

**LIBERIA MALARIA INDICATOR SURVEY  
HOUSEHOLD QUESTIONNAIRE**

<b>IDENTIFICATION</b>																												
COUNTY _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><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><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><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><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><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><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><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><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																											
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<b>HOUSEHOLD NUMBER</b> _____																												
NAME AND LINE NUMBER OF RESPONDENT _____																												
NAME AND LINE NUMBER OF HEAD OF HOUSEHOLD _____																												
Urban-01/Rural-02 _____																												

<b>INTERVIEWER VISIT RESULT</b>			
	<b>1</b>	<b>2</b>	<b>3</b>
<b>DATE</b>			
<b>RESULT</b>			

**INTRODUCTION AND CONSENT**

Hello. My name is \_\_\_\_\_ and I am a representative of the Ministry of Health and Social Welfare/Ministry of Planning. We are conducting a national survey about malaria. The information we collect will help the government plan health services. We would very much appreciate your participation in this survey.

I would like to ask you information about health and the children in your household. The survey usually takes 45 minutes to complete. Whatever answers you provide will be kept confidential and will not be shown to other persons.

Participation in the survey is voluntary. Even if you participate, you may decide to stop answering any or all questions at any time. However, we hope that you will participate fully in this survey since your views are important.

At this time, do you want to ask me anything about the survey?

Do you agree to be interviewed? **YES.....1 → CONTINUE**

**NO.....0 → END**

I HAVE READ THE ABOVE STATEMENT AND EXPLAINED THE SAME TO THE RESPONDENT AND SHE HAS AGREED TO BE INTERVIEWED.

NAME/SIGNATURE OF INTERVIEWER & DATE: \_\_\_\_\_

NAME/SIGNATURE OF SUPERVISOR: \_\_\_\_\_

NAME/SIGNATURE OF DATA CLERK: \_\_\_\_\_

## LIBERIA MALARIA INDICATOR SURVEY HOUSEHOLD QUESTIONNAIRE

**Interviewer:** I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOU AND YOUR FAMILY WHO LIVE IN THIS HOUSE.

### SECTION 1: HOUSEHOLD INFORMATION

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	AGE	LAST NIGHT	RESIDENCE	EMPLOYMENT	EDUCATION	MARITAL STATUS	ELIGIBLE WOMEN	CURRENTLY PREGNANT?	ELIGIBLE CHILDREN <5
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?	How old is (NAME)?	Did (NAME) stay here last night?	Does (NAME) usually live here?	Are you employed?	What is your level of education?	Are you married, widowed, divorced or separated?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	FOR ELIGIBLE WOMEN, ASK: Is (NAME) currently pregnant?	CIRCLE LINE NUMBER OF ALL CHILDREN <5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
			M F	IN YEARS	YES NO	YES NO	YES NO				YES NO/DK	
01			1 2		1 2	1 2	1 2			01	1 2	01
02			1 2		1 2	1 2	1 2			02	1 2	02
03			1 2		1 2	1 2	1 2			03	1 2	03
04			1 2		1 2	1 2	1 2			04	1 2	04
05			1 2		1 2	1 2	1 2			05	1 2	05
06			1 2		1 2	1 2	1 2			06	1 2	06
07			1 2		1 2	1 2	1 2			07	1 2	07
08			1 2		1 2	1 2	1 2			08	1 2	08
09			1 2		1 2	1 2	1 2			09	1 2	09
10			1 2		1 2	1 2	1 2			10	1 2	10

\* CODES FOR Q.3  
RELATIONSHIP TO HEAD OF HOUSEHOLD:  
01 = HEAD  
02 = WIFE/HUSBAND  
03 = SON/DAUGHTER  
04 = BROTHER / SISTER  
05 = Mother / Father  
99 = OTHER RELATIVE

\*CODES FOR Q.5. EDUCATION  
00 = NEVER ATTENDED SCHOOL  
01 = PRIMARY  
02 = SECONDARY  
03 = POST-SECONDARY  
04 = COLLEGE/UNIVERSITY

\*CODES FOR Q.7 MARITAL STATUS  
00 = NEVER MARRIED (SINGLE)  
01 = MARRIED  
02 = WIDOWED  
03 = DIVORCED/SEPARATED  
04 = LIVING TOGETHER

