

2013 SIERRA LEONE MALARIA INDICATOR SURVEY
HOUSEHOLD QUESTIONNAIRE

SIERRA LEONE
MINISTRY OF HEALTH AND SANITATION, NATIONAL MALARIA CONTROL PROGRAMME
STATISTICS SIERRA LEONE
CATHOLIC RELIEF SERVICES

IDENTIFICATION																												
LOCALITY NAME _____	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> </table>																											
NAME OF HOUSEHOLD HEAD _____																												
CLUSTER NUMBER																												
HOUSEHOLD NUMBER																												
DISTRICT																												
PROVINCE																												
CHIEFDOM																												
SECTION																												
ENUMERATION AREA																												
URBAN-RURAL (RURAL=1 , URBAN=2)																												

INTERVIEWER VISITS																						
	1	2	3	FINAL VISIT																		
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2</td><td>0</td><td>1</td><td>3</td></tr></table> INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									2	0	1	3						
2	0	1	3																			
INTERVIEWER'S NAME	_____	_____	_____																			
RESULT*	_____	_____	_____																			
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>																		
TIME	_____	_____																				
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT 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 _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>																		

SUPERVISOR	OFFICE EDITOR	KEYED BY							
NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>		

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HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	WOMEN AGE 15-49	CHILDREN AGE 0-5
				5	6			
1	2	3	4	5	6	7	8	9
	<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 AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-9 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, RECORD '95'.</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 YEARS</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5 YEARS</p>
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	10	10

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- | | |
|------------------------------------|-------------------------------|
| 01 = HEAD | 08 = BROTHER OR SISTER |
| 02 = WIFE OR HUSBAND | 09 = NIECE/NEPHEW BY BLOOD |
| 03 = SON OR DAUGHTER | 10 = NIECE/NEPHEW BY MARRIAGE |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 11 = OTHER RELATIVE |
| 05 = GRANDCHILD | 12 = ADOPTED/FOSTER/STEPCHILD |
| 06 = PARENT | 13 = NOT RELATED |
| 07 = PARENT-IN-LAW | 98 = DON'T KNOW |

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	WOMEN AGE 15-49	CHILDREN AGE 0-5
1	2	3	4	5	6	7	8	9
	<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 AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-9 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, RECORD '95'.</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 YEARS</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5 YEARS</p>
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	20	20

