

MALARIA INDICATOR SURVEY
 WOMAN'S QUESTIONNAIRE

RWANDA
 MALARIA & OTHER PARASITIC DISEASES DIVISION

IDENTIFICATION				
PLACE NAME _____				
NAME OF HOUSEHOLD HEAD _____				
CLUSTER NUMBER				<div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div>
HOUSEHOLD NUMBER				<div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div>
NAME AND LINE NUMBER OF WOMAN _____				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div>
INTERVIEWER'S NAME	_____	_____	_____	MONTH <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div>
RESULT*	_____	_____	_____	YEAR <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div>
NEXT VISIT: DATE	_____	_____		INT. NO. <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div>
TIME	_____	_____		RESULT* <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div>
TOTAL NUMBER OF VISITS <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div>				
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED SPECIFY				
LANGUAGE OF QUESTIONNAIRE** <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center;">0</div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; text-align: center;">1</div> LANGUAGE OF INTERVIEW** <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> NATIVE LANGUAGE OF RESPONDENT** <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> TRANSLATOR USED (YES = 1, NO = 2) <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div>				
LANGUAGE OF QUESTIONNAIRE** ENGLISH <div style="float: right; text-align: right;"> **LANGUAGE CODES: 01 ENGLISH 02 KINYARWANDA </div>				
SUPERVISOR _____ NAME			<div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> NUMBER	
OFFICE EDITOR <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> NUMBER			KEYED BY <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> 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 _____

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.	HOURS <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> MINUTES <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	
102	In what month and year were you born?	MONTH <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> DON'T KNOW MONTH 98 YEAR <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" 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 style="width: 30px;" type="text"/> <input style="width: 30px;" 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 style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	
107	CHECK 105: PRE-PRIMARY <input style="width: 30px;" type="text"/> PRIMARY <input style="width: 30px;" type="text"/> POST-PRIMARY/ VOCATIONAL SECONDARY <input style="width: 30px;" type="text"/>	HIGHER <input style="width: 30px;" type="text"/>	→ 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 <div style="text-align: center;">SPECIFY</div> 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 <div style="text-align: center;">SPECIFY</div>	
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 <div style="text-align: center;">SPECIFY</div> 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 <div style="text-align: center;">SPECIFY</div> DON'T KNOW Z	

SECTION 1. RESPONDENT'S BACKGROUND

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

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES 1 NO 2	→ 208								
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> YES <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO <input type="checkbox"/> ↓ PROBE AND CORRECT 201-208 AS NECESSARY. </div> </div>										
210	CHECK 208: <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> ONE OR MORE BIRTHS <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO BIRTHS <input type="checkbox"/> → 225 </div> </div>										
211	Now I'd like to ask you about your more recent births. How many births have you had in 2012-2017? RECORD NUMBER OF LIVE BIRTHS IN 2012-2015	TOTAL IN 2012-2015 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> NONE 00			→ 225						

