



**2014 MALAWI MALARIA INDICATOR SURVEY  
WOMAN'S QUESTIONNAIRE**

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

  

INTERVIEWER VISITS								
	1	2	3	FINAL VISIT				
DATE				DAY <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> MONTH <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> YEAR <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>				
INTERVIEWER'S NAME				INT. NUMBER <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>				
RESULT*				RESULT <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>				
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>				
TIME								
*RESULT CODES: 1 COMPLETED      4 REFUSED 2 NOT AT HOME      5 PARTLY COMPLETED      7 OTHER _____ 3 POSTPONED      6 INCAPACITATED      (SPECIFY)								
LANGUAGE OF QUESTIONNAIRE** <b>ENGLISH</b>  LANGUAGE OF INTERVIEW** .....  NATIVE LANGUAGE OF RESPONDENT** .....  TRANSLATOR USED (1=NOT AT ALL; 2=SOMETIME; 3=ALL THE TIME .....			<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">4</td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </table>		4			
4								
**LANGUAGE CODES:    1 CHICHEWA      3 YAO      6 OTHER _____ 2 TUMBUKA      4 ENGLISH      (SPECIFY)								
SUPERVISOR  NAME <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>		OFFICE EDITOR  <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>		KEYED BY  <table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>				

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

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

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

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

SIGNATURE OF INTERVIEWER: \_\_\_\_\_ DATE: \_\_\_\_\_

RESPONDENT AGREES TO BE INTERVIEWED... 1      RESPONDENT DOES NOT AGREE TO BE INTERVIEWED... 2 → END



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

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

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES..... 1 NO ..... 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES..... 1 NO ..... 2	→ 204								
203	How many sons live with you?  And how many daughters live with you?  IF NONE, RECORD '00'.	SONS AT HOME..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS AT HOM..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES..... 1 NO ..... 2	→ 206								
205	How many sons are alive but do not live with you?  And how many daughters are alive but do not live with you?  IF NONE, RECORD '00'.	SONS ELSEWHERE..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS ELSEWHERE..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died?  IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES..... 1 NO ..... 2	→ 208								
207	How many boys have died?  And how many girls have died?  IF NONE, RECORD '00'.	BOYS DEAD..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> NONE .....00			→ 224						
209	CHECK 208:  Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct?  YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208:  ONE BIRTH <input type="checkbox"/> ↓ Was this child born in the last six years?  IF NO CIRCLE '00.'  TWO OR MORE BIRTHS <input type="checkbox"/> ↓ How many of these children were born in the last six years?	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						

211 Now I would like to record the names of all your births **in the last six years**, whether still alive or not, starting with the most recent one you had.

RECORD NAMES OF ALL THE BIRTHS IN THE LAST 6 YEARS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS.

212	213	214	215	216	217	218	219	220
What name was given to your (most recent/previous) baby?  RECORD NAME.  BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born?  PROBE: When is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	Were there any other live births between (NAME) and (NAME OF BIRTH ON PREVIOUS LINE), including any children who died after birth?
01	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .... 1 NO .... 2 (NEXT BIRTH) ↓	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO .... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> (NEXT BIRTH) ↓	
02	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .... 1 NO .... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO .... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES ..... 1 ADD BIRTH ↓ NO ..... 2 NEXT BIRTH ←
03	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .... 1 NO .... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO .... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES ..... 1 ADD BIRTH ↓ NO ..... 2 NEXT BIRTH ←
04	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .... 1 NO .... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO .... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES ..... 1 ADD BIRTH ↓ NO ..... 2 NEXT BIRTH ←
05	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .... 1 NO .... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO .... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES ..... 1 ADD BIRTH ↓ NO ..... 2 NEXT BIRTH ←
06	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .... 1 NO .... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO .... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES ..... 1 ADD BIRTH ↓ NO ..... 2 NEXT BIRTH ←
07	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .... 1 NO .... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO .... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES ..... 1 ADD BIRTH ↓ NO ..... 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
221	Have you had any live births since the birth of (NAME OF MOST RECENT BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE	YES ..... 1 NO ..... 2	
222	COMPARE 210 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">           NUMBERS ARE SAME <input type="checkbox"/> ↓         </div> <div style="text-align: center;">           NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE.)         </div> </div>		
223	CHECK 215:  ENTER THE NUMBER OF BIRTHS IN 2006 OR LATER.	NUMBER OF BIRTHS ..... <input type="text"/>  NONE ..... 0	
224	Are you pregnant now?	YES ..... 1 NO ..... 2 UNSURE ..... 8	<input type="checkbox"/> → 226
225	How many months pregnant are you?  RECORD NUMBER OF COMPLETED MONTHS.	MONTHS ..... <input type="text"/> <input type="text"/>	
226	CHECK 223:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">           ONE OR MORE BIRTHS IN 2008 OR LATER <input type="checkbox"/> ↓         </div> <div style="text-align: center;">           NO BIRTHS IN 2008 OR LATER OR IS BLANK <input type="checkbox"/> → 501         </div> </div>		

