

2019 GHANA MALARIA INDICATOR SURVEY  
 WOMAN'S QUESTIONNAIRE

MINISTRY OF HEALTH

GHANA STATISTICAL SERVICE

IDENTIFICATION				
LOCALITY NAME _____				
NAME OF HOUSEHOLD HEAD _____				
REGION .....				
DISTRICT .....				
CLUSTER NUMBER .....				
HOUSEHOLD NUMBER .....				
NAME AND LINE NUMBER OF WOMAN _____				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY _____ MONTH _____ YEAR <div style="display: inline-block; border: 1px solid black; padding: 2px;">2</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">0</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">1</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">9</div> INT. NO. _____ RESULT* _____
INTERVIEWER'S NAME	_____	_____	_____	
RESULT*	_____	_____	_____	_____
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; vertical-align: middle;"></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; border: 1px solid black; padding: 2px;">0</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">1</div> LANGUAGE OF INTERVIEW** <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> NATIVE LANGUAGE OF RESPONDENT** <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> TRANSLATOR USED (YES = 1, NO = 2) <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div>				
LANGUAGE OF QUESTIONNAIRE** <b>ENGLISH</b> **LANGUAGE CODES: 01 ENGLISH      03 GA      05 DAGBANI 02 AKAN      04 EWE      06 OTHER _____ (SPECIFY)				
SUPERVISOR				
_____ <div style="display: flex; justify-content: space-between;"> <span>NAME</span> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <span>NUMBER</span> </div>				

## INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_. I am working with Ghana Statistical Service and the Ministry of Health. We are conducting a survey about malaria all over Ghana. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 30 to 60 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; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> MINUTES ..... <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	
102	In what month and year were you born?	MONTH ..... <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" 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; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	
104	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 108
105	What is the highest level of school you attended: primary, middle, JSS/JHS, SSS/SHS, secondary, or higher?	PRIMARY ..... 1 MIDDLE ..... 2 JSS/JHS ..... 3 SSS/SHS ..... 4 SECONDARY ..... 5 HIGHER ..... 6	
106	What is the highest grade you completed at that level?  IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE ..... <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	
107	CHECK 105:  PRIMARY, MIDDLE, JSS/JHS <input style="width: 20px; height: 15px; border: 1px solid black;" type="checkbox"/> SSS/SHS OR SECONDARY <input style="width: 20px; height: 15px; border: 1px solid black;" type="checkbox"/>	HIGHER <input style="width: 20px; height: 15px; border: 1px solid black;" type="checkbox"/> _____	→ 109

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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	
109	What is your religion?	CATHOLIC ..... 01 ANGLICAN ..... 02 METHODIST ..... 03 PRESBYTERIAN ..... 04 PENTECOSTAL/CHARISMATIC ..... 05 OTHER CHRISTIAN ..... 06 ISLAM ..... 07 TRADITIONAL/SPIRITUALIST ..... 08  NO RELIGION ..... 95  OTHER ..... 96 (SPECIFY)	
110	To which ethnic group do you belong?	AKAN ..... 01 GA/DANGME ..... 02 EWE ..... 03 GUAN ..... 04 MOLE-DAGBANI ..... 05 GRUSI ..... 06 GURMA ..... 07 MANDE ..... 08  OTHER ..... 96 (SPECIFY)	
111	I will now ask you a few questions about health insurance.  Are you registered by any health insurance?	YES ..... 1 NO ..... 2	→ 114
112	Are you currently covered by any health insurance?	YES ..... 1 NO ..... 2	→ 114
113	What type of health insurance are you (covered/registered) by?  RECORD ALL MENTIONED.	NATIONAL / DISTRICT HEALTH INSURANCE (NHIS) ..... A HEALTH INSURANCE THROUGH EMPLOYER .. B MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE .. C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE ..... D  OTHER ..... X (SPECIFY)	
114	Are you aware that malaria care is covered under the NHIS?	YES ..... 1 NO ..... 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 would like to ask you about your most recent births. How many births have you had in 2014-2019?  RECORD NUMBER OF LIVE BIRTHS IN 2014-2019	TOTAL IN 2014-2019 ..... <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 2014-2019, whether still alive or not, starting with the most recent one you had.</p> <p>RECORD IN 213 THE NAMES OF ALL THE BIRTHS BORN IN 2014-2019. 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 211: ENTER THE NUMBER OF BIRTHS IN 2014-2019	NUMBER OF BIRTHS ..... <input type="text"/> NONE ..... 0	
225	Are you pregnant now?	YES ..... 1 NO ..... 2 UNSURE ..... 8	<input type="checkbox"/> → 227
226	How many months pregnant are you?  RECORD NUMBER OF COMPLETED MONTHS.	MONTHS ..... <input type="text"/> <input type="text"/>	
227	CHECK 224:  <div style="display: flex; justify-content: space-between;"> <div>             ONE OR MORE BIRTHS IN 2014-2019 <input type="checkbox"/>               (GO TO 301) ←           </div> <div>             NO BIRTHS IN 2014-2019 <input type="checkbox"/> → 501               Q. 224 IS BLANK <input type="checkbox"/> → 501           </div> </div>		

