

UGANDA BUREAU OF STATISTICS
2009 UGANDA MALARIA INDICATOR SURVEY
HOUSEHOLD QUESTIONNAIRE - **ENGLISH**

SECTION 1A: IDENTIFICATION									
1. REGION _____ 2. DISTRICT _____ 3. COUNTY _____ 4. SUBCOUNTY/TOWN _____ 5. PARISH/LC2 NAME _____ 6. EA NAME _____ 7. UMIS NUMBER 8. URBAN=1, PERI URBAN=2, RURAL=3 9. NAME OF HEAD OF HOUSEHOLD _____ 10. HOUSEHOLD NUMBER 11. HOUSEHOLD SAMPLE NUMBER	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>								
SECTION 1B: INTERVIEWER VISITS									
	1	2	3	FINAL VISIT					
1. DATE 2. INTERVIEWER'S NAME 3. RESULT*	_____ _____ _____	_____ _____ _____	_____ _____ _____	1. DAY 2. MONTH 3. YEAR 4. INT. NUMBER 5. RESULT					
4. NEXT VISIT: DATE 5. TIME	_____ _____	_____ _____	_____ _____	6. TOTAL NUMBER OF VISITS 7. TOTAL PERSONS IN HOUSEHOLD 8. TOTAL ELIGIBLE WOMEN 9. TOTAL ELIGIBLE CHILDREN 10. LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE					
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ <div style="text-align: right; margin-top: 5px;">(SPECIFY)</div>				<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>					
6. LANGUAGE OF THE QUESTIONNAIRE 7. LANGUAGE USED IN THE INTERVIEW 8. NATIVE LANGUAGE OF RESPONDENT 9. TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3) <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <div>LANGUAGE USED: 1 ATESO-KARAMOJONG</div> <div>4 LUO</div> <div>7 ENGLISH</div> </div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <div>2 LUGANDA</div> <div>5 RUNYANKORE-RUKIGA</div> <div>8 OTHER</div> </div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <div>3 LUGBARA</div> <div>6 RUNYORO-RUTORO</div> <div></div> </div>				<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>					

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with UBOS in collaboration with MOH.

We are conducting a national survey about malaria and would very much appreciate your participation in this survey. This information will help the government to plan health services. As part of the survey we would first like to ask some questions about your household. These questions will take about 15 minutes to complete. Whatever information you provide will be kept strictly confidential, and will not be shared with anyone other than members of our survey team.

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

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

Signature of interviewer: _____

Date: _____

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

START TIME: HOURS

END TIME: HOURS

SECTION 2: HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY	
	<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 5-7 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>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 YEARS</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-4 YEARS (0-59 MONTHS)</p>
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	08	08

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

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

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY	
	<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 5-7 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>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 YEARS</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-4 YEARS (0-59 MONTHS)</p>
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
09		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	10	10
11		<input type="text"/>	1 2	1 2	1 2	<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

TICK HERE IF CONTINUATION SHEET USED ☐

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

YES ☐ → ADD TO TABLE NO ☐

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

YES ☐ → ADD TO TABLE NO ☐

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?