SECTION 3A. PREGNANCY AND INTERMITTENT PREVENTATIVE TREATMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	<p>CHECK 215: 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 align="center">LAST BIRTH</p> <p>NAME _____</p> <p>LIVING <input type="checkbox"/>      DEAD <input type="checkbox"/></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/CLINICAL OFFICER ... A</p> <p>NURSE/MIDWIF ..... B</p> <p>PATIENT ATTENDANT ..... C</p> <p>HSA ..... D</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT E</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	
303A	How many times did you receive antenatal care during this pregnancy?	<p>NUMBER OF TIMES ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	
304	During this pregnancy, did you take SP/Fansidar or Novidar SP to keep you from getting malaria?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	→ 310B
307	How many times did you take (SP/Fansidar or Novidar SP) during this pregnancy?	<p>TIMES ..... <input type="text"/> <input type="text"/></p>	
308	<p>CHECK 303:</p> <p>ANTENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY</p> <p>CODE 'A', 'B' OR 'C' CIRCLED <input type="checkbox"/></p>	<p>OTHER <input type="checkbox"/> _____</p>	→ 309A
309	<p>Did you get the (SP/Fansidar) during any antenatal care visit, during another visit to a health facility or from another source?</p> <p>CIRCLE ALL MENTIONED.</p>	<p>ANTENATAL VISIT ..... A</p> <p>ANOTHER FACILITY VISIT ..... B</p> <p>OTHER SOURCE ..... C</p>	→ 310B
309A	<p>CHECK 309:</p> <p>SP FROM ANTENATAL VISIT</p> <p>CODE 'A' CIRCLED <input type="checkbox"/></p>	<p>OTHER <input type="checkbox"/> _____</p>	→ 310B
309B	How many times did you take (SP/Fansidar or Novidar SP) during an antenatal visit?	<p>TIMES ..... <input type="text"/> <input type="text"/></p>	



310	Did you take the (SP/Fansidar or Novidar SP) under direct observation by the health worker each time?	YES ..... 1 NO ..... 2	→ 310B						
310A	How many times did you take the (SP/Fansidar or Novidar SP) under observation by the health worker?	TIMES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>							
310B	During this pregnancy, did you take Cotrimoxazole to keep you from getting malaria?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 311						
310C	How long did you take Cotrimoxazole during this pregnancy?	DAYS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> WEEKS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> MONTHS..... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DON'T KNOW ..... 998							
311	CHECK 215 AND 216:      ONE OR MORE LIVING CHILDREN BORN IN 2008 OR LATER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> ↓ GO TO 401		NO LIVING CHILDREN BORN IN 2008 OR LATER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> → 501						

