



2014 UGANDA MALARIA INDICATOR SURVEY  
HOUSEHOLD QUESTIONNAIRE

UGANDA  
IDRC/MOH/UBOS

FORMATTING DATE: 20 November 2014  
LANGUAGE DATE: 19 November 2014

IDENTIFICATION (1)																															
REGION _____	<table border="1"> <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> <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> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>																														
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NAME OF HEAD OF HOUSEHOLD _____																															
HOUSEHOLD NUMBER .....	<table border="1"> <tr><td></td><td></td><td></td></tr> </table>																														
HOUSEHOLD SAMPLE NUMBER .....	<table border="1"> <tr><td></td><td></td></tr> </table>																														

INTERVIEWER VISITS													
	1	2	3	FINAL VISIT									
DATE	_____	_____	_____	DAY <table border="1"><tr><td></td><td></td><td></td></tr></table> MONTH <table border="1"><tr><td></td><td></td><td></td></tr></table> YEAR <table border="1"><tr><td></td><td></td><td></td></tr></table>									
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1"><tr><td></td><td></td><td></td></tr></table>									
RESULT*	_____	_____	_____	RESULT <table border="1"><tr><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 <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 THE QUESTIONNAIRE ..... LANGUAGE USED IN THE INTERVIEW ..... NATIVE LANGUAGE OF RESPONDENT ..... TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3) ..... LANGUAGE OF THE QUESTIONNAIRE <b>English</b>			7 <table border="1"> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </table>					LANGUAGE USED: 1 ATESO-KARAMOJONG 2 LUGANDA 3 LUGBARA 4 LUO 5 RUNYANKORE-RUKIGA 6 RUNYORO-RUTORO 7 ENGLISH 8 OTHER _____ (SPECIFY)					
SUPERVISOR NAME _____	<table border="1"> <tr><td></td><td></td><td></td></tr> </table>				OFFICE EDITOR	<table border="1"> <tr><td></td><td></td></tr> </table>			KEYED BY	<table border="1"> <tr><td></td><td></td></tr> </table>			

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## INFORMED CONSENT

Hello. My name is \_\_\_\_\_. I am working with the Ministry of Health. We are conducting a survey about malaria all over Uganda. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

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

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

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

START TIME:

HOURS .....

MINUTES .....


### HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	WOMEN AGE 15-49	CHILDREN AGE 0-5
1	2	3	4	5	6	7	8	9
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-9 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME)?</p> <p>IF 95 OR MORE, RECORD '95'.</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>
01		<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	01	01
02		<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	02	02
03		<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	03	03
04		<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	04	04
05		<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	05	05
06		<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	06	06
07		<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	07	07
08		<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	08	08
09		<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	09	09
10		<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	10	10

#### CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD	08 = BROTHER OR SISTER
02 = WIFE OR HUSBAND	09 = OTHER RELATIVE
03 = SON OR DAUGHTER	10 = ADOPTED/FOSTER/STEPCHILD
04 = SON-IN-LAW OR DAUGHTER-IN-LAW	11 = NOT RELATED



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

TICK HERE IF CONTINUATION SHEET USED

☐
**CODES FOR Q.3: RELATIONSHIP TO HEAD OF HOUSEHOLD**

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

YES ☐ → ADD TO TABLE

NO ☐

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

YES ☐ → ADD TO TABLE

NO ☐

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





## HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PUBLIC TAP/STANDPIPE ..... 13 BOREHOLE IN YARD/PLOT ..... 21 PUBLIC BOREHOLE ..... 22 DUG WELL PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 WATER FROM SPRING PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42 GRAVITY FLOW SCHEME ..... 43 RAINWATER ..... 51 TANKER TRUCK ..... 61 VENDOR ..... 62 CART WITH SMALL TANK ..... 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 81 BOTTLED WATER ..... 91  OTHER _____ 96 (SPECIFY)	<div style="text-align: right;">→ 104</div> <div style="text-align: right;">→ 104</div> <div style="text-align: right;">→ 104</div>
102	Where is that water source located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3	<div style="text-align: right;">→ 104</div>
103	How long does it take to go there, get water, and come back?	MINUTES ..... <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black;"></div> DON'T KNOW ..... 998	
104	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 COVERED PIT LATRINE WITH SLAB ... 22 COVERED PIT LATRINE WITHOUT SLAB/ OPEN PIT ..... 23 UNCOVERED PIT LATRINE WITH SLAB ... 24 UNCOVERED PIT LATRINE WITHOUT SLAB ..... 25 COMPOSTING TOILET (ECOSAN) ..... 31 BUCKET TOILET ..... 41 HANGING TOILET/HANGING LATRINE ..... 51 NO FACILITY/BUSH/FIELD/BAGS/BUCKET .. 61  OTHER _____ 96 (SPECIFY)	<div style="text-align: right;">→ 107</div>
105	Do you share this toilet facility with other households?	YES ..... 1 NO ..... 2	<div style="text-align: right;">→ 107</div>
106	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 ..... <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin-right: 5px; text-align: center;">0</div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black;"></div> 10 OR MORE HOUSEHOLDS ..... 95 DON'T KNOW ..... 98	





NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
118	Does any member of this household have a bank account?	YES ..... 1 NO ..... 2	
119	At any time in the past 6 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 120B
119A	How many months ago was the dwelling last sprayed?  IF LESS THAN ONE MONTH, RECORD '0' MONTHS AGO.	MONTHS AGO ..... <input type="text"/>	
120	Who sprayed the dwelling?	GOVERNMENT WORKER/PROGRAM ..... A PRIVATE COMPANY ..... B NONGOVERNMENTAL ORGANIZATION (NGO) ..... C  OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
120A	Did you pay for your dwelling to be sprayed?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
120B	Is there a community worker or community medicine distributor (CMD) who distributes malaria medicines in your village or community?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 121
120C	Does the community health worker currently have malaria medicines available?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
121	Does your household have any mosquito nets that can be used while sleeping?	YES ..... 1 NO ..... 2	→ 201
122	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
123	<p>ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD</p> <p>IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).</p>	<p>OBSERVED ..... 1</p> <p>NOT OBSERVED ... 2</p>	<p>OBSERVED ..... 1</p> <p>NOT OBSERVED ... 2</p>	<p>OBSERVED ..... 1</p> <p>NOT OBSERVED ... 2</p>
124	<p>How many months ago did your household get the mosquito net?</p> <p>IF LESS THAN ONE MONTH AGO, RECORD '00'.</p>	<p>MONTHS AGO ... <input type="text"/> <input type="text"/></p> <p>MORE THAN 36 MONTHS AGO ... 95</p> <p>NOT SURE ..... 98</p>	<p>MONTHS AGO ... <input type="text"/> <input type="text"/></p> <p>MORE THAN 36 MONTHS AGO ... 95</p> <p>NOT SURE ..... 98</p>	<p>MONTHS AGO ... <input type="text"/> <input type="text"/></p> <p>MORE THAN 36 MONTHS AGO ... 95</p> <p>NOT SURE ..... 98</p>
124A	Where did you get the mosquito net from?	<p>PUBLIC SECTOR (GOV'T)</p> <p>GOV'T HOSPITAL .. 01</p> <p>GOV'T HEALTH CENTER ..... 02</p> <p>PUBLIC SECTOR(PNFP/NGO)</p> <p>HOSPITAL ..... 03</p> <p>HEALTH CENTER . 04</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ..... 05</p> <p>PHARMACY ..... 06</p> <p>OTHER SOURCE</p> <p>SHOP ..... 07</p> <p>OPEN MARKET ... 08</p> <p>HAWKER ..... 09</p> <p>CAMPAIGN ..... 10</p> <p>CHURCH ..... 11</p> <p>OTHER ..... 96</p> <p>DOES NOT KNOW ... 98</p>	<p>PUBLIC SECTOR (GOV'T)</p> <p>GOV'T HOSPITAL .. 01</p> <p>GOV'T HEALTH CENTER ..... 02</p> <p>PUBLIC SECTOR(PNFP/NGO)</p> <p>HOSPITAL ..... 03</p> <p>HEALTH CENTER . 04</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ..... 05</p> <p>PHARMACY ..... 06</p> <p>OTHER SOURCE</p> <p>SHOP ..... 07</p> <p>OPEN MARKET ... 08</p> <p>HAWKER ..... 09</p> <p>CAMPAIGN ..... 10</p> <p>CHURCH ..... 11</p> <p>OTHER ..... 96</p> <p>DOES NOT KNOW ... 98</p>	<p>PUBLIC SECTOR (GOV'T)</p> <p>GOV'T HOSPITAL .. 01</p> <p>GOV'T HEALTH CENTER ..... 02</p> <p>PUBLIC SECTOR(PNFP/NGO)</p> <p>HOSPITAL ..... 03</p> <p>HEALTH CENTER . 04</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ..... 05</p> <p>PHARMACY ..... 06</p> <p>OTHER SOURCE</p> <p>SHOP ..... 07</p> <p>OPEN MARKET ... 08</p> <p>HAWKER ..... 09</p> <p>CAMPAIGN ..... 10</p> <p>CHURCH ..... 11</p> <p>OTHER ..... 96</p> <p>DOES NOT KNOW ... 98</p>
124B	CHECK 124A. THE NET WAS OBTAINED THROUGH THE CAMPAIGN?	<p>CODE '10' CIRCLED      CODE '10' NOT CIRCLED</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(SKIP TO 125) ←</p>	<p>CODE '10' CIRCLED      CODE '10' NOT CIRCLED</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(SKIP TO 125) ←</p>	<p>CODE '10' CIRCLED      CODE '10' NOT CIRCLED</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(SKIP TO 125) ←</p>
124C	What is the campaign's date?	<p>DAY ..... <input type="text"/> <input type="text"/></p> <p>MONTH ..... <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	<p>DAY ..... <input type="text"/> <input type="text"/></p> <p>MONTH ..... <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	<p>DAY ..... <input type="text"/> <input type="text"/></p> <p>MONTH ..... <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>