## LIBERIA MALARIA INDICATOR SURVEY HOUSEHOLD QUESTIONNAIRE

### SECTION 1: HOUSEHOLD INFORMATION CONTINUED

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	AGE	LAST NIGHT	RESIDENCE	EMPLOYMENT	EDUCATION	MARITAL STATUS	ELIGIBLE WOMEN	CURRENTLY PREGNANT?	ELIGIBLE CHILDREN <5
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?	How old is (NAME)?	Did (NAME) stay here last night?	Does (NAME) usually live here?	Are you employed?	What is your level of education?	Are you married, widowed divorced or separated?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	FOR ELIGIBLE WOMEN, ASK: Is (NAME) currently pregnant?	CIRCLE LINE NUMBER OF ALL CHILDREN <5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
			M F	IN YEARS	YES NO	YES NO	YES NO				YES NO/DK	
11			1 2		1 2	1 2	1 2			11	1 2	01
12			1 2		1 2	1 2	1 2			12	1 2	02
13			1 2		1 2	1 2	1 2			13	1 2	03
14			1 2		1 2	1 2	1 2			14	1 2	04
15			1 2		1 2	1 2	1 2			15	1 2	05
16			1 2		1 2	1 2	1 2			16	1 2	06
17			1 2		1 2	1 2	1 2			17	1 2	07
18			1 2		1 2	1 2	1 2			18	1 2	08
19			1 2		1 2	1 2	1 2			19	1 2	09
20			1 2		1 2	1 2	1 2			20	1 2	10

\* CODES FOR Q.3  
RELATIONSHIP TO HEAD OF HOUSEHOLD:  
01 = HEAD  
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00 = NEVER MARRIED (SINGLE)  
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04 = LIVING TOGETHER

**COMMENTS:**

**LIBERIA MALARIA INDICATOR SURVEY**  
**HOUSEHOLD QUESTIONNAIRE**

*Interviewer:* NOW I WANT TO ASK YOU SOME QUESTIONS ABOUT MALARIA

NOTE IF THE HEAD OF HOUSE HOLD IS AN ELIGIBLE WOMAN (15-49 YRS)  
COPY THE INFORMATION FROM THIS SECTION INTO SECTION 6

**SECTION 2: KNOWLEDGE, ATTITUDES & PRACTICES (KAP)**

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
2.1	Have you ever heard of an illness called "Malaria?"	YES.....1 NO.....2 →	Section 3
2.2	What are the main symptoms of malaria?  CIRCLE ALL ANSWERS MENTIONED	Fever.....1 Chills.....2 Headache.....3 Joint pain.....4 Poor appetite.....5 Other.....6 (specify) _____ Don't know.....98	
2.3	Who are the people in your community that are most likely to get a serious case of malaria?  CIRCLE ALL ANSWERS MENTIONED	Children.....1 Pregnant Women.....2 Adults.....3 Elderly.....4 Everyone.....5 Other.....6 (specify) _____ Don't know.....98	
2.4	What causes malaria?  CIRCLE ALL ANSWERS MENTIONED	Mosquitoes.....1 Dirty water.....2 Dirty surroundings.....3 Beer.....4 Certain foods.....5 Others.....6 (specify) _____ Don't know.....98.	
2.5	Are there ways to avoid getting malaria?	YES.....1 NO.....2 →	2.7

**LIBERIA MALARIA INDICATOR SURVEY**  
**HOUSEHOLD QUESTIONNAIRE**

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
2.6	What are the ways to avoid getting malaria?  CIRCLE ALL ANSWERS MENTIONED	Sleep under a mosquito net.....1 Use mosquito coils.....2 Using insecticide spray.....3 Keep doors and windows closed.....4 Mosquito/insect repellent.....5 Keep surroundings clean.....6 Other.....7 (specify) _____ Don't know..... 98	
2.7	Can malaria be treated?	YES.....1 NO.....2 → DON'T KNOW.....98 →	2.9 2.9
2.8	What drugs are used to treat malaria?  CIRCLE ALL ANSWERS MENTIONED	ACT (new treatment) ..... 1 CHLOROQUINE..... 2 SP/FANSIDAR ..... 3 QUININE..... 4 ASPIRIN ..... 5 PANADOL ..... 6 PARACETOMOL ..... 7 OTHER.....8 (specify) _____ DON'T KNOW.....98	
2.9	In the past year, have you seen or heard any messages about malaria?	YES.....1 NO.....2 →	Section 3
2.10	What messages about malaria have you seen or heard?  CIRCLE ALL ANSWERS MENTIONED	Fever.....1 Roll Back Malaria(RBM).....2 Bed nets.....3 IPT.....4 Danger Sign.....5 Mosquitoes.....6 Other.....7 (specify) _____ Don't Know.....98	

**LIBERIA MALARIA INDICATOR SURVEY**  
**HOUSEHOLD QUESTIONNAIRE**

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
2.11	Where did you hear or see these messages about malaria?  CIRCLE ALL ANSWERS MENTIONED	Radio.....1 Billboard.....2 Poster.....3 T-Shirt.....4 Leaflet/fact sheet/brochure.....5 Television.....6 Video Club.....7 Schools.....8 Community Health Workers.....9 Peer Educators.....10 Other.....11 (specify) _____ Don't know.....98	

