

APPENDIX B

Survey Questionnaires



Household Questionnaire

- Usual members and visitors: Age, sex, relationship to the head of the household
- Characteristics of the household's dwelling unit: Source of water, type of toilet facilities, materials used for the floor, walls and roof of the house, cooking fuel, availability of electricity, etc.
- Ownership of certain possessions such as clocks, radios, telephones, fans, sewing machines, ploughs, bicycles, etc.
- Indoor residual spraying
- Ownership and use of mosquito nets, whether simple or treated with insecticide, how to hang, how to use
- Attitudes about malaria
- Results of the request for doing anaemia and malaria testing on young children

Woman's Questionnaire

- Consenting women aged 15-49 years
- Background characteristics: Age, education, religion, ethnicity, ability to read a simple sentence
- Reproductive history: Number of children, antenatal care,
- Use of intermittent preventive treatment (IPT) during pregnancy for recent births
- Fever prevalence and treatment among children under five, including iron supplements
- Knowledge and attitudes regarding malaria and child survival, awareness of the latest antimalaria medication



CONFIDENTIAL
DIVISION OF MALARIA CONTROL
KENYA MALARIA INDICATOR SURVEY 2010
HOUSEHOLD QUESTIONNAIRE



IDENTIFICATION				
PROVINCE _____ DISTRICT _____ KMIS CLUSTER NUMBER HOUSEHOLD NUMBER				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR
INTERVIEWER'S NAME	_____	_____	_____	INTER. CODE
RESULT**	_____	_____	_____	FINAL RESULT
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS
TIME	_____	_____		
**RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER HOME/NO COMPETENT RESPONDENT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ <div style="text-align: center;">(SPECIFY)</div>				TOTAL PERSONS IN HOUSEHOLD TOTAL WOMEN 15-49
INTRODUCTION AND CONSENT				
<p>Hello, my name is ___ and I'm from the Ministry of Health. We are talking to people all over Kenya about malaria. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be kept confidential and will not be shared with anyone other than members of our survey team.</p> <p>You do not have to be in the survey. If I ask 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. However, we hope you will agree to answer the questions since your views are important.</p> <p>Do you have any questions? May I begin the interview now?</p> <p>Signature of interviewer: _____ Date: _____</p> <p>RESPONDENT AGREES TO BE INTERVIEWED ... 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END</p> <p style="text-align: center;">↓</p>				

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP	SEX	RESIDENCE		AGE	WOMEN AGE 15-49		CHILDREN < 15
	<p>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.</p> <p>AFTER LISTING THE NAMES, RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-14 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME)?</p> <p>IF 95 OR MORE, WRITE '95'.</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p>Is (NAME) currently pregnant?</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-14</p>
1	2	3	4	5	6	7	8	9	10
01		<input type="text"/>	M F 1 2	YES NO 1 2	YES NO 1 2	<input type="text"/>	01	Y N DK 1 2 8	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	02	1 2 8	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	03	1 2 8	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	04	1 2 8	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	05	1 2 8	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	06	1 2 8	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	07	1 2 8	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	08	1 2 8	08

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD	07 = PARENT-IN-LAW
02 = WIFE OR HUSBAND	08 = BROTHER OR SISTER
03 = SON OR DAUGHTER	09 = OTHER RELATIVE
04 = SON-IN-LAW OR DAUGHTER-IN-LAW	10 = ADOPTED/FOSTER/STEP CHILD
05 = GRANDCHILD	11 = NOT RELATED
06 = PARENT	98 = DON'T KNOW

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP	SEX	RESIDENCE		AGE	WOMEN AGE 15-49		CHILDREN < 15
	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. AFTER LISTING THE NAMES, RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-14 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF 95 OR MORE, WRITE '95'.	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	Is (NAME) currently pregnant?	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-14
1	2	3	4	5	6	7	8	9	10
09		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	09	Y N DK 1 2 8	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	10	1 2 8	10
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	11	1 2 8	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	12	1 2 8	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	13	1 2 8	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	14	1 2 8	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	15	1 2 8	15

TICK HERE IF CONTINUATION SHEET USED ☐

2A) Just to make sure that I have a complete listing, are there any other persons such as small children or infants that we have not listed?

YES ☐ → ADD ☐

2B) Are there any other people who may not be members of your family, like domestic servants, lodgers, or friends who usually live here?

YES ☐ → ADD ☐

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?