		NET #1	NET #2	NET #3
125	<p>OBSERVE OR ASK THE BRAND/ TYPE OF MOSQUITO NET.</p> <p>IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE</p> <p>NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS</p>	<p>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</p> <p>PERMANET ..... 11</p> <p>DURANET ..... 12</p> <p>INTERCEPTOR ..13</p> <p>NETPROTECT ..14</p> <p>OLYSET ..... 15</p> <p>DAWNET ..... 16</p> <p>ICONGLIFE ..... 17</p> <p>YORKOOL ..... 18</p> <p>DK BRAND ..... 19</p> <p>OTHER ..... 20</p> <p>(SPECIFY)</p> <p>(SKIP TO 128) ←</p> <p>OTHER BRAND ... 96</p> <p>DK BRAND ..... 98</p>	<p>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</p> <p>PERMANET ..... 11</p> <p>DURANET ..... 12</p> <p>INTERCEPTOR ..13</p> <p>NETPROTECT ..14</p> <p>OLYSET ..... 15</p> <p>DAWNET ..... 16</p> <p>ICONGLIFE ..... 17</p> <p>YORKOOL ..... 18</p> <p>DK BRAND ..... 19</p> <p>OTHER ..... 20</p> <p>(SPECIFY)</p> <p>(SKIP TO 128) ←</p> <p>OTHER BRAND ... 96</p> <p>DK BRAND ..... 98</p>	<p>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</p> <p>PERMANET ..... 11</p> <p>DURANET ..... 12</p> <p>INTERCEPTOR ..13</p> <p>NETPROTECT ..14</p> <p>OLYSET ..... 15</p> <p>DAWNET ..... 16</p> <p>ICONGLIFE ..... 17</p> <p>YORKOOL ..... 18</p> <p>DK BRAND ..... 19</p> <p>OTHER ..... 20</p> <p>(SPECIFY)</p> <p>(SKIP TO 128) ←</p> <p>OTHER BRAND ... 96</p> <p>DK BRAND ..... 98</p>
126	<p>Since you got the net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 128) ←</p> <p>NOT SURE ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 128) ←</p> <p>NOT SURE ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 128) ←</p> <p>NOT SURE ..... 8</p>
127	<p>How many months ago was the net last soaked or dipped?</p> <p>IF LESS THAN ONE MONTH AGO, RECORD '00'.</p>	<p>MONTHS AGO ... <input type="text"/> <input type="text"/></p> <p>MORE THAN 24 MONTHS AGO ... 95</p> <p>NOT SURE ..... 98</p>	<p>MONTHS AGO ... <input type="text"/> <input type="text"/></p> <p>MORE THAN 24 MONTHS AGO ... 95</p> <p>NOT SURE ..... 98</p>	<p>MONTHS AGO ... <input type="text"/> <input type="text"/></p> <p>MORE THAN 24 MONTHS AGO ... 95</p> <p>NOT SURE ..... 98</p>
128	<p>Did anyone sleep under this mosquito net last night?</p>	<p>YES ..... 1</p> <p>(SKIP TO 129) ←</p> <p>NO ..... 2</p> <p>NOT SURE ..... 8</p> <p>(SKIP TO 130) ←</p>	<p>YES ..... 1</p> <p>(SKIP TO 129) ←</p> <p>NO ..... 2</p> <p>NOT SURE ..... 8</p> <p>(SKIP TO 130) ←</p>	<p>YES ..... 1</p> <p>(SKIP TO 129) ←</p> <p>NO ..... 2</p> <p>NOT SURE ..... 8</p> <p>(SKIP TO 130) ←</p>
128A	<p>What are some of the reasons why this net was not used?</p>	<p>TOO HOT ..... A</p> <p>DON'T LIKE SMELL... B</p> <p>NO MOSQUITOES... C</p> <p>NET TOO OLD/TOO MANY HOLES .. D</p> <p>NET NOT HUNG .. E</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... Z</p> <p>(ALL SKIP TO 130) ←</p>	<p>TOO HOT ..... A</p> <p>DON'T LIKE SMELL... B</p> <p>NO MOSQUITOES... C</p> <p>NET TOO OLD/TOO MANY HOLES .. D</p> <p>NET NOT HUNG .. E</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... Z</p> <p>(ALL SKIP TO 130) ←</p>	<p>TOO HOT ..... A</p> <p>DON'T LIKE SMELL... B</p> <p>NO MOSQUITOES... C</p> <p>NET TOO OLD/TOO MANY HOLES .. D</p> <p>NET NOT HUNG .. E</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... Z</p> <p>(ALL SKIP TO 130) ←</p>

		NET #1	NET #2	NET #3						
129	<p>Who slept under this mosquito net last night?</p> <p>RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.</p>	NAME _____ LINE NO. .... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			NAME _____ LINE NO. .... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			NAME _____ LINE NO. .... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>		
		NAME _____ LINE NO. .... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			NAME _____ LINE NO. .... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			NAME _____ LINE NO. .... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>		
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130		GO BACK TO 123 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 131.	GO BACK TO 123 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 131.	GO TO 123 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 131.						
131	RECORD THE TIME	HOURS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> MINUTES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>								

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5				
201	CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
202	LINE NUMBER FROM COLUMN 9  NAME FROM COLUMN 2	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME .....	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME .....	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME .....
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 2009 OR LATER?	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW)	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW)	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW)
206	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>
207	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking children all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>We ask that all children born in 2009 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?</p>		
208	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 _____ (SIGN) _____ REFUSED ..... 2 NOT PRESENT ..... 5 OTHER ..... 6	GRANTED ..... 1 _____ (SIGN) _____ REFUSED ..... 2 NOT PRESENT ..... 5 OTHER ..... 6	GRANTED ..... 1 _____ (SIGN) _____ REFUSED ..... 2 NOT PRESENT ..... 5 OTHER ..... 6