YES ☐ → ADD TO TABLE NO ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD

02 = WIFE OR HUSBAND

03 = SON OR DAUGHTER

04 = SON-IN-LAW OR DAUGHTER-IN-LAW

05 = GRANDCHILD

06 = PARENT

07 = PARENT-IN-LAW

08 = BROTHER OR SISTER

09 = NIECE/NEPHEW BY BLOOD

10 = NIECE/NEPHEW BY MARRIAGE

11 = OTHER RELATIVE

12 = ADOPTED/FOSTER/STEP CHILD

13 = NOT RELATED

98 = DON'T KNOW

SECTION 3: 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 INTO YARD/COMPOUND ... 12 PUBLIC TAP 13 WATER FROM OPEN WELL OPEN WELL IN YARD/COMPOUND.. 21 OPEN PUBLIC WELL 22 WATER FROM COVERED WELL OR BOREHOLE PROTECTED WELL IN YARD/COMPOUND 31 PROTECTED PUBLIC WELL 32 BOREHOLE..... 33 SURFACE WATER PROTECTED SPRING 41 UNPROTECTED SPRING 42 RIVER/STREAM 43 POND/LAKE 44 DAM 45 RAINWATER 51 WATER TRUCK 61 BOTTLED WATER 71 OTHER 96 <div style="text-align: right;">(SPECIFY)</div>	
102	What kind of toilet facility do members of your household usually use?	FLUSH TOILET.....01 VIP LATRINE02 COVERED PIT LATRINE NO SLAB ...03 COVERED PIT LATRINE W/ SLAB ...04 UNCOVERED PIT LATRINE NO SLAB ..05 UNCOVERED PIT LATRINE W/ SLAB ..06 COMPOSTING TOILET 07 NO FACILITY/BUSH/FIELD 08 OTHER 96 <div style="text-align: right;">(SPECIFY)</div>	
104	Does your household have: a) Electricity? b) A radio? c) A cassette player? d) A television? e) A mobile phone? f) A fixed phone? g) A refrigerator? h) A table? i) A chair? j) A sofa set? k) A bed? l) A cupboard? m) A clock?	<div style="float: right; text-align: center;">YES NO</div> ELECTRICITY 1 2 RADIO 1 2 CASSETTE PLAYER 1 2 TELEVISION 1 2 MOBILE PHONE 1 2 FIXED PHONE 1 2 REFRIGERATOR 1 2 TABLE 1 2 CHAIRS 1 2 SOFA SET 1 2 BED 1 2 CUPBOARD 1 2 CLOCK 1 2	
105	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG/NATURAL GAS 02 BIOGAS 03 PARAFFIN / KEROSENE 04 CHARCOAL 05 FIREWOOD..... 06 STRAW/SHRUBS/GRASS..... 07 ANIMAL DUNG 08 NO FOOD COOKED IN HOUSEHOLD... 95 OTHER 96 <div style="text-align: right;">(SPECIFY)</div>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106	What is the main source of energy for lighting in the household?	ELECTRICITY 01 SOLAR 02 GAS 03 PARAFFIN-HURRICANE LAMP ... 04 PARAFFIN-PRESSURE LAMP 05 PARAFFIN-WICK LAMP 06 FIREWOOD 07 CANDLES 08 OTHER 96 (SPECIFY)	
107	MAIN MATERIAL OF THE FLOOR RECORD OBSERVATION. MARK ONLY ONE.	NATURAL FLOOR EARTH/SAND 11 EARTH AND DUNG 12 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 MOSAIC OR TILES 33 BRICKS 34 CEMENT 35 STONES 36 OTHER 96 (SPECIFY)	
108	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION. MARK ONLY ONE.	NATURAL ROOFING THATCHED 11 MUD 12 FINISHED ROOFING WOOD/PLANKS 21 IRON SHEETS 22 ASBESTOS 23 TILES 24 TIN 25 CEMENT 26 OTHER 96 (SPECIFY)	
109	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION. MARK ONLY ONE.	NATURAL WALLS THATCHED/STRAW 11 RUDIMENTARY WALLS MUD AND POLES 21 UN-BURNT BRICKS 22 UN-BURNT BRICKS WITH PLASTER 23 BURNT BRICKS WITH MUD 24 FINISHED WALLS CEMENT BLOCKS 31 STONE 32 TIMBER 33 BURNT BRICKS WITH CEMENT 34 OTHER 96 (SPECIFY)	
110	How many rooms in your household are used for sleeping? (INCLUDING ROOMS OUTSIDE THE MAIN DWELLING)	ROOMS <input type="text"/> <input type="text"/>	
111	How many sleeping spaces like mats, mattresses, or beds are available in your household?	NUMBER OF SLEEPING SPACES . . <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
112	Does any member of your household own or have: a) A watch? b) A bicycle? c) A motorcycle or motor scooter? d) An animal-drawn cart? e) A car or truck? f) A boat with a motor g) A boat without a motor e) A bank account?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>WATCH</td><td>1</td><td>2</td></tr> <tr> <td>BICYCLE</td><td>1</td><td>2</td></tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td><td>1</td><td>2</td></tr> <tr> <td>ANIMAL-DRAWN CART</td><td>1</td><td>2</td></tr> <tr> <td>CAR/TRUCK</td><td>1</td><td>2</td></tr> <tr> <td>BOAT WITH MOTOR</td><td>1</td><td>2</td></tr> <tr> <td>BOAT WITH NO MOTOR</td><td>1</td><td>2</td></tr> <tr> <td>BANK ACCOUNT</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	WATCH	1	2	BICYCLE	1	2	MOTORCYCLE/SCOOTER ...	1	2	ANIMAL-DRAWN CART	1	2	CAR/TRUCK	1	2	BOAT WITH MOTOR	1	2	BOAT WITH NO MOTOR	1	2	BANK ACCOUNT	1	2	
	YES	NO																												
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BOAT WITH NO MOTOR	1	2																												
BANK ACCOUNT	1	2																												
113	How many acres of agricultural land do members of this household own?	ACRES. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 9995 OR MORE ACRES. 9995.0 DON'T KNOW. 9999.8																												
114	How many of the following animals/birds does this household own? IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'. a) Local Cattle? b) Exotic/Cross Cattle? c) Goats? d) Sheep? e) Pigs? f) Chickens?	<table border="0"> <tbody> <tr> <td>LOCAL CATTLE</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>EXOTIC/CROSS CATTLE</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>GOATS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>SHEEP</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>PIGS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>CHICKENS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	LOCAL CATTLE	<input type="text"/>	<input type="text"/>	EXOTIC/CROSS CATTLE	<input type="text"/>	<input type="text"/>	GOATS	<input type="text"/>	<input type="text"/>	SHEEP	<input type="text"/>	<input type="text"/>	PIGS	<input type="text"/>	<input type="text"/>	CHICKENS	<input type="text"/>	<input type="text"/>										