YES ☐ → ADD ☐

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO COMPOUND/PLOT 12 PUBLIC TAP/STANDPIPE..... 13 BOREHOLE 14 OPEN WELL IN COMPOUND/PLOT 21 OPEN PUBLIC WELL 31 COVERED WELL IN COMPOUND/PLOT 32 RAINWATER 41 BOTTLED WATER 42 COVERED PUBLIC WELL 51 SPRING 61 RIVER/STREAM 71 POND/LAKE 81 DAM 96 OTHER _____ 91 (SPECIFY)	
102	What kind of toilet facility do members of your household usually use?	FLUSH TOILET 11 TRADITIONAL PIT TOILET 12 VENTILATED IMPROVED PIT TOILET ... 13 NO FACILITY/BUSH/FIELD 61 OTHER 96	
103	Does your household have:	<div style="text-align: right; margin-bottom: 10px;">YES NO</div> A clock or watch? CLOCK/WATCH 1 2 Electricity? ELECTRICITY 1 2 A radio? RADIO 1 2 A television? TELEVISION 1 2 A mobile telephone? MOBILE TELEPHONE 1 2 A non-mobile telephone? NON-MOBILE TELEPHONE . 1 2 A refrigerator? REFRIGERATOR 1 2 A solar panel? SOLAR PANEL 1 2 Fan? FAN 1 2 Sewing machine? SEWING MACHINE 1 2 Cassette player? CASSETTE PLAYER 1 2 Plough? PLOW 1 2 Grain grinder? GRAIN GRINDER..... 1 2 VCR/DVD? VCR/DVD 1 2 Tractor? TRACTOR 1 2 Hammer mill? HAMMER MILL..... 1 2 NONE OF THE ABOVE NONE 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
104	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG/ NATURAL GAS 02 BIOGAS 03 KEROSENE 04 COAL, LIGNITE 05 CHARCOAL 06 FIREWOOD/STRAW 07 DUNG 08 NO FOOD COOKED IN HOUSE 09 OTHER 96	
105	MAIN MATERIAL OF THE FLOOR.	EARTH/SAND 11 DUNG 12 WOOD PLANKS 21 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 OTHER 96	
106	MAIN MATERIAL OF THE ROOF.	THATCH / LEAF 11 STICKS AND MUD 12 RUSTIC MAT / PLASTIC SHEET 21 REED / BAMBOO 22 WOOD PLANKS 23 CORRUGATED IRON 31 WOOD 32 CALAMINE / CEMENT FIBER 33 CEMENT / CONCRETE 34 ROOFING SHINGLES 35 OTHER 96	
107	MAIN MATERIAL OF THE WALLS. RECORD OBSERVATION.	NO WALLS 11 CANE/STICKS/BAMBOO/REED 12 BAMBOO/WOOD WITH MUD 21 STONE WITH MUD 22 UNCOVERED ADOBE 23 PLYWOOD 24 CARTON 25 CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 COVERED ADOBE 35 WOOD PLANKS/SHINGLES 36 OTHER 96 (SPECIFY)	

		NET #1	NET #2	NET #3
115	ASK THE RESPONDENT TO SHOW YOU THE NETS IN THE HOUSEHOLD. IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2
116	How many months ago did your household obtain the mosquito net? IF LESS THAN ONE MONTH, RECORD '00'.	MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 37 MONTHS AGO ... 95 YEARS AGC..... 98	MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 37 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 37 MONTHS AGO ... 95 NOT SURE 98
117	Where did your household get this net?	GOVT.CAMPAIGN . 11 GOVT.CLINIC/HOSP 12 OTHER CLINIC/HOSP 13 NEIGHBOURHOOD. 14 HEALTH COMMITTEE 15 COMM.HEALTH WOR 16 AGENT/NGO 17 RETAIL SHOP..... 18 PHARMACY 19 WORKPLACE 20 OTHER 96 NOT SURE 98	GOVT.CAMPAIGN . 11 GOVT.CLINIC/HOSP 12 OTHER CLINIC/HOSP 13 NEIGHBOURHOOD. 14 HEALTH COMMITTEE 15 COMM.HEALTH WOR 16 AGENT/NGO 17 RETAIL SHOP..... 18 PHARMACY 19 WORKPLACE 20 OTHER 96 NOT SURE 98	GOVT.CAMPAIGN . 11 GOVT.CLINIC/HOSP 12 OTHER CLINIC/HOSP 13 NEIGHBOURHOOD. 14 HEALTH COMMITTEE 15 COMM.HEALTH WOR 16 AGENT/NGO 17 RETAIL SHOP..... 18 PHARMACY 19 WORKPLACE 20 OTHER 96 NOT SURE 98
118	OBSERVE OR ASK THE BRAND/ TYPE OF MOSQUITO NET.	'LONG LASTING' NET OLYSET 11 PERMANET 12 SUPANET EXTRA 13 OTHER/ DK BRAND 16 (SKIP TO 124) 'CONVENTIONAL' NET KINGA NET 21 SUPANET 22 UNBRANDED RURAL NET ... 23 OTHER/ DK BRAND 26 (SKIP TO 120) OTHER 31 UNBRANDED 32 DK BRAND 98	'LONG LASTING' NET OLYSET 11 PERMANET 12 SUPANET EXTRA 13 OTHER/ DK BRAND 16 (SKIP TO 124) 'CONVENTIONAL' NET KINGA NET 21 SUPANET 22 UNBRANDED RURAL NET ... 23 OTHER/ DK BRAND 26 (SKIP TO 120) OTHER 31 UNBRANDED 32 DK BRAND 98	'LONG LASTING' NET OLYSET 11 PERMANET 12 SUPANET EXTRA 13 OTHER/ DK BRAND 16 (SKIP TO 124) 'CONVENTIONAL' NET KINGA NET 21 SUPANET 22 UNBRANDED RURAL NET ... 23 OTHER/ DK BRAND 26 (SKIP TO 120) OTHER 31 UNBRANDED 32 DK BRAND 98
119	When you got the net, was it already treated with an insecticide?	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8
120	Since you got the mosquito net, was it ever soaked or dipped in a liquid?	YES 1 NO 2 (SKIP TO 124) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 124) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 124) ← NOT SURE 8
121	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH, WRITE '00'.	MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 25 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 25 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 25 MONTHS AGO ... 95 NOT SURE 98

