

MALARIA INDICATOR SURVEY
 WOMAN'S QUESTIONNAIRE

RWANDA
 MALARIA & OTHER PARASITIC DISEASES DIVISION

IDENTIFICATION														
PLACE NAME _____														
NAME OF HOUSEHOLD HEAD _____														
CLUSTER NUMBER				<table border="1" style="width: 100px; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> </table>										
HOUSEHOLD NUMBER				<table border="1" style="width: 100px; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> </table>										
NAME AND LINE NUMBER OF WOMAN _____														
INTERVIEWER VISITS														
	1	2	3	FINAL VISIT										
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table>										
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table>										
RESULT*	_____	_____	_____	YEAR <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> </table>										
NEXT VISIT: DATE	_____	_____		INT. NO. <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> </table>										
TIME	_____	_____		RESULT* <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td></tr> </table>										
				TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td></tr> </table>										
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ SPECIFY 3 POSTPONED 6 INCAPACITATED														
LANGUAGE OF QUESTIONNAIRE** <table border="1" style="width: 20px; height: 20px;">0</table> <table border="1" style="width: 20px; height: 20px;">1</table>		LANGUAGE OF INTERVIEW** <table border="1" style="width: 20px; height: 20px;"> </table> <table border="1" style="width: 20px; height: 20px;"> </table>		NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="width: 20px; height: 20px;"> </table> <table border="1" style="width: 20px; height: 20px;"> </table>										
LANGUAGE OF QUESTIONNAIRE** ENGLISH		**LANGUAGE CODES: 01 ENGLISH 02 KINYARWANDA												
SUPERVISOR		OFFICE EDITOR		KEYED BY										
NAME _____	<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>					<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table>			<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table>			<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table>		
	NUMBER	NUMBER	NUMBER											

(1) This section should be adapted for country-specific survey design.
 Note: Brackets [] indicate items that should be adapted on a country-specific basis.

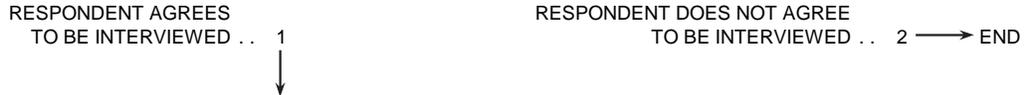
INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the Ministry of Health. We are conducting a survey about malaria all over Rwanda. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 10 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 the card that has already been given to your household.