**COMMENTS:**

**LIBERIA MALARIA INDICATOR SURVEY**  
**HOUSEHOLD QUESTIONNAIRE**

**Interviewer:** NOW I WOULD LIKE TO ASK YOU ABOUT HOW YOU PREVENT MALARIA

**SECTION 3: PREVENTATIVE MEASURES**

No.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
3.1	Do you do anything to protect yourself or your household members from mosquito bites?	YES .....1 NO.....2 →			Section 4
3.2	What do you currently do or use to prevent yourself or your household from being bitten by mosquitoes?  CIRCLE ALL ANSWERS MENTIONED	Sleep under a mosquito net.....1 Use mosquito coils.....2 Using insecticide spray.....3 Keep doors and windows closed.....4 Mosquito/insect repellent.....5 Keep surroundings clean.....6 Other.....7 (specify)_____			
3.3	Do you have mosquito (bed) nets in this household that can be used while sleeping?	YES.....1 → NO.....2			3.5
3.4	Why don't you have a mosquito net?	Too expensive.....1 Not available.....2 Don't Like.....3 Other.....4 (specify)_____			Go to Section 4
3.5	How many mosquito nets does your household have? IF 4+ ENTER 4	NUMBER OF NETS..... <input type="text"/>			
3.6	ASK RESPONDENT TO SHOW YOU THE NET(S) IN THE HOUSEHOLD.	NET # 1	NET #2	NET #3	
		OBSERVE.....1 NOT OBSERVED... 2	OBSERVE.....1 NOT OBSERVED... 2	OBSERVE.....1 NOT OBSERVED...2	
3.7	Did you buy the net or was it given to you?	Bought.....1 Given.....2	Bought.....1 Given.....2	Bought.....1 Given.....2	
3.8	How much did you pay for the net?	(USD/LD)	(USD/LD)	(USD/LD)	
3.9	Where did you get the net?	Shop.....1 Clinic.....2 Market.....3 NGO.....4 Other.....5 (specify)_____	Shop.....1 Clinic.....2 Market.....3 NGO.....4 Other.....5 (specify)_____	Shop.....1 Clinic.....2 Market.....3 NGO.....4 Other.....5 (specify)_____	

**LIBERIA MALARIA INDICATOR SURVEY**  
**HOUSEHOLD QUESTIONNAIRE**

No.	QUESTIONS AND FILTERS	NET # 1	NET #2	NET #3
3.10	When you got the net, was it already treated with an insecticide to kill or repel mosquitoes?	YES.....1 NO.....2 DON'T KNOW...98	YES.....1 NO.....2 DON'T KNOW..98	YES.....1 NO.....2 DON'T KNOW...98
3.11	Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitoes or bugs?	YES.....1 NO.....2 →3.13 Unknown...98→ 3.13	YES.....1 NO.....2 →3.13 Unknown98→ 3.13	YES.....1 NO.....2 →3.13 Unknown.98→3.13
3.12	How long ago was the net last soaked or dipped?  IF LESS THAN 1 MONTH, RECORD >00'.	MOS <input type="text"/> <input type="text"/> AGO  3+ Yrs.....95  Don't Know.....98	MOS <input type="text"/> <input type="text"/> AGO  3+ Yrs.....95  Don't Know....98	MOS <input type="text"/> <input type="text"/> AGO  3+ Yrs.....95  Don't Know.....98
3.13	Did anyone sleep under this mosquito net last night?  IF NO OR DON'T KNOW → END	YES.....1 NO.....2 Don't Know...98	YES.....1 NO.....2 Don't Know...98	YES.....1 NO.....2 Don't Know...98
3.14	Who slept under this mosquito net last night?  RECORD THE RESPECTIVE NAME & LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	Name _____  LINE <input type="text"/> <input type="text"/> NO  Name _____  LINE <input type="text"/> <input type="text"/> NO	Name _____  LINE <input type="text"/> <input type="text"/> NO  Name _____  LINE <input type="text"/> <input type="text"/> NO	Name _____  LINE <input type="text"/> <input type="text"/> NO  Name _____  LINE <input type="text"/> <input type="text"/> NO  Name _____  LINE <input type="text"/> <input type="text"/> NO  Name _____  LINE <input type="text"/> <input type="text"/> NO

**COMMENTS:**

**LIBERIA MALARIA INDICATOR SURVEY**  
**HEAD OF HOUSEHOLD QUESTIONNAIRE**

**Interviewer:** NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF ALL YOUR CHILDREN LESS THAN 5 YEARS OLD. (WE WILL TALK ABOUT EACH ONE SEPARATELY.) **ENTER THE NAME AND LINE NUMBER FROM HOUSEHOLD LISTING SECTION 1 FOR THE YOUNGEST 2 CHILDREN BORN IN 2000 OR LATER.**