		NET #1	NET #2	NET #3
122	The <u>last</u> time the net was treated, was a liquid from a packet like this added to the treatment solution? SHOW PICTURE OF SACHET FOR K-O TAB 1-2-3 BINDING AGENT.	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8
123	The <u>last</u> time the net was treated, was it treated as part of a net retreatment campaign?	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8
124	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 (SKIP TO 126) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 126) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 126) ← NOT SURE 8
125	Who slept under this mosquito net last night? RECORD THE PERSON'S LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>
		NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>
		NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>
		NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/>
126		GO BACK TO 115 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 127.	GO BACK TO 115 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 127.	GO TO 115 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 127.

ATTITUDES ABOUT MALARIA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
127	Which color of net would you prefer: blue or white or green?	GREEN 10 BLUE 20 WHITE 40 DOES NOT CARE 96	
128	Which shape of net would you prefer: conical or rectangular?	CONICAL 10 RECTANGULAR 20 DOES NOT CARE 96	
129	How confident are you that you can hang a mosquito net in your household: are you extremely confident, very confident, a little confident, or not at all confident?	EXTREMELY CONFIDENT 1 VERY CONFIDENT 2 A LITTLE CONFIDENT 3 NOT AT ALL CONFIDENT 4	
130	How important do you think it is for young children to sleep under a treated net: is it extremely important, very important, a little important, or not at all important?	EXTREMELY IMPORTANT 1 VERY IMPORTANT 2 A LITTLE IMPORTANT 3 NOT AT ALL IMPORTANT 4	
131	How frequently do you use mosquito nets for other things besides sleeping under: all the time, sometimes, rarely, or never?	ALL THE TIME 1 SOMETIMES 2 RARELY 3 NEVER 4	
	Now I would like to ask your opinion about some issues. I'm going to read some statements and I would like you to tell me if you agree strongly, agree somewhat, disagree somewhat or disagree strongly.		
132	Treated nets are safe to sleep under. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	STRONGLY AGREE 1 SOMEWHAT AGREE 2 SOMEWHAT DISAGREE 3 STRONGLY DISAGREE 4	
133	Most people in this community sleep under an insecticide-treated net every night. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	STRONGLY AGREE 1 SOMEWHAT AGREE 2 SOMEWHAT DISAGREE 3 STRONGLY DISAGREE 4	
134	You can hang a net any place people sleep in your house. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	STRONGLY AGREE 1 SOMEWHAT AGREE 2 SOMEWHAT DISAGREE 3 STRONGLY DISAGREE 4	
135	People are at risk of getting malaria only during the rainy season. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	STRONGLY AGREE 1 SOMEWHAT AGREE 2 SOMEWHAT DISAGREE 3 STRONGLY DISAGREE 4	

211	RECORD RESPONSE CODE OF <u>ANAEMIA</u> TEST.	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 213) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 213) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 213) ←
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
213	RECORD RESPONSE CODE OF <u>MALARIA</u> TEST	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 217) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 217) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 217) ←
214	BAR CODE LABEL PASTE BAR CODE HERE AND ON SLIDES AND ON TRANSMITTAL FORM.			
215	RESULT OF <u>MALARIA</u> TEST	POSITIVE 1 NEGATIVE 2 (SKIP TO 217) ← OTHER 6	POSITIVE 1 NEGATIVE 2 (SKIP TO 217) ← OTHER 6	POSITIVE 1 NEGATIVE 2 (SKIP TO 217) ← OTHER 6
216	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD. ASK ABOUT ANY TREATMENT THE CHILD HAS ALREADY RECEIVED.	ACCEPTED MEDICINE 1 _____ (SIGN) ← REFUSED 2 ALREADY HAS ACT 3 NOT ELIGIBLE 4 OTHER 6	ACCEPTED MEDICINE 1 _____ (SIGN) ← REFUSED 2 ALREADY HAS ACT 3 NOT ELIGIBLE 4 OTHER 6	ACCEPTED MEDICINE 1 _____ (SIGN) ← REFUSED 2 ALREADY HAS ACT 3 NOT ELIGIBLE 4 OTHER 6
217		GO BACK TO 203 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, END INTERVIEW.		

