BIRTH
12	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ↓ BIRTH NO... 2 NEXT ↓ BIRTH
222	Have you had any live births since the birth of (NAME OF MOST RECENT BIRTH)? IF YES, RECORD BIRTHS(S) IN BIRTH TABLE.					YES 1 NO 2			
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)								
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2005 OR LATER. IF NONE, RECORD '0' AND CONTINUE TO Q. 225.								<input type="text"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	Are you pregnant now?	YES 1 NO 2 UNSURE 8	<input type="checkbox"/> → 227
226	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
226A	Have you seen anyone for antenatal care?	YES 1 NO 2 (SKIP TO 226C) ←	
226B	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B AUXILIARY MIDWIFE C COMMUNITY HEALTH EXTENSION WORKER (CHEW) D OTHER PERSON TRADITIONAL BIRTH ATTENDANT E COMMUNITY ORIENTED RESOURCE PERSON F OTHER _____ X (SPECIFY) NO ONE Y	
226C	During this current pregnancy, did you take any drugs in order to prevent you from getting malaria?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 227
226D	What drugs did you take to prevent malaria? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP/FANSIDAR A CHLOROQUINE B OTHER _____ X (SPECIFY) DON'T KNOW Z	
226E	CHECK 226D: SP/FANSIDAR TAKEN FOR MALARIA PREVENTION CODE 'A' <input type="checkbox"/> CODE 'A' <input type="checkbox"/> CIRCLED NOT CIRCLED		<input type="checkbox"/> → 227
226F	How many months pregnant were you when you took your first dose of SP/Fansidar?	MONTHS PREGNANT <input type="text"/> <input type="text"/> DON'T KNOW 98	
226G	How many times did you take SP/Fansidar) during this pregnancy?	TIMES <input type="text"/> <input type="text"/>	
227	CHECK 224: ONE OR MORE <input type="checkbox"/> NO BIRTHS BIRTHS IN 2005 OR LATER <input type="checkbox"/> OR LATER		<input type="checkbox"/> → 401

SECTION 3A. PREGNANCY AND INTERMITTENT PREVENTIVE TREATMENT

301	<p>CHECK 212 AND 215: ENTER IN 302 THE NAME AND LINE NUMBER OF THE MOST RECENT BIRTH SINCE 2005 EVEN IF THE CHILD IS NO LONGER ALIVE.</p> <p>Now I would like to ask you some questions about your last pregnancy that ended in a live birth in the last 5 years.</p>		
302	NAME AND LINE NUMBER FROM 212.	NAME OF LAST BIRTH _____ LINE NUMBER <input type="text"/> <input type="text"/> LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	
303	When you were pregnant with (NAME) did you see anyone for antenatal care?	YES 1 NO 2 (SKIP TO 305) ←	
304	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B AUXILIARY MIDWIFE C COMMUNITY HEALTH EXTENSION WORKER (CHEW) . D OTHER PERSON TRADITIONAL BIRTH ATTENDANT E COMMUNITY ORIENTED RESOURCE PERSON F OTHER _____ X (SPECIFY) NO ONE Y	
305	During this pregnancy, did you take any drugs in order to prevent you from getting malaria?	YES 1 NO 2 DON'T KNOW 8	→ 312
306	What drugs did you take to prevent malaria? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP/FANSIDAR A CHLOROQUINE B OTHER _____ X (SPECIFY) DON'T KNOW Z	
307	CHECK 306: SP/FANSIDAR TAKEN FOR MALARIA PREVENTION CODE 'A' <input type="checkbox"/> CODE 'A' <input type="checkbox"/> CIRCLED NOT CIRCLED		→ 312
308	How many times did you take SP/Fansidar) during this pregnancy?	TIMES <input type="text"/> <input type="text"/>	

309	CHECK 304: ANTENATAL CARE FROM HEALTH PROFESSIONAL RECEIVED DURING THIS PREGNANCY?		
	CODE 'A', 'B', 'C', OR 'D' CIRCLED <input type="checkbox"/>	OTHER <input type="checkbox"/>	→ 312
310	Did you get the (SP/Fansidar) during an antenatal care visit?	YES 1 NO 2	
311	Did you receive a mosquito net during an antenatal care visit?	YES 1 NO 2	
312	CHECK 215 AND 216:		
	ONE OR MORE LIVING CHILDREN BORN IN 2005 OR LATER <input type="checkbox"/>	NO LIVING CHILDREN BORN IN 2005 OR LATER <input type="checkbox"/>	→ 401