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115	How far is it to the nearest market place? WRITE '00' IF LESS THAN ONE KILOMETRE IF MORE THAN 95 KM, WRITE 95 CIRCLE '98' IF DON'T KNOW	KILOMETRES <input type="text"/> <input type="text"/> DON'T KNOW 98																												
116	Now I would like to ask you about the food your household eats. How many meals does your household usually have per day?	MEALS <input type="text"/>																												
117	In the past week, on how many days did the household eat meat?	DAYS <input type="text"/>																												
118	How often in the last year did you have problems in satisfying the food needs of the household?	NEVER 1 SELDOM 2 SOMETIMES 3 OFTEN 4 ALWAYS 5																												
119	How far is it to the nearest health facility? WRITE '00' IF LESS THAN ONE KILOMETRE IF MORE THAN 95 KM, WRITE 95 CIRCLE '98' IF DON'T KNOW	KILOMETRES <input type="text"/> <input type="text"/> DON'T KNOW 98																												
120	If you were to go to this facility, how would you <u>most likely</u> go there?	CAR/MOTORCYCLE 1 PUBLIC TRANSPORT (BUS, TAXI) ... 2 ANIMAL/ANIMAL CART 3 WALKING 4 BICYCLE 5 OTHER 6 (SPECIFY)																												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
		NET # 1	NET # 2	NET # 3	
124	May I have a look at (all) the net(s) to establish the brand?	OBSERVED ... 1 NOT OBSERVED 2	OBSERVED ... 1 NOT OBSERVED 2	OBSERVED ... 1 NOT OBSERVED 2	
125	How many months ago did your household obtain the mosquito net? IF LESS THAN ONE MONTH, WRITE '00'.	MONTHS <input type="text"/> <input type="text"/> AGO MORE THAN 36 MONTHS AGO... 95 NOT SURE 98	MONTHS <input type="text"/> <input type="text"/> AGO MORE THAN 36 MONTHS AGO... 95 NOT SURE 98	MONTHS <input type="text"/> <input type="text"/> AGO MORE THAN 36 MONTHS AGO... 95 NOT SURE 98	
126	Where did you get the mosquito net from?	PUBLIC SECTOR GOV'T HOSPITAL .. 01 GOV'T HEALTH CENTER 02 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC 03 PHARMACY 04 OTHER SOURCE SHOP 05 OPEN MARKET ... 06 HAWKER 07 PROJECT/NGO ... 08 CAMPAIGN 09 CHURCH 10 OTHER 96 DOES NOT KNOW 98	PUBLIC SECTOR GOV'T HOSPITAL .. 01 GOV'T HEALTH CENTER 02 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC 03 PHARMACY 04 OTHER SOURCE SHOP 05 OPEN MARKET ... 06 HAWKER 07 PROJECT/NGO ... 08 CAMPAIGN 09 CHURCH 10 OTHER 96 DOES NOT KNOW 98	PUBLIC SECTOR GOV'T HOSPITAL .. 01 GOV'T HEALTH CENTER 02 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC 03 PHARMACY 04 OTHER SOURCE SHOP 05 OPEN MARKET ... 06 HAWKER 07 PROJECT/NGO ... 08 CAMPAIGN 09 CHURCH 10 OTHER 96 DOES NOT KNOW 98	
127	OBSERVE OR ASK THE BRAND OR TYPE OF MOSQUITO NET.	'LONGLASTING' NET PERMANET 11 DURANET 12 INTERCEPTOR... 13 NETPROTECT..... 14 OLYSET..... 15 DAWANET..... 16 ICONLIFE..... 17 (SKIP TO 131)← FACTORY NET WITH INSECTICIDE KIT KO NET 21 KOOPER NET ... 22 ICONET 23 SAFI NET 24 FACTORY NET WITH NO INSECTICIDE B52 31 BAMBOO HUT ... 32 CENTURY 33 LUCKY NET 34 VICTORIA 35 HOMEMADE NET .. 41 OTHER 96 (SPECIFY) DK BRAND 98	'LONGLASTING' NET PERMANET 11 DURANET 12 INTERCEPTOR... 13 NETPROTECT..... 14 OLYSET..... 15 DAWANET..... 16 ICONLIFE..... 17 (SKIP TO 131)← FACTORY NET WITH INSECTICIDE KIT KO NET 21 KOOPER NET ... 22 ICONET 23 SAFI NET 24 FACTORY NET WITH NO INSECTICIDE B52 31 BAMBOO HUT ... 32 CENTURY 33 LUCKY NET 34 VICTORIA 35 HOMEMADE NET .. 41 OTHER 96 (SPECIFY) DK BRAND 98	'LONGLASTING' NET PERMANET 11 DURANET 12 INTERCEPTOR... 13 NETPROTECT..... 14 OLYSET..... 15 DAWANET..... 16 ICONLIFE..... 17 (SKIP TO 131)← FACTORY NET WITH INSECTICIDE KIT KO NET 21 KOOPER NET ... 22 ICONET 23 SAFI NET 24 FACTORY NET WITH NO INSECTICIDE B52 31 BAMBOO HUT ... 32 CENTURY 33 LUCKY NET 34 VICTORIA 35 HOMEMADE NET .. 41 OTHER 96 (SPECIFY) DK BRAND 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
129	Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitoes or bugs?	YES 1 NO 2 (SKIP TO 131) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 131) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 131) ← NOT SURE 8	
130	How many months ago was the net last soaked or dipped? IF LESS THAN 1 MONTH, RECORD '00'.	MONTHS <input type="text"/> <input type="text"/> AGO ... 25 OR MORE MONTHS AGO ... 95 NOT SURE 98	MONTHS <input type="text"/> <input type="text"/> AGO ... 25 OR MORE MONTHS AGO ... 95 NOT SURE 98	MONTHS <input type="text"/> <input type="text"/> AGO ... 25 OR MORE MONTHS AGO ... 95 NOT SURE 98	
131	Did anyone sleep under this mosquito net last night?	YES 1 (SKIP TO 132) ← NO 2 NOT SURE 8 (SKIP TO 133) ←	YES 1 (SKIP TO 132) ← NO 2 NOT SURE 8 (SKIP TO 133) ←	YES 1 (SKIP TO 132) ← NO 2 NOT SURE 8 (SKIP TO 133) ←	
131A	What are some of the reasons why this net was not used?	TOO HOT A DON'T LIKE SMELL B NO MOSQUITOES C NET TOO OLD/TOO MANY HOLES ... D NET NOT HANG E OTHER X (SPECIFY) DON'T KNOW Z (ALL SKIP TO 133) ←	TOO HOT A DON'T LIKE SMELL B NO MOSQUITOES C NET TOO OLD/TOO MANY HOLES ... D NET NOT HANG E OTHER X (SPECIFY) DON'T KNOW Z (ALL SKIP TO 133) ←	TOO HOT A DON'T LIKE SMELL B NO MOSQUITOES C NET TOO OLD/TOO MANY HOLES ... D NET NOT HANG E OTHER X (SPECIFY) DON'T KNOW Z (ALL SKIP TO 133) ←	