SECTION 4. FEVER IN CHILDREN

401	<p>CHECK 215: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2006 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).</p> <p>Now I would like to ask some questions about the health of your children born since January 2006. (We will talk about each separately.)</p>			
402	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	<p>LAST BIRTH</p> <p>BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></p>	<p>NEXT-TO-LAST BIRTH</p> <p>BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></p>	<p>SECOND-FROM-LAST BIRTH</p> <p>BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></p>
403	FROM 212 AND 216	<p>NAME _____</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 501)</p>	<p>NAME _____</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 501)</p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(GO TO 403 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR, IF NO MORE BIRTHS, GO TO 501)</p>
404	Has (NAME) been ill with a fever at any time in the last 2 weeks?	<p>YES..... 1</p> <p>NO ..... 2</p> <p>(GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 501)</p> <p>DON'T KNOW..... 8</p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>(GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 501)</p> <p>DON'T KNOW..... 8</p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>(GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 501)</p> <p>DON'T KNOW..... 8</p>
404A	How many days ago did the fever start? IF LESS THAN ONE DAY, RECORD '00'	DAYS AGO <input type="text"/> <input type="text"/>	DAYS AGO <input type="text"/> <input type="text"/>	DAYS AGO <input type="text"/> <input type="text"/>
405	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>

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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
407	CHECK 406:	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED (SKIP TO 409)	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED (SKIP TO 409)	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED (SKIP TO 409)
408	Where did you first seek advice or treatment?  USE LETTER CODE FROM 406.	FIRST PLACE... <input type="checkbox"/>	FIRST PLACE... <input type="checkbox"/>	FIRST PLACE... <input type="checkbox"/>
408A	How far is your house from the (FIRST PLACE IN 408)?	LESS THAN 15 KM. 1 15 KM + ..... 2	LESS THAN 15 KM. 1 15 KM + ..... 2	LESS THAN 15 KM. 1 15 KM + ..... 2
408B	How much did you spend on transport to and from the (FIRST PLACE IN 408)?	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE .....99995 DON'T KNOW 99998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE .....99995 DON'T KNOW 99998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE .....99995 DON'T KNOW 99998
408C	Did you take any days off work in order to care for your child's sickness?	YES..... 1 NO ..... 2 (SKIP TO 409)	YES..... 1 NO ..... 2 (SKIP TO 409)	YES..... 1 NO ..... 2 (SKIP TO 409)
408D	How many days did you take take off work to care for your child's illness?	DAYS ..... <input type="text"/> <input type="text"/>	DAYS ..... <input type="text"/> <input type="text"/>	DAYS ..... <input type="text"/> <input type="text"/>
409	At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?	YES..... 1 NO ..... 2 (SKIP TO 409C) DON'T KNOW..... 8	YES..... 1 NO ..... 2 (SKIP TO 409C) DON'T KNOW..... 8	YES..... 1 NO ..... 2 (SKIP TO 409C) DON'T KNOW..... 8
409A	Was the blood tested for malaria?	YES..... 1 NO ..... 2 (SKIP TO 409C) DON'T KNOW..... 8	YES..... 1 NO ..... 2 (SKIP TO 409C) DON'T KNOW..... 8	YES..... 1 NO ..... 2 (SKIP TO 409C) DON'T KNOW..... 8

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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
412	CHECK 411: ANY CODE A-H CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 429)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 429)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 429)
413	CHECK 411: SP/FANSIDAR/NOVIDAR SP (A) GIVEN	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 415)	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 415)	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 415)
414	How long after the fever started did (NAME) first take SP/Fansidar/Novidar SP?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ... 8
415	CHECK 411: CHLOROQUINE (B) GIVEN	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 417)	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 417)	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 417)
416	How long after the fever started did (NAME) first take chloroquine?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ... 8
417	CHECK 411: AMODIAQUINE (C) GIVEN	CODE 'C' CIRCLED <input type="checkbox"/> CODE 'C' NOT CIRCLED <input type="checkbox"/> (SKIP TO 419)	CODE 'C' CIRCLED <input type="checkbox"/> CODE 'C' NOT CIRCLED <input type="checkbox"/> (SKIP TO 419)	CODE 'C' CIRCLED <input type="checkbox"/> CODE 'C' NOT CIRCLED <input type="checkbox"/> (SKIP TO 419)
418	How long after the fever started did (NAME) first take AMODIAQUINE?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ... 8