**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"><b>MOST RECENT BIRTH</b></p> <p>NAME _____</p> <p>LIVING <input type="checkbox"/>      DEAD <input type="checkbox"/></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>	→ 304
303	<p>Whom did you see?</p> <p>Anyone else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.</p>	<p><b>HEALTH PERSONNEL</b></p> <p>DOCTOR ..... A</p> <p>NURSE/MIDWIFE ..... B</p> <p>COM. HEALTH OFFICER/NURSE ..... C</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH ATTENDANT ..... D</p> <p>COMMUNITY/VILLAGE HEALTH WORKER .. E</p> <p>TRADITIONAL HEALTH PRACTITIONER .. F</p> <p>OTHER ..... X</p> <p align="center">(SPECIFY)</p>	
303A	<p>Where did you receive antenatal care for this pregnancy?</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.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p><b>HOME</b></p> <p>HER HOME ..... A</p> <p>OTHER HOME ..... B</p> <p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... C</p> <p>GOVERNMENT HEALTH ..... D</p> <p align="center">CENTER</p> <p>GOVERNMENT HEALTH POST ..... E</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ F</p> <p align="center">(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... G</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ H</p> <p align="center">(SPECIFY)</p> <p>OTHER ..... X</p> <p align="center">(SPECIFY)</p>	
303B	How many months pregnant were you when you first received antenatal care for this pregnancy?	<p>MONTHS ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	
303C	How many times did you receive antenatal care during this pregnancy?	<p>NUMBER OF TIMES ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	
304	During this pregnancy, did you take SP/Fansidar to keep you from getting malaria?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	→ 307
305	How many times did you take SP/Fansidar during this pregnancy?	<p>TIMES ..... <input type="text"/> <input type="text"/></p>	

SECTION 3. PREGNANCY AND INTERMITTENT PREVENTIVE TREATMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
305A	CHECK 305:  TOOK SP ONLY 1 OR 2 TIMES DURING THIS PREGNANCY	CODE '01' OR '02' TIMES ENTERED <input type="checkbox"/> OTHER <input type="checkbox"/>	306
305B	Why did you take SP/Fansidar only one or two times during this pregnancy?  RECORD ALL MENTIONED.	FACILITY TOO FAR ..... A HAD NO MONEY ..... B SIDE EFFECTS ..... C NOT AWARE HAD TO TAKE MORE ..... D DID NOT WANT TO TAKE ..... E NOT GIVEN ..... F NOT AVAILABLE ..... G OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
306	Did you get the SP/Fansidar during any antenatal care visit, during another visit to a health facility or from another source?  IF MORE THAN ONE SOURCE, RECORD THE HIGHEST SOURCE ON THE LIST.	ANTENATAL VISIT ..... 1 ANOTHER FACILITY VISIT ..... 2 OTHER SOURCE ..... 6	
307	CHECK 216 AND 217:  ONE OR MORE LIVING CHILDREN BORN IN 2014-2019 <input type="checkbox"/> (GO TO 401) ←	NO LIVING CHILDREN BORN IN 2014-2019 <input type="checkbox"/>	501