TICK HERE IF CONTINUATION SHEET USED

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOU

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 → TABLE NO

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

YES → TABLE NO

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

YES → TABLE NO

- 01 = HEAD
- 02 = WIFE OR HUSBAND
- 03 = SON OR DAUGHTER
- 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
- 05 = GRANDCHILD
- 06 = PARENT
- 07 = PARENT-IN-LAW
- 08 = BROTHER
- 09 = NIECE/NE
- 10 = NIECE/NE
- 11 = OTHER R
- 12 = ADOPTED STEPCHILD
- 13 = NOT REL
- 98 = DON'T KN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																				
107	Does your household have: Electricity? A radio? A television? A mobile telephone? A land-line telephone? A refrigerator?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOBILE TELEPHONE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>LAND-LINE TELEPHONE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>REFRIGERATOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY	1	2	RADIO	1	2	TELEVISION	1	2	MOBILE TELEPHONE	1	2	LAND-LINE TELEPHONE	1	2	REFRIGERATOR	1	2																
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108	What type of fuel does your household mainly use for cooking?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>ELECTRICITY</td><td style="text-align: right;">01</td></tr> <tr><td>LPG</td><td style="text-align: right;">02</td></tr> <tr><td>NATURAL GAS</td><td style="text-align: right;">03</td></tr> <tr><td>BIOGAS</td><td style="text-align: right;">04</td></tr> <tr><td>KEROSENE</td><td style="text-align: right;">05</td></tr> <tr><td>CHARCOAL</td><td style="text-align: right;">07</td></tr> <tr><td>WOOD</td><td style="text-align: right;">08</td></tr> <tr><td>STRAW/SHRUBS/GRASS</td><td style="text-align: right;">09</td></tr> <tr><td>AGRICULTURAL CROP</td><td style="text-align: right;">10</td></tr> <tr><td>ANIMAL DUNG</td><td style="text-align: right;">11</td></tr> <tr><td>NO FOOD COOKED IN HOUSEHOLD</td><td style="text-align: right; vertical-align: bottom;">95</td></tr> <tr><td>OTHER _____</td><td style="text-align: right; vertical-align: bottom;">96</td></tr> <tr><td colspan="2" style="text-align: center;">(SPECIFY)</td></tr> </tbody> </table>	ELECTRICITY	01	LPG	02	NATURAL GAS	03	BIOGAS	04	KEROSENE	05	CHARCOAL	07	WOOD	08	STRAW/SHRUBS/GRASS	09	AGRICULTURAL CROP	10	ANIMAL DUNG	11	NO FOOD COOKED IN HOUSEHOLD	95	OTHER _____	96	(SPECIFY)												
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109	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td colspan="2">NATURAL FLOOR</td></tr> <tr><td>EARTH/SAND</td><td style="text-align: right;">11</td></tr> <tr><td>DUNG</td><td style="text-align: right;">12</td></tr> <tr><td colspan="2">RUDIMENTARY FLOOR</td></tr> <tr><td>WOOD PLANKS</td><td style="text-align: right;">21</td></tr> <tr><td>PALM/BAMBOO</td><td style="text-align: right;">22</td></tr> <tr><td colspan="2">FINISHED FLOOR</td></tr> <tr><td colspan="2">PARQUET OR POLISHED</td></tr> <tr><td>WOOD</td><td style="text-align: right;">31</td></tr> <tr><td>VINYL OR ASPHALT STRIPS</td><td style="text-align: right;">32</td></tr> <tr><td>CERAMIC TILES</td><td style="text-align: right;">33</td></tr> <tr><td>CEMENT</td><td style="text-align: right;">34</td></tr> <tr><td>CARPET</td><td style="text-align: right;">35</td></tr> <tr><td>OTHER _____</td><td style="text-align: right;">96</td></tr> <tr><td colspan="2" style="text-align: center;">(SPECIFY)</td></tr> </tbody> </table>	NATURAL FLOOR		EARTH/SAND	11	DUNG	12	RUDIMENTARY FLOOR		WOOD PLANKS	21	PALM/BAMBOO	22	FINISHED FLOOR		PARQUET OR POLISHED		WOOD	31	VINYL OR ASPHALT STRIPS	32	CERAMIC TILES	33	CEMENT	34	CARPET	35	OTHER _____	96	(SPECIFY)								
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110	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td colspan="2">NATURAL ROOFING</td></tr> <tr><td>NO ROOF</td><td style="text-align: right;">11</td></tr> <tr><td>THATCH/PALM LEAF</td><td style="text-align: right;">12</td></tr> <tr><td>SOD</td><td style="text-align: right;">13</td></tr> <tr><td colspan="2">RUDIMENTARY ROOFING</td></tr> <tr><td>RUSTIC MAT</td><td style="text-align: right;">21</td></tr> <tr><td>PALM/BAMBOO</td><td style="text-align: right;">22</td></tr> <tr><td>WOOD PLANKS</td><td style="text-align: right;">23</td></tr> <tr><td>CARDBOARD</td><td style="text-align: right;">24</td></tr> <tr><td colspan="2">FINISHED ROOFING</td></tr> <tr><td>METAL/IRON/ZINC/CI SHEETS</td><td style="text-align: right;">31</td></tr> <tr><td>WOOD</td><td style="text-align: right;">32</td></tr> <tr><td>CALAMINE/CEMENT FIBER</td><td style="text-align: right;">33</td></tr> <tr><td>CERAMIC TILES</td><td style="text-align: right;">34</td></tr> <tr><td>CEMENT</td><td style="text-align: right;">35</td></tr> <tr><td>ROOFING SHINGLES</td><td style="text-align: right;">36</td></tr> <tr><td>OTHER _____</td><td style="text-align: right;">96</td></tr> <tr><td colspan="2" style="text-align: center;">(SPECIFY)</td></tr> </tbody> </table>	NATURAL ROOFING		NO ROOF	11	THATCH/PALM LEAF	12	SOD	13	RUDIMENTARY ROOFING		RUSTIC MAT	21	PALM/BAMBOO	22	WOOD PLANKS	23	CARDBOARD	24	FINISHED ROOFING		METAL/IRON/ZINC/CI SHEETS	31	WOOD	32	CALAMINE/CEMENT FIBER	33	CERAMIC TILES	34	CEMENT	35	ROOFING SHINGLES	36	OTHER _____	96	(SPECIFY)		
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111	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 CANE/PALM/TRUNKS 12 DIRT 13 RUDIMENTARY WALLS BAMBOO WITH MUD 21 STONE WITH MUD 22 UNCOVERED ADOBE 23 PLYWOOD 24 CARDBOARD 25 REUSED WOOD 26 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 COVERED ADOBE 35 WOOD PLANKS/SHINGLES 36 OTHER _____ 96 (SPECIFY)																									
112	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>																									
112A	How many sleeping facilities are currently in use in this household, including any beds, mattresses, mats, or rugs? ASK FOR BOTH INSIDE AND OUTSIDE OF DWELLING.	NUMBER OF SLEEPING FACILITIES <input type="text"/> <input type="text"/>																									
113	Does any member of this household own: A watch? A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A boat with a motor? A boat without a motor?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>WATCH</td> <td>1</td> <td>2</td> </tr> <tr> <td>BICYCLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>ANIMAL-DRAWN CART</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR/TRUCK</td> <td>1</td> <td>2</td> </tr> <tr> <td>BOAT WITH MOTOR</td> <td>1</td> <td>2</td> </tr> <tr> <td>BOAT WITHOUT MOTOR ...</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	WATCH	1	2	BICYCLE	1	2	MOTORCYCLE/SCOOTER ...	1	2	ANIMAL-DRAWN CART	1	2	CAR/TRUCK	1	2	BOAT WITH MOTOR	1	2	BOAT WITHOUT MOTOR ...	1	2	
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BOAT WITHOUT MOTOR ...	1	2																									
114	Does any member of this household own any agricultural land?	YES 1 NO 2	→ 116																								
115	How many acres of agricultural land do members of this household own? IF 95 OR MORE, CIRCLE '95'.	ACRES <input type="text"/> <input type="text"/> <input type="text"/> 95 OR MORE ACRES 95 DON'T KNOW 98																									
116	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 118																								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																		
117	<p>How many of the following animals does this household own?</p> <p>IF NONE, ENTER '00'. IF 95 OR MORE, ENTER '95'. IF UNKNOWN, ENTER '98'.</p> <p>Cow, calves, or bulls?</p> <p>Pigs?</p> <p>Goats?</p> <p>Sheep?</p> <p>Fowl: chickens, geese, ducks, turkeys?</p>	<p>COW/BULLS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>PIGS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>GOATS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>SHEEP <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>FOWL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>																																																			
118	<p>Does any member of this household have a bank account/village savings and loans/osusu?</p>	<p>YES 1 NO 2</p>																																																			
118A	<p>When you suspect you have malaria, where to you usually seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE(S))</p> <p>_____ (NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A GOVT HEALTH CENTER B MOBILE CLINIC C CBP D OTHER PUBLIC SECTOR _____ E (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT HOSPITAL F PVT CLINIC G MISSION/FAITH-BASED HOSPITAL H MISSION/FAITH-BASED CLINIC I PHARMACY J MOBILE CLINIC K OTHER PRIVATE MED. SECTOR _____ L (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M TRADITIONAL HEALER N DRUG PEDDLER O</p> <p>OTHER _____ X (SPECIFY)</p>																																																			
118B	<p>CHECK 118B:</p> <p style="text-align: center;">TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p style="text-align: center;">ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p style="text-align: right;">→ 119</p>																																																				
118C	<p>Where is the first place you usually seek advice or treatment?</p> <p>USE LETTER CODE FROM 118A.</p>	<p>FIRST PLACE <input type="checkbox"/></p>																																																			

