

MALARIA INDICATOR SURVEY
WOMAN'S QUESTIONNAIRE

REPUBLIC OF RWANDA
MALARIA & OTHER PARASITIC DISEASES DIVISION

IDENTIFICATION (1)				
PLACE NAME _____				
NAME OF HOUSEHOLD HEAD _____				
CLUSTER NUMBER				<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>
HOUSEHOLD NUMBER				<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>
NAME AND LINE NUMBER OF WOMAN _____				<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>
				MONTH <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>
INTERVIEWER'S NAME	_____	_____	_____	YEAR <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>
RESULT*	_____	_____	_____	INT. NUMBER <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>
NEXT VISIT: DATE	_____	_____		RESULT <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>
TIME	_____	_____		TOTAL NUMBER OF VISITS <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>

*RESULT CODES:

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

SUPERVISOR	OFFICE EDITOR	KEYED BY
NAME _____ <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>

(1) This section should be adapted for country-specific survey design.

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____. I am working with MOPDD. We are conducting a survey about malaria all over RWANDA. 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 POST-PRIMARY/VOCATIONAL 2 SECONDARY 3 TERTIARY 4 PRE-PRIMARY 6	
106	What is the highest (grade/form/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE/FORM/YEAR <input type="text"/> <input type="text"/>	
107	CHECK 105: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> PRIMARY <input type="checkbox"/> </div> <div> POST-PRIMARY/ VOCATIONAL SECONDARY OR HIGHER <input type="checkbox"/> </div> </div>		→ 109

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
109	What is your religion?	CATHOLIC 1 PROTESTANT 2 ADVENTIST 3 MUSLIM 4 TRADITIONAL 5 OTHER 6 SPECIFY NO RELIGION 7	
109A	Have you ever heard any illness called malaria?	YES 1 NO 2	→ 201
109B	Can you tell me the main sign or symptom of malaria? MULTIPLE RESPONSES POSSIBLE PROBE ONCE (ANYTHING ELSE?)	FEVER A FEELING COLD B HEADACHE C NAUSEA AND VOMITING D DIARRHEA E DIZZINESS F LOSS OF APPETITE G BODY ACHE OR JOINT PAIN H PALE EYES I SALTY TASTING PALMS J BODY WEAKNESS K REFUSING TO EAT OR DRINK L OTHER X SPECIFY	
109C	In your opinion, what causes malaria? MULTIPLE RESPONSES POSSIBLE PROBE ONCE (ANYTHING ELSE?)	MOSQUITO BITES A EATING IMMATURE SUGACANE ... B EATING DIRTY FOOD C DRINKING DIRTY WATER D GETTING SOAKED WITH RAIN ... E COLD OR CHANGING WEATHER ... F WITCHCRAFT G OTHER X SPECIFY DON'T KNOW Z	
109D	How can someone protect themselves against malaria? MULTIPLE RESPONSES POSSIBLE PROBE ONCE (ANYTHING ELSE?)	SLEEP UNDER A MOSQUITO NET ... A SLEEP UNDER A 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 THE GRASS AROUND THE HOUSE H FILL IN PUDDLES (STAGNANT WATER) I KEEP HOUSE SURROUNDINGS CLEAN J BURN LEAVES K DON'T DRINK DIRTY WATER L DON'T EAT BAD FOOD M PUT MOSQUITO SCREENS ON THE WINDOWS N DON'T GET SOAKED WITH RAIN ... O OTHER X SPECIFY DON'T KNOW Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
109E	Where can someone receive treatment for malaria? MULTIPLE RESPONSES POSSIBLE PROBE ONCE (ANYTHING ELSE?)	PUBLIC/AGREE SECTOR REF. HOSPITAL A DIST. HOSPITAL B HEALTH CENTER C HEALTH POST D OUTREACH E COMMUNITY HEALTH WORKER... F OTHER PUBLIC FACILITY G _____ (SPECIFY) PRIVATE MED. SECTOR POLYCLINIC H CLINIC I DISPENSARY J PHARMACY K OTHER PRIVATE MEDICAL FACILITY L _____ (SPECIFY) OTHER SOURCE KIOSK M TRADITIONAL PRACTITIONER ... N CHURCH O FRIEND/RELATIVE P OTHER X _____ (SPECIFY) DON'T KNOW Z																						
111	In the past six months, have you seen or heard any messages about malaria?	YES 1 NO 2	→ 201																					
112	Have you seen or heard these messages: On the radio? On the television? On a poster or billboard? From a community health worker? At a community event? Anywhere else?	<table><thead><tr><th></th><th><u>YES</u></th><th><u>NO</u></th></tr></thead><tbody><tr><td>RADIO</td><td>1</td><td>2</td></tr><tr><td>TELEVISION</td><td>1</td><td>2</td></tr><tr><td>POSTER OR BILLBOARD</td><td>1</td><td>2</td></tr><tr><td>COMMUNITY HEALTH WORKER</td><td>1</td><td>2</td></tr><tr><td>COMMUNITY EVENT ...</td><td>1</td><td>2</td></tr><tr><td>ANYWHERE ELSE</td><td>1</td><td>2</td></tr></tbody></table>		<u>YES</u>	<u>NO</u>	RADIO	1	2	TELEVISION	1	2	POSTER OR BILLBOARD	1	2	COMMUNITY HEALTH WORKER	1	2	COMMUNITY EVENT ...	1	2	ANYWHERE ELSE	1	2	
	<u>YES</u>	<u>NO</u>																						
RADIO	1	2																						
TELEVISION	1	2																						
POSTER OR BILLBOARD	1	2																						
COMMUNITY HEALTH WORKER	1	2																						
COMMUNITY EVENT ...	1	2																						
ANYWHERE ELSE	1	2																						