		CHILD 1	CHILD 2	CHILD 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
209	ASK CONSENT FOR MALARIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking that children all over the country take a test to see if they have malaria. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will help the government to develop programs to prevent malaria.</p> <p>We ask that all children born in 2009 or later take part in malaria testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. (We will use blood from the same finger or heel prick made for the anemia test). One blood drop will be tested for malaria immediately, and the result will be told to you right away. A few blood drops will be collected on a slide(s) and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions?            You can say yes to the test, or you can say no. It is up to you to decide.            Will you allow (NAME OF CHILD) to participate in the malaria testing?</p>		
210	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 _____ (SIGN) _____ REFUSED ..... 2 NOT PRESENT ..... 5 OTHER ..... 6	GRANTED ..... 1 _____ (SIGN) _____ REFUSED ..... 2 NOT PRESENT ..... 5 OTHER ..... 6	GRANTED ..... 1 _____ (SIGN) _____ REFUSED ..... 2 NOT PRESENT ..... 5 OTHER ..... 6
211	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
212	BAR CODE LABEL FOR MALARIA TEST	<div style="border: 1px dashed black; padding: 5px; text-align: center;">           PUT THE 1ST BAR CODE LABEL HERE.         </div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996  PUT THE 2ND BAR CODE ON THE RDT, THE 3RD ON THE THICK SMEAR SLIDE, THE 4TH ON THE THIN SMEAR SLIDE AND THE 5TH ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">           PUT THE 1ST BAR CODE LABEL HERE.         </div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996  PUT THE 2ND BAR CODE ON THE RDT, THE 3RD ON THE THICK SMEAR SLIDE, THE 4TH ON THE THIN SMEAR SLIDE AND THE 5TH ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">           PUT THE 1ST BAR CODE LABEL HERE.         </div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996  PUT THE 2ND BAR CODE ON THE RDT, THE 3RD ON THE THICK SMEAR SLIDE, THE 4TH ON THE THIN SMEAR SLIDE AND THE 5TH ON THE TRANSMITTAL FORM.
213	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA AND MALARIA BROCHURE.	G/DL <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996
214	RECORD RESULT CODE OF THE MALARIA RDT.	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 216) ←	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 216) ←	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 216) ←
215	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE ANEMIA AND MALARIA BROCHURE.	POSITIVE ..... 1 (SKIP TO 218) ← NEGATIVE ..... 2 OTHER ..... 6	POSITIVE ..... 1 (SKIP TO 218) ← NEGATIVE ..... 2 OTHER ..... 6	POSITIVE ..... 1 (SKIP TO 218) ← NEGATIVE ..... 2 OTHER ..... 6
216	CHECK 213: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA ..... 1 8.0 G/DL OR ABOVE ..... 2 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6 (SKIP TO 229) ←	BELOW 8.0 G/DL, SEVERE ANEMIA ..... 1 8.0 G/DL OR ABOVE ..... 2 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6 (SKIP TO 229) ←	BELOW 8.0 G/DL, SEVERE ANEMIA ..... 1 8.0 G/DL OR ABOVE ..... 2 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6 (SKIP TO 229) ←