132	Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE	NAME _____ 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 _____ 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 _____ 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 _____ 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 _____ 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"/>	
133		GO BACK TO 124 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO BACK TO 124 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO BACK TO 124 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
		NET # 4	NET # 5	NET # 6	
124	May I have a look at (all) the net(s) to establish the brand?	OBSERVED ... 1 NOT OBSERVED 2	OBSERVED ... 1 NOT OBSERVED 2	OBSERVED ... 1 NOT OBSERVED 2	
125	How many months ago did your household obtain the mosquito net? IF LESS THAN ONE MONTH, WRITE '00'.	MONTHS <input type="text"/> <input type="text"/> AGO MORE THAN 36 MONTHS AGO... 95 NOT SURE 98	MONTHS <input type="text"/> <input type="text"/> AGO MORE THAN 36 MONTHS AGO... 95 NOT SURE 98	MONTHS <input type="text"/> <input type="text"/> AGO MORE THAN 36 MONTHS AGO... 95 NOT SURE 98	
126	Where did you get the mosquito net from?	PUBLIC SECTOR GOV'T HOSPITAL .. 01 GOV'T HEALTH CENTER 02 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 03 PHARMACY 04 OTHER SOURCE SHOP 05 OPEN MARKET ... 06 HAWKER 07 PROJECT/NGO ... 08 CAMPAIGN 09 CHURCH 10 OTHER 96 DOES NOT KNOW 98	PUBLIC SECTOR GOV'T HOSPITAL .. 01 GOV'T HEALTH CENTER 02 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 03 PHARMACY 04 OTHER SOURCE SHOP 05 OPEN MARKET ... 06 HAWKER 07 PROJECT/NGO ... 08 CAMPAIGN 09 CHURCH 10 OTHER 96 DOES NOT KNOW 98	PUBLIC SECTOR GOV'T HOSPITAL .. 01 GOV'T HEALTH CENTER 02 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 03 PHARMACY 04 OTHER SOURCE SHOP 05 OPEN MARKET ... 06 HAWKER 07 PROJECT/NGO ... 08 CAMPAIGN 09 CHURCH 10 OTHER 96 DOES NOT KNOW 98	
127	OBSERVE OR ASK THE BRAND OR TYPE OF MOSQUITO NET.	'LONGLASTING' NET PERMANET 11 DURANET 12 INTERCEPTOR... 13 NETPROTECT..... 14 OLYSET..... 15 DAWANET..... 16 ICONLIFE..... 17 (SKIP TO 131)← FACTORY NET WITH INSECTICIDE KIT KO NET 21 KOOPER NET ... 22 ICONET 23 SAFI NET 24 FACTORY NET WITH NO INSECTICIDE B52 31 BAMBOO HUT ... 32 CENTURY 33 LUCKY NET 34 VICTORIA 35 HOMEMADE NET .. 41 OTHER 96 (SPECIFY) DK BRAND 98	'LONGLASTING' NET PERMANET 11 DURANET 12 INTERCEPTOR... 13 NETPROTECT..... 14 OLYSET..... 15 DAWANET..... 16 ICONLIFE..... 17 (SKIP TO 131)← FACTORY NET WITH INSECTICIDE KIT KO NET 21 KOOPER NET ... 22 ICONET 23 SAFI NET 24 FACTORY NET WITH NO INSECTICIDE B52 31 BAMBOO HUT ... 32 CENTURY 33 LUCKY NET 34 VICTORIA 35 HOMEMADE NET .. 41 OTHER 96 (SPECIFY) DK BRAND 98	'LONGLASTING' NET PERMANET 11 DURANET 12 INTERCEPTOR... 13 NETPROTECT..... 14 OLYSET..... 15 DAWANET..... 16 ICONLIFE..... 17 (SKIP TO 131)← FACTORY NET WITH INSECTICIDE KIT KO NET 21 KOOPER NET ... 22 ICONET 23 SAFI NET 24 FACTORY NET WITH NO INSECTICIDE B52 31 BAMBOO HUT ... 32 CENTURY 33 LUCKY NET 34 VICTORIA 35 HOMEMADE NET .. 41 OTHER 96 (SPECIFY) DK BRAND 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
129	<p>Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitoes or bugs?</p> <p>YES 1 NO 2 (SKIP TO 131) ← NOT SURE 8</p>	<p>YES 1 NO 2 (SKIP TO 131) ← NOT SURE 8</p>	<p>YES 1 NO 2 (SKIP TO 131) ← NOT SURE 8</p>		
130	<p>How many months ago was the net last soaked or dipped?</p> <p>MONTHS <input type="text"/> <input type="text"/> AGO ...</p> <p>IF LESS THAN 1 MONTH, RECORD '00'.</p> <p>25 OR MORE MONTHS AGO ... 95</p> <p>NOT SURE 98</p>	<p>MONTHS <input type="text"/> <input type="text"/> AGO ...</p> <p>25 OR MORE MONTHS AGO ... 95</p> <p>NOT SURE 98</p>	<p>MONTHS <input type="text"/> <input type="text"/> AGO ...</p> <p>25 OR MORE MONTHS AGO ... 95</p> <p>NOT SURE 98</p>		
131	<p>Did anyone sleep under this mosquito net last night?</p> <p>YES 1 (SKIP TO 132) ← NO 2 NOT SURE 8 (SKIP TO 133) ← </p>	<p>YES 1 (SKIP TO 132) ← NO 2 NOT SURE 8 (SKIP TO 133) ← </p>	<p>YES 1 (SKIP TO 132) ← NO 2 NOT SURE 8 (SKIP TO 133) ← </p>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
		NET # 4	NET # 5	NET # 6	
131A	What are some of the reasons why this net was not used?	TOO HOT A DON'T LIKE SMELL B NO MOSQUITOES C NET TOO OLD/TOO MANY HOLES .. D NET NOT HANG E OTHER X (SPECIFY) DON'T KNOW Z (ALL SKIP TO 133) ←	TOO HOT A DON'T LIKE SMELL B NO MOSQUITOES C NET TOO OLD/TOO MANY HOLES .. D NET NOT HANG E OTHER X (SPECIFY) DON'T KNOW Z (ALL SKIP TO 133) ←	TOO HOT A DON'T LIKE SMELL B NO MOSQUITOES C NET TOO OLD/TOO MANY HOLES .. D NET NOT HANG E OTHER X (SPECIFY) DON'T KNOW Z (ALL SKIP TO 133) ←	
132	Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE	NAME _____ 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 _____ 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 _____ 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 _____ 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 _____ 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"/>	
133		GO BACK TO 124 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO BACK TO 124 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO TO 124 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 201.	