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	<p>BOY 1</p> <p>GIRL 2</p>	<p>SING 1</p> <p>MULT 2</p>	<p>DAY <input type="text"/></p> <p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p>	<p>YES 1</p> <p>NO 2</p> <p>↓</p> <p>(NEXT BIRTH)</p>	<p>AGE IN YEARS</p> <p><input type="text"/><input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/><input type="text"/></p> <p>↓</p> <p>(NEXT BIRTH)</p>	
02	<p>BOY 1</p> <p>GIRL 2</p>	<p>SING 1</p> <p>MULT 2</p>	<p>DAY <input type="text"/></p> <p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p>	<p>YES 1</p> <p>NO 2</p> <p>↓</p> <p>(SKIP TO 221)</p>	<p>AGE IN YEARS</p> <p><input type="text"/><input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/><input type="text"/></p>	<p>YES 1</p> <p>(ADD BIRTH) ↙</p> <p>NO 2</p> <p>(NEXT BIRTH) ↙</p>
03	<p>BOY 1</p> <p>GIRL 2</p>	<p>SING 1</p> <p>MULT 2</p>	<p>DAY <input type="text"/></p> <p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p>	<p>YES 1</p> <p>NO 2</p> <p>↓</p> <p>(SKIP TO 221)</p>	<p>AGE IN YEARS</p> <p><input type="text"/><input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/><input type="text"/></p>	<p>YES 1</p> <p>(ADD BIRTH) ↙</p> <p>NO 2</p> <p>(NEXT BIRTH) ↙</p>
04	<p>BOY 1</p> <p>GIRL 2</p>	<p>SING 1</p> <p>MULT 2</p>	<p>DAY <input type="text"/></p> <p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p>	<p>YES 1</p> <p>NO 2</p> <p>↓</p> <p>(SKIP TO 221)</p>	<p>AGE IN YEARS</p> <p><input type="text"/><input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/><input type="text"/></p>	<p>YES 1</p> <p>(ADD BIRTH) ↙</p> <p>NO 2</p> <p>(NEXT BIRTH) ↙</p>
05	<p>BOY 1</p> <p>GIRL 2</p>	<p>SING 1</p> <p>MULT 2</p>	<p>DAY <input type="text"/></p> <p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p>	<p>YES 1</p> <p>NO 2</p> <p>↓</p> <p>(SKIP TO 221)</p>	<p>AGE IN YEARS</p> <p><input type="text"/><input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/><input type="text"/></p>	<p>YES 1</p> <p>(ADD BIRTH) ↙</p> <p>NO 2</p> <p>(NEXT BIRTH) ↙</p>

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 <div style="display: flex; justify-content: space-around;"> <div> NUMBERS ARE SAME ↓ <input type="checkbox"/> </div> <div> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) ← </div> </div>		
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>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> <p>BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></p>	<p align="center">NEXT MOST RECENT BIRTH</p> <p>BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></p>
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?	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 428) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 428) ←</p> <p>DON'T KNOW 8</p>
405	At any time during the illness, did (NAME) have blood taken from (NAME)'s finger or heel for testing?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
406	Did you seek advice or treatment for the illness from any source?	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 411) ←</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 411) ←</p>
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> <p>REF. HOSPITAL A</p> <p>PROV./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 MEDICAL 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/SHOP M</p> <p>TRADITIONAL HEALER N</p> <p>CHURCH O</p> <p>FRIEND/RELATIVE P</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>REF. HOSPITAL A</p> <p>PROV./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 MEDICAL 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/SHOP M</p> <p>TRADITIONAL HEALER N</p> <p>CHURCH O</p> <p>FRIEND/RELATIVE P</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p>

SECTION 4. FEVER IN CHILDREN

NO.	QUESTIONS AND FILTERS	MOST RECENT BIRTH NAME _____	NEXT MOST RECENT BIRTH NAME _____
408	CHECK 407:	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">TWO OR MORE CODES CIRCLED <input type="checkbox"/> ↓</div> <div style="text-align: center;">ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 410) ←</div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">TWO OR MORE CODES CIRCLED <input type="checkbox"/> ↓</div> <div style="text-align: center;">ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 410) ←</div> </div>
409	Where did you first seek advice or treatment? USE LETTER CODE FROM 407	FIRST PLACE <input type="text"/>	FIRST PLACE <input type="text"/>
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"/> <input type="text"/>	DAYS <input type="text"/> <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 NO <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 428) ←	YES NO <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 428) ←