		CHILD 1	CHILD 2	CHILD 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
217	<b><u>SEVERE ANEMIA REFERRAL STATEMENT</u></b>	<p>The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately.</p> <p>SKIP TO 229</p>		
218	<p>Does (NAME) suffer from the any of following illnesses or symptoms:</p> <p>a) Extreme weakness?</p> <p>b) Heart problems?</p> <p>c) Loss of consciousness?</p> <p>d) Rapid or difficult breathing?</p> <p>e) Seizures?</p> <p>f) Abnormal bleeding?</p> <p>g) Jaundice or yellow skin?</p> <p>h) Dark urine?</p> <p>IF NONE OF THE ABOVE SYMPTOMS, CIRCLE CODE Y</p>	<p>EXTREME WEAKNESS . A</p> <p>HEART PROBLEMS . . . B</p> <p>LOSS OF CONSCIOUSNESS . . C</p> <p>RAPID BREATHING . . . D</p> <p>SEIZURES . . . . . E</p> <p>BLEEDING . . . . . F</p> <p>JAUNDICE . . . . . G</p> <p>DARK URINE . . . . . H</p> <p>NONE OF ABOVE SYMPTOMS . . . . . Y</p>	<p>EXTREME WEAKNESS . A</p> <p>HEART PROBLEMS . . . B</p> <p>LOSS OF CONSCIOUSNESS . . C</p> <p>RAPID BREATHING . . . D</p> <p>SEIZURES . . . . . E</p> <p>BLEEDING . . . . . F</p> <p>JAUNDICE . . . . . G</p> <p>DARK URINE . . . . . H</p> <p>NONE OF ABOVE SYMPTOMS . . . . . Y</p>	<p>EXTREME WEAKNESS . A</p> <p>HEART PROBLEMS . . . B</p> <p>LOSS OF CONSCIOUSNESS . . C</p> <p>RAPID BREATHING . . . D</p> <p>SEIZURES . . . . . E</p> <p>BLEEDING . . . . . F</p> <p>JAUNDICE . . . . . G</p> <p>DARK URINE . . . . . H</p> <p>NONE OF ABOVE SYMPTOMS . . . . . Y</p>
219	CHECK 218:  ANY CODE A-H CIRCLED?	<p>ONLY CODE Y</p> <p>CIRCLED . . . . . 1</p> <p>ANY CODE A-H CIRCLED . . . . . 2</p> <p>(SKIP TO 222) ↙</p>	<p>ONLY CODE Y</p> <p>CIRCLED . . . . . 1</p> <p>ANY CODE A-H CIRCLED . . . . . 2</p> <p>(SKIP TO 222) ↙</p>	<p>ONLY CODE Y</p> <p>CIRCLED . . . . . 1</p> <p>ANY CODE A-H CIRCLED . . . . . 2</p> <p>(SKIP TO 222) ↙</p>
220	CHECK 213:  HEMOGLOBIN RESULT	<p>BELOW 8.0 G/DL, SEVERE ANEMIA . . . . 1</p> <p>(SKIP TO 222) ↙</p> <p>8.0 G/DL OR ABOVE . . . . 2</p> <p>NOT PRESENT . . . . . 4</p> <p>REFUSED . . . . . 5</p> <p>OTHER . . . . . 6</p>	<p>BELOW 8.0 G/DL, SEVERE ANEMIA . . . . 1</p> <p>(SKIP TO 222) ↙</p> <p>8.0 G/DL OR ABOVE . . . . 2</p> <p>NOT PRESENT . . . . . 4</p> <p>REFUSED . . . . . 5</p> <p>OTHER . . . . . 6</p>	<p>BELOW 8.0 G/DL, SEVERE ANEMIA . . . . 1</p> <p>(SKIP TO 222) ↙</p> <p>8.0 G/DL OR ABOVE . . . . 2</p> <p>NOT PRESENT . . . . . 4</p> <p>REFUSED . . . . . 5</p> <p>OTHER . . . . . 6</p>
221	<p>In the past two weeks has (NAME) taken or is taking COARTEM/ACT given by a doctor or health center to treat the malaria?</p> <p>VERIFY BY ASKING TO SEE TREATMENT.</p>	<p>YES . . . . . 1</p> <p>(SKIP TO 223) ↙</p> <p>NO . . . . . 2</p> <p>(SKIP TO 223A) ↙</p>	<p>YES . . . . . 1</p> <p>(SKIP TO 223) ↙</p> <p>NO . . . . . 2</p> <p>(SKIP TO 223A) ↙</p>	<p>YES . . . . . 1</p> <p>(SKIP TO 223) ↙</p> <p>NO . . . . . 2</p> <p>(SKIP TO 223A) ↙</p>
222	<b><u>SEVERE MALARIA REFERRAL STATEMENT</u></b>	<p>The malaria test shows that (NAME OF CHILD) has malaria. Your child also has symptoms of severe malaria. The malaria treatment I have will not help your child, and I cannot give you the medication. Your child is very ill and must be taken to a health facility right away.</p> <p>SKIP TO 228</p>		
223	<b><u>ALREADY TAKING [FIRST LINE MEDICATION] REFERRAL STATEMENT</u></b>	<p>You have told me that (NAME OF CHILD) has already received COARTEM/ACT for malaria. Therefore, I cannot give you additional COARTEM/ACT. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of COARTEM/ACT, you should take the child to the nearest health facility for further examination.</p> <p>SKIP TO 228</p>		

		CHILD 1	CHILD 2	CHILD 3												
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____												
223A	CHECK 203: IS CHILD AGE 0-3 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR THREE PREVIOUS MONTHS?	0-3 MONTHS ..... 1  OLDER ..... 2 SKIP TO 224 ←	0-3 MONTHS ..... 1  OLDER ..... 2 SKIP TO 224 ←	0-3 MONTHS ..... 1  OLDER ..... 2 SKIP TO 224 ←												
223B	<b><u>UNDER 4 MONTHS MALARIA REFERRAL STATEMENT</u></b>	<p>The malaria test shows that (NAME OF CHILD) has malaria. Your child is also younger than 4 months old and therefore requires special treatment from a health facility. Your child is ill and must be taken to a health facility right away.</p> <p>SKIP TO 228</p>														
224	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD.	<p>The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called COARTEM/ACT. COARTEM/ACT is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.</p>														
225	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE .. 1 _____ ← (SIGN) REFUSED ..... 2 OTHER ..... 6	ACCEPTED MEDICINE .. 1 _____ ← (SIGN) REFUSED ..... 2 OTHER ..... 6	ACCEPTED MEDICINE .. 1 _____ ← (SIGN) REFUSED ..... 2 OTHER ..... 6												
226	CHECK 225:  MEDICATION ACCEPTED	ACCEPTED MEDICINE .. 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 228) ←	ACCEPTED MEDICINE .. 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 228) ←	ACCEPTED MEDICINE .. 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 228) ←												
227	TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS	<table border="1"> <thead> <tr> <th colspan="2">TREATMENT WITH COARTEM/ACT</th> </tr> <tr> <th>Weight (in Kg) – Approximate age</th> <th>Dosage *</th> </tr> </thead> <tbody> <tr> <td>Under 4 months</td> <td>Refer to health facility</td> </tr> <tr> <td>5 kgs. to 14 kgs. (from 4 months up to 3 years)</td> <td>1 tablet twice daily for 3 days</td> </tr> <tr> <td>15 kgs. to 24 kgs. (from 3 years up to 7 years)</td> <td>2 tablets twice daily for 3 days</td> </tr> <tr> <td colspan="2">* Co-formulated tablets containing 20 mg Artemether and 120 mg Lumefantrine per tablet</td> </tr> </tbody> </table> <p>First day starts by taking first dose followed by the second one 8 hours later; on subsequent days the recommendation is simply "morning" and "evening" (usually around 12 hours apart). Take the medicine (crushed for smaller children) with high fat food or drinks like milk.</p> <p>Make sure that the FULL 3 days treatment is taken at the recommended times, otherwise the infection may return. If your child vomits within an hour of taking the medicine, you will need to get additional tablets and repeat the dose.</p> <p>ALSO TELL THE PARENT/ADULT RESPONSIBLE FOR THE CHILD: If [NAME] has a high fever, fast or difficult breathing, is not able to drink or breastfeed, gets sicker or does not get better in two days, you should take him/her to a health professional for treatment right away.</p>			TREATMENT WITH COARTEM/ACT		Weight (in Kg) – Approximate age	Dosage *	Under 4 months	Refer to health facility	5 kgs. to 14 kgs. (from 4 months up to 3 years)	1 tablet twice daily for 3 days	15 kgs. to 24 kgs. (from 3 years up to 7 years)	2 tablets twice daily for 3 days	* Co-formulated tablets containing 20 mg Artemether and 120 mg Lumefantrine per tablet	
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* Co-formulated tablets containing 20 mg Artemether and 120 mg Lumefantrine per tablet																
228	RECORD THE RESULT CODE OF <b><u>MALARIA TREATMENT OR REFERRAL.</u></b>	MEDICATION GIVEN . . . 1 MEDS REFUSED ..... 2 SEVERE MALARIA REFERRAL ..... 3 ALREADY TAKING ACTS REFERRAL ..... 4 UNDER 4 MONTHS REFERRAL ..... 5 OTHER ..... 6	MEDICATION GIVEN . . . 1 MEDS REFUSED ..... 2 SEVERE MALARIA REFERRAL ..... 3 ALREADY TAKING ACTS REFERRAL ..... 4 UNDER 4 MONTHS REFERRAL ..... 5 OTHER ..... 6	MEDICATION GIVEN . . . 1 MEDS REFUSED ..... 2 SEVERE MALARIA REFERRAL ..... 3 ALREADY TAKING ACTS REFERRAL ..... 4 UNDER 4 MONTHS REFERRAL ..... 5 OTHER ..... 6												
229	GO BACK TO 202 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, END INTERVIEW.															