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

SIGNATURE OF INTERVIEWER _____ DATE _____



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES 1 NO 2	→ 108
105	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 POST-PRIMARY/VOCATIONAL 2 SECONDARY 3 TERTIARY 4 PRE-PRIMARY 5	
106	What is the highest grade/form/year you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE/FORM/YEAR <input type="text"/> <input type="text"/>	
107	CHECK 105: PRE-PRIMARY <input type="checkbox"/> PRIMARY <input type="checkbox"/> POST-PRIMARY/ VOCATIONAL SECONDARY ↓	HIGHER <input type="checkbox"/>	→ 109
108	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PART OF THE SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) _____ BLIND/VISUALLY IMPAIRED 5	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	What is your religion?	CATHOLIC 1 PROTESTANT 2 ADVENTIST 3 MUSLIM 4 TRADITIONAL 5 OTHER 6 _____ SPECIFY NO RELIGION 7	
109A	Have you ever heard an illness called malaria?	YES 1 NO 2	→ 201
109B	Can you tell me the main sign or symptom of malaria? MULTIPLE RESPONSES POSSIBLE PROBE ONCE (ANYTHING ELSE?)	FEVER A FEELING COLD B HEADACHE C NAUSEA AND VOMITING D DIARRHEA E DIZZINESS F LOSS OF APPETITE G BODY ACHE OR JOINT PAIN H PALE EYES I SALTY TASTING PALMS J BODY WEAKNESS K REFUSING TO EAT OR DRINK L OTHER X _____ SPECIFY	
109C	In your opinion, what causes malaria? MULTIPLE RESPONSES POSSIBLE PROBE ONCE (ANYTHING ELSE?)	MOSQUITO BITES A EATING IMMATURE SUGACANE B EATING DIRTY FOOD C DRINKING DIRTY WATER D GETTING SOAKED WITH RAIN E COLD OR CHANGING WEATHER F WITCHCRAFT G OTHER X _____ SPECIFY DON'T KNOW Z	
109D	How can someone protect themselves against malaria? MULTIPLE RESPONSES POSSIBLE PROBE ONCE (ANYTHING ELSE?)	SLEEP UNDER A MOSQUITO NET A SLEEP UNDER A INSECTICIDE TREATED MOSQUITO NET B USE MOSQUITO REPELLANT C AVOID MOSQUITO BITES D TAKE PREVENTIVE MEDICATION E SPRAY HOUSE WITH INSECTICIDE F USE MOSQUITO COILS G CUT THE GRASS AROUND THE HOUSE H FILL IN PUDDLES (STAGNANT WATER) I KEEP HOUSE SURROUNDINGS CLEAN J BURN LEAVES K DON'T DRINK DIRTY WATER L DON'T EAT BAD FOOD M PUT MOSQUITO SCREENS ON THE WINDOWS N DON'T GET SOAKED WITH RAIN O OTHER X _____ SPECIFY DON'T KNOW Z	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
109E	<p>Where can someone receive treatment for malaria?</p> <p>MULTIPLE RESPONSES POSSIBLE PROBE ONCE (ANYTHING ELSE?)</p>	<p>PUBLIC/AGREE SECTOR</p> <p>REF. HOSPITAL A</p> <p>DIST. HOSPITAL B</p> <p>HEALTH CENTER C</p> <p>HEALTH POST D</p> <p>OUTREACH E</p> <p>COMMUNITY HEALTH WORKER .. F</p> <p>OTHER PUBLIC FACILITY G</p> <p align="center">_____ (SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>POLYCLINIC H</p> <p>CLINIC I</p> <p>DISPENSARY J</p> <p>PHARMACY K</p> <p>OTHER PRIVATE MEDICAL FACILITY L</p> <p align="center">_____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>KIOSK M</p> <p>TRADITIONAL PRACTITIONER .. N</p> <p>CHURCH O</p> <p>FRIEND/RELATIVE P</p> <p>OTHER X</p> <p align="center">_____ (SPECIFY)</p> <p>DON'T KNOW Z</p>																						
111	<p>In the past six months, have you seen or heard any messages about malaria?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 201</p>																					
112	<p>Have you seen or heard these messages:</p> <p>a) On the radio?</p> <p>b) On the television?</p> <p>c) On a poster or billboard?</p> <p>d) From a community health worker?</p> <p>e) At a community event?</p> <p>f) Anywhere else?</p>	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>RADIO</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>TELEVISION</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>POSTER/BILLBOARD</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>COMMUNITY HEALTH WORKER</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>COMMUNITY EVENT</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>ANYWHERE ELSE</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	POSTER/BILLBOARD	1	2	COMMUNITY HEALTH WORKER	1	2	COMMUNITY EVENT	1	2	ANYWHERE ELSE	1	2	
	YES	NO																						
RADIO	1	2																						
TELEVISION	1	2																						
POSTER/BILLBOARD	1	2																						
COMMUNITY HEALTH WORKER	1	2																						
COMMUNITY EVENT	1	2																						
ANYWHERE ELSE	1	2																						