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 2014-2019. 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 2014. (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 align="center">(SKIP TO 428) ←</p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p align="center">(SKIP TO 428) ←</p>
403A	<p>Since 2017, was (NAME) enrolled in a program to receive a dose of medicine, every month for four months, to prevent malaria?</p> <p>IF YES: were you enrolled in that program in 2017, 2018 or in 2017 and 2018?</p>	<p>YES, IN 2017 ..... 1</p> <p>YES, IN 2018 ..... 2</p> <p>YES, IN 2017 AND IN 2018 .. 3</p> <p>NO, NEVER ENROLLED ..... 4</p> <p align="center">(SKIP TO 404) ←</p>	<p>YES, IN 2017 ..... 1</p> <p>YES, IN 2018 ..... 2</p> <p>YES, IN 2017 AND IN 2018 .. 3</p> <p>NO, NEVER ENROLLED ..... 4</p> <p align="center">(SKIP TO 404) ←</p>
403B	How many rounds/months did (NAME) take in 2017 or 2018?	<p>ROUNDS IN 2017 1. <input type="text"/> <input type="text"/></p> <p>ROUNDS IN 2018 2. <input type="text"/> <input type="text"/></p>	<p>ROUNDS IN 2017 1. <input type="text"/> <input type="text"/></p> <p>ROUNDS IN 2018 2. <input type="text"/> <input type="text"/></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 align="center">(SKIP TO 406) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p align="center">(SKIP TO 406) ←</p> <p>DON'T KNOW ..... 8</p>
405A	When (NAME) had blood taken from (NAME)'s finger or heel for testing, were you told that (NAME) had malaria?	<p>POSITIVE MALARIA ..... 1</p> <p>POSITIVE OTHER ILLNESS ..... 2</p> <p>NEGATIVE ..... 3</p> <p>DON'T KNOW/DON'T REMEMBER 8</p>	<p>POSITIVE MALARIA ..... 1</p> <p>POSITIVE OTHER ILLNESS ..... 2</p> <p>NEGATIVE ..... 3</p> <p>DON'T KNOW/DON'T REMEMBER 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>

**SECTION 4. FEVER IN CHILDREN**

NO.	QUESTIONS AND FILTERS	MOST RECENT BIRTH NAME _____	NEXT MOST RECENT BIRTH NAME _____
407	<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>_____ (NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL... A</p> <p>GOVERNMENT HEALTH CENTER ..... B</p> <p>GOVERNMENT HEALTH POST/CHPS ..... C</p> <p>MOBILE CLINIC ..... D</p> <p>FIELDWORKER/CHW ..... E</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ F (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... G</p> <p>PHARMACY ..... H</p> <p>CHEMIST/DRUG STORE .. I</p> <p>FPG/PPAG CLINIC ..... J</p> <p>PRIVATE DOCTOR ..... K</p> <p>MOBILE CLINIC ..... L</p> <p>FIELDWORKER/CHW ..... M</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ N (SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... O</p> <p>TRADITIONAL PRACTITIONER ..... P</p> <p>MARKET ..... Q</p> <p>ITINERANT DRUG SELLER ..... R</p> <p>OTHER _____ X (SPECIFY)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL... A</p> <p>GOVERNMENT HEALTH CENTER ..... B</p> <p>GOVERNMENT HEALTH POST/CHPS ..... C</p> <p>MOBILE CLINIC ..... D</p> <p>FIELDWORKER/CHW ..... E</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ F (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... G</p> <p>PHARMACY ..... H</p> <p>CHEMIST/DRUG STORE .. I</p> <p>FPG/PPAG CLINIC ..... J</p> <p>PRIVATE DOCTOR ..... K</p> <p>MOBILE CLINIC ..... L</p> <p>FIELDWORKER/CHW ..... M</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ N (SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... O</p> <p>TRADITIONAL PRACTITIONER ..... P</p> <p>MARKET ..... Q</p> <p>ITINERANT DRUG SELLER ..... R</p> <p>OTHER _____ X (SPECIFY)</p>
407A	CHECK 407: ONLY CODE O-R CIRCLED?	<p>YES NO <input type="checkbox"/></p> <p><input type="checkbox"/> (SKIP TO 408) ←</p>	<p>YES NO <input type="checkbox"/></p> <p><input type="checkbox"/> (SKIP TO 408) ←</p>
407B	Why did you seek advice or treatment from this source?	<p>CHILD JUST FELL ILL ..... A</p> <p>CHILD NOT VERY ILL ..... B</p> <p>CLINIC TOO FAR ..... C</p> <p>HAVE NO MONEY ..... D</p> <p>WAITING FOR CHILD'S FATHER ..... E</p> <p>DON'T KNOW WHAT TO DO ..... F</p> <p>THIS SITE WAS CLOSER ..... G</p> <p>TRUST THIS SOURCE ..... H</p> <p>INSTRUCTION BY HOUSEHOLD HEAD..... I</p> <p>OTHER _____ X (SPECIFY)</p>	<p>CHILD JUST FELL ILL ..... A</p> <p>CHILD NOT VERY ILL ..... B</p> <p>CLINIC TOO FAR ..... C</p> <p>HAVE NO MONEY ..... D</p> <p>WAITING FOR CHILD'S FATHER ..... E</p> <p>DON'T KNOW WHAT TO DO ..... F</p> <p>THIS SITE WAS CLOSER ..... G</p> <p>TRUST THIS SOURCE ..... H</p> <p>INSTRUCTION BY HOUSEHOLD HEAD..... I</p> <p>OTHER _____ X (SPECIFY)</p>
408	CHECK 407:	<p>TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p><input type="checkbox"/> (SKIP TO 410) ←</p>	<p>TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p><input type="checkbox"/> (SKIP TO 410) ←</p>
409	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 407</p>	FIRST PLACE ..... <input type="checkbox"/>	FIRST PLACE ..... <input type="checkbox"/>
410	<p>How many days after the illness began did you first seek advice or treatment for (NAME)?</p> <p>IF THE SAME DAY RECORD '00'.</p>	DAYS ..... <input type="text"/> <input type="text"/>	DAYS ..... <input type="text"/> <input type="text"/>