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5				
201	CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 9  NAME FROM COLUMN 2	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME .....	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME .....	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME .....
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 2009 OR LATER?	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) ←	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) ←	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) ←
206	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>
207	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking children all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>We ask that all children born in 2009 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?</p>		
208	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 _____ (SIGN) _____ REFUSED ..... 2 NOT PRESENT ..... 5 OTHER ..... 6	GRANTED ..... 1 _____ (SIGN) _____ REFUSED ..... 2 NOT PRESENT ..... 5 OTHER ..... 6	GRANTED ..... 1 _____ (SIGN) _____ REFUSED ..... 2 NOT PRESENT ..... 5 OTHER ..... 6

		CHILD 4	CHILD 5	CHILD 6									
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____									
209	ASK CONSENT FOR MALARIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking that children all over the country take a test to see if they have malaria. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will help the government to develop programs to prevent malaria.</p> <p>We ask that all children born in 2009 or later take part in malaria testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. (We will use blood from the same finger or heel prick made for the anemia test). One blood drop will be tested for malaria immediately, and the result will be told to you right away. A few blood drops will be collected on a slide(s) and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions?            You can say yes to the test, or you can say no. It is up to you to decide.            Will you allow (NAME OF CHILD) to participate in the malaria testing?</p>											
210	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 _____ (SIGN) _____ REFUSED ..... 2 NOT PRESENT ..... 5 OTHER ..... 6	GRANTED ..... 1 _____ (SIGN) _____ REFUSED ..... 2 NOT PRESENT ..... 5 OTHER ..... 6	GRANTED ..... 1 _____ (SIGN) _____ REFUSED ..... 2 NOT PRESENT ..... 5 OTHER ..... 6									
211	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).												
212	BAR CODE LABEL FOR MALARIA TEST	<div style="border: 1px dashed black; padding: 5px; text-align: center;">           PUT THE 1ST BAR CODE LABEL HERE.         </div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996  PUT THE 2ND BAR CODE ON THE RDT, THE 3RD ON THE THICK SMEAR SLIDE, THE 4TH ON THE THIN SMEAR SLIDE AND THE 5TH ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">           PUT THE 1ST BAR CODE LABEL HERE.         </div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996  PUT THE 2ND BAR CODE ON THE RDT, THE 3RD ON THE THICK SMEAR SLIDE, THE 4TH ON THE THIN SMEAR SLIDE AND THE 5TH ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">           PUT THE 1ST BAR CODE LABEL HERE.         </div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996  PUT THE 2ND BAR CODE ON THE RDT, THE 3RD ON THE THICK SMEAR SLIDE, THE 4TH ON THE THIN SMEAR SLIDE AND THE 5TH ON THE TRANSMITTAL FORM.									
213	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA AND MALARIA BROCHURE.	G/DL <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><td style="width: 20px; height: 20px;"></td></tr></table> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996				G/DL <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><td style="width: 20px; height: 20px;"></td></tr></table> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996				G/DL <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><td style="width: 20px; height: 20px;"></td></tr></table> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996			
214	RECORD RESULT CODE OF THE MALARIA RDT.	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 216) ←	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 216) ←	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 216) ←									
215	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE ANEMIA AND MALARIA BROCHURE.	POSITIVE ..... 1 (SKIP TO 218) ← NEGATIVE ..... 2 OTHER ..... 6	POSITIVE ..... 1 (SKIP TO 218) ← NEGATIVE ..... 2 OTHER ..... 6	POSITIVE ..... 1 (SKIP TO 218) ← NEGATIVE ..... 2 OTHER ..... 6									
216	CHECK 213: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA ..... 1 8.0 G/DL OR ABOVE ..... 2 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6 (SKIP TO 229) ←	BELOW 8.0 G/DL, SEVERE ANEMIA ..... 1 8.0 G/DL OR ABOVE ..... 2 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6 (SKIP TO 229) ←	BELOW 8.0 G/DL, SEVERE ANEMIA ..... 1 8.0 G/DL OR ABOVE ..... 2 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6 (SKIP TO 229) ←									