**SECTION 4: FEVER IN CHILDREN <5**

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	
		YOUNGEST CHILD NAME _____	NEXT YOUNGEST CHILD NAME _____
		LINE NUMBER. <input type="text"/> <input type="text"/>	LINE NUMBER. <input type="text"/> <input type="text"/>
4.1	Does (NAME) have a fever now?	YES.....1 →4.3 NO.....2 DON'T KNOW.....8	YES.....1 →4.3 NO.....2 DON'T KNOW.....8
4.2	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES.....1 NO.....2 →END DON'T KNOW.....8 →END	YES.....1 NO.....2 →END DON'T KNOW.....8 →END
4.3	What did you do for the fever?	Nothing.....0 →4.13 Self Treated.....1→4.5 Sought Treatment/Advice...2 Other(specify)_____98	Nothing.....0 →4.13 Self Treated.....1→4.5 Sought Treatment/Advice...2 Other(specify)_____98
4.4	Where did you seek advice or treatment?  CIRCLE ALL SOURCES MENTIONED.	HOSPITAL.....1 CLINIC.....2 MOBILE CLINIC.....3 FIELD WORKER.....4 PHARMACY.....5 SHOP.....6 TRAD. PRACTITIONER...7 OTHER _____ 8 (SPECIFY)	HOSPITAL.....1 CLINIC.....2 MOBILE CLINIC.....3 FIELD WORKER.....4 PHARMACY.....5 SHOP.....6 TRAD. PRACTITIONER...7 OTHER _____ 8 (SPECIFY)
4.5	Did (NAME) take any drugs for the fever?	YES.....1 NO.....2 →4.13 DON'T KNOW.....8 →4.13	YES.....1 NO.....2 →4.13 DON'T KNOW.....8 →4.13

**LIBERIA MALARIA INDICATOR SURVEY**  
**HEAD OF HOUSEHOLD QUESTIONNAIRE**

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	
		YOUNGEST CHILD NAME _____	NEXT YOUNGEST CHILD NAME _____
4.6	What drugs did (NAME) take?  CIRCLE ALL MENTIONED.  <b>IF NOT ACT THEN SKIP TO 4.13</b>	ACT (new treatment)..... 1 CHLOROQUINE ..... 2 SP/FANSIDAR..... 3 QUININE..... 4 ASPIRIN..... 5 PANADOL ..... 6 PARACETOMOL ..... 7 OTHER _____.....8 (specify) DON'T KNOW ..... 98	ACT (new treatment).....1 CHLOROQUINE .....2 SP/FANSIDAR .....3 QUININE .....4 ASPIRIN .....5 PANADOL .....6 PARACETOMOL .....7 OTHER _____.....8 (specify) DON'T KNOW .....98
4.7	How long after the fever did [name] start taking ACT (new treatment) medication?	Same day.....1 Next day.....2 More than 2 days.....3	Same day.....1 Next day.....2 More than 2 days.....3
4.8	Did [name] complete the treatment?	YES.....1 →4.10 NO.....2 DON'T KNOW.....98	YES.....1 →4.10 NO.....2 DON'T KNOW.....98
4.9	Why didn't [name] complete the treatment?	Felt better.....1 Saved for later.....2 Side Effects.....3 Expensive.....4 Other _____.....5 (specify) Don't Know.....98	Felt better.....1 Saved for later.....2 Side Effects.....3 Expensive.....4 Other _____.....5 (specify) Don't Know.....98
4.10	Did you pay for the treatment or did you receive it for free?	Free.....0 Pay.....1	Free.....0 Pay.....1
4.11	How much did you pay?	(USD/LD)	(USD/LD)
4.12	How far did you have to travel to get treatment?	Less than ½ day.....1 One day.....2 More than one day.....3	Less than ½ day.....1 One day.....2 More than one day.....3
4.13	Has (NAME) had convulsions (jerking) with the fever?	YES.....1 → 4.15 NO.....2 DON'T KNOW.....98	YES.....1 → 4.15 NO.....2 DON'T KNOW.....98
4.14	Has (NAME) been ill with convulsions at any time during the last 2 weeks when they had fever/convulsions?	YES.....1 NO.....2 →END DON'T KNOW.....98 →END	YES.....1 NO.....2 →END DON'T KNOW.....98 →END
4.15	What did you do for the fever/convulsions?	Nothing.....0 → END Self Treated.....1 →4.17 Sought Treatment/Advice....2 Other(specify) _____ 98	Nothing.....0 → END Self Treated.....1 →4.17 Sought Treatment/Advice....2 Other(specify) _____ 98