**SECTION 4. FEVER IN CHILDREN**

NO.	QUESTIONS AND FILTERS	MOST RECENT BIRTH NAME _____	NEXT MOST RECENT BIRTH NAME _____
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	What drugs did (NAME) take?  Any other drugs?  RECORD ALL MENTIONED.  PLEASE NOTE BRAND NAMES: ARTEMISININ COMBINATION THERAPY (ACT) Coartem Lumartem Artefan Lonart Gen-m Artemos plus P-alaxin Duo-cotexcin Artesunate amodiaquine winthrop Arsuamoon Camoquine plus G sunate Co-arsucam	<b>ANTIMALARIAL DRUGS</b> ARTEMISININ COMBINATION THERAPY (ACT) ..... A SP/FANSIDAR ..... B CHLOROQUINE ..... C AMODIAQUINE ..... D QUININE PILLS ..... E INJECTION/IV ..... F ARTESUNATE RECTAL ..... G INJECTION/IV ..... H  OTHER ANTIMALARIAL _____ I (SPECIFY)  <b>ANTIBIOTIC DRUGS</b> PILL/SYRUP ..... J INJECTION/IV ..... K  <b>OTHER DRUGS</b> ASPIRIN ..... L ACETAMINOPHEN ..... M IBUPROFEN ..... N HERBAL MEDICINE ..... O  OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	<b>ANTIMALARIAL DRUGS</b> ARTEMISININ COMBINATION THERAPY (ACT) ..... A SP/FANSIDAR ..... B CHLOROQUINE ..... C AMODIAQUINE ..... D QUININE PILLS ..... E INJECTION/IV ..... F ARTESUNATE RECTAL ..... G INJECTION/IV ..... H  OTHER ANTIMALARIAL _____ I (SPECIFY)  <b>ANTIBIOTIC DRUGS</b> PILL/SYRUP ..... J INJECTION/IV ..... K  <b>OTHER DRUGS</b> ASPIRIN ..... L ACETAMINOPHEN ..... M IBUPROFEN ..... N HERBAL MEDICINE ..... O  OTHER ..... X (SPECIFY) DON'T KNOW ..... Z
412A	CHECK 412: ONLY CODE J-O CIRCLED?	YES                      NO <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 413) ←	YES                      NO <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 413) ←
412B	Why did you not take an antimalarial drug?	FEVER WAS NOT MALARIA .. A NONE AVAILABLE AT FACILITY ..... B PROVIDER DID NOT OFFER ANTIMALARIAL DRUG .. C PROVIDER REFUSED TO GIVE ANTIMALARIAL ..... D AFRAID OF EFFECTS OF DRUGS ON HEALTH ..... E CHILD NOT VERY ILL ..... F CLINIC TOO FAR ..... G HAVE NO MONEY ..... H DO NOT KNOW TO TAKE ANTIMALARIAL ..... I MEDICINE AT HOME ..... J DID NOT THINK IT WAS MALARIA ..... K  OTHER ..... X (SPECIFY)	FEVER WAS NOT MALARIA .. A NONE AVAILABLE AT FACILITY ..... B PROVIDER DID NOT OFFER ANTIMALARIAL DRUG .. C PROVIDER REFUSED TO GIVE ANTIMALARIAL ..... D AFRAID OF EFFECTS OF DRUGS ON HEALTH ..... E CHILD NOT VERY ILL ..... F CLINIC TOO FAR ..... G HAVE NO MONEY ..... H DO NOT KNOW TO TAKE ANTIMALARIAL ..... I MEDICINE AT HOME ..... J DID NOT THINK IT WAS MALARIA ..... K  OTHER ..... X (SPECIFY)
413	CHECK 412: ANY CODE A-I CIRCLED?	YES                      NO <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 428) ←	YES                      NO <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 428) ←
414	CHECK 412: ARTEMISININ COMBINATION THERAPY ('A') GIVEN	CODE 'A' CIRCLED                      CODE 'A' NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 416) ←	CODE 'A' CIRCLED                      CODE 'A' NOT CIRCLED <input type="checkbox"/> <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 NAME _____	NEXT MOST RECENT BIRTH NAME _____
416	CHECK 412: SP/FANSIDAR ('B') GIVEN	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 418) ←	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 418) ←
417	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
418	CHECK 412: CHLOROQUINE ('C') GIVEN	CODE 'C' CIRCLED <input type="checkbox"/> CODE 'C' NOT CIRCLED <input type="checkbox"/> (SKIP TO 420) ←	CODE 'C' CIRCLED <input type="checkbox"/> CODE 'C' NOT CIRCLED <input type="checkbox"/> (SKIP TO 420) ←
419	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
420	CHECK 412: AMODIAQUINE ('D') GIVEN	CODE 'D' CIRCLED <input type="checkbox"/> CODE 'D' NOT CIRCLED <input type="checkbox"/> (SKIP TO 422) ←	CODE 'D' CIRCLED <input type="checkbox"/> CODE 'D' NOT CIRCLED <input type="checkbox"/> (SKIP TO 422) ←
421	How long after the fever started did (NAME) first take amodiaquine?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8
422	CHECK 412: QUININE ('E' OR 'F') GIVEN	CODE 'E' OR 'F' CIRCLED <input type="checkbox"/> CODE 'E' OR 'F' NOT CIRCLED <input type="checkbox"/> (SKIP TO 424) ←	CODE 'E' OR 'F' CIRCLED <input type="checkbox"/> CODE 'E' OR 'F' NOT CIRCLED <input type="checkbox"/> (SKIP TO 424) ←
423	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