SECTION 4: ANEMIA AND MALARIA TESTING FOR CHILDREN AGE 0-4 (0-59 MONTHS)

201	CHECK COLUMN 9. WRITE THE LINE NUMBER AND NAME FOR ALL CHILDREN 0-4 YEARS IN Q. 202 IN ORDER BY LINE NUMBER. IF MORE THAN 6 CHILDREN, USE ADDITIONAL QUESTIONNAIRES. BE SURE TO FILL Qs. 209 AND 211.			
		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 CHILD'S MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	CHECK 203: CHILD BORN IN OCTOBER 2004 OR LATER?	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) ←	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) ←	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) ←
206	LINE NUMBER OF PARENT OR ADULT RESPONSIBLE FOR CHILD. RECORD '00' IF NOT LISTED.	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>
207	READ ANEMIA CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 _____ (SIGN) ← REFUSED 2	GRANTED 1 _____ (SIGN) ← REFUSED 2	GRANTED 1 _____ (SIGN) ← REFUSED 2
208	READ MALARIA CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 _____ (SIGN) ← REFUSED 2	GRANTED 1 _____ (SIGN) ← REFUSED 2	GRANTED 1 _____ (SIGN) ← REFUSED 2
CONDUCT TESTS FOR WHICH CONSENT IS GRANTED AND CONTINUE TO 209				
209	RECORD RESULT CODE OF ANEMIA TEST.	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 211) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 211) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 211) ←
210	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
211	RECORD RESULT CODE OF MALARIA TEST	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 215) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 215) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 215) ←
212	BAR CODE LABEL PASTE BAR CODE HERE AND ON SLIDE AND ON TRANSMITTAL FORM.			
213	RESULT OF MALARIA TEST	POSITIVE 1 NEGATIVE 2 (SKIP TO 215) ← OTHER 6	POSITIVE 1 NEGATIVE 2 (SKIP TO 215) ← OTHER 6	POSITIVE 1 NEGATIVE 2 (SKIP TO 215) ← OTHER 6
214	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD. ASK ABOUT ANY TREATMENT THE CHILD HAS ALREADY RECEIVED.	ACCEPTED MEDICINE 1 _____ (SIGN) ← REFUSED 2 ALREADY HAS ACT 3 NOT ELIGIBLE 4 OTHER 6	ACCEPTED MEDICINE 1 _____ (SIGN) ← REFUSED 2 ALREADY HAS ACT 3 NOT ELIGIBLE 4 OTHER 6	ACCEPTED MEDICINE 1 _____ (SIGN) ← REFUSED 2 ALREADY HAS ACT 3 NOT ELIGIBLE 4 OTHER 6
215	GO BACK TO 203 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, END INTERVIEW.			

		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____
203	IF MOTHER INTERVIEWED, COPY CHILD'S MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 2004 OR LATER?	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)
206	LINE NUMBER OF PARENT OR ADULT RESPONSIBLE FOR CHILD. RECORD '00' IF NOT LISTED.	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>
207	READ ANEMIA CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 (SIGN) _____ REFUSED 2	GRANTED 1 (SIGN) _____ REFUSED 2	GRANTED 1 (SIGN) _____ REFUSED 2
208	READ MALARIA CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 (SIGN) _____ REFUSED 2	GRANTED 1 (SIGN) _____ REFUSED 2	GRANTED 1 (SIGN) _____ REFUSED 2
CONDUCT TESTS FOR WHICH CONSENT IS GRANTED AND CONTINUE TO 209				
209	RECORD RESULT CODE OF ANEMIA TEST.	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 211)	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 211)	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 211)
210	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
211	RECORD RESULT CODE OF MALARIA TEST	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 215)	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 215)	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 215)
212	BAR CODE LABEL PASTE BAR CODE HERE AND ON SLIDE AND ON TRANSMITTAL FORM.			
213	RESULT OF MALARIA TEST	POSITIVE 1 NEGATIVE 2 (SKIP TO 215) OTHER 6	POSITIVE 1 NEGATIVE 2 (SKIP TO 215) OTHER 6	POSITIVE 1 NEGATIVE 2 (SKIP TO 215) OTHER 6
214	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD. ASK ABOUT ANY TREATMENT THE CHILD HAS ALREADY RECEIVED.	ACCEPTED MEDICINE 1 (SIGN) _____ REFUSED 2 ALREADY HAS ACT 3 NOT ELIGIBLE 4 OTHER 6	ACCEPTED MEDICINE 1 (SIGN) _____ REFUSED 2 ALREADY HAS ACT 3 NOT ELIGIBLE 4 OTHER 6	ACCEPTED MEDICINE 1 (SIGN) _____ REFUSED 2 ALREADY HAS ACT 3 NOT ELIGIBLE 4 OTHER 6
215		GO BACK TO 203 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, END INTERVIEW.		

CONSENT STATEMENT FOR ANEMIA TEST

As part of this survey, we are asking that children all over the country take an **anemia** test. Anemia is a serious health problem that usually results from poor nutrition, infection, or disease. This survey will help the government to develop programs to prevent and treat anemia.

We request that all children under 5 years participate in the anemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

The blood will be tested for anemia immediately and the result will be told to you right away. The result will be kept confidential.

Do you have any questions about the anemia test?

You can say yes to the test or you can say no. It is up to you to decide.

Will you allow [NAME(S) OF CHILD(REN)] to participate in the **anemia** test?

CONSENT STATEMENT FOR MALARIA TEST

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.

We request that all children under 5 years participate in the malaria testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test. (We will use blood from the same finger prick made for the anemia test).

The blood will be tested for malaria immediately and the result will be told to you right away. The result will be kept confidential.

Do you have any questions about the malaria test?

You can say yes to the test or you can say no. It is up to you to decide.

Will you allow [NAME(S) OF CHILD(REN)] to participate in the **malaria** test?

TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS

IF MALARIA TEST IS POSITIVE: 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.

BEFORE PROVIDING COARTEM/ACT, FIRST ASK IF THE CHILD IS ALREADY TAKING OTHER MEDICINES AND IF SO, ASK TO SEE THEM. IF CHILD IS ALREADY TAKING COARTEM/ACT, CHECK ON THE DOSE ALREADY AVAILABLE. FOLLOW THE NATIONAL TREATMENT GUIDELINE FOR MALARIA. BE CAREFUL NOT TO OVERTREAT.

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.

TREATMENT WITH COARTEM/ACT	
Weight (in Kg) – Approximate age	Dosage *
5 kgs. to less than 15 kgs. (under 3 years)	1 tablet twice daily for 3 days
15 kgs. to less than 25 kgs. (3 -8 years)	2 tablets twice daily for 3 days

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.

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.