SECTION 3B. FEVER IN CHILDREN

313	<p>ENTER IN THE TABLE THE LINE NUMBER AND NAME OF EACH LIVING CHILD BORN IN 2005 OR LATER. IF THERE ARE MORE THAN 3 LIVING CHILDREN BORN IN 2005 OR LATER, USE ADDITIONAL QUESTIONNAIRES.</p> <p>Now I would like to ask you some questions about the health of your children less than 5 years old. We will talk about each one separately.</p>			
314	<p>NAME AND LINE NUMBER FROM 212</p>	<p>LAST BIRTH LINE NUMBER ... <input type="text"/> <input type="text"/></p> <p>NAME _____</p>	<p>NEXT-TO-LAST BIRTH LINE NUMBER ... <input type="text"/> <input type="text"/></p> <p>NAME _____</p>	<p>SECOND-FROM-LAST BIRTH LINE NUMBER ... <input type="text"/> <input type="text"/></p> <p>NAME _____</p>
315	<p>Has (NAME) been ill with a fever at any time in the last 2 weeks?</p>	<p>YES 1 NO 2 (GO BACK TO 314 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 401) DON'T KNOW 8</p>	<p>YES 1 NO 2 (GO BACK TO 314 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 401) DON'T KNOW 8</p>	<p>YES 1 NO 2 (GO BACK TO 314 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 401) DON'T KNOW 8</p>
316	<p>How many days ago did the fever start?</p> <p>IF LESS THAN ONE DAY, WRITE '00'.</p>	<p>DAYS AGO . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>DAYS AGO . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>DAYS AGO . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>
317	<p>Did you seek advice or treatment for the fever from any source?</p>	<p>YES 1 NO 2 (SKIP TO 320)←</p>	<p>YES 1 NO 2 (SKIP TO 320)←</p>	<p>YES 1 NO 2 (SKIP TO 320)←</p>
318	<p>Where did you get treatment from?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND</p> <p>CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE(S))</p> <p>_____ (NAME OF PLACE(S))</p> <p>_____ (NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B GOVT HEALTH POST C MOBILE CLINIC . D ROLE MODEL CAREGIVER/ COMMUNITY WORKER ... E OTHER PUBLIC _____ (SPECIFY) F</p> <p>PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC G PHARMACY ... H CHEMIST/PMV ... I PVT DOCTOR ... J MOBILE CLINIC . K OTHER PRIVATE _____ (SPECIFY) L</p> <p>OTHER SOURCE SHOP M TRADITIONAL PRACTITIONER N DRUG HAWKER . O OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B GOVT HEALTH POST C MOBILE CLINIC . D ROLE MODEL CAREGIVER/ COMMUNITY WORKER ... E OTHER PUBLIC _____ (SPECIFY) F</p> <p>PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC G PHARMACY ... H CHEMIST/PMV ... I PVT DOCTOR ... J MOBILE CLINIC . K OTHER PRIVATE _____ (SPECIFY) L</p> <p>OTHER SOURCE SHOP M TRADITIONAL PRACTITIONER N DRUG HAWKER . O OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B GOVT HEALTH POST C MOBILE CLINIC . D ROLE MODEL CAREGIVER/ COMMUNITY WORKER ... E OTHER PUBLIC _____ (SPECIFY) F</p> <p>PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC G PHARMACY ... H CHEMIST/PMV ... I PVT DOCTOR ... J MOBILE CLINIC . K OTHER PRIVATE _____ (SPECIFY) L</p> <p>OTHER SOURCE SHOP M TRADITIONAL PRACTITIONER N DRUG HAWKER . O OTHER _____ X (SPECIFY)</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
319	How many days after the fever began did you first seek treatment for (NAME)? IF SAME DAY, RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
320	At any time during the illness, did (NAME) have a drop of blood taken from his/her finger or heel for testing?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
321	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (SKIP TO 323) ←	YES 1 NO 2 (SKIP TO 323) ←	YES 1 NO 2 (SKIP TO 323) ←