SECTION 4. FEVER IN CHILDREN

NO.	QUESTIONS AND FILTERS	MOST RECENT BIRTH NAME _____	NEXT MOST RECENT BIRTH NAME _____
424	CHECK 412: ARTESUNATE ('G' OR 'H') GIVEN	<div> <div>CODE 'G' OR 'H' CIRCLED</div> <div>CODE 'G' OR 'H' NOT CIRCLED</div> <div> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <div>↓</div> <div>(SKIP TO 426) ←</div> </div> </div>	<div> <div>CODE 'G' OR 'H' CIRCLED</div> <div>CODE 'G' OR 'H' NOT CIRCLED</div> <div> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <div>↓</div> <div>(SKIP TO 426) ←</div> </div> </div>
425	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>
426	CHECK 412: OTHER ANTIMALARIAL ('I') GIVEN	<div> <div>CODE 'I' CIRCLED</div> <div>CODE 'I' NOT CIRCLED</div> <div> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <div>↓</div> <div>(SKIP TO 428) ←</div> </div> </div>	<div> <div>CODE 'I' CIRCLED</div> <div>CODE 'I' NOT CIRCLED</div> <div> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <div>↓</div> <div>(SKIP TO 428) ←</div> </div> </div>
427	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 501.	GO TO 403 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