ALSO TELL THE PARENT/CARE TAKER:

If [NAME] has any of the following symptoms, you should take him/her to a health professional for treatment immediately:

- High fever
- Fast or difficult breathing
- Not able to drink or breastfeed
- Gets sicker or does not get better in 2 days

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

UGANDA BUREAU OF STATISTICS
UGANDA MALARIA INDICATOR SURVEY 2009
WOMAN'S QUESTIONNAIRE - **ENGLISH**

SECTION 1A: IDENTIFICATION																																	
1. REGION _____	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>																																
2. DISTRICT _____																																	
3. COUNTY _____																																	
4. SUBCOUNTY/TOWN _____																																	
5. PARISH/LC2 NAME _____																																	
6. EA NAME _____																																	
7. HOUSEHOLD NUMBER																																	
8. NAME AND LINE NUMBER OF WOMAN _____																																	

SECTION 1B: INTERVIEWER VISITS													
	1	2	3	FINAL VISIT									
DATE	_____	_____	_____	DAY MONTH YEAR <table border="1" style="float: right; border-collapse: collapse;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>									
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1" style="float: right; border-collapse: collapse;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>									
RESULT*	_____	_____	_____	RESULT <table border="1" style="float: right; border-collapse: collapse;"> <tr><td></td><td></td><td></td></tr> </table>									
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS									
TIME	_____	_____		<table border="1" style="border-collapse: collapse;"> <tr><td></td></tr> </table>									
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 8 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY) _____													
LANGUAGE OF THE QUESTIONNAIRE	7												
LANGUAGE USED IN THE INTERVIEW													
NATIVE LANGUAGE OF RESPONDENT													
TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3).....													
LANGUAGE USED: 1 ATESO-KARAMOJONG 4 LUO 7 ENGLISH 2 LUGANDA 5 RUNYANKOLE-RUKIGA 8 OTHER 3 LUGBARA 6 RUNYORO-RUTORO													

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____	DATE _____		

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the MOH and UBOS. We are conducting a national survey about malaria and would very much appreciate your participation in this survey. This information will help the government to plan health services. These questions will take about 15 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shared with anyone other than members of our survey team.

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

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

Signature of interviewer: _____ Date: _____

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

SECTION 1 - RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> HOUR MINUTES MORNING 1 AFTERNOON 2 EVENING/NIGHT 3 </div> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; flex-direction: column; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div>	
102	In what month and year were you born?	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> MONTH DON'T KNOW MONTH98 YEAR DON'T KNOW YEAR9998 </div> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; flex-direction: column; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div>	
103	How old are you? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div>AGE IN COMPLETED YEARS</div> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; flex-direction: column; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div>	
104	Have you ever attended school?	YES 1 NO 2	→ 107
105	What is the highest level of school you attended: primary, 'O' level, 'A' level, or university or tertiary?	PRIMARY 1 'O' LEVEL 2 'A' LEVEL 3 UNIVERSITY/TERTIARY 4	
106	What is the highest (class/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div>CLASS/YEAR</div> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; flex-direction: column; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div>	
107	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4 CANNOT READ 8	
108	Do you listen to the radio almost every day, at least once week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
109	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
110	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES 1 NO 2	→ 113
111	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation or any other such reason?	YES 1 NO 2	→ 113

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	Have you done any work in the last 12 months?	YES 1 NO 2	→ 115
113	Are (were) you paid in cash or kind for this work or are (were) you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN-KIND ONLY 3 NOT PAID 4	
114	What is your occupation, that is, what kind of work do you mainly do? INTERVIEWER: PROBE TO OBTAIN DETAILED INFORMATION ON THE KIND OF WORK RESPONDENT DOES.	_____ _____ _____ <div style="display: flex; justify-content: center; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	→ 116
115	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING ... 01 LOOKING FOR WORK . 02 RETIRED 03 TOO ILL TO WORK 04 HANDICAPPED, CANNOT WORK ... 05 HOUSEWORK/CHILD CARE 06 OTHER 96 (SPECIFY)	
116	What is your ethnic group?	BAGANDA. 01 BANYANKORE. 02 ITESO. 03 LUGBARA/MADI. 04 BASOGA. 05 LANGI. 06 BAKIGA. 07 KARIMOJONG. 08 ACHOLI. 09 BAGISU/SABINY. 10 ALUR/JOPADHOLA. 11 BANYORO. 12 BATORO. 13 OTHER 96 (SPECIFY)	

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 style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAUGHTERS AT HOME <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
204	Do you have any sons or daughters to whom you have 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 style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAUGHTERS ELSEWHERE <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></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 style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> GIRLS DEAD <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
209	CHECK 208: Just to make sure 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	Are you pregnant now?	YES 1 NO 2 UNSURE 8									
211	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS Q.208 IS '00' <input type="checkbox"/> → 224										

212 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 213. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).									
213	214	215	216	217	218	219	220	221	222
What name was given to your (first/next) baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	SING 1 MULT 2	BOY 1 GIRL 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 ↓ 221	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>	
02	SING 1 MULT 2	BOY 1 GIRL 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 ↓ 221	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 222)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>	YES 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH
03	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 221	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 222)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>	YES 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH
04	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 221	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 222)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>	YES 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH
05	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 221	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 222)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>	YES 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH
06	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 221	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 222)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>	YES 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH
07	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 221	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 222)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>	YES 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH

213	214	215	216	217	218	219	220	221	222
What name was given to your next baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
08	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO ... 2 ↓ 221	AGE IN YEARS <input type="text"/>	YES ... 1 NO 2	LINE NUMBER <input type="text"/> ↓ (GO TO 222)	DAYS ... 1 MONTHS 2 YEARS .. 3	YES 1 ADD ↙ BIRTH NO 2 NEXT ↘ BIRTH
09	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO ... 2 ↓ 221	AGE IN YEARS <input type="text"/>	YES ... 1 NO 2	LINE NUMBER <input type="text"/> ↓ (GO TO 222)	DAYS ... 1 MONTHS 2 YEARS .. 3	YES 1 ADD ↙ BIRTH NO 2 NEXT ↘ BIRTH
10	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO ... 2 ↓ 221	AGE IN YEARS <input type="text"/>	YES ... 1 NO 2	LINE NUMBER <input type="text"/> ↓ (GO TO 222)	DAYS ... 1 MONTHS 2 YEARS .. 3	YES 1 ADD ↙ BIRTH NO 2 NEXT ↘ BIRTH
11	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO ... 2 ↓ 221	AGE IN YEARS <input type="text"/>	YES ... 1 NO 2	LINE NUMBER <input type="text"/> ↓ (GO TO 222)	DAYS ... 1 MONTHS 2 YEARS .. 3	YES 1 ADD ↙ BIRTH NO 2 NEXT ↘ BIRTH
12	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO ... 2 ↓ 221	AGE IN YEARS <input type="text"/>	YES ... 1 NO 2	LINE NUMBER <input type="text"/> ↓ (GO TO 222)	DAYS ... 1 MONTHS 2 YEARS .. 3	YES 1 ADD ↙ BIRTH NO 2 NEXT ↘ BIRTH
223	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTHS IN TABLE.					YES 1 NO 2			
224	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH BIRTH: MONTH AND YEAR OF BIRTH IS RECORDED.</p> <p>FOR EACH BIRTH SINCE OCTOBER 2004: MONTH AND YEAR OF BIRTH ARE RECORDED.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p>								
225	CHECK 216 AND ENTER THE NUMBER OF BIRTHS IN 2004 OR LATER. IF NONE, RECORD '0'.								<input type="text"/>