211	RECORD RESPONSE CODE OF <u>ANAEMIA</u> TEST.	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 213) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 213) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 213) ←
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> <input type="text"/>	G/DL <input type="text"/> <input type="text"/> <input type="text"/>	G/DL <input type="text"/> <input type="text"/> <input type="text"/>
213	RECORD RESPONSE CODE OF <u>MALARIA</u> TEST	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 217) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 217) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 217) ←
214	BAR CODE LABEL PASTE BAR CODE HERE AND ON SLIDES AND ON TRANSMITTAL FORM.			
215	RESULT OF <u>MALARIA</u> TEST	POSITIVE 1 NEGATIVE 2 (SKIP TO 217) ← OTHER 6	POSITIVE 1 NEGATIVE 2 (SKIP TO 217) ← OTHER 6	POSITIVE 1 NEGATIVE 2 (SKIP TO 217) ← OTHER 6
216	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD. ASK ABOUT ANY TREATMENT THE CHILD HAS ALREADY RECEIVED.	ACCEPTED MEDICINE 1 _____ (SIGN) ← REFUSED 2 ALREADY HAS ACT 3 NOT ELIGIBLE 4 OTHER 6	ACCEPTED MEDICINE 1 _____ (SIGN) ← REFUSED 2 ALREADY HAS ACT 3 NOT ELIGIBLE 4 OTHER 6	ACCEPTED MEDICINE 1 _____ (SIGN) ← REFUSED 2 ALREADY HAS ACT 3 NOT ELIGIBLE 4 OTHER 6
217		GO BACK TO 203 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, END INTERVIEW.		

		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____
203	IF MOTHER INTERVIEWED, COPY CHILD'S MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	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"/>	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"/>	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"/>
204	CHECK 203: CHILD BORN IN JANUARY 1995 OR LATER?	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 217)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 217)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 217)
205	CHECK 203: IS CHILD AGE 0-2 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR TWO PREVIOUS MONTHS?	0-2 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 217) OLDER 2	0-2 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 217) OLDER 2	0-2 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 217) OLDER 2
206	LINE NUMBER OF PARENT OR ADULT RESPONSIBLE FOR CHILD. RECORD '00' IF NOT LISTED.	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>
207	ASK CONSENT FOR ANAEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking that children all over the country take an anaemia test. Anaemia is a serious health problem that is usually caused by poor nutrition, infection, or disease. This survey will assist the government to develop programs to prevent and treat anaemia.</p> <p>We ask that all children 3 months to 15 years take part in anaemia testing in this survey and give a few drops of blood from a finger. 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.</p> <p>The blood will be tested for anaemia immediately, and the result will be told to you right away. The result will be kept confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD/NAMES OF CHILDREN) to participate in the anemia test?</p>		
208	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) _____ REFUSED 2	GRANTED 1 _____ (SIGN) _____ REFUSED 2	GRANTED 1 _____ (SIGN) _____ REFUSED 2
209	ASK CONSENT FOR MALARIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking people all over the country to take a malaria test. Malaria is a serious illness caused by a parasite transmitted by mosquito bites. This survey will assist the government to develop programs to prevent malaria.</p> <p>We ask that all children 3 months to 15 years take part in malaria testing in this survey and give a few drops of blood from a finger. 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. We will use blood from the same finger prick made for the anemia test.</p> <p>The blood will be tested for malaria immediately, and the result will be told to you right away. The result will be kept confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD/NAMES OF CHILDREN) to participate in the malaria test?</p>		
210	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) _____ REFUSED 2	GRANTED 1 _____ (SIGN) _____ REFUSED 2	GRANTED 1 _____ (SIGN) _____ REFUSED 2
CONDUCT TESTS FOR WHICH CONSENT IS GRANTED AND CONTINUE TO 211				

211	RECORD RESULT CODE OF ANAEMIA TEST.	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 213) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 213) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 213) ←
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> <input type="text"/>	G/DL <input type="text"/> <input type="text"/> <input type="text"/>	G/DL <input type="text"/> <input type="text"/> <input type="text"/>
213	RECORD RESULT CODE OF MALARIA TEST	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 217) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 217) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 217) ←
214	BAR CODE LABEL PASTE BAR CODE HERE AND ON SLIDES AND ON TRANSMITTAL FORM.			
215	RESULT OF MALARIA TEST	POSITIVE 1 NEGATIVE 2 (SKIP TO 217) ← OTHER 6	POSITIVE 1 NEGATIVE 2 (SKIP TO 217) ← OTHER 6	POSITIVE 1 NEGATIVE 2 (SKIP TO 217) ← OTHER 6
216	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD. ASK ABOUT ANY TREATMENT THE CHILD HAS ALREADY RECEIVED.	ACCEPTED MEDICINE 1 (SIGN) ← REFUSED 2 ALREADY HAS ACT 3 NOT ELIGIBLE 4 OTHER 6	ACCEPTED MEDICINE 1 (SIGN) ← REFUSED 2 ALREADY HAS ACT 3 NOT ELIGIBLE 4 OTHER 6	ACCEPTED MEDICINE 1 (SIGN) ← REFUSED 2 ALREADY HAS ACT 3 NOT ELIGIBLE 4 OTHER 6
217		GO BACK TO 203 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, END INTERVIEW.		

TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS

IF MALARIA TEST IS POSITIVE: The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called AL. AL is very effective and in a few days it should get rid of the fever and other symptoms.

BEFORE PROVIDING AL, FIRST ASK IF THE CHILD IS ALREADY TAKING OTHER DRUGS AND IF SO, ASK TO SEE THEM. IF CHILD IS ALREADY TAKING AL, CHECK ON THE DOSE ALREADY AVAILABLE. BE CAREFUL NOT TO OVERTREAT.

You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.

DOSING SCHEDULE WITH ARTEMETHER-LUMEFANTRINE (AL)							
Weight (Kg)	Approx. age	No. of tablets (each with 20 mg. A and 120 mg. Lu.) recommended at approx. hrs					
		0 hours	8 hours	24 hours	36 hours	48 hours	60 hours
< 5 kgs.	< 5 months	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
5-14.9 kgs.	5 mos.- < 3 years	1	1	1	1	1	1
15-24.9 kgs.	4-8 years	2	2	2	2	2	2
25-34.9 kgs.	9-14 years	3	3	3	3	3	3
35 + kgs.	15+ years	4	4	4	4	4	4

The second dose on the first day should be taken 8 hours after the first dose. Dosage on the 2nd and 3rd days is twice a day (12 hours apart).
IF CHILD WEIGHS LESS THAN 5 KGS., DO NOT LEAVE DRUGS. TELL PARENT TO TAKE CHILD TO HEALTH FACILITY.

First day starts by taking first dose followed by the second one 8 hours later; on subsequent days, the recommendation is simply "morning" and "evening" (around 12 hours apart). Take the medicine (crushed for smaller children) with high fat food or drinks like milk.

Make sure that the FULL 3 days treatment is taken at the recommended times, otherwise the infection may return.

If your child vomits within an hour of taking the medicine, you will need to get additional tablets and repeat the dose.

ALSO TELL THE PARENT/CARETAKER:

If [NAME] has any of the following symptoms, you should take him/her to a health professional for treatment immediately:

- High fever
- Fast or difficult breathing
- Not able to drink or breastfeed
- Gets sicker or does not get better in 2 days



CONFIDENTIAL
DIVISION OF MALARIA CONTROL
KENYA MALARIA INDICATOR SURVEY 2010
WOMAN'S QUESTIONNAIRE



IDENTIFICATION				
PROVINCE _____ DISTRICT _____ KMIS CLUSTER NUMBER HOUSEHOLD NUMBER LINE NUMBER OF WOMAN _____	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> </div>			
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> MONTH <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> YEAR <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle; text-align: center;">2</div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle; text-align: center;">0</div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle; text-align: center;">1</div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle; text-align: center;">0</div>
INTERVIEWER'S NAME	_____	_____	_____	INTER. CODE <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> <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>
RESULT**	_____	_____	_____	FINAL RESULT <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div>
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <div style="display: inline-block; border: 1px solid black; width: 20px; 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)				
INTRODUCTION AND CONSENT				
<p>Hello. My name is _____. I am working with the Ministry of Health. We are talking to people all over the country about malaria and we would very much appreciate your participation in this survey. The information you give will help the government to plan health services. The questions usually take about 15 minutes to complete. Whatever information you give will be kept confidential and will not be shared with anyone other than members of our survey team.</p> <p>You do not have to be in the survey. If I ask 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. However, we hope you will agree to answer the questions since your views are important.</p> <p>Do you have any questions? May I begin the interview now?</p> <p>Signature of interviewer: _____ Date: _____</p> <p>RESPONDENT AGREES TO BE INTERVIEWED ... 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END</p>				

SECTION 1 - RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 are you?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES 1 NO 2	→108
105	What is the highest level of school you attended: primary, vocational, secondary, or higher?	NURSERY, KINDERGARTEN 1 PRIMARY 2 POST-PRIMARY/VOCATIONAL 3 SECONDARY/'A' LEVEL 4 COLLEGE (MIDDLE LEVEL) 5 UNIVERSITY 6	
106	What is the highest (standard/class/year) you completed at that level? IF COMPLETED <1 YEAR AT THAT LEVEL, WRITE '00'.	CLASS/YEAR <input type="text"/> <input type="text"/>	
107	CHECK 105: PRIMARY, <input type="checkbox"/> SECONDARY POST-PRIMARY/VOCATIONAL, <input type="checkbox"/> OR HIGHER <input type="checkbox"/>		→109
108	Now I would like you to read this sentence to me. SHOW SENTENCES BELOW 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 PARTS OF 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?	ROMAN CATHOLIC 11 PROTESTANT/OTHER CHRISTIAN ... 21 MUSLIM 31 NO RELIGION 41 OTHER 99	
110	What is your ethnic group/tribe?	EMBU 1 KALENJIN 2 KAMBA 3 KIKUYU 4 KISII 5 LUHYA 6 LUO 7 MASAI 8 MERU 9 MIJIKENDA/SWAHILI 10 SOMALI 11 TAITA/TAVETA 12 OTHER 96 (SPECIFY) _____	

SENTENCES FOR READING (Q.108):

1. The child is reading a book.
2. Farming is hard work.
3. Parents should care for their children.
4. The rains were heavy this year.