**SECTION 5. SOCIAL BEHAVIOR CHANGE AND COMMUNICATION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	In the past six months, have you seen or heard any messages about malaria?	YES ..... 1 NO ..... 2	→ 508
502	Where did you see or hear these messages?  Where else?  RECORD ALL MENTIONED.	RADIO ..... A TELEVISION ..... B POSTER/BILLBOARD ..... C NEWSPAPER/MAGAZINE ..... D LEAFLET/BROCHURE ..... E HEALTH WORKER ..... F COMMUNITY HEALTH WORKER ..... G COMMUNITY VOLUNTEER/CBA ..... H WORD OF MOUTH ..... I COMMUNITY EVENT/DURBAR MEETING ..... J  ANYWHERE ELSE ..... X (SPECIFY) DON'T REMEMBER ..... Z	
503	CHECK 502: IF A COMMUNICATION CHANNEL WAS MENTIONED IN 502, CIRCLE 0; IF NOT ASK:  Have you seen or heard these messages: a) On the radio? b) On the television? c) On a poster or a billboard? d) In a newspaper or a magazine? e) On a leaflet or a brochure? f) From a health worker? g) From a community health worker (CHW)? h) A community volunteer or a community based agent i) Word of mouth? j) At a community event/durbar meeting?	MENT. YES NO a) RADIO ..... O 1 2 b) TELEVISION ..... O 1 2 c) POSTER/BILLBOARD ..... O 1 2 d) NEWSPAPER/MAGAZINE .. O 1 2 e) LEAFLET/BROCHURE ..... O 1 2 f) HEALTH WORKER ..... O 1 2 g) CHW ..... O 1 2 h) VOLUNTEER/CBA ..... O 1 2 i) WORD OF MOUTH ..... O 1 2 j) COMMUNITY EVENT/ DURBAR MEETING . . . . O 1 2	
504	What messages about malaria have you seen or heard in the past 6 months?  What else?  RECORD ALL MENTIONED.	IF HAVE FEVER GO TO HEALTH FACILITY ..... A SLEEP UNDER AN INSECTICIDE-TREATED MOSQUITO NET ..... B PREGNANT WOMEN SHOULD TAKE DRUGS TO PREVENT MALARIA ..... C SP PROTECTS PREGNANT WOMEN AND UNBORN BABY FROM GETTING MALARIA D ALWAYS TEST BEFORE TREATING MALARIA .. E TREAT MALARIA WITH ACTs ..... F MALARIA KILLS ..... G  OTHER ..... X (SPECIFY) DON'T KNOW/DON'T REMEMBER ..... Z	
505	In the past six months, have you seen/heard any of the following malaria messages on television or radio:  a) Goodlife campaign recommending pregnant women to sleep under treated bed nets  b) Goodlife campaign recommending sleeping under treated bed nets every night all through the night  c) Advert about "My net my life" addressing availability of different types (shapes, sizes and colour) of treated bednet on sale at designated points  d) Advert where people were asked to test first before treated	YES,TV YES, RADIO YES, TV AND RADIO NO a) 1 2 3 4 b) 1 2 3 4 c) 1 2 3 4 d) 1 2 3 4	

**SECTION 5. SOCIAL BEHAVIOR CHANGE AND COMMUNICATION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
506	During the past six months, have you seen/heard any advert on the use of ACTs/ malaria medicines?	YES ..... 1 NO ..... 2	→ 508								
507	Where did you see/hear the advert on the use of ACTs/ malaria medicines?  Any other media?  RECORD ALL MENTIONED.	TELEVISION ..... A RADIO ..... B NEWSPAPER/MAGAZINE ..... C POSTER /LEAFLETS ..... D BILLBOARD ..... E  OTHER ..... X (SPECIFY) DON'T KNOW/DON'T REMEMBER ..... Z									
508	What are the things that people can do to prevent themselves from getting malaria?    RECORD ALL MENTIONED.	SLEEP UNDER A MOSQUITO NET ..... A SLEEP UNDER AN INSECTICIDE-TREATED MOSQUITO NET ..... B USE MOSQUITO REPELLENT ..... C TAKE PREVENTATIVE MEDICATIONS ..... D SPRAY HOUSE WITH INSECTICIDE ..... E FILL IN STAGNANT WATERS (PUDDLES) ..... F KEEP SURROUNDING CLEAN ..... G PUT MOSQUITO SCREEN ON WINDOWS ..... H  OTHER ..... X (SPECIFY) DON'T KNOW ..... Z									
509	When a child has a fever, you almost always worry it might be malaria.	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW ..... 8									
510	You don't worry about malaria because it can be easily treated.	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW ..... 8									
511	Have you heard about the malaria vaccine?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8									
512	Would you allow your child to be vaccinated against malaria?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8									
513	RECORD THE TIME.	HOURS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr></table> MINUTES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr></table>									

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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