SECTION 4. FEVER IN CHILDREN

NO.	QUESTIONS AND FILTERS	MOST RECENT BIRTH NAME _____	NEXT MOST RECENT BIRTH NAME _____
414	CHECK 412: ARTEMISININ COMBINATION THERAPY ('A') GIVEN	<div style="display: flex; justify-content: space-between;"> <div> CODE 'A' CIRCLED <input type="checkbox"/> ↓ </div> <div> CODE 'A' NOT CIRCLED <input type="checkbox"/> ↓ </div> </div> <div style="text-align: right;">(SKIP TO 416) ←</div>	<div style="display: flex; justify-content: space-between;"> <div> CODE 'A' CIRCLED <input type="checkbox"/> ↓ </div> <div> CODE 'A' NOT CIRCLED <input type="checkbox"/> ↓ </div> </div> <div style="text-align: right;">(SKIP TO 416) ←</div>
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 NAME _____	NEXT MOST RECENT BIRTH NAME _____								
416	CHECK 412: QUININE ('B' OR 'C') GIVEN	<div> <div>CODE 'B' OR 'C' CIRCLED <input type="checkbox"/></div> <div> CODE 'B' OR 'F' NOT CIRCLED <input type="checkbox"/> </div> </div> <div>(SKIP TO 418) ←</div>	<div> <div>CODE 'B' OR 'C' CIRCLED <input type="checkbox"/></div> <div> CODE 'B' OR 'F' NOT CIRCLED <input type="checkbox"/> </div> </div> <div>(SKIP TO 418) ←</div>								
417	How long after the fever started did (NAME) first take Quinine?	<div> <div>SAME DAY 0</div> <div>NEXT DAY 1</div> <div>TWO DAYS AFTER FEVER 2</div> <div>THREE OR MORE DAYS AFTER FEVER 3</div> <div>DON'T KNOW 8</div> </div>	<div> <div>SAME DAY 0</div> <div>NEXT DAY 1</div> <div>TWO DAYS AFTER FEVER 2</div> <div>THREE OR MORE DAYS AFTER FEVER 3</div> <div>DON'T KNOW 8</div> </div>								
418	CHECK 412: ARTESUNATE ('D' OR 'E') GIVEN	<div> <div>CODE 'D' OR 'E' CIRCLED <input type="checkbox"/></div> <div> CODE 'D' OR 'E' NOT CIRCLED <input type="checkbox"/> </div> </div> <div>(SKIP TO 420) ←</div>	<div> <div>CODE 'D' OR 'E' CIRCLED <input type="checkbox"/></div> <div> CODE 'D' OR 'E' NOT CIRCLED <input type="checkbox"/> </div> </div> <div>(SKIP TO 420) ←</div>								
419	How long after the fever started did (NAME) first take artesunate?	<div> <div>SAME DAY 0</div> <div>NEXT DAY 1</div> <div>TWO DAYS AFTER FEVER 2</div> <div>THREE OR MORE DAYS AFTER FEVER 3</div> <div>DON'T KNOW 8</div> </div>	<div> <div>SAME DAY 0</div> <div>NEXT DAY 1</div> <div>TWO DAYS AFTER FEVER 2</div> <div>THREE OR MORE DAYS AFTER FEVER 3</div> <div>DON'T KNOW 8</div> </div>								
420	CHECK 412: OTHER ANTIMALARIAL ('F') GIVEN	<div> <div>CODE 'F' CIRCLED <input type="checkbox"/></div> <div> CODE 'F' NOT CIRCLED <input type="checkbox"/> </div> </div> <div>(SKIP TO 428) ←</div>	<div> <div>CODE 'F' CIRCLED <input type="checkbox"/></div> <div> CODE 'F' NOT CIRCLED <input type="checkbox"/> </div> </div> <div>(SKIP TO 428) ←</div>								
421	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	<div> <div>SAME DAY 0</div> <div>NEXT DAY 1</div> <div>TWO DAYS AFTER FEVER 2</div> <div>THREE OR MORE DAYS AFTER FEVER 3</div> <div>DON'T KNOW 8</div> </div>	<div> <div>SAME DAY 0</div> <div>NEXT DAY 1</div> <div>TWO DAYS AFTER FEVER 2</div> <div>THREE OR MORE DAYS AFTER FEVER 3</div> <div>DON'T KNOW 8</div> </div>								
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.	<div>HOURS <table border="1" data-bbox="1338 1587 1471 1640"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></div> <div>MINUTES <table border="1" data-bbox="1338 1640 1471 1692"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></div>									

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