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





NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
428	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW .... 8
429	Was (NAME) admitted in a hospital the last 12 months?	YES..... 1 NO ..... 2 (SKIP TO 430) ←	YES..... 1 NO ..... 2 (SKIP TO 430) ←	YES..... 1 NO ..... 2 (SKIP TO 430) ←
430		GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO TO 403 IN MOST RECENT COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

SECTION 5. KNOWLEDGE OF MALARIA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Have you ever heard of an illness called malaria?	YES ..... 1 NO ..... 2	→ 523
502	What signs or symptoms would lead you to think that a person has malaria?  Anything else?  RECORD ALL MENTIONED.	FEVER ..... A FEELING COLD ..... B HEADACHE ..... C NAUSEA/VOMITING ..... D DIARRHEA ..... E DIZZINESS ..... F LOSS OF APPETITE ..... G BODY ACHE OR JOINT PAIN ..... H PALE EYES ..... I SALTY-TASTING PALMS ..... J FEELING WEAK ..... K REFUSE TO EAT OR DRINK ..... L  OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
503	What do you think is the cause of malaria?  Anything else?  RECORD ALL MENTIONED.	MOSQUITO BITES ..... A EATING IMMATURE SUGARCANE ..... B EATING COLD SIMA ..... C EATING DIRTY FOOD ..... D DRINKING DIRTY WATER ..... E GETTING SOAKED IN RAIN ..... F COLD OR CHANGING WEATHER ..... G WITCHCRAFT ..... H  OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
504	How can someone protect themselves against malaria?  Anything else?  RECORD ALL MENTIONED.	SLEEP UNDER A MOSQUITO NET ..... A SLEEP UNDER AN INSECTICIDE- TREATED MOSQUITO NET ..... B USE MOSQUITO REPELLANT ..... C AVOID MOSQUITO BITES ..... D TAKE PREVENTIVE MEDICATION ..... E SPRAY HOUSE WITH INSECTICIDE ..... F USE MOSQUITO COILS ..... G CUT GRASS AROUND THE HOUSE ..... H FILL IN PUDDLES (STAGNANT WATER) ..... I KEEP HOUSE AND SURROUNDINGS CLEAN ..... J BURN LEAVES ..... K AVOID DRINKING DIRTY WATER ..... L AVOID EATING BAD FOOD ..... M PUT SCREENS ON WINDOWS ..... N AVOID GETTING SOAKED IN RAIN ..... O OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
505	<p>What are the danger signs of malaria?</p> <p>Anything else?</p> <p>RECORD ALL MENTIONED.</p>	<p>SEIZURE/CONVULSIONS..... A</p> <p>FAINTING..... B</p> <p>ANY FEVER..... C</p> <p>HIGH FEVER..... D</p> <p>STIFF NECK..... E</p> <p>FEELING WEAK..... F</p> <p>NOT ACTIVE..... G</p> <p>CHILLS/SHIVERING..... H</p> <p>UNABLE TO EAT..... I</p> <p>VOMITING..... J</p> <p>CRYING ALL THE TIME..... K</p> <p>RESTLESS..... L</p> <p>DIARRHEA..... M</p> <p>OTHER..... X</p> <p>(SPECIFY)</p> <p>DON'T KNOW..... Z</p>	
506	<p>In your opinion, which people are most affected by malaria in your community?</p> <p>Anybody else?</p> <p>RECORD ALL MENTIONED.</p>	<p>CHILDREN..... A</p> <p>ADULTS..... B</p> <p>PREGNANT WOMEN..... C</p> <p>OLDER ADULTS..... D</p> <p>EVERYONE..... E</p> <p>OTHER..... X</p> <p>(SPECIFY)</p> <p>DON'T KNOW..... Z</p>	
507	In the last six months, have you listened or saw messages or information about malaria?	<p>YES..... 1</p> <p>NO..... 2</p>	→ 511
508	<p>Where did you hear or see these messages or information?</p> <p>Anywhere else?</p> <p>RECORD ALL MENTIONED.</p>	<p>GOVT. CLINIC/HOSPITAL..... A</p> <p>COMMUNITY HEALTH WORKER..... B</p> <p>FRIENDS/FAMILY..... C</p> <p>WORKPLACE..... D</p> <p>DRAMA GROUPS..... E</p> <p>PEER EDUCATORS..... F</p> <p>POSTER/BILLBOARDS..... G</p> <p>TELEVISION..... H</p> <p>RADIO..... I</p> <p>NEWSPAPER..... J</p> <p>OTHER..... X</p> <p>(SPECIFY)</p> <p>DON'T KNOW..... Z</p>	
509	How many months ago was the last time you heard or saw the message?	<p>MONTHS AGO..... <input type="text"/></p>	
510	<p>What type of messages about malaria did you hear or saw?</p> <p>Anything else?</p> <p>RECORD ALL MENTIONED.</p>	<p>MALARIA IS DANGEROUS..... A</p> <p>MALARIA CAN KILL..... B</p> <p>MOSQUITO SPREAD MALARIA..... C</p> <p>SLEEPING UNDER A MOSQUITO NET IS IMPORTANT..... D</p> <p>WHO SHOULD SLEEP UNDER A MOSQUITO NET..... E</p> <p>SEEK TREATMENT FOR FEVER..... F</p> <p>SEEK TREATMENT FOR FEVER PROMPTLY (WITHIN 24 HOURS)..... G</p> <p>IMPORTANCE OF HOUSE SPRAYING..... H</p> <p>NOT PLASTERING WALLS AFTER SPRAYING..... I</p> <p>ENVIRONMENTAL SANITATION ACTIVITIES..... J</p> <p>OTHER..... X</p> <p>(SPECIFY)</p> <p>DON'T KNOW..... Z</p>	