		CHILD 4	CHILD 5	CHILD 6
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
217	<b><u>SEVERE ANEMIA REFERRAL STATEMENT</u></b>	<p>The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately.</p> <p>SKIP TO 229</p>		
218	<p>Does (NAME) suffer from the any of following illnesses or symptoms:</p> <p>a) Extreme weakness?</p> <p>b) Heart problems?</p> <p>c) Loss of consciousness?</p> <p>d) Rapid or difficult breathing?</p> <p>e) Seizures?</p> <p>f) Abnormal bleeding?</p> <p>g) Jaundice or yellow skin?</p> <p>h) Dark urine?</p> <p>IF NONE OF THE ABOVE SYMPTOMS, CIRCLE CODE Y</p>	<p>EXTREME WEAKNESS . A</p> <p>HEART PROBLEMS . . . B</p> <p>LOSS OF CONSCIOUSNESS . . . C</p> <p>RAPID BREATHING . . . D</p> <p>SEIZURES . . . . . E</p> <p>BLEEDING . . . . . F</p> <p>JAUNDICE . . . . . G</p> <p>DARK URINE . . . . . H</p> <p>NONE OF ABOVE SYMPTOMS . . . . . Y</p>	<p>EXTREME WEAKNESS . A</p> <p>HEART PROBLEMS . . . B</p> <p>LOSS OF CONSCIOUSNESS . . . C</p> <p>RAPID BREATHING . . . D</p> <p>SEIZURES . . . . . E</p> <p>BLEEDING . . . . . F</p> <p>JAUNDICE . . . . . G</p> <p>DARK URINE . . . . . H</p> <p>NONE OF ABOVE SYMPTOMS . . . . . Y</p>	<p>EXTREME WEAKNESS . A</p> <p>HEART PROBLEMS . . . B</p> <p>LOSS OF CONSCIOUSNESS . . . C</p> <p>RAPID BREATHING . . . D</p> <p>SEIZURES . . . . . E</p> <p>BLEEDING . . . . . F</p> <p>JAUNDICE . . . . . G</p> <p>DARK URINE . . . . . H</p> <p>NONE OF ABOVE SYMPTOMS . . . . . Y</p>
219	CHECK 218: ANY CODE A-H CIRCLED?	<p>ONLY CODE Y</p> <p>CIRCLED . . . . . 1</p> <p>ANY CODE A-H CIRCLED . . . . . 2</p> <p>(SKIP TO 222) ↙</p>	<p>ONLY CODE Y</p> <p>CIRCLED . . . . . 1</p> <p>ANY CODE A-H CIRCLED . . . . . 2</p> <p>(SKIP TO 222) ↙</p>	<p>ONLY CODE Y</p> <p>CIRCLED . . . . . 1</p> <p>ANY CODE A-H CIRCLED . . . . . 2</p> <p>(SKIP TO 222) ↙</p>
220	CHECK 213: HEMOGLOBIN RESULT	<p>BELOW 8.0 G/DL, SEVERE ANEMIA . . . . 1</p> <p>(SKIP TO 222) ↙</p> <p>8.0 G/DL OR ABOVE . . . . 2</p> <p>NOT PRESENT . . . . . 4</p> <p>REFUSED . . . . . 5</p> <p>OTHER . . . . . 6</p>	<p>BELOW 8.0 G/DL, SEVERE ANEMIA . . . . 1</p> <p>(SKIP TO 222) ↙</p> <p>8.0 G/DL OR ABOVE . . . . 2</p> <p>NOT PRESENT . . . . . 4</p> <p>REFUSED . . . . . 5</p> <p>OTHER . . . . . 6</p>	<p>BELOW 8.0 G/DL, SEVERE ANEMIA . . . . 1</p> <p>(SKIP TO 222) ↙</p> <p>8.0 G/DL OR ABOVE . . . . 2</p> <p>NOT PRESENT . . . . . 4</p> <p>REFUSED . . . . . 5</p> <p>OTHER . . . . . 6</p>
221	<p>In the past two weeks has (NAME) taken or is taking COARTEM/ACT given by a doctor or health center to treat the malaria?</p> <p>VERIFY BY ASKING TO SEE TREATMENT.</p>	<p>YES . . . . . 1</p> <p>(SKIP TO 223) ↙</p> <p>NO . . . . . 2</p> <p>(SKIP TO 223A) ↙</p>	<p>YES . . . . . 1</p> <p>(SKIP TO 223) ↙</p> <p>NO . . . . . 2</p> <p>(SKIP TO 223A) ↙</p>	<p>YES . . . . . 1</p> <p>(SKIP TO 223) ↙</p> <p>NO . . . . . 2</p> <p>(SKIP TO 223A) ↙</p>
222	<b><u>SEVERE MALARIA REFERRAL STATEMENT</u></b>	<p>The malaria test shows that (NAME OF CHILD) has malaria. Your child also has symptoms of severe malaria. The malaria treatment I have will not help your child, and I cannot give you the medication. Your child is very ill and must be taken to a health facility right away.</p> <p>SKIP TO 228</p>		
223	<b><u>ALREADY TAKING [FIRST LINE MEDICATION] REFERRAL STATEMENT</u></b>	<p>You have told me that (NAME OF CHILD) has already received COARTEM/ACT for malaria. Therefore, I cannot give you additional COARTEM/ACT. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of COARTEM/ACT, you should take the child to the nearest health facility for further examination.</p> <p>SKIP TO 228</p>		