SECTION 2. REPRODUCTION

<p>212 Now I would like to record the names of all your births in 2012-2017, whether still alive or not, starting with the most recent one you had. RECORD IN 213 THE NAMES OF ALL THE BIRTHS BORN IN 2012-2017. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. IF THERE ARE MORE THAN 5 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE STARTING WITH THE SECOND ROW.</p>								
<p>213</p> <p>What name was given to your (most recent/ previous) baby?</p> <p>RECORD NAME.</p> <p>BIRTH HISTORY NUMBER.</p>	<p>214</p> <p>Is (NAME) a boy or a girl?</p>	<p>215</p> <p>Were any of these births twins?</p>	<p>216</p> <p>On what day, month, and year was (NAME) born?</p>	<p>217</p> <p>Is (NAME) still alive?</p>	<p>218</p> <p>IF ALIVE:</p> <p>How old was (NAME) at (NAME)'s last birthday?</p> <p>RECORD AGE IN COMPLETED YEARS.</p>	<p>219</p> <p>IF ALIVE:</p> <p>Is (NAME) living with you?</p>	<p>220</p> <p>IF ALIVE:</p> <p>RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.</p>	<p>221</p> <p>Were there any other live births between (NAME) and (NAME OF PREVIOUS BIRTH), including any children who died after birth?</p>
01	BOY 1 GIRL 2	SING 1 MULT 2	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"/>	YES 1 NO 2 ↓ (NEXT BIRTH)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	
02	BOY 1 GIRL 2	SING 1 MULT 2	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"/>	YES 1 NO 2 ↓ (SKIP TO 221)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↓ NO 2 (NEXT BIRTH) ↓
03	BOY 1 GIRL 2	SING 1 MULT 2	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"/>	YES 1 NO 2 ↓ (SKIP TO 221)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↓ NO 2 (NEXT BIRTH) ↓
04	BOY 1 GIRL 2	SING 1 MULT 2	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"/>	YES 1 NO 2 ↓ (SKIP TO 221)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↓ NO 2 (NEXT BIRTH) ↓
05	BOY 1 GIRL 2	SING 1 MULT 2	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"/>	YES 1 NO 2 ↓ (SKIP TO 221)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↓ NO 2 (NEXT BIRTH) ↓

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	Have you had any live births since the birth of (NAME OF MOST RECENT BIRTH)?"	YES 1 (RECORD BIRTH(S) IN TABLE) ← NO 2	
223	COMPARE 211 WITH NUMBER OF BIRTHS IN BIRTH HISTORY NUMBERS ARE SAME <input type="checkbox"/> ↓	NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) ←	
224	CHECK 216: ENTER THE NUMBER OF BIRTHS IN 2012-2017	NUMBER OF BIRTHS <input type="text"/> NONE 0	
225	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 227
226	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
227 (1)	CHECK 224: ONE OR MORE BIRTHS IN 2012-2017 <input type="checkbox"/> (GO TO 301) ←	NO BIRTHS IN 2012-2017 <input type="checkbox"/> Q. 224 IS BLANK <input type="checkbox"/>	→ 429 → 429

SECTION 2. FOOTNOTES

(1) Year of fieldwork is assumed to be 2017. For fieldwork beginning in 2018, all references to calendar years should be increased by one; for example, 2012 should be changed to 2013, 2013 should be changed to 2014, and similarly for all years throughout the questionnaire.

SECTION 3. PREGNANCY AND INTERMITTENT PREVENTIVE TREATMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	RECORD THE NAME AND SURVIVAL STATUS OF THE MOST RECENT BIRTH FROM 213 AND 217,	<p align="center">MOST RECENT BIRTH</p> <p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p style="text-align: center;">↓ ↓</p>	
302	<p>Now I would like to ask you some questions about your last pregnancy that resulted in a live birth.</p> <p>When you got pregnant with (NAME), did you see anyone for antenatal care for this pregnancy?</p>	<p>YES 1</p> <p>NO 2</p>	→ 307
303	<p>Whom did you see?</p> <p>Anyone else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR A</p> <p>NURSE/MIDWIFE B</p> <p>AUXILIARY MIDWIFE C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT D</p> <p>COMMUNITY/VILLAGE HEALTH WORKER .. E</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	
307	<p>CHECK 216 AND 217:</p> <p align="center">ONE OR MORE LIVING CHILDREN BORN IN 2012-2017 <input type="checkbox"/></p> <p align="center">(GO TO 401) ←</p>	<p align="center">NO LIVING CHILDREN BORN IN 2012-2017 <input type="checkbox"/></p>	→ 429