511	Has anyone ever provided you with information on malaria at your home?	YES ..... 1 NO ..... 2	→ 515				
512	Who gave you the information at your home?  Anybody else?  RECORD ALL MENTIONED.	HEALTH CARE WORKER..... A COMMUNITY HEALTH WORKER... B FRIENDS/FAMILY ..... C EMPLOYER ..... D PEER EDUCATORS ..... E  OTHER ..... X (SPECIFY) DON'T KNOW..... Z					
513	How long ago did someone visit your house to provide you with information about malaria?	MONTHS AGO ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					
514	What type of messages about malaria did you hear or saw?  Anything else?  RECORD ALL MENTIONED.	MALARIA IS DANGEROUS ..... A MALARIA CAN KILL ..... B MOSQUITO SPREAD MALARIA ... C SLEEPING UNDER A MOSQUITO NET IS IMPORTANT ..... D WHO SHOULD SLEEP UNDER A MOSQUITO NET..... E SEEK TREATMENT FOR FEVER... F SEEK TREATMENT FOR FEVER PROMPTLY (WITHIN 24 HOURS. G IMPORTANCE OF HOUSE SPRAYING ..... H NOT PLASTERING WALLS AFTER SPRAYING..... I ENVIRONMENTAL SANITATION ACTIVITIES..... J  OTHER ..... X (SPECIFY) DON'T KNOW..... Z					
515	CHECK HOUSEHOLD QUESTIONNAIRE 121:  HAS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> MOSQUITO NET HAS NO <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> MOSQUITO NET				→ 523		
516	Has the community health worker in your village ever helped hang a mosquito net in this house?	YES ..... 1 NO ..... 2					
517	Has any mosquito net in this house been used for any reason other than sleeping?	YES ..... 1 NO ..... 2	→ 523				
518	What was it used for?  Anything else?  RECORD ALL MENTIONED.	FISHING ..... A COVER/PROTECTION ..... B WINDOW SCREEN ..... C CLOTHING/WEDDING VEIL ..... D  OTHER ..... X (SPECIFY) DON'T KNOW..... Z					
523	RECORD THE TIME.	HOUR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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NAME OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_