SECTION 3. ANTENATAL CARE AND CHILDREN'S FEVER TREATMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	CHECK 216 AND 225 : <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">ONE OR MORE BIRTHS IN 2004 OR LATER <input type="checkbox"/></div> <div style="text-align: center;">NO BIRTHS/ NO BIRTH IN 2004 OR LATER <input type="checkbox"/></div> </div>		→ 350
302	CHECK 216 AND ENTER IN 303 THE NAME AND LINE NUMBER OF THE MOST RECENT BIRTH SINCE 2004 EVEN IF THE CHILD IS NO LONGER ALIVE. Now I would like to ask you some questions about your last pregnancy that ended in a live birth.		
303	NAME AND LINE NUMBER FROM 213	NAME OF LAST BIRTH _____ LINE NUMBER _____ <input style="width: 40px; height: 20px;" type="text"/>	
304	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B MEDICAL ASSISTANT/ CLINICAL OFFICER C NURSING AIDE .. D OTHER PERSON TRADITIONAL BIRTH ATTENDANT.. E OTHER _____ X (SPECIFY) NO ONE Y	
305	CHECK 304. SAW NO ONE FOR ANTENATAL CARE CODE 'Y' <input type="checkbox"/> CIRCLED CODE 'A', 'B', 'C', 'D' E' OR 'X' CIRCLED <input type="checkbox"/>		→ 307
306	What was the main reason why you did not see anyone for antenatal care?	CLINIC TOO FAR 1 HAD NO MONEY 2 HAD NO TIME 3 NOT AWARE HAD TO ATTEND 4 DID NOT WANT TO ATTEND 5 OTHER _____ 6 (SPECIFY) DON'T KNOW 8 (ALL SKIP TO 308) ←	
307	Where did you receive antenatal care for this pregnancy? Anywhere else? RECORD ALL MENTIONED. IF UNABLE TO DETERMINE IF A HEALTH FACILITY IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE _____ (NAME OF PLACE)	HOME YOUR HOME A TBA'S HOME B OTHER HOME C PUBLIC SECTOR GOVERNMENT HOSPITAL D GOVERNMENT HEALTH CENTER .. E GOVERNMENT HEALTH POST F OTHER PUBLIC _____ G (SPECIFY) PRIVATE MED. SECTOR PRIVATE HOSPITAL/CLINIC H OTHER PRIVATE MEDICAL _____ I (SPECIFY) OTHER _____ X (SPECIFY)	
308	During this pregnancy, did you take any drugs to <u>keep</u> you from getting malaria?	YES 1 NO 2 DON'T KNOW 8	→ 316

309	<p>What drugs did you take?</p> <p>RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW HER THE TYPICAL ANTIMALARIAL DRUGS. TREATMENT WITH SP/FANSIDAR USUALLY CONSISTS OF TAKING 3 BIG WHITE TABLETS AT THE HEALTH FACILITY.</p>	<p>SP/FANSIDAR A</p> <p>CHLOROQUINE B</p> <p>OTHER X</p> <p>(SPECIFY) _____</p> <p>DON'T KNOW Z</p>	
310	<p>CHECK 309. SP/FANSIDAR TAKEN FOR MALARIA PREVENTION?</p> <p>CODE 'A' <input type="checkbox"/> CODE 'A' <input type="checkbox"/></p> <p>CIRCLED NOT CIRCLED</p>		→ 316
311	<p>How many times did you take SP/FANSIDAR during this pregnancy?</p>	<p>NUMBER OF TIMES <input type="text"/></p>	
312	<p>CHECK 311. NUMBER OF TIMES SP/FANSIDAR TAKEN DURING THIS PREGNANCY.</p> <p>ONE TIME <input type="checkbox"/> TWO OR <input type="checkbox"/></p> <p>MORE TIMES</p>		→ 315
313	<p>Can you tell me why you took or received SP/FANSIDAR only one time?</p>	<p>NOT OFFERED AT CLINIC, 1</p> <p>UNKNOWN REASON. 1</p> <p>TOO LATE IN PREGNANCY. 2</p> <p>REACTED TO FIRST DOSE. 3</p> <p>DID NOT WANT TO TAKE. 4</p> <p>OTHER 6</p> <p>(SPECIFY) _____</p> <p>DON'T KNOW 8</p>	
314	<p>CHECK 304. ANTENATAL CARE FROM HEALTH PERSONNEL DURING PREGNANCY.</p> <p>CODE 'A', 'B', 'C', 'D' <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>E' OR 'X' CIRCLED</p>		→ 316
315	<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>ANTENATAL CARE VISIT. 1</p> <p>ANOTHER FACILITY VISIT. 2</p> <p>OTHER SOURCE. 6</p>	
316	<p>CHECK 216 AND 225 :</p> <p>ONE OR MORE <input type="checkbox"/> NO BIRTHS/ <input type="checkbox"/></p> <p>BIRTHS IN 2004 NO BIRTH IN 2004</p> <p>OR LATER OR LATER</p>		→ 350
317	<p>CHECK 216 AND ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2004 OR LATER. ASK QUESTIONS ABOUT THE BIRTHS AS APPROPRIATE. 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 you some questions about the health of all your children born in the last five years. We will talk about each separately.</p>		

317A	LINE NUMBER FROM 213	LAST BIRTH LINE NO. <input type="text"/>	NEXT-TO-LAST BIRTH LINE NO. <input type="text"/>	SECOND-FROM-LAST BIRTH LINE NO. <input type="text"/>
317B	FROM 213 AND 217	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
317C	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 317G) ←	YES 1 NO 2 (SKIP TO 317G) ←	YES 1 NO 2 (SKIP TO 317G) ←
317D	CHECK 317B: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 317F) ←		
317E	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 318) ← NO 2		
317F	For how many months did you breastfeed (NAME)?	MONTHS <input type="text"/> DON'T KNOW ... 98	MONTHS <input type="text"/> STILL BF 95 DON'T KNOW ... 98	MONTHS <input type="text"/> STILL BF 95 DON'T KNOW ... 98
317G	CHECK 317B: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 349) ←	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 349) ←	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 349) ←
318	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 349) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 349) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 349) ← DON'T KNOW 8
NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
319	Now I would like to know how much (NAME) was given to drink (including breast milk) during the illness with a fever. Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
320	When (NAME) had a fever, was he/she given less than usual to eat, about the same amount, more than usual or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8
321	Did you seek advice or treatment for the illness from any source?	YES 1 (SKIP TO 322) ← NO 2	YES 1 (SKIP TO 322) ← NO 2	YES 1 (SKIP TO 322) ← NO 2
321A	Why have you not sought advice or treatment from any source?	CHILD JUST FELL ILL A CHILD NOT VERY ILL B CLINIC TOO FAR C HAVE NO MONEY D WAITING FOR CHILD'S FATHER E DON'T KNOW WHAT TO DO F ALREADY HAD MEDICINE AT HOME G OTHER X (SPECIFY) SKIP TO 326 ←	CHILD JUST FELL ILL A CHILD NOT VERY ILL B CLINIC TOO FAR C HAVE NO MONEY D WAITING FOR CHILD'S FATHER E DON'T KNOW WHAT TO DO F ALREADY HAD MEDICINE AT HOME G OTHER X (SPECIFY) SKIP TO 326 ←	CHILD JUST FELL ILL A CHILD NOT VERY ILL B CLINIC TOO FAR C HAVE NO MONEY D WAITING FOR CHILD'S FATHER E DON'T KNOW WHAT TO DO F ALREADY HAD MEDICINE AT HOME G OTHER X (SPECIFY) SKIP TO 326 ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
322	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>RECORD ALL MENTIONED.</p> <p>IF UNABLE TO DETERMINE IF A HEALTH FACILITY IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL . A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. HEALTH POST C</p> <p>CLINIC/OUTREACH SERVICES ... D</p> <p>COMMUNITY HEALTH WORKER/CMD E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC G</p> <p>PHARMACY/DRUG SHOP . H</p> <p>PVT DOCTOR ... I</p> <p>CLINIC/OUTREACH SERVICES ... J</p> <p>COMMUNITY HEALTH WORKER/CMD K</p> <p>OTHER PRIVATE MED. _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>TRADITIONAL PRACTITIONER N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL . A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. HEALTH POST C</p> <p>CLINIC/OUTREACH SERVICES ... D</p> <p>COMMUNITY HEALTH WORKER/CMD E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC G</p> <p>PHARMACY/DRUG SHOP . H</p> <p>PVT DOCTOR ... I</p> <p>CLINIC/OUTREACH SERVICES ... J</p> <p>COMMUNITY HEALTH WORKER/CMD K</p> <p>OTHER PRIVATE MED. _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>TRADITIONAL PRACTITIONER N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL . A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. HEALTH POST C</p> <p>CLINIC/OUTREACH SERVICES ... D</p> <p>COMMUNITY HEALTH WORKER/CMD E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC G</p> <p>PHARMACY/DRUG SHOP . H</p> <p>PVT DOCTOR ... I</p> <p>CLINIC/OUTREACH SERVICES ... J</p> <p>COMMUNITY HEALTH WORKER/CMD K</p> <p>OTHER PRIVATE MED. _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>TRADITIONAL PRACTITIONER N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
323	CHECK 322:	<div> <div>TWO OR MORE CODES CIRCLED</div> <div>ONLY ONE CODE CIRCLED</div> <div>(SKIP TO 325)</div> </div>	<div> <div>TWO OR MORE CODES CIRCLED</div> <div>ONLY ONE CODE CIRCLED</div> <div>(SKIP TO 325)</div> </div>	<div> <div>TWO OR MORE CODES CIRCLED</div> <div>ONLY ONE CODE CIRCLED</div> <div>(SKIP TO 325)</div> </div>
324	Where did you first seek advice or treatment? USE LETTER CODE FROM 322.	FIRST PLACE ... <input type="text"/>	FIRST PLACE ... <input type="text"/>	FIRST PLACE ... <input type="text"/>
324A	How far did you travel for this advice or treatment?	LESS THAN 1KM. 1 BETWEEN 1-4 KM. ... 2 MORE THAN 5KM. 3 DON'T KNOW..... 8	LESS THAN 1KM. 1 BETWEEN 1-4 KM. ... 2 MORE THAN 5KM. 3 DON'T KNOW..... 8	LESS THAN 1KM. 1 BETWEEN 1-4 KM. ... 2 MORE THAN 5KM. 3 DON'T KNOW..... 8
325	How many days after the fever began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
325A	At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?	YES 1 NO 2 DON'T KNOW ... 8	YES 1 NO 2 DON'T KNOW ... 8	YES 1 NO 2 DON'T KNOW ... 8
326	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
327	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (GO BACK TO 317A IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 350) DON'T KNOW 8	YES 1 NO 2 (GO BACK TO 317A IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 350) DON'T KNOW 8	YES 1 NO 2 (GO TO 317A IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 350) DON'T KNOW 8
328	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE . B CHLOROQUINE WITH FANSIDAR ... C HOMAPAK RED..... D GREEN E COARTEM/ACT .. F OTHER ANTI-MALARIAL _____ ... G (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... H INJECTION ... I OTHER DRUGS PANADOL J ASPRIN K IBUPROFEN ... L OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE . B CHLOROQUINE WITH FANSIDAR ... C HOMAPAK RED..... D GREEN E COARTEM/ACT .. F OTHER ANTI-MALARIAL _____ ... G (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... H INJECTION ... I OTHER DRUGS PANADOL J ASPRIN K IBUPROFEN ... L OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE . B CHLOROQUINE WITH FANSIDAR ... C HOMAPAK RED..... D GREEN E COARTEM/ACT .. F OTHER ANTI-MALARIAL _____ ... G (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... H INJECTION ... I OTHER DRUGS PANADOL J ASPRIN K IBUPROFEN ... L OTHER _____ X (SPECIFY) DON'T KNOW Z