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	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>									
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	Now I'd like to ask you about your more recent births. How many births have you had in the last 6 years? IF NONE, CIRCLE '00.'	TOTAL IN THE LAST 6 YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> NONE 00			→ 224						

<p>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.</p> <p>RECORD NAMES OF ALL THE BIRTHS IN THE LAST 6 YEARS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS.</p>								
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? BOY 1 GIRL 2	Were any of these births twins? SING 1 MULT 2	In what month and year was (NAME) born? PROBE: When is his/her birthday? MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Is (NAME) still alive? YES 1 NO 2 (NEXT BIRTH)	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS. AGE IN YEARS <input type="text"/> <input type="text"/>	Is (NAME) living with you? YES . . . 1 NO 2	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD). HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	Were there any other live births between (NAME) and (NAME OF PREVIOUS BIRTH), including any children who died after birth?
01								
02								YES 1 ADD BIRTH ↙ NO 2 NEXT BIRTH ↘
03								YES 1 ADD BIRTH ↙ NO 2 NEXT BIRTH ↘
04								YES 1 ADD BIRTH ↙ NO 2 NEXT BIRTH ↘
05								YES 1 ADD BIRTH ↙ NO 2 NEXT BIRTH ↘
06								YES 1 ADD BIRTH ↙ NO 2 NEXT BIRTH ↘
07								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 2007 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-between; align-items: center;"> <div style="text-align: center;"> ONE OR MORE BIRTHS IN 2007 OR LATER ↓ <input type="checkbox"/> </div> <div style="text-align: center;"> NO BIRTHS IN 2007 OR LATER Q. 223 IS BLANK <input type="checkbox"/> </div> </div>	<div style="display: flex; justify-content: space-between; align-items: center;"> <input type="checkbox"/> → 426 </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <input type="checkbox"/> → 426 </div>	

SECTION 3. PREGNANCY AND INTERMITTENT PREVENTATIVE TREATMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	<p>CHECK 212 AND 216: ENTER IN THE TABLE THE NAME AND SURVIVAL STATUS OF THE MOST RECENT BIRTH.</p> <p>Now I would like to ask some questions about your last pregnancy that resulted in a live birth.</p>		
301A	FROM 212 AND 216, LINE 01:	<p>MOST RECENT BIRTH</p> <p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p style="text-align: center;">↓ ↓</p>	
302	When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy?	<p>YES 1</p> <p>NO 2</p>	→ 304
303	<p>Whom did you see?</p> <p>Anyone else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR A</p> <p>NURSE/MEDICAL ASSIST. B</p> <p>MIDWIFE C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTHATTENDANT D</p> <p>COMMUNITY HEALTH WORKER E</p> <p>COMMUNITY HEALTH MOTHER AND CHILD F</p> <p>OTHER _____ X</p> <p style="text-align: center;">(SPECIFY)</p>	
304	<p>CHECK 215 AND 216:</p> <p>ONE OR MORE LIVING CHILDREN BORN IN 2007 OR LATER <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>GO TO 401</p> <p>NO LIVING CHILDREN BORN IN 2007 OR LATER <input type="checkbox"/></p> <p style="text-align: center;">→</p>		→ 426