		CHILD 4	CHILD 5	CHILD 6										
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____										
223A	CHECK 203: IS CHILD AGE 0-3 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR THREE PREVIOUS MONTHS?	0-3 MONTHS ..... 1  OLDER ..... 2 SKIP TO 224 ←	0-3 MONTHS ..... 1  OLDER ..... 2 SKIP TO 224 ←	0-3 MONTHS ..... 1  OLDER ..... 2 SKIP TO 224 ←										
223B	<b><u>UNDER 4 MONTHS MALARIA REFERRAL STATEMENT</u></b>	<p>The malaria test shows that (NAME OF CHILD) has malaria. Your child is also younger than 4 months old and therefore requires special treatment from a health facility. Your child is ill and must be taken to a health facility right away.</p> <p>SKIP TO 228</p>												
224	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD.	<p>The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called COARTEM/ACT. COARTEM/ACT is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.</p>												
225	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE . . 1 _____ ← (SIGN) REFUSED ..... 2 OTHER ..... 6	ACCEPTED MEDICINE . . 1 _____ ← (SIGN) REFUSED ..... 2 OTHER ..... 6	ACCEPTED MEDICINE . . 1 _____ ← (SIGN) REFUSED ..... 2 OTHER ..... 6										
226	CHECK 225:  MEDICATION ACCEPTED	ACCEPTED MEDICINE . . 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 228) ←	ACCEPTED MEDICINE . . 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 228) ←	ACCEPTED MEDICINE . . 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 228) ←										
227	TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS	<table border="1"> <thead> <tr> <th colspan="2">TREATMENT WITH COARTEM/ACT</th> </tr> <tr> <th>Weight (in Kg) – Approximate age</th> <th>Dosage *</th> </tr> </thead> <tbody> <tr> <td>Under 4 months</td> <td>Refer to health facility</td> </tr> <tr> <td>5 kgs. to 14 kgs. (from 4 month up to 3 years)</td> <td>1 tablet twice daily for 3 days</td> </tr> <tr> <td>15 kgs. to 24 kgs. (from 3 years up to 7 years)</td> <td>2 tablets twice daily for 3 days</td> </tr> </tbody> </table> <p>* Co-formulated tablets containing 20 mg Artemether and 120 mg Lumefantrine per tablet</p> <p>First day starts by taking first dose followed by the second one 8 hours later; on subsequent days the recommendation is simply "morning" and "evening" (usually around 12 hours apart). Take the medicine (crushed for smaller children) with high fat food or drinks like milk.</p> <p>Make sure that the FULL 3 days treatment is taken at the recommended times, otherwise the infection may return. If your child vomits within an hour of taking the medicine, you will need to get additional tablets and repeat the dose.</p> <p>ALSO TELL THE PARENT/ADULT RESPONSIBLE FOR THE CHILD: If [NAME] has a high fever, fast or difficult breathing, is not able to drink or breastfeed, gets sicker or does not get better in two days, you should take him/her to a health professional for treatment right away.</p>			TREATMENT WITH COARTEM/ACT		Weight (in Kg) – Approximate age	Dosage *	Under 4 months	Refer to health facility	5 kgs. to 14 kgs. (from 4 month up to 3 years)	1 tablet twice daily for 3 days	15 kgs. to 24 kgs. (from 3 years up to 7 years)	2 tablets twice daily for 3 days
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228	RECORD THE RESULT CODE OF <b><u>MALARIA TREATMENT OR REFERRAL.</u></b>	MEDICATION GIVEN . . . 1 MEDS REFUSED ..... 2 SEVERE MALARIA REFERRAL ..... 3 ALREADY TAKING ACTS REFERRAL ..... 4 UNDER 4 MONTHS REFERRAL ..... 5 OTHER ..... 6	MEDICATION GIVEN . . . 1 MEDS REFUSED ..... 2 SEVERE MALARIA REFERRAL ..... 3 ALREADY TAKING ACTS REFERRAL ..... 4 UNDER 4 MONTHS REFERRAL ..... 5 OTHER ..... 6	MEDICATION GIVEN . . . 1 MEDS REFUSED ..... 2 SEVERE MALARIA REFERRAL ..... 3 ALREADY TAKING ACTS REFERRAL ..... 4 UNDER 4 MONTHS REFERRAL ..... 5 OTHER ..... 6										
229	GO BACK TO 202 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, END INTERVIEW.													

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: \_\_\_\_\_