322	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED. ASK TO SEE DRUG(S) IF TYPE OF DRUG IS NOT KNOWN. IF TYPE OF DRUG IS STILL NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	ANTIMALARIAL DRUGS SP/FANSIDAR/ AMALAR/ MALOXINE ... A CHLOROQUINE . B AMODIAQUINE . C QUININE D ARTEMISININ COMBINATION THERAPY (ACT) . E OTHER ANTI- MALARIAL _____ ... F (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... G INJECTION ... H OTHER DRUGS PARACETAMOL . I ASPIRIN J ACETA- MINOPHEN ... K IBUPROFEN ... L OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR/ AMALAR/ MALOXINE ... A CHLOROQUINE . B AMODIAQUINE . C QUININE D ARTEMISININ COMBINATION THERAPY (ACT) . E OTHER ANTI- MALARIAL _____ ... F (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... G INJECTION ... H OTHER DRUGS PARACETAMOL . I ASPIRIN J ACETA- MINOPHEN ... K IBUPROFEN ... L OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR/ AMALAR/ MALOXINE ... A CHLOROQUINE . B AMODIAQUINE . C QUININE D ARTEMISININ COMBINATION THERAPY (ACT) . E OTHER ANTI- MALARIAL _____ ... F (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... G INJECTION ... H OTHER DRUGS PARACETAMOL . I ASPIRIN J ACETA- MINOPHEN ... K IBUPROFEN ... L OTHER _____ X (SPECIFY) DON'T KNOW Z
323	CHECK 322: ANY CODE A-F CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (GO BACK TO 315 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 401)	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (GO BACK TO 315 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 401)	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (GO TO 315 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 401)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
333	CHECK 322: QUININE ('D') GIVEN	CODE 'D' CODE 'D' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 336) ←	CODE 'D' CODE 'D' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 336) ←	CODE 'D' CODE 'D' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 336) ←
334	How long after the fever started did (NAME) first take quinine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER 4 DON'T KNOW 8
335	For how many days did (NAME) take the quinine? IF 7 DAYS OR MORE, WRITE '7'.	DAYS <input type="checkbox"/> DON'T KNOW 8	DAYS <input type="checkbox"/> DON'T KNOW 8	DAYS <input type="checkbox"/> DON'T KNOW 8
336	CHECK 322: ACT ('E') GIVEN	CODE 'E' CODE 'E' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 339) ←	CODE 'E' CODE 'E' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 339) ←	CODE 'E' CODE 'E' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 339) ←
337	How long after the fever started did (NAME) first take ACT?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER 4 DON'T KNOW 8
338	For how many days did (NAME) take the ACT? IF 7 DAYS OR MORE, WRITE '7'.	DAYS <input type="checkbox"/> DON'T KNOW 8	DAYS <input type="checkbox"/> DON'T KNOW 8	DAYS <input type="checkbox"/> DON'T KNOW 8
339	CHECK 322: OTHER ANTIMALARIAL ('F') GIVEN	CODE 'F' CODE 'F' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 342) ←	CODE 'F' CODE 'F' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 342) ←	CODE 'F' CODE 'F' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 342) ←
340	How long after the fever started did (NAME) first take the (OTHER ANTIMALARIAL)?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER 4 DON'T KNOW 8
341	For how many days did (NAME) take the (OTHER ANTIMALARIAL)? IF 7 DAYS OR MORE, WRITE '7'.	DAYS <input type="checkbox"/> DON'T KNOW 8	DAYS <input type="checkbox"/> DON'T KNOW 8	DAYS <input type="checkbox"/> DON'T KNOW 8
342		GO BACK TO 315 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 401.	GO BACK TO 315 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 401.	GO TO 315 IN 1st COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, TO 401.