SECTION 4. FEVER IN CHILDREN

401	<p>CHECK 212 AND 216: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2007 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE MOST RECENT BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE).</p> <p>Now I would like to ask some questions about the health of your children born since January 2007. (We will talk about each separately.)</p>			
402	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	<p>MOST RECENT BIRTH</p> <p>BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></p>	<p>SECOND MOST RECENT BIRTH</p> <p>BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></p>	<p>THIRD MOST RECENT BIRTH</p> <p>BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></p>
403	FROM 212 AND 216	<p>NAME <input type="text"/></p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 426)</p>	<p>NAME <input type="text"/></p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 426)</p>	<p>NAME <input type="text"/></p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(GO TO 403 IN MOST RECENT COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 426)</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>(GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 426)</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 426)</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO TO 403 IN MOST RECENT COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 426)</p> <p>DON'T KNOW 8</p>
405	At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
406	Did you seek advice or treatment for the illness from any source?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 410)</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 410)</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 410)</p>
407	<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> <p><input type="text"/></p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC/AGREE SECTOR</p> <p>REF. HOSPITAL . A</p> <p>DIST. HOSPITAL . B</p> <p>HEALTH CENTER C</p> <p>HEALTH POST... D</p> <p>OUTREACH ... E</p> <p>COMMUNITY HEALTH WORKER... F</p> <p>OTHER PUBLIC FACILITY</p> <p><input type="text"/> G</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>POLYCLINIC ... H</p> <p>CLINIC I</p> <p>DISPENSARY J</p> <p>PHARMACY K</p> <p>OTHER PRIVATE MED. FACILITY</p> <p><input type="text"/> L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>KIOSK M</p> <p>TRADITIONAL PRACTITIONER N</p> <p>CHURCH O</p> <p>FRIEND/RELATIVE P</p> <p>OTHER <input type="text"/> X</p> <p>(SPECIFY)</p>	<p>PUBLIC/AGREE SECTOR</p> <p>REF. HOSPITAL . A</p> <p>DIST. HOSPITAL . B</p> <p>HEALTH CENTER C</p> <p>HEALTH POST... D</p> <p>OUTREACH ... E</p> <p>COMMUNITY HEALTH WORKER... F</p> <p>OTHER PUBLIC FACILITY</p> <p><input type="text"/> G</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>POLYCLINIC ... H</p> <p>CLINIC I</p> <p>DISPENSARY J</p> <p>PHARMACY K</p> <p>OTHER PRIVATE MED. FACILITY</p> <p><input type="text"/> L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>KIOSK M</p> <p>TRADITIONAL PRACTITIONER N</p> <p>CHURCH O</p> <p>FRIEND/RELATIVE P</p> <p>OTHER <input type="text"/> X</p> <p>(SPECIFY)</p>	<p>PUBLIC/AGREE SECTOR</p> <p>REF. HOSPITAL . A</p> <p>DIST. HOSPITAL . B</p> <p>HEALTH CENTER C</p> <p>HEALTH POST... D</p> <p>OUTREACH ... E</p> <p>COMMUNITY HEALTH WORKER... F</p> <p>OTHER PUBLIC FACILITY</p> <p><input type="text"/> G</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>POLYCLINIC ... H</p> <p>CLINIC I</p> <p>DISPENSARY J</p> <p>PHARMACY K</p> <p>OTHER PRIVATE MED. FACILITY</p> <p><input type="text"/> L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>KIOSK M</p> <p>TRADITIONAL PRACTITIONER N</p> <p>CHURCH O</p> <p>FRIEND/RELATIVE P</p> <p>OTHER <input type="text"/> X</p> <p>(SPECIFY)</p>

NO.	QUESTIONS AND FILTERS	MOST RECENT BIRTH NAME _____	SECOND MOST RECENT BIRTH NAME _____	THIRD MOST RECENT BIRTH NAME _____
408	CHECK 407:	TWO OR <input type="checkbox"/> MORE CODES CIRCLED ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 410)	TWO OR <input type="checkbox"/> MORE CODES CIRCLED ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 410)	TWO OR <input type="checkbox"/> MORE CODES CIRCLED ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 410)
409	Where did you first seek advice or treatment? USE LETTER CODE FROM 407.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
410	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 426) DON'T KNOW 8	YES 1 NO 2 (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 426) DON'T KNOW 8	YES 1 NO 2 (GO TO 403 IN MOST RECENT COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 426) DON'T KNOW 8
411	What drugs did (NAME) take? (3) Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS COARTEM ... A PRIMO ... B QUININE ... C OTHER ANTI-MALARIAL _____ D (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... G INJECTION ... H OTHER DRUGS ASPIRIN I ACETA-MINOPHEN ... J IBUPROFEN ... K OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS COARTEM ... A PRIMO ... B QUININE ... C OTHER ANTI-MALARIAL _____ D (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... G INJECTION ... H OTHER DRUGS ASPIRIN I ACETA-MINOPHEN ... J IBUPROFEN ... K OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS COARTEM ... A PRIMO ... B QUININE ... C OTHER ANTI-MALARIAL _____ D (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... G INJECTION ... H OTHER DRUGS ASPIRIN I ACETA-MINOPHEN ... J IBUPROFEN ... K OTHER _____ X (SPECIFY) DON'T KNOW Z
412	CHECK 411: ANY CODE A-D CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 426)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 426)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 403 IN MOST RECENT COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 426)

NO.	QUESTIONS AND FILTERS	MOST RECENT BIRTH NAME _____	SECOND MOST RECENT BIRTH NAME _____	THIRD MOST RECENT BIRTH NAME _____								
423	CHECK 411: OTHER ANTIMALARIAL ('D') GIVEN	CODE 'D' CIRCLED <input type="checkbox"/> CODE 'D' NOT CIRCLED <input type="checkbox"/> ↓ (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 426)	CODE 'D' CIRCLED <input type="checkbox"/> CODE 'D' NOT CIRCLED <input type="checkbox"/> ↓ (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 426)	CODE 'D' CIRCLED <input type="checkbox"/> CODE 'D' NOT CIRCLED <input type="checkbox"/> ↓ (GO TO 403 IN MOST RECENT COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 426)								
424	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								
425		GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 426.	GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 426.	GO TO 403 IN MOST RECENT COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 426.								
426	RECORD THE TIME.	HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>										

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____