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	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	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> 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	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	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> 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 or showed signs of life but did not survive?	YES 1 NO 2	→ 208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	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> 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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
209	CHECK 208: Just to make sure I have this right: you have had in TOTAL ____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS Q.208 IS '00' <input type="checkbox"/>		→ 225								

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.
 RECORD NAMES OF ALL THE BIRTHS IN 213. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.
 (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby?	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: When is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
(NAME)									
01	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES . . . 1 NO 2	LINE NUMBER <input type="text"/> ↓ (NEXT BIRTH)	DAYS . . . 1 MONTHS 2 YEARS . . 3	
02	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES . . . 1 NO 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES 1 ADD ↩ BIRTH NO 2 NEXT ↩ BIRTH
03	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES . . . 1 NO 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES 1 ADD ↩ BIRTH NO 2 NEXT ↩ BIRTH
04	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES . . . 1 NO 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES 1 ADD ↩ BIRTH NO 2 NEXT ↩ BIRTH
05	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES . . . 1 NO 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES 1 ADD ↩ BIRTH NO 2 NEXT ↩ BIRTH
06	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES . . . 1 NO 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES 1 ADD ↩ BIRTH NO 2 NEXT ↩ BIRTH
07	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES . . . 1 NO 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES 1 ADD ↩ BIRTH NO 2 NEXT ↩ BIRTH

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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: ONE OR MORE BIRTHS IN 2005 OR LATER <input type="checkbox"/>	NO BIRTHS IN 2005 OR LATER <input type="checkbox"/>	<input type="checkbox"/> → 501

SECTION 3. ANTENATAL CARE AND INTERMITTENT PREVENTIVE TREATMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	CHECK 212 AND 215: ENTER IN 302 THE NAME AND LINE NUMBER OF THE MOST RECENT BIRTH SINCE 2005 EVEN IF THE CHILD IS NO LONGER ALIVE. Now I like to ask you some questions about your last pregnancy that ended in a live birth.		
302	NAME AND BIRTH NUMBER FROM 212	NAME OF LAST BIRTH _____ BIRTH NUMBER <input type="text"/> <input type="text"/>	
303	Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2	→ 305
304	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND CIRCLE ALL MENTIONED	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B OTHER PERSON TRADITIONAL BIRTH ATTENDANT... C COMMUNITY HEALTH WORKER... D OTHER _____ X (SPECIFY)	
305	During this pregnancy, did you take any drugs to <u>keep</u> you from getting malaria?	YES 1 NO 2	→ 401
306	What drugs did you take? Any other? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW HER THE TYPICAL ANTIMALARIAL DRUGS. TREATMENT WITH SP/FANSIDAR USUALLY CONSISTS OF TAKING 3 BIG WHITE TABLETS AT THE HEALTH FACILITY.	SP/FANSIDAR A CHLOROQUINE B OTHER _____ X (SPECIFY) DON'T KNOW Z	
307	CHECK 306. SP/FANSIDAR TAKEN FOR MALARIA PREVENTION? CODE 'A' <input type="checkbox"/> CODE 'A' <input type="checkbox"/> CIRCLED NOT CIRCLED		→ 401
308	How many times did you take SP/FANSIDAR during this pregnancy?	NUMBER OF TIMES <input type="text"/> <input type="text"/>	
309	CHECK 304. ANTENATAL CARE FROM HEALTH PERSONNEL DURING PREGNANCY. CODE 'A' OR 'B' <input type="checkbox"/> OTHER <input type="checkbox"/> CIRCLED		→ 401
310	Did you get the SP/FANSIDAR during any antenatal care visit, during another visit to a health facility or from another source?	ANTENATAL CARE VISIT. 1 ANOTHER FACILITY VISIT. 2 OTHER SOURCE. 6	