SECTION 4. KNOWLEDGE OF MALARIA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Have you ever heard of an illness called malaria?	YES 1 NO 2	→ 414
402	What are some things that can happen to you when you have malaria? CIRCLE ALL MENTIONED.	FEVER A CHILLS/SHIVERING B HEADACHE C JOINT PAIN D POOR APPETITE E VOMITTING F CONVULSION G OTHER X (SPECIFY) DON'T KNOW Z	
403	Who is most likely to get a serious case of malaria? CIRCLE ALL MENTIONED.	CHILDREN A PREGNANT WOMEN B ADULTS C ELDERLY D EVERYONE E DON'T KNOW Z	
404	What causes malaria? CIRCLE ALL MENTIONED.	MOSQUITOES A STAGNANT WATER B DIRTY SURROUNDINGS C BEER D CERTAIN FOODS E OTHER X (SPECIFY) DON'T KNOW Z	
405	Are there ways to avoid getting malaria?	YES 1 NO 2	→ 408
406	What are the ways to avoid getting malaria? CIRCLE ALL MENTIONED.	SLEEP UNDER MOSQUITO NET A SLEEP UNDER AN ITN/LLIN B USE INSECTICIDE SPRAY C USE MOSQUITO COILS D KEEP DOORS AND WINDOWS CLOSED E USE INSECT REPELLANT F KEEP SURROUNDINGS CLEAN G CUT THE GRASS H ELILMINATE STAGNANT WATER AROUND LIVING AREA I OTHER X (SPECIFY) DON'T KNOW Z	
407	What can a pregnant woman do to prevent malaria? CIRCLE ALL MENTIONED.	SLEEP UNDER MOSQUITO NET A SLEEP UNDER AN ITN/LLIN B KEEP ENVIRONMENT CLEAN C TAKE SP/FANSIDAR GIVEN DURING ANTENATAL CARE D TAKE DARAPRIM TABLETS (SUNDAY- SUNDAY MEDICINE) E OTHER X (SPECIFY) DON'T KNOW Z	
408	Can malaria be treated?	YES 1 NO 2 DON'T KNOW 8	→ 411
409	What drugs are used to treat adults with malaria ? CIRCLE ALL MENTIONED.	SP/FANSIDAR A CHLOROQUINE B QUININE C ACT D ASPIRIN, PANADOL, PARACETAMOL E OTHER X (SPECIFY) DON'T KNOW Z	

410	What drugs are used to treat children with malaria? CIRCLE ALL MENTIONED.	SP/FANSIDAR A CHLOROQUINE B QUININE C ACT D ASPIRIN/PANADOL/PARACETAMOL E OTHER X (SPECIFY) DON'T KNOW Z									
411	In the past 4 weeks, have you seen or heard any messages about malaria?	YES 1 NO 2	→ 414								
412	What messages about malaria have you seen or heard? CIRCLE ALL MENTIONED.	BILLBOARDS MOSQUITO BACKING BABY A MAN PLAYING DRAFTS WITH MOSQUITO B MOSQUITO APPEARS IN FAMILY PICTURE C WOMAN WEARING MOSQUITO NET AS CLOTHES GOING TO MARKET ... D TELEVISION FRIENDS PLAYING DRAFTS, WHERE SMALL FRIEND SLAPS THE BIG FRIEND (MR. CALYPSO) E MOSQUITO TAKES CHILD AWAY WHILE FAMILY IS SLEEPING F WOMAN WEARING MOSQUITO NET AS CLOTHES GOING TO MARKET ... G WOMAN TELLS HER HUSBAND "YOU DON BECOME DOCTOR AND YOU SABI BELLE PASS ME...I PITY MALARIA" H THE KING GETS SLAPPED I LONART VERSUS MALARIA J RADIO K OTHER X (SPECIFY) DON'T KNOW Z									
413	Where did you hear or see these messages? CIRCLE ALL MENTIONED.	RADIO A TELEVISION B COMMUNITY HEALTH EXTENSION WORKER (CHEW) C COMMUNITY ORIENTED RESOURCE PERSON (CORP) D ROLE MODEL CAREGIVER/ COMMUNITY WORKER E MOSQUE/CHURCH F TOWN ANNOUNCER G COMMUNITY EVENT H BILLBOARD I POSTER J T-SHIRT K LEAFLET/FACT SHEET/ BROCHURE . L RELATIVE/FRIEND/NEIGHBOUR SCHOOL M OTHER X (SPECIFY)									
414	RECORD THE TIME.	HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									