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
329	CHECK 328: ANY CODE A-G CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO BACK TO 317A IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 348A)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO BACK TO 317A IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 348A)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 317A IN NEXT- TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 348A)
331	CHECK 328: SP/FANSIDAR ('A') GIVEN	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO <input type="checkbox"/> 334)	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO <input type="checkbox"/> 334)	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO <input type="checkbox"/> 334)
332	How long after the fever started did (NAME) first take SP/Fansidar?	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
333	For how many days did (NAME) take the SP/Fansidar? IF 7 DAYS OR MORE, WRITE 7.	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8
334	CHECK 328: CHLOROQUINE ('B') GIVEN	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO <input type="checkbox"/> 337)	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO <input type="checkbox"/> 337)	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO <input type="checkbox"/> 337)
335	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
336	For how many days did (NAME) take the chloroquine? IF 7 DAYS OR MORE, WRITE 7.	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8	DAYS <input type="checkbox"/> DON'T KNOW . . . 8
337	CHECK 328: CHLOROQUINE WITH FANISIDAR ('C') GIVEN	CODE 'C' CIRCLED <input type="checkbox"/> CODE 'C' NOT CIRCLED <input type="checkbox"/> (SKIP TO <input type="checkbox"/> 340)	CODE 'C' CIRCLED <input type="checkbox"/> CODE 'C' NOT CIRCLED <input type="checkbox"/> (SKIP TO <input type="checkbox"/> 340)	CODE 'C' CIRCLED <input type="checkbox"/> CODE 'C' NOT CIRCLED <input type="checkbox"/> (SKIP TO <input type="checkbox"/> 340)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
338	How long after the fever started did (NAME) first take Chloroquine with Fansidar?	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
339	For how many days did (NAME) take the Chloroquine with Fansidar? IF 7 DAYS OR MORE, WRITE 7.	DAYS <input type="text"/> DON'T KNOW . . . 8	DAYS <input type="text"/> DON'T KNOW . . . 8	DAYS <input type="text"/> DON'T KNOW . . . 8
340	CHECK 328: HOMAPAK - RED ('D') GIVEN	CODE 'D' CODE 'D' CIRCLED NOT <input type="checkbox"/> CIRCLED (SKIP TO <input type="checkbox"/> 343) ←	CODE 'D' CODE 'D' CIRCLED NOT <input type="checkbox"/> CIRCLED (SKIP TO <input type="checkbox"/> 343) ←	CODE 'D' CODE 'D' CIRCLED NOT <input type="checkbox"/> CIRCLED (SKIP TO <input type="checkbox"/> 343) ←
341	How long after the fever started did (NAME) first take red Homapak?	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
342	For how many days did (NAME) take the red Homapak? IF 7 DAYS OR MORE, WRITE 7.	DAYS <input type="text"/> DON'T KNOW . . . 8	DAYS <input type="text"/> DON'T KNOW . . . 8	DAYS <input type="text"/> DON'T KNOW . . . 8
343	CHECK 328: HOMAPAK-GREEN ('E') GIVEN	CODE 'E' CODE 'E' CIRCLED NOT <input type="checkbox"/> CIRCLED (SKIP TO <input type="checkbox"/> 345A) ←	CODE 'E' CODE 'E' CIRCLED NOT <input type="checkbox"/> CIRCLED (SKIP TO <input type="checkbox"/> 345A) ←	CODE 'E' CODE 'E' CIRCLED NOT <input type="checkbox"/> CIRCLED (SKIP TO <input type="checkbox"/> 345A) ←
344	How long after the fever started did (NAME) first take the green Homapak?	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_____
345	For how many days did (NAME) take the green Homapak? IF 7 DAYS OR MORE, WRITE 7.	DAYS <input type="text"/> DON'T KNOW ... 8	DAYS <input type="text"/> DON'T KNOW ... 8	DAYS <input type="text"/> DON'T KNOW ... 8
345A	CHECK 328: COARTEM/ACT ('F') GIVEN	CODE 'F' CIRCLED <input type="checkbox"/> CODE 'F' NOT CIRCLED <input type="checkbox"/> (SKIP TO <input type="text"/> 346)	CODE 'F' CIRCLED <input type="checkbox"/> CODE 'F' NOT CIRCLED <input type="checkbox"/> (SKIP TO <input type="text"/> 346)	CODE 'F' CIRCLED <input type="checkbox"/> CODE 'F' NOT CIRCLED <input type="checkbox"/> (SKIP TO <input type="text"/> 346)
345B	How long after the fever started did (NAME) first take COARTEM/ACT?	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
345C	For how many days did (NAME) take the COARTEM/ACT? IF 7 DAYS OR MORE, WRITE 7.	DAYS <input type="text"/> DON'T KNOW ... 8	DAYS <input type="text"/> DON'T KNOW ... 8	DAYS <input type="text"/> DON'T KNOW ... 8
346	CHECK 328: OTHER ANTIMALARIAL ('G') GIVEN	CODE 'G' CIRCLED <input type="checkbox"/> CODE 'G' NOT CIRCLED <input type="checkbox"/> (GO BACK TO 303 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 348A)	CODE 'G' CIRCLED <input type="checkbox"/> CODE 'G' NOT CIRCLED <input type="checkbox"/> (GO BACK TO 303 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 348A)	CODE 'G' CIRCLED <input type="checkbox"/> CODE 'G' NOT CIRCLED <input type="checkbox"/> (GO TO 303 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 348A)
347	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
348	For how many days did (NAME) take the (OTHER ANTIMALARIAL)? IF 7 DAYS OR MORE, WRITE 7.	DAYS <input type="text"/> DON'T KNOW ... 8	DAYS <input type="text"/> DON'T KNOW ... 8	DAYS <input type="text"/> DON'T KNOW ... 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____	SECOND-FROM-LAST BIRTH NAME_____
348A	CHECK 322 ANY CODE A-N CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> 348D ←	YES <input type="checkbox"/> NO <input type="checkbox"/> 348D ←	YES <input type="checkbox"/> NO <input type="checkbox"/> 348D ←
348B	Did you pay any money when you sought advice or treatment for [NAME] from any source during this episode of fever?	YES 1 NO 2 348D ← DON'T KNOW 8	YES 1 NO 2 348D ← DON'T KNOW 8	YES 1 NO 2 348D ← DON'T KNOW 8
348C	How much did you pay? IF GOODS OR SERVICES USED AS PAYMENT, ASK FOR AN ESTIMATE IN LOCAL CURRENCY.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....99998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....99998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....99998
348D	CHECK 328 ANY CODES A-X CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> 348G ←	YES <input type="checkbox"/> NO <input type="checkbox"/> 348G ←	YES <input type="checkbox"/> NO <input type="checkbox"/> 348G ←
348E	Did you pay any money for any of the medicines [NAME] took during this episode of fever?	YES 1 NO 2 348G ← DON'T KNOW 8	YES 1 NO 2 348G ← DON'T KNOW 8	YES 1 NO 2 348G ← DON'T KNOW 8
348F	How much did you pay? IF GOODS OR SERVICES USED AS PAYMENT, ASK FOR AN ESTIMATE IN LOCAL CURRENCY.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....99998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....99998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....99998
348G	Was [NAME] admitted or hospitalized during this episode of fever?	YES 1 NO 2 (348K) ← DON'T KNOW 8	YES 1 NO 2 (348K) ← DON'T KNOW 8	YES 1 NO 2 (348K) ← DON'T KNOW 8
348H	For how many days was [NAME] admitted or hospitalized? IF DISCHARGED SAME DAY RECORD "00"	# OF DAYS <input type="text"/> <input type="text"/>	# OF DAYS <input type="text"/> <input type="text"/>	# OF DAYS <input type="text"/> <input type="text"/>
348I	Did you pay any money for the admission?	YES 1 NO 2 (348K) ← DON'T KNOW 8	YES 1 NO 2 (348K) ← DON'T KNOW 8	YES 1 NO 2 (348K) ← DON'T KNOW 8
348J	How much did you pay for [NAME'S] admission? IF GOODS OR SERVICES USED AS PAYMENT, ASK FOR AN ESTIMATE IN LOCAL CURRENCY.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....99998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....99998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....99998
348K	CHECK 321 CODE "1" CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (348N) ←	YES <input type="checkbox"/> NO <input type="checkbox"/> (348N) ←	YES <input type="checkbox"/> NO <input type="checkbox"/> (348N) ←
348L	While seeking advice or treatment for [NAME] during this episode of fever, did you spend any money on transportation?	YES 1 NO 2 (348N) ← DON'T KNOW 8	YES 1 NO 2 (348N) ← DON'T KNOW 8	YES 1 NO 2 (348N) ← DON'T KNOW 8
348M	How much did you spend on transportation?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....99998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....99998	<input type="text"/> <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 _____						
348N	Did you or other members of your household have to borrow money in order to pay for these costs?	YES 1 NO 2 NO COST DURING EPISODE 3 (348P) ← DON'T KNOW 8	YES 1 NO 2 NO COST DURING EPISODE 3 (348P) ← DON'T KNOW 8	YES 1 NO 2 NO COST DURING EPISODE 3 (348P) ← DON'T KNOW 8						
348O	Did you or other members of your household have to sell things that you own in order to pay for these costs?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8						
348P	Did you or any other member of your household have to take time off from your normal duties to care for [NAME] during this episode of fever?	YES 1 NO 2 (349) ← DON'T KNOW 8	YES 1 NO 2 (349) ← DON'T KNOW 8	YES 1 NO 2 (349) ← DON'T KNOW 8						
348Q	How many days did you or other household members have to take off?	# OF DAYS <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>			# OF DAYS <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>			# OF DAYS <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>		
349		GO BACK TO 317A IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 350.	GO BACK TO 317A IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 350.	GO TO 317A IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 350.						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
350	I would like to ask you a few questions about fever in children. When a child is sick with fever, how long after the fever begins should the child be taken for treatment?	SAME DAY 01 NEXT DAY 02 TWO DAYS AFTER ONSET OF FEVER 03 THREE OR MORE DAYS AFTER ONSET OF FEVER 04 FEVER IS NORMAL IN CHILDREN, NO TREATMENT NECESSARY 05 DEPENDS ON HOW SERIOUS THE FEVER IS 06 OTHER 96 (SPECIFY) DON'T KNOW 98	
351	In your opinion, what causes malaria? PROBE: ANYTHING ELSE? RECORD ALL MENTIONED	MOSQUITO BITES A EATING MAIZE B EATING MANGOES C EATING DIRTY FOOD D DRINKING UNBOILED WATER E GETTING SOAKED WITH RAIN F COLD/CHANGING WEATHER G WITCHCRAFT H CONTACT WITH INFECTED PERSON .. I OTHER X (SPECIFY) DON'T KNOW Z	
351A	Are there ways to avoid getting malaria?	YES 1 NO 2	→ 353A
352	What are the ways to avoid getting malaria? PROBE: ANYTHING ELSE? RECORD ALL MENTIONED	SLEEP UNDER MOSQUITO NET A SLEEP UNDER AN INSECTICIDE TREATED NET B TAKING PREVENTIVE MEDICATION C USE MOSQUITO REPELLANT D SPRAYING HOUSE WITH INSECTICIDE E USING MOSQUITO COILS F DESTROY MOSQUITO BREEDING SITES G OTHER X (SPECIFY) DON'T KNOW Z	
353	What medicine may be given to a pregnant woman to help them avoid getting malaria? RECORD ALL MENTIONED	SP/FANSIDAR A CHLOROQUINE B CHLOROQUINE W/ FANSIDAR C COARTEM/ACT D OTHER X (SPECIFY) DON'T KNOW Z	
353A	CHECK 353 SP/FANSIDAR MENTIONED CODE 'A' <input type="checkbox"/> CODE 'A' NOT <input type="checkbox"/> CIRCLED CIRCLED		→ 355
354	How many times does a woman need to take SP/FANSIDAR during her pregnancy to avoid getting malaria?	NUMBER OF TIMES <input type="text"/> DON'T KNOW 98	
355	During the past 12 months, have you seen or heard any messages about malaria?	YES 1 NO 2	→ END
356	Where did you hear or see message(s)? PROBE: ANYWHERE ELSE? RECORD ALL MENTIONED	RADIO A TV B NEWSPAPER/LEAFLET C HEALTH WORKER/CMD D NEIGHBOR E COMMUNITY LEADER F OTHER X (SPECIFY) DON'T KNOW Z	
357	RECORD THE END TIME.	HOUR <input type="text"/> MINUTES <input type="text"/>	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____