SECTION 4. FEVER IN CHILDREN

401	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2005 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. Now I would like to ask you some questions about the health of your children. (We will talk about each one separately.)			
402	BIRTH NUMBER FROM 212	LAST BIRTH BIRTH NUMBER ... <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH NUMBER ... <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH BIRTH NUMBER ... <input type="text"/> <input type="text"/>
403	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 501)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 501)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 403 IN FIRST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 501)
403A	In the last seven days, did (NAME) take iron pills, sprinkles with iron, or iron syrup (like this/any of these)? SHOW COMMON TYPES OF PILLS/SPRINKLES/SYRUPS	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
404	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 427) DON'T KNOW 8	YES 1 NO 2 (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 427) DON'T KNOW 8	YES 1 NO 2 (GO TO 403 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 427) DON'T KNOW 8
405	Did you seek advice or treatment for the fever from any source?	YES 1 NO 2 (SKIP TO 408)	YES 1 NO 2 (SKIP TO 408)	YES 1 NO 2 (SKIP TO 408)
406	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE ALL APPLICABLE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B GOVT DISPENSARY C OTHER PUBLIC D (SPECIFY) PRIVATE MEDICAL SECTOR MISSION HOSP./CLINIC E PVT. HOSPITAL/CLINIC F PHARMACY G OTHER PRIVATE MED. H (SPECIFY) MOBILE CLINIC ... I COMMUNITY HEALTH WORKER J OTHER SOURCE SHOP K TRADITIONAL PRACTITIONER L RELATIVE/FRIEND M OTHER X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B GOVT DISPENSARY C OTHER PUBLIC D (SPECIFY) PRIVATE MEDICAL SECTOR MISSION HOSP./CLINIC E PVT. HOSPITAL/CLINIC F PHARMACY G OTHER PRIVATE MED. H (SPECIFY) MOBILE CLINIC ... I COMMUNITY HEALTH WORKER J OTHER SOURCE SHOP K TRADITIONAL PRACTITIONER L RELATIVE/FRIEND M OTHER X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B GOVT DISPENSARY C OTHER PUBLIC D (SPECIFY) PRIVATE MEDICAL SECTOR MISSION HOSP./CLINIC E PVT. HOSPITAL/CLINIC F PHARMACY G OTHER PRIVATE MED. H (SPECIFY) MOBILE CLINIC ... I COMMUNITY HEALTH WORKER J OTHER SOURCE SHOP K TRADITIONAL PRACTITIONER L RELATIVE/FRIEND M OTHER X (SPECIFY)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
407	How many days after the fever began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
408	At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
409	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 425) DON'T KNOW 8	YES 1 NO 2 (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 425) DON'T KNOW 8	YES 1 NO 2 (GO TO 403 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 425) DON'T KNOW 8
410	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED. IF SHE DOES NOT KNOW THE TYPE OF DRUG, SHOW HER THE TYPICAL ANTIMALARIAL DRUGS. IF SHE STILL IS NOT SURE, ASK TO SEE THE DRUGS.	ANTIMALARIAL DRUGS ACT, AL A SP/FANSIDAR ... B CHLOROQUINE... C AMODIAQUINE... D QUININE E OTHER ANTI-MALARIAL F (SPECIFY) OTHER DRUGS ASPIRIN G ACETAMINOPHEN/ PARACETEMOL H IBUPROFEN ... I OTHER X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS ACT, AL A SP/FANSIDAR ... B CHLOROQUINE... C AMODIAQUINE... D QUININE E OTHER ANTI-MALARIAL F (SPECIFY) OTHER DRUGS ASPIRIN G ACETAMINOPHEN/ PARACETEMOL H IBUPROFEN ... I OTHER X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS ACT, AL A SP/FANSIDAR ... B CHLOROQUINE... C AMODIAQUINE... D QUININE E OTHER ANTI-MALARIAL F (SPECIFY) OTHER DRUGS ASPIRIN G ACETAMINOPHEN/ PARACETEMOL H IBUPROFEN ... I OTHER X (SPECIFY) DON'T KNOW Z
411	CHECK 410: ANY CODE A-F CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 425)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 425)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 403 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 425)
412	Did you already have (NAME OF DRUG FROM 410) at home when the child became ill? ASK SEPARATELY FOR EACH OF THE DRUGS 'A' THROUGH 'F' THAT THE CHILD IS RECORDED AS HAVING TAKEN IN 410. IF YES FOR ANY DRUG, CIRCLE CODE FOR THAT DRUG. IF NO FOR ALL DRUGS, CIRCLE 'Y'.	ACT, AL A SP/FANSIDAR ... B CHLOROQUINE ... C AMODIAQUINE ... D QUININE E OTHER ANTI-MALARIAL F NO DRUG AT HOME . Y	ACT, AL A SP/FANSIDAR ... B CHLOROQUINE ... C AMODIAQUINE ... D QUININE E OTHER ANTI-MALARIAL F NO DRUG AT HOME . Y	ACT, AL A SP/FANSIDAR ... B CHLOROQUINE ... C AMODIAQUINE ... D QUININE E OTHER ANTI-MALARIAL F NO DRUG AT HOME . Y