SECTION 3. FOOTNOTES

- (1) Coding categories to be developed locally; however, the broad categories must be maintained. Additions to the codes under the private medical sector heading may include religious affiliated sources and NGO sources.
- (2) Year of fieldwork is assumed to be 2017. For fieldwork beginning in 2018, all references to calendar years should be increased by one; for example, 2011 should be changed to 2012, 2012 should be changed to 2013, 2013 should be changed to 2014, and similarly for all years throughout the questionnaire.

SECTION 4. FEVER IN CHILDREN

401	<p>CHECK 213: RECORD THE BIRTH HISTORY NUMBER IN 402 AND THE NAME AND SURVIVAL STATUS IN 403 FOR EACH BIRTH IN 2012-2017. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE MOST RECENT BIRTH. IF THERE ARE MORE THAN 2 BIRTHS, USE ADDITIONAL QUESTIONNAIRE(S).</p> <p>Now I would like to ask some questions about the health of your children born since January 2010. (We will talk about each separately.)</p>		
402	BIRTH HISTORY NUMBER FROM 213 IN BIRTH HISTORY.	<p align="center">MOST RECENT BIRTH</p> BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	<p align="center">NEXT MOST RECENT BIRTH</p> BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>
403	FROM 213 AND 217:	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>↓ (SKIP TO 428) ←</p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>↓ (SKIP TO 428) ←</p>
404	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 428) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 428) ← DON'T KNOW 8
405	At any time during the illness, did (NAME) have blood taken from (NAME)'s finger or heel for testing?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
406	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 411) ←	YES 1 NO 2 (SKIP TO 411) ←
407 (2)	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S).</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> REF. HOSPITAL .. A PROV./DIST. HOSPITAL .. B HEALTH CENTER C HEALTH POST D OUTREACH E COMMUNITY HEALTH WORKER F OTHER PUBLIC FACILITY G _____ (SPECIFY) <p>PRIVATE MEDICAL SECTOR</p> POLYCLINIC H CLINIC I DISPENSARY J PHARMACY K OTHER PRIVATE MEDICAL FACILITY L _____ (SPECIFY) <p>OTHER SOURCE</p> KIOSK/SHOP M TRADITIONAL HEALER . N CHURCH O FRIEND/RELATIVE P <p>OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR</p> REF. HOSPITAL .. A PROV./DIST. HOSPITAL .. B HEALTH CENTER C HEALTH POST D OUTREACH E COMMUNITY HEALTH WORKER F OTHER PUBLIC FACILITY G _____ (SPECIFY) <p>PRIVATE MEDICAL SECTOR</p> POLYCLINIC H CLINIC I DISPENSARY J PHARMACY K OTHER PRIVATE MEDICAL FACILITY L _____ (SPECIFY) <p>OTHER SOURCE</p> KIOSK/SHOP M TRADITIONAL HEALER . N CHURCH O FRIEND/RELATIVE P <p>OTHER _____ X (SPECIFY)</p>

SECTION 4. FEVER IN CHILDREN

NO.	QUESTIONS AND FILTERS	MOST RECENT BIRTH NAME _____	NEXT MOST RECENT BIRTH NAME _____
408	CHECK 407:	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 410) ←	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 410) ←
409	Where did you first seek advice or treatment? USE LETTER CODE FROM 407	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>
410	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS <input type="text"/>	DAYS <input type="text"/>
411	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (SKIP TO 428) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 428) ← DON'T KNOW 8
412 (3)	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS ARTEMISININ COMBINATION THERAPY (ACT) A QUININE PILLS B INJECTION/IV C ARTESUNATE RECTAL D INJECTION/IV E OTHER ANTIMALARIAL _____ F (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP G INJECTION/IV H OTHER DRUGS ASPIRIN I ACETAMINOPHEN J IBUPROFEN K OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS ARTEMISININ COMBINATION THERAPY (ACT) A QUININE PILLS B INJECTION/IV C ARTESUNATE RECTAL D INJECTION/IV E OTHER ANTIMALARIAL _____ F (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP G INJECTION/IV H OTHER DRUGS ASPIRIN I ACETAMINOPHEN J IBUPROFEN K OTHER _____ X (SPECIFY) DON'T KNOW Z
413	CHECK 412: ANY CODE A-F CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 428) ←	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 428) ←