**LIBERIA MALARIA INDICATOR SURVEY**  
**HEAD OF HOUSEHOLD QUESTIONNAIRE**

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	
		YOUNGEST CHILD NAME _____	NEXT YOUNGEST CHILD NAME _____
4.16	Where did you seek advice or treatment?  CIRCLE ALL SOURCES MENTIONED.	HOSPITAL.....1 CLINIC.....2 MOBILE CLINIC.....3 FIELD WORKER.....4 PHARMACY.....5 SHOP.....6 TRAD. PRACTITIONER...7 OTHER _____ 8 (specify)	HOSPITAL.....1 CLINIC.....2 MOBILE CLINIC.....3 FIELD WORKER.....4 PHARMACY.....5 SHOP.....6 TRAD. PRACTITIONER...7 OTHER _____ 8 (specify)
4.17	Did (NAME) get any injection, IV or suppository for the (fever/convulsions)?  CIRCLE ALL MENTIONED IF ANSWER IS 4, 5, 6, 98 GO TO THE END	INJECTION (new drug).....1 SUPPOSITORY (new drug).2 IV QUINNINE.....3 INJECTION CQ.....4 NONE.....5 OTHER _____ 6 (specify) DON'T KNOW.....98	INJECTION (new drug).....1 SUPPOSITORY (new drug).2 IV QUINNINE.....3 INJECTION CQ.....4 NONE.....5 OTHER _____ 6 (specify) DON'T KNOW.....98
4.18	How long after the fever + convulsion did [name] start taking ACT (new treatment) medication or Quinine?	Same day.....1 Next day.....2 More than 2 days.....3	Same day.....1 Next day.....2 More than 2 days.....3
4.19	Did you pay for the treatment or did you receive it for free?	Free.....0 Pay.....1	Free.....0 Pay.....1
4.20	How much did you pay?	(USD/LD)	(USD/LD)
4.21	How far did you have to travel to get treatment?	Less than ½ day.....1 One day.....2 More than one day.....3	Less than ½ day.....1 One day.....2 More than one day.....3

<b>COMMENTS:</b>
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**LIBERIA MALARIA INDICATOR SURVEY  
HOUSEHOLD QUESTIONNAIRE**

*Interviewer:* NOW I WOULD LIKE TO ASK YOU SOME MORE QUESTIONS ABOUT YOUR HOUSEHOLD.

**SECTION 5: MORTALITY DATA**

No.	QUESTIONS AND FILTERS			CODING CATEGORIES	SKIP
5.1	Has any member living in this household died during the last 12 months?			YES.....1 NO.....2 →	If 'NO' end
5.2	How many persons that were living with you in your household have died in the past 12 months?				
5.3	COULD YOU PLEASE GIVE ME SOME INFORMATION ABOUT THOSE MEMBERS THAT YOU SAID DIED?			YES.....1 NO.....2 →	End
	<b>NAME</b>	<b>AGE AT TIME OF DEATH</b>	<b>SEX M=1, F=2</b>	<b>RELATIONSHIP TO HOUSEHOLD</b> 01 = HEAD 02 = WIFE/HUSBAND 03 = SON/DAUGHTER 04 = BROTHER / SISTER 99 = OTHER RELATIVE	<b>CAUSE OF DEATH</b> 01 = MALARIA 02 = TB 03 = HIV/AIDS 04 =ACCIDENT 05 = VIOLENCE 06 = OTHER (SPECIFY) 98 = DON'T KNOW
A					
B					
C					
D					
E					

**COMMENTS:**

**LIBERIA MALARIA INDICATOR SURVEY  
WOMEN'S QUESTIONNAIRE**

<b>IDENTIFICATION</b>																			
COUNTY _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <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> <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> <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> <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> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																		
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NAME AND LINE NUMBER OF HEAD OF HOUSEHOLD _____																			
Urban-01/Rural-02 _____																			

<b>INTERVIEWER VISIT RESULT</b>			
	<b>1</b>	<b>2</b>	<b>3</b>
<b>DATE</b>			
<b>RESULT</b>			

**INTRODUCTION AND CONSENT**

Hello. My name is \_\_\_\_\_ and I am a representative of the Ministry of Health and Social Welfare/Ministry of Planning. We are conducting a national survey about malaria. The information we collect will help the government plan health services. We would very much appreciate your participation in this survey.

I would like to ask you information about health and the children in your household. The survey usually takes 45 minutes to complete. Whatever answers you provide will be kept confidential and will not be shown to other persons.

Participation in the survey is voluntary. Even if you participate, you may decide to stop answering any or all questions at any time. However, we hope that you will participate fully in this survey since your views are important.

At this time, do you want to ask me anything about the survey?

Do you agree to be interviewed? **YES.....1 → CONTINUE**

**NO.....0 → END**

I HAVE READ THE ABOVE STATEMENT AND EXPLAINED THE SAME TO THE RESPONDENT AND SHE HAS AGREED TO BE INTERVIEWED.

NAME/SIGNATURE OF INTERVIEWER & DATE: \_\_\_\_\_

NAME/SIGNATURE OF SUPERVISOR: \_\_\_\_\_

NAME/SIGNATURE OF DATA CLERK: \_\_\_\_\_

**LIBERIA MALARIA INDICATOR SURVEY**  
**WOMEN'S QUESTIONNAIRE**

**Interviewer:** NOW I WANT TO ASK YOU SOME QUESTIONS ABOUT MALARIA

NOTE IF THE HEAD OF HOUSE HOLD IS AN ELIGIBLE WOMAN (15-49 YRS)  
 COPY THE INFORMATION FROM SECTION 2 INTO THIS SECTION

**SECTION 6: KNOWLEDGE, ATTITUDES & PRACTICES (KAP)**

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
6.1	Have you ever heard of an illness called "Malaria?"	YES.....1 NO.....2 →	Section 7
6.2	What are the main symptoms of malaria?  CIRCLE ALL ANSWERS MENTIONED	Fever.....1 Chills.....2 Headache.....3 Joint pain.....4 Poor appetite.....5 Other.....6 (specify)_____ Don't know.....98	
6.3	Who are the people in your community that are most likely to get a serious case of malaria?  CIRCLE ALL ANSWERS MENTIONED	Children.....1 Pregnant Women.....2 Adults.....3 Elderly.....4 Everyone.....5 Other.....6 (specify)_____ Don't know.....98	
6.4	What causes malaria?  CIRCLE ALL ANSWERS MENTIONED	Mosquitoes.....1 Dirty water.....2 Dirty surroundings.....3 Beer.....4 Certain foods.....5 Others.....6 (specify)_____ Don't know.....98.	
6.5	Are there ways to avoid getting malaria?	YES.....1 NO.....2 →	6.7