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
413	CHECK 410: ACT/AL ('A') GIVEN	CODE 'A' CODE 'A' CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> CIRCLED CIRCLED ↓ ↓ (SKIP TO 415) ←	CODE 'A' CODE 'A' CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> CIRCLED CIRCLED ↓ ↓ (SKIP TO 415) ←	CODE 'A' CODE 'A' CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> CIRCLED CIRCLED ↓ ↓ (SKIP TO 415) ←
414	How long after the fever started did (NAME) first take ACT?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8
415	CHECK 410: SP/FANSIDAR ('B') GIVEN	CODE 'B' CODE 'B' CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> CIRCLED CIRCLED ↓ ↓ (SKIP TO 417) ←	CODE 'B' CODE 'B' CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> CIRCLED CIRCLED ↓ ↓ (SKIP TO 417) ←	CODE 'B' CODE 'B' CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> CIRCLED CIRCLED ↓ ↓ (SKIP TO 417) ←
416	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	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8
417	CHECK 410: CHLOROQUINE ('C') GIVEN	CODE 'C' CODE 'C' CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> CIRCLED CIRCLED ↓ ↓ (SKIP TO 419) ←	CODE 'C' CODE 'C' CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> CIRCLED CIRCLED ↓ ↓ (SKIP TO 419) ←	CODE 'C' CODE 'C' CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> CIRCLED CIRCLED ↓ ↓ (SKIP TO 419) ←
418	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	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8
419	CHECK 410: AMODIAQUINE ('D') GIVEN	CODE 'D' CODE 'D' CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> CIRCLED CIRCLED ↓ ↓ (SKIP TO 421) ←	CODE 'D' CODE 'D' CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> CIRCLED CIRCLED ↓ ↓ (SKIP TO 421) ←	CODE 'D' CODE 'D' CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> CIRCLED CIRCLED ↓ ↓ (SKIP TO 421) ←
420	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	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
421	CHECK 410: QUININE (‘E’) GIVEN	CODE ‘E’ CODE ‘E’ CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↙ (SKIP TO 423)	CODE ‘E’ CODE ‘E’ CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↙ (SKIP TO 423)	CODE ‘E’ CODE ‘E’ CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↙ (SKIP TO 423)
422	How long after the fever started did (NAME) first take quinine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8
423	CHECK 410: OTHER ANTIMALARIAL (‘F’) GIVEN	CODE ‘F’ CODE ‘F’ CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↙ (SKIP TO 425)	CODE ‘F’ CODE ‘F’ CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↙ (SKIP TO 425)	CODE ‘F’ CODE ‘F’ CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↙ (SKIP TO 425)
424	How long after the fever started did (NAME) first take the (OTHER ANTIMALARIAL)?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8
425	How serious was (NAME’s) fever? Was it extremely serious, very serious, a little serious, or not at all serious?	EXTREMELY SERIOUS 1 VERY SERIOUS ... 2 A LITTLE SERIOUS . 3 NOT AT ALL SERIOUS 4	EXTREMELY SERIOUS 1 VERY SERIOUS ... 2 A LITTLE SERIOUS . 3 NOT AT ALL SERIOUS 4	EXTREMELY SERIOUS 1 VERY SERIOUS ... 2 A LITTLE SERIOUS . 3 NOT AT ALL SERIOUS 4
426		GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 427.	GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 427.	GO TO 403 IN 1st COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 427.
427	CHECK 404--ALL COLUMNS. ANY CHILD HAD FEVER? ONE OR MORE CHILDREN HAD FEVER <input type="checkbox"/>	NO CHILD HAD FEVER <input type="checkbox"/>	→ 501	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
428	When your child/children had the fever, how important or unimportant was it to seek antimalarial treatment immediately? Was it extremely important, very important, a little important, or not at all important?		EXTREMELY IMPORTANT 1 VERY IMPORTANT 2 A LITTLE IMPORTANT 3 NOT AT ALL IMPORTANT 4	
429	When your child/children had the fever, how much do you agree or disagree that your child should be treated first with herbal remedies? Did you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?		STRONGLY AGREE 1 SOMEWHAT AGREE 2 SOMEWHAT DISAGREE 3 STRONGLY DISAGREE 4	
430	When your child/children had the fever, how affordable was treatment. Was it very affordable, affordable, unaffordable, or very unaffordable?		VERY AFFORDABLE 1 AFFORDABLE 2 UNAFFORDABLE 3 VERY UNAFFORDABLE 4	
431	When your child/children had the fever, how available were antimalarial medicines. Were they always available, somewhat available, rarely available, or never available?		ALWAYS AVAILABLE 1 SOMEWHAT AVAILABLE 2 RARELY AVAILABLE 3 NEVER AVAILABLE 4	
432	How much do you believe or disbelieve that antimalarial medicines can cure your child's fever. Do you strongly believe they can cure it or somewhat believe, or somewhat disbelieve, or strongly disbelieve?		STRONGLY BELIEVE 1 SOMEWHAT BELIEVE 2 SOMEWHAT DISBELIEVE 3 STRONGLY DISBELIEVE 4	

SECTION 5. KNOWLEDGE OF ACT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	What is the new anti-malarial drug that Is being promoted by the Ministry of Health?	ACT/AL 11 SP/FANSIDAR 12 CHLOROQUINE 21 AMODIAQUINE 31 OTHER 96 DOES NOT KNOW 98	
502	Have you seen or heard any information about ACT or AL?	YES 1 NO 2	
503	Where did you see or hear about ACT or AL? Any other place or person? CIRCLE ALL MENTIONED.	TELEVISION A RADIO B NEWSPAPER C BARAZA D RELATIVE/FRIEND E HEALTH WORKER F COMMUNITY LEADER/ELDER G COMMUNITY HEALTH WORKER H ROAD SHOW I OTHER X	
512	RECORD THE TIME.	HOUR MINUTES <div><div></div><div></div><div></div><div></div></div>	