SECTION 4. FEVER IN CHILDREN

NO.	QUESTIONS AND FILTERS	MOST RECENT BIRTH		NEXT MOST RECENT BIRTH	
		NAME _____		NAME _____	
414	CHECK 412: ARTEMISININ COMBINATION THERAPY ('A') GIVEN	CODE 'A' CIRCLED <input type="checkbox"/> ↓	CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 416) ←	CODE 'A' CIRCLED <input type="checkbox"/> ↓	CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 416) ←
415	How long after the fever started did (NAME) first take an artemisinin combination therapy?	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		

SECTION 4. FEVER IN CHILDREN

NO.	QUESTIONS AND FILTERS	MOST RECENT BIRTH		NEXT MOST RECENT BIRTH					
		NAME _____	NAME _____	NAME _____	NAME _____				
416	CHECK 412: QUININE ('B' OR 'C') GIVEN	CODE 'B' OR 'C' CIRCLED <input type="checkbox"/> ↓	CODE 'B' OR 'F' NOT CIRCLED <input type="checkbox"/> (SKIP TO 418) ←	CODE 'B' OR 'C' CIRCLED <input type="checkbox"/> ↓	CODE 'B' OR 'F' NOT CIRCLED <input type="checkbox"/> (SKIP TO 418) ←				
417	How long after the fever started did (NAME) first take Quinine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8				
418	CHECK 412: ARTESUNATE ('D' OR 'E') GIVEN	CODE 'D' OR 'E' CIRCLED <input type="checkbox"/> ↓	CODE 'D' OR 'E' NOT CIRCLED <input type="checkbox"/> (SKIP TO 420) ←	CODE 'D' OR 'E' CIRCLED <input type="checkbox"/> ↓	CODE 'D' OR 'E' NOT CIRCLED <input type="checkbox"/> (SKIP TO 420) ←				
419	How long after the fever started did (NAME) first take artesunate?	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	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8				
420	CHECK 412: OTHER ANTIMALARIAL ('F') GIVEN	CODE 'F' CIRCLED <input type="checkbox"/> ↓	CODE 'F' NOT CIRCLED <input type="checkbox"/> (SKIP TO 428) ←	CODE 'F' CIRCLED <input type="checkbox"/> ↓	CODE 'F' NOT CIRCLED <input type="checkbox"/> (SKIP TO 428) ←				
421	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	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8				
428		GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 429.	GO TO 403 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 429.						
429	RECORD THE TIME.	HOURS	MINUTES	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					

SECTION 4. FOOTNOTES

- (1) Year of fieldwork is assumed to be 2017. For fieldwork beginning in 2018, all references to calendar years should be increased by one; for example, 2011 should be changed to 2012, 2012 should be changed to 2013, 2013 should be changed to 2014, and similarly for all years throughout the questionnaire.
- (2) Coding categories to be developed locally; however, the broad categories must be maintained. Additions to the codes under the private medical sector heading may include religious affiliated sources and NGO sources.
- (3) Coding categories to be developed locally and revised based on the pretest. All antimalarials commonly used in the country should be included in the response categories. Common brand names of drugs, such as Bayer, Tylenol or Paracetamol, should be added to the response categories for aspirin, acetaminophen, or ibuprofen as appropriate.

INTERVIEWER'S OBSERVATIONS
TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS
