

NIGERIA MALARIA INDICATOR SURVEY  
 WOMAN'S QUESTIONNAIRE

NIGERIA  
 NATIONAL MALARIA ELIMINATION PROGRAMME  
 NATIONAL POPULATION COMMISSION

IDENTIFICATION							
STATE	_____			<input type="text"/>	<input type="text"/>	<input type="text"/>	
LOCAL GOV'T AREA	_____			<input type="text"/>	<input type="text"/>	<input type="text"/>	
LOCALITY	_____			<input type="text"/>	<input type="text"/>	<input type="text"/>	
ENUMERATION AREA	_____			<input type="text"/>	<input type="text"/>	<input type="text"/>	
NAME OF HOUSEHOLD HEAD	_____			<input type="text"/>	<input type="text"/>	<input type="text"/>	
CLUSTER NUMBER	.....			<input type="text"/>	<input type="text"/>	<input type="text"/>	
HOUSEHOLD NUMBER	.....			<input type="text"/>	<input type="text"/>	<input type="text"/>	
NAME AND LINE NUMBER OF WOMAN	_____			<input type="text"/>	<input type="text"/>	<input type="text"/>	
INTERVIEWER VISITS							
	1	2	3	FINAL VISIT			
DATE	_____	_____	_____	DAY	<input type="text"/>	<input type="text"/>	
				MONTH	<input type="text"/>	<input type="text"/>	
INTERVIEWER'S NAME	_____	_____	_____	YEAR	<input type="text"/>	<input type="text"/>	
RESULT*	_____	_____	_____	INT. NO.	<input type="text"/>	<input type="text"/>	
				RESULT*	<input type="text"/>	<input type="text"/>	
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <input type="text"/>			
TIME	_____	_____					
*RESULT CODES: 1 COMPLETED      4 REFUSED 2 NOT AT HOME      5 PARTLY COMPLETED      7 OTHER _____ 3 POSTPONED      6 INCAPACITATED      SPECIFY _____							
LANGUAGE OF QUESTIONNAIRE**	<input type="text" value="0"/> <input type="text" value="1"/>	LANGUAGE OF INTERVIEW**	<input type="text"/> <input type="text"/>	NATIVE LANGUAGE OF RESPONDENT**	<input type="text"/> <input type="text"/>	TRANSLATOR USED (YES = 1, NO = 2)	<input type="text"/>
LANGUAGE OF QUESTIONNAIRE**	<b>ENGLISH</b>		**LANGUAGE CODES: 01 ENGLISH      03 YORUBA      06 OTHER 02 HAUSA      04 IGBO				
TEAM			TEAM SUPERVISOR				
<input type="text"/> <input type="text"/> NUMBER			_____ NAME				
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NUMBER				

INTRODUCTION AND CONSENT

Greetings. My name is \_\_\_\_\_. I am working with the National Malaria Elimination Program and the National Population Commission. We are conducting a survey about malaria all over Nigeria. 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 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.

As part of this survey, we are also asking children 6 months through 4 years all over the country to take a combined malaria and anaemia testing and give a few drops of blood from a finger or heel. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. Anaemia is a serious health problem that usually results from poor nutrition, malaria and other infections, or chronic disease. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for malaria and anaemia immediately, and the result will be told to you right away. A few blood drops will also be collected on slides and on filter paper and taken to a laboratory for malaria testing. You will not be told the results of the laboratory testing. We would like to ask you to allow for storing part of the blood sample at the laboratory for additional tests or research. The blood sample will not have any name or other data attached that could identify you. The results will be kept strictly confidential and will not be shared with anyone other than members of our survey team.

Lastly, we are taking measures to reduce the risk of transmission of COVID-19, including wearing face masks, keeping a distance of 2 meters from respondents to the survey, and washing our hands frequently.

In case you need more information about the survey, you may contact the following persons:

National Malaria Elimination Program Contact Person: Dr. Perpetua Uhomobhi; Phone number: 08059121416  
 National Population Commission Contact Person: Mrs. Bintu Abba; Phone number: 08033138277  
 National Health Research Ethics Committee Contact Person: NHREC Secretary; Email: secretary@nhrec.net  
 NHREC Desk Officer; Email: deskofficer@nhrec.net  
 Phone number: 095238367  
 Health Strategy and Delivery Foundation Contact Person: Dr. Ify Aniebo; Phone number: 09063727555

IF INTERESTED, ALLOW RESPONDENT TO COPY CONTACT INFORMATION

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

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



SECTION 1. RESPONDENT'S BACKGROUND

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	→ 105
104A	Have you had any informal education?	YES ..... 1 NO ..... 2	→ 108
104B	What type of informal education have you attended?	ADULT EDUCATION ..... 1 TSANGAYA ..... 2 QUARANIC ..... 3	→ 108
105	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY ..... 1 SECONDARY ..... 2 HIGHER ..... 3	
106	What is the highest class/form/year you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	CLASS/FORM/YEAR ..... <input type="text"/> <input type="text"/>	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	CHECK 105:  PRIMARY OR SECONDARY <input type="checkbox"/>	HIGHER <input type="checkbox"/> → 110	
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	CHECK 108:  CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/>	CODE '1' OR '5' CIRCLED <input type="checkbox"/> → 111	
110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3	
112	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3	
113	Do you own a mobile phone?	YES ..... 1 NO ..... 2	→ 115
114	Is your mobile phone a smart phone?	YES ..... 1 NO ..... 2	
115	Have you ever used the Internet from any location on any device?	YES ..... 1 NO ..... 2	→ 118
116	In the last 12 months, have you used the Internet?  IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES ..... 1 NO ..... 2	→ 118
117	During the last one month, how often did you use the Internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
118	What is your religion?	CATHOLIC ..... 01 OTHER CHRISTIAN ..... 02 ISLAM ..... 03 TRADITIONALIST ..... 04  OTHER _____ 96 (SPECIFY)	
119	What is your ethnic group?	_____ <input type="text"/> <input type="text"/> <input type="text"/> (ETHNIC GROUP)	

**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 ..... <input type="text"/> <input type="text"/> b) DAUGHTERS AT HOME ..... <input type="text"/> <input type="text"/>	
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 ..... <input type="text"/> <input type="text"/> b) DAUGHTERS ELSEWHERE ..... <input type="text"/> <input type="text"/>	
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 ..... <input type="text"/> <input type="text"/> b) GIRLS DEAD ..... <input type="text"/> <input type="text"/>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL LIVE BIRTHS ..... <input type="text"/> <input type="text"/>	
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;"> <p>YES</p> <input type="checkbox"/> <p>↓</p> </div> <div style="text-align: center;"> <p>NO</p> <input type="checkbox"/> <p>↑</p> <p>PROBE AND CORRECT 201-208 AS NECESSARY.</p> </div> </div>		
210	CHECK 208:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>ONE OR MORE BIRTHS</p> <input type="checkbox"/> <p>↓</p> </div> <div style="text-align: center;"> <p>NO BIRTHS</p> <input type="checkbox"/> <p>→</p> </div> </div>		→ 224
211	Now I'd like to ask you about your more recent births. How many births have you had in 2016-2021?  RECORD NUMBER OF LIVE BIRTHS IN 2016-2021.	TOTAL IN 2016-2021 ..... <input type="text"/> <input type="text"/> NONE ..... 00	→ 224

SECTION 2. REPRODUCTION

<p>212 Now I would like to record the names of all your births in 2016-2021, whether still alive or not, starting with the most recent one you had.                  RECORD IN 213 THE NAMES OF ALL THE BIRTHS BORN IN 2016-2021. 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>Was that a single or multiple pregnancy?</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 THE SAME <input type="checkbox"/> ↓ NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) ←		
224	Are you pregnant now?	YES ..... 1 NO ..... 2 UNSURE ..... 8	<input type="checkbox"/> → 301
225	How many weeks or months pregnant are you?  RECORD NUMBER OF COMPLETED WEEKS OR MONTHS.	WEEKS ..... 1 <input type="text"/> <input type="text"/>  MONTHS ..... 2 <input type="text"/> <input type="text"/>	

**SECTION 3. PREGNANCY AND INTERMITTENT PREVENTIVE TREATMENT**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	CHECK 216 AND 218:  ONE OR MORE BIRTHS 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	NO BIRTHS 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> → 401	
302	RECORD THE NAME OF THE MOST RECENT BIRTH FROM 213, LINE 01:	MOST RECENT BIRTH  NAME _____	
303	Now I would like to ask you some questions about your last pregnancy that resulted in a live birth.  While you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy?	YES ..... 1 NO ..... 2	→ 308
304	Whom did you see?  Anyone else?  PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	<b>HEALTH PERSONNEL</b> DOCTOR ..... A NURSE/MIDWIFE ..... B AUXILIARY MIDWIFE ..... C COMMUNITY EXTENSION HEALTH WORKER ..... D  <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT ..... E COMMUNITY HEALTH WORKER/ FIELD WORKER ..... F  OTHER _____ X (SPECIFY)	
305	Where did you receive antenatal care for this pregnancy?  Anywhere else?  PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	<b>HOME</b> HER HOME ..... A OTHER HOME ..... B  <b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... C GOVERNMENT HEALTH CENTER ..... D GOVERNMENT HEALTH POST ..... E OTHER PUBLIC SECTOR _____ F (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL ..... G PRIVATE CLINIC ..... H OTHER PRIVATE MEDICAL SECTOR _____ I (SPECIFY)  <b>NGO MEDICAL SECTOR</b> NGO HOSPITAL ..... J NGO CLINIC ..... K OTHER NGO MEDICAL SECTOR _____ L (SPECIFY)  OTHER _____ X (SPECIFY)	

SECTION 3. PREGNANCY AND INTERMITTENT PREVENTIVE TREATMENT

NO.	NAME OF CHILD _____	BIRTH HISTORY NUMBER ..... <input type="text"/> <input type="text"/>	
306	How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?	WEEKS ..... 1 <input type="text"/> <input type="text"/> MONTHS ..... 2 <input type="text"/> <input type="text"/> DON'T KNOW ..... 998	
307	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
308	During this pregnancy, did you take SP/Fansidar to keep you from getting malaria?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 401
309	How many times did you take SP/Fansidar during this pregnancy?	TIMES ..... <input type="text"/> <input type="text"/>	
310	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 COMMUNITY HEALTH EXTENSION WORKER ..... 3 OTHER SOURCE ..... 6	

**SECTION 4. FEVER IN CHILDREN**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	<p>CHECK 216, 217, AND 218 IN THE BIRTH HISTORY: ANY SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY?</p> <p align="center">ONE OR MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p>	<p align="center">NO SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p>	<p align="right">→ 501</p>
402	<p>Now I would like to ask some questions about the health of your children born in the last 5 years. (We will talk about each separately, starting with the youngest.)</p>		
403	<p>RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 213 OF THE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE.</p> <p>NAME OF CHILD _____ BIRTH HISTORY NUMBER ..... <input type="text"/> <input type="text"/></p>		
404	<p>Has (NAME) been ill with a fever at any time in the last 2 weeks?</p>	<p>YES ..... 1                      NO ..... 2                      DON'T KNOW ..... 8</p>	<p align="right">→ 416</p>
405	<p>At any time during the illness, did (NAME) have blood taken from (NAME)'s finger or heel for testing?</p>	<p>YES ..... 1                      NO ..... 2                      DON'T KNOW ..... 8</p>	
406	<p>Were you told by a healthcare provider that (NAME) had malaria?</p>	<p>YES ..... 1                      NO ..... 2                      DON'T KNOW ..... 8</p>	
407	<p>Did you seek advice or treatment for the illness from any source?</p>	<p>YES ..... 1                      NO ..... 2</p>	<p align="right">→ 412</p>

SECTION 4. FEVER IN CHILDREN

NO.	NAME OF CHILD _____	BIRTH HISTORY NUMBER ..... <input type="text"/> <input type="text"/>	
408	<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, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... A</p> <p>GOVERNMENT HEALTH CENTER ..... B</p> <p>GOVERNMENT HEALTH POST ..... C</p> <p>MOBILE CLINIC ..... D</p> <p>COMMUNITY HEALTH WORKER/ FIELDWORKER ..... E</p> <p>OTHER PUBLIC SECTOR _____ F (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... G</p> <p>PRIVATE CLINIC ..... H</p> <p>PHARMACY ..... I</p> <p>PRIVATE DOCTOR ..... J</p> <p>MOBILE CLINIC ..... K</p> <p>COMMUNITY HEALTH WORKER/ FIELDWORKER ..... L</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ M (SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>NGO HOSPITAL ..... N</p> <p>NGO CLINIC ..... O</p> <p>OTHER NGO MEDICAL SECTOR _____ P (SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>CHEMIST SHOP/PPMV ..... Q</p> <p>TRADITIONAL PRACTITIONER ..... R</p> <p>MARKET ..... S</p> <p>ITINERANT DRUG SELLER ..... T</p> <p>COMMUNITY-ORIENTED RESOURCE PERSON ..... U</p> <p>OTHER _____ X (SPECIFY)</p>	
409	<p>CHECK 408: TWO OR MORE CODES CIRCLED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/> → 411</p>		
410	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 408.</p>	<p>FIRST PLACE ..... <input type="text"/></p>	
411	<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>	<p>DAYS ..... <input type="text"/> <input type="text"/></p>	
411A	<p>While (NAME) was sick with this fever were you referred to go to a higher level of care?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
412	<p>At any time during the illness, did (NAME) take any medicine for the illness?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>→ 416</p>

SECTION 4. FEVER IN CHILDREN

NO.	NAME OF CHILD _____	BIRTH HISTORY NUMBER ..... <input type="text"/> <input type="text"/>	
413	What medicine did (NAME) take?  Any other medicine?  RECORD ALL MENTIONED.  IF MEDICINE NOT KNOWN, ASK TO SEE THE PACKAGE OR PRESCRIPTION.	<b>ANTIMALARIAL MEDICINE</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 MEDICINE</b> AMOXICILLIN ..... J COTRIMOXAZOLE ..... K OTHER PILL/SYRUP ..... L OTHER INJECTION/IV ..... M  <b>OTHER MEDICINE</b> ASPIRIN ..... N PARACETAMOL/PANADOL/ ACETAMINOPHEN ..... O IBUPROFEN ..... P  OTHER _____ X (SPECIFY)  DON'T KNOW ..... Z	
414	CHECK 413: ARTEMISININ COMBINATION THERAPY ('A') GIVEN  CODE 'A' <input type="checkbox"/> CIRCLED ↓	CODE 'A' <input type="checkbox"/> NOT CIRCLED → 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	
415A	After (NAME) took an artemisinin combination therapy, did the fever go away?	YES ..... 1 NO ..... 2	
416	CHECK 216 AND 217 IN BIRTH HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY?  NO MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/> ↓	MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/> → 403	

**SECTION 5. MALARIA KNOWLEDGE AND BELIEFS**

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	→ 503
502	Where did you see or hear these messages?  PROBE: Anywhere else?  RECORD ALL MENTIONED.	RADIO ..... A TELEVISION ..... B POSTER/BILLBOARD ..... C NEWSPAPER/MAGAZINE ..... D LEAFLET/BROCHURE ..... E HEALTHCARE PROVIDER ..... F COMMUNITY HEALTH WORKER ..... G SOCIAL MEDIA ..... H TOWN ANNOUNCER ..... I INTER-PERSONAL COMMUNICATION AGENT/ COMMUNITY VOLUNTEER ..... J FAMILY/FRIENDS ..... K  OTHER _____ X (SPECIFY) DON'T REMEMBER ..... Z	
503	Are there ways to avoid getting malaria?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 505
504	What are the things that people can do to prevent themselves from getting malaria?  RECORD ALL MENTIONED.	SLEEP INSIDE A MOSQUITO NET ..... A SLEEP INSIDE AN INSECTICIDE-TREATED MOSQUITO NET ..... B USE MOSQUITO REPELLENT OR COIL ..... C TAKE PREVENTATIVE MEDICATIONS ..... D SPRAY HOUSE WITH INSECTICIDE ..... E FILL IN STAGNANT WATERS (PUDDLES) .. F KEEP SURROUNDINGS CLEAN ..... G PUT MOSQUITO SCREEN ON WINDOWS .. H  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
505	Now I am going to read some statements and I would like you to tell me whether you agree or disagree with each statement. If you don't know, say, don't know.  People in this community only get malaria during the rainy season. Do you agree or disagree?	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/UNCERTAIN ..... 8	
506	When a child has a fever, you almost always worry it might be malaria.  Do you agree or disagree?	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/UNCERTAIN ..... 8	
507	Getting malaria is not a problem because it can be easily treated.  Do you agree or disagree?	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/UNCERTAIN ..... 8	

**SECTION 5. MALARIA KNOWLEDGE AND BELIEFS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
508	Only weak children can die from malaria.  Do you agree or disagree?	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/UNCERTAIN ..... 8									
509	You can sleep inside a mosquito net for the entire night when there are lots of mosquitoes.  Do you agree or disagree?	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/UNCERTAIN ..... 8									
510	You can sleep inside a mosquito net for the entire night when there are few mosquitoes  Do you agree or disagree?	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/UNCERTAIN ..... 8									
511	You do not like sleeping inside a mosquito net when the weather is too warm.  Do you agree or disagree?	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/UNCERTAIN ..... 8									
512	When a child has a fever, it is best to start by giving them any medicine you have at home.  Do you agree or disagree?	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/UNCERTAIN ..... 8									
512A	It is important that children take the full dose of medicine that they are prescribed for malaria  Do you agree or disagree?	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/UNCERTAIN ..... 8									
513	People in your community usually take their children to a health care provider on the same day or day after they develop a fever.  Do you agree or disagree?  IF RESPONDENT DOESN'T KNOW, PROBE: Would you say more than half or less than half of	AGREE/MORE THAN HALF ..... 1 DISAGREE/LESS THAN HALF ..... 2 DON'T KNOW/UNCERTAIN ..... 8									
514	People in your community who have a mosquito net usually sleep inside a mosquito net every night.  Do you agree or disagree?  IF RESPONDENT DOESN'T KNOW, PROBE: Would you say more than half or less than half of the community does this?	AGREE/MORE THAN HALF ..... 1 DISAGREE/LESS THAN HALF ..... 2 DON'T KNOW/UNCERTAIN ..... 8									
515	RECORD THE TIME.	HOURS ..... <table border="1" data-bbox="1185 1498 1316 1610" 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> MINUTES ..... <table border="1" data-bbox="1185 1570 1316 1615" 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>									

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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