**LIBERIA MALARIA INDICATOR SURVEY**  
**WOMEN'S QUESTIONNAIRE**

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
6.6	What are the ways to avoid getting malaria?  CIRCLE ALL ANSWERS MENTIONED	Sleep under a mosquito net.....1 Use mosquito coils.....2 Using insecticide spray.....3 Keep doors and windows closed.....4 Mosquito/insect repellent.....5 Keep surroundings clean.....6 Other.....7 (specify) _____ Don't know..... 98	
6.7	Can malaria be treated?	YES.....1 NO.....2 → DON'T KNOW.....98 →	6.9 6.9
6.8	What drugs are used to treat malaria?  CIRCLE ALL ANSWERS MENTIONED	ACT (new treatment) ..... 1 CHLOROQUINE.....2 SP/FANSIDAR .....3 QUININE .....4 ASPIRIN .....5 PANADOL.....6 PARACETOMOL.....7 OTHER.....8 (specify) _____ DON'T KNOW.....98	
6.9	In the past year, have you seen or heard any messages about malaria?	YES.....1 NO.....2 →	Section 7
6.10	What messages about malaria have you seen or heard?  CIRCLE ALL ANSWERS MENTIONED	Fever.....1 Roll Back Malaria(RBM).....2 Bed nets.....3 IPT.....4 Danger Sign.....5 Mosquitoes.....6 Other.....7 (specify) _____ Don't Know.....98	

**LIBERIA MALARIA INDICATOR SURVEY**  
**WOMEN'S QUESTIONNAIRE**

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
6.11	Where did you hear or see these messages about malaria?  CIRCLE ALL ANSWERS MENTIONED	Radio.....1 Billboard.....2 Poster.....3 T-Shirt.....4 Leaflet/fact sheet/brochure.....5 Television.....6 Video Club.....7 Schools.....8 Community Health Workers.....9 Peer Educators.....10 Other.....11 (specify) _____ Don't know.....98	

**COMMENTS:**

**LIBERIA MALARIA INDICATOR SURVEY**  
**WOMEN'S QUESTIONNAIRE**

**Interviewer:** NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT MALARIA AND PREGNANCY

**SECTION 7: MALARIA & PREGNANCY**

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
7.1	Are you pregnant now?	YES.....1 NO .....2 → DON'T KNOW.....8 →	7.9 7.9
7.2	Did you sleep under a mosquito net last night?	YES.....1 NO .....2	
7.3	How many months pregnant are you? IF UNKNOWN WRITE "98"	MONTHS <input type="text"/> <input type="text"/>	
7.4	Have you see anyone for antenatal care?	YES.....1 NO.....2 →	7.9
7.5	Whom did you see?  CIRCLE ALL PRACTITIONERS MENTIONED	DOCTOR.....1 NURSE/MIDWIF.....2 TTM.....3 TBA.....4 CHW.....5 OTHER _____6 (SPECIFY) NO ONE.....0	
7.6	Have you taken any drugs in order to prevent you from getting malaria during this pregnancy?	YES.....1 NO .....2 → DON'T KNOW.....98 →	7.9 7.9
7.7	Which drugs did you take to prevent malaria?  CIRCLE ALL MENTIONED	SP/FANSIDAR..... 1 CHLOROQUINE.....2 → OTHER _____ 3 → (SPECIFY) DON'T KNOW.....98 →	7.9 7.9 7.9
7.8	How many times did you take SP/Fansidar during this pregnancy?  IF UNKNOWN WRITE "98"	TIMES <input type="text"/> <input type="text"/>	
7.9	Have you had any live births in 2000 or later?	NO BIRTHS.....0 → ONE OR MORE BIRTHS.....1	END

**LIBERIA MALARIA INDICATOR SURVEY**  
**WOMEN'S QUESTIONNAIRE**

**Interviewer:** NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR LAST PREGNANCY THAT ENDED IN A LIVE BIRTH

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
7.10	CHECK THE HOUSEHOLD INFORMATION AND ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF THE <u>MOST RECENT</u> BIRTH (within last 5 years) <sup>1</sup> .	<p align="center">LAST LIVE BIRTH</p> <p>LINE NUMBER <input type="text"/> <input type="text"/></p> <p>NAME _____</p> <p align="center">LIVING <input type="checkbox"/>      DEAD <input type="checkbox"/></p>	
7.11	When you were pregnant with (NAME), did you see anyone for antenatal care?	YES.....1 NO .....2 →	Section 8
7.12	Whom did you see?  CIRCLE ALL PRACTITIONERS MENTIONED	DOCTOR.....1 NURSE/MIDWIF.....2 TTM.....3 TBA.....4 CHW.....5 OTHER _____.....6 (SPECIFY) NO ONE.....0	
7.13	When you were pregnant with (NAME OF LAST BIRTH), did you take any drugs in order to prevent you from getting malaria?	YES.....1 NO.....2 → DON'T KNOW.....98 →	Section 8 Section 8
7.14	Which drugs did you take to prevent malaria?  CIRCLE ALL MENTIONED	SP/FANSIDAR..... 1 CHLOROQUINE.....2 → OTHER _____ 3 → (SPECIFY) DON'T KNOW.....98 →	Section 8 Section 8 Section 8
7.15	How many times did you take SP/Fansidar during that pregnancy?  IF UNKNOWN WRITE "98"	TIMES <input type="text"/> <input type="text"/>	

**COMMENTS:**

**LIBERIA MALARIA INDICATOR SURVEY**  
**WOMEN'S QUESTIONNAIRE**

**Interviewer:** NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF ALL YOUR CHILDREN LESS THAN 5 YEARS OLD. (WE WILL TALK ABOUT EACH ONE SEPARATELY.) **ENTER THE NAME AND LINE NUMBER FROM HOUSEHOLD LISTING SECTION 1 FOR THE YOUNGEST 2 CHILDREN BORN IN 2000 OR LATER TO THIS WOMAN OR THAT SHE IS CARING FOR**

**SECTION 8: FEVER IN CHILDREN <5**

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	
		YOUNGEST CHILD	NEXT YOUNGEST CHILD
		NAME _____	NAME _____
		LINE NUMBER. <input type="checkbox"/> <input type="checkbox"/>	LINE NUMBER. <input type="checkbox"/> <input type="checkbox"/>
8.1	Does (NAME) have a fever now?	YES.....1 →8.3 NO.....2 DON'T KNOW.....8	YES.....1 →8.3 NO.....2 DON'T KNOW.....8
8.2	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES.....1 NO.....2 →END DON'T KNOW.....8 →END	YES.....1 NO.....2 →END DON'T KNOW.....8 →END
8.3	What did you do for the fever?	Nothing.....0 →8.13 Self Treated.....1→8.5 Sought Treatment/Advice...2 Other(specify)_____98	Nothing.....0 →8.13 Self Treated.....1→8.5 Sought Treatment/Advice...2 Other(specify)_____98
8.4	Where did you seek advice or treatment?  CIRCLE ALL SOURCES MENTIONED.	HOSPITAL.....1 CLINIC.....2 MOBILE CLINIC.....3 FIELD WORKER.....4 PHARMACY.....5 SHOP.....6 TRAD. PRACTITIONER...7 OTHER _____ 8 (SPECIFY)	HOSPITAL.....1 CLINIC.....2 MOBILE CLINIC.....3 FIELD WORKER.....4 PHARMACY.....5 SHOP.....6 TRAD. PRACTITIONER...7 OTHER _____ 8 (SPECIFY)
8.5	Did (NAME) take any drugs for the fever?	YES.....1 NO.....2 →8.13 DON'T KNOW.....8 →8.13	YES.....1 NO.....2 →8.13 DON'T KNOW.....8 →8.13

**LIBERIA MALARIA INDICATOR SURVEY**  
**WOMEN'S QUESTIONNAIRE**

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	
		YOUNGEST CHILD	NEXT YOUNGEST CHILD
		NAME _____	NAME _____
8.6	What drugs did (NAME) take?  CIRCLE ALL MENTIONED.  <b>IF NOT ACT THEN SKIP TO 8.13</b>	ACT (new treatment)..... 1 CHLOROQUINE ..... 2 SP/FANSIDAR..... 3 QUININE..... 4 ASPIRIN..... 5 PANADOL ..... 6 PARACETOMOL ..... 7 OTHER.....8 (specify) DON'T KNOW ..... 98	ACT (new treatment).....1 CHLOROQUINE .....2 SP/FANSIDAR .....3 QUININE .....4 ASPIRIN .....5 PANADOL .....6 PARACETOMOL .....7 OTHER.....8 (specify) DON'T KNOW.....98
8.7	How long after the fever did [name] start taking ACT (new treatment) medication?	Same day.....1 Next day.....2 More than 2 days.....3	Same day.....1 Next day.....2 More than 2 days.....3
8.8	Did [name] complete the treatment?	YES.....1 →8.10 NO.....2 DON'T KNOW.....98	YES.....1 →8.10 NO.....2 DON'T KNOW.....98
8.9	Why didn't [name] complete the treatment?	Felt better.....1 Saved for later.....2 Side Effects.....3 Expensive.....4 Other.....5 (specify) Don't Know.....98	Felt better.....1 Saved for later.....2 Side Effects.....3 Expensive.....4 Other.....5 (specify) Don't Know.....98
8.10	Did you pay for the treatment or did you receive it for free?	Free.....0 Pay.....1	Free.....0 Pay.....1
8.11	How much did you pay?	(USD/LD)	(USD/LD)
8.12	How far did you have to travel to get treatment?	Less than ½ day.....1 One day.....2 More than one day.....3	Less than ½ day.....1 One day.....2 More than one day.....3
8.13	Has (NAME) had convulsions (jerking) with the fever?	YES.....1 → 8.15 NO.....2 DON'T KNOW.....98	YES.....1 → 8.15 NO.....2 DON'T KNOW.....98
8.14	Has (NAME) been ill with convulsions at any time during the last 2 weeks when they had fever/convulsions?	YES.....1 NO.....2 →END DON'T KNOW.....98 →END	YES.....1 NO.....2 →END DON'T KNOW.....98 →END
8.15	What did you do for the fever/convulsions?	Nothing.....0 → END Self Treated.....1→8.17 Sought Treatment/Advice....2	Nothing.....0 → END Self Treated.....1→8.17 Sought Treatment/Advice....2

**LIBERIA MALARIA INDICATOR SURVEY**  
**WOMEN'S QUESTIONNAIRE**

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	
		YOUNGEST CHILD	NEXT YOUNGEST CHILD
		NAME _____	NAME _____
		Other(specify)_____98	Other(specify)_____98
8.16	Where did you seek advice or treatment?  CIRCLE ALL SOURCES MENTIONED.	HOSPITAL.....1 CLINIC.....2 MOBILE CLINIC.....3 FIELD WORKER.....4 PHARMACY.....5 SHOP.....6 TRAD. PRACTITIONER...7 OTHER _____ 8 (specify)	HOSPITAL.....1 CLINIC.....2 MOBILE CLINIC.....3 FIELD WORKER.....4 PHARMACY.....5 SHOP.....6 TRAD. PRACTITIONER...7 OTHER _____ 8 (specify)
8.17	Did (NAME) get any injection, IV or suppository for the (fever/convulsions)?  CIRCLE ALL MENTIONED <b>IF ANSWER IS 4, 5, 6, 98 GO TO THE END</b>	INJECTION (new drug).....1 SUPPOSITORY (new drug).2 IV QUINNINE.....3 INJECTION CQ.....4 NONE.....5 OTHER _____ 6 (specify) DON'T KNOW.....98	INJECTION (new drug).....1 SUPPOSITORY (new drug).2 IV QUINNINE.....3 INJECTION CQ.....4 NONE.....5 OTHER _____ 6 (specify) DON'T KNOW.....98
8.18	How long after the fever + convulsion did [name] start taking ACT (new treatment) medication or Quinine?	Same day.....1 Next day.....2 More than 2 days.....3	Same day.....1 Next day.....2 More than 2 days.....3
8.19	Did you pay for the treatment or did you receive it for free?	Free.....0 Pay.....1	Free.....0 Pay.....1
8.20	How much did you pay?	(USD)	(USD)
8.21	How far did you have to travel to get treatment?	Less than ½ day.....1 One day.....2 More than one day.....3	Less than ½ day.....1 One day.....2 More than one day.....3

<b>COMMENTS:</b>
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**LIBERIA MALARIA INDICATOR SURVEY**

**WOMEN'S QUESTIONNAIRE**

**Interviewer:** WE WOULD LIKE TO TEST ALL OF YOUR CHILDREN LESS THAN 5 YEARS FOR MALARIA AND ANEMIA. IF YOUR CHILD IS FOUND TO HAVE MALARIA OR ANEMIA THEY WILL RECEIVE TREATMENT. THIS SECTION OF THE SURVEY IS VOLUNTARY. DO YOU HAVE ANY QUESTIONS?

**DO YOU AGREE TO LET YOUR CHILD/CHILDREN BE TESTED FOR MALARIA AND ANEMIA?**

YES.....1 → CONTINUE

NO.....0 → END

**LAST SECTION: BIOMARKER DATA FOR CHILDREN UNDER 5**

No.	NAMES OF CHILDREN LESS THAN 5 IN THE HOUSEHOLD	LINE NUMBER	AGE	GENDER	Hb gm/dL	RDT		FEVER IN THE LAST 2 WEEKS?
						Performed	Result	
01						Yes.....1 No.....0	+.....1 -.....0	Yes.....1 No.....0
02						Yes.....1 No.....0	+.....1 -.....0	Yes.....1 No.....0
03						Yes.....1 No.....0	+.....1 -.....0	Yes.....1 No.....0
04						Yes.....1 No.....0	+.....1 -.....0	Yes.....1 No.....0
05						Yes.....1 No.....0	+.....1 -.....0	Yes.....1 No.....0
06						Yes.....1 No.....0	+.....1 -.....0	Yes.....1 No.....0