		NET #1	NET #2	NET #3
123	ASK THE RESPONDENT TO SHOW YOU ALL 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
123A	OBSERVE OR ASK IF NET IS HANGING.	OBSERVED HANGING 1 NOT HANGING . 2 NOT OBSERVED HANGING 3 NOT HANGING . 4	OBSERVED HANGING 1 NOT HANGING . 2 NOT OBSERVED HANGING 3 NOT HANGING . 4	OBSERVED HANGING 1 NOT HANGING . 2 NOT OBSERVED HANGING 3 NOT HANGING . 4
124	How many months ago did your household get the mosquito net? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS <input type="text"/> <input type="text"/> AGO ... MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98	MONTHS <input type="text"/> <input type="text"/> AGO ... MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98	MONTHS <input type="text"/> <input type="text"/> AGO ... MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98
124A	Where did you obtain this mosquito net?	NET DISTRIBUTION CAMPAIGN 01 GOVT HOSPITAL/ HEALTH 02 CENTER MOBILE CLINIC ... 03 CBP 04 PVT HOSPITAL/ CLINIC 05 MISSION/FAITH- BASED HOSPITAL ... 06 MISSION/FAITH- BASED CLINIC . 07 PHARMACY ... 08 PVT MOBILE CLINIC 09 NGO 10 SCHOOL 11 SHOP 12 TRADITIONAL HEALER 13 DON'T KNOW 96 OTHER 98 (SPECIFY)	NET DISTRIBUTION CAMPAIGN 01 GOVT HOSPITAL/ HEALTH 02 CENTER MOBILE CLINIC ... 03 CBP 04 PVT HOSPITAL/ CLINIC 05 MISSION/FAITH- BASED HOSPITAL ... 06 MISSION/FAITH- BASED CLINIC . 07 PHARMACY ... 08 PVT MOBILE CLINIC 09 NGO 10 SCHOOL 11 SHOP 12 TRADITIONAL HEALER 13 DON'T KNOW 96 OTHER 98 (SPECIFY)	NET DISTRIBUTION CAMPAIGN 01 GOVT HOSPITAL/ HEALTH 02 CENTER MOBILE CLINIC ... 03 CBP 04 PVT HOSPITAL/ CLINIC 05 MISSION/FAITH- BASED HOSPITAL ... 06 MISSION/FAITH- BASED CLINIC . 07 PHARMACY ... 08 PVT MOBILE CLINIC 09 NGO 10 SCHOOL 11 SHOP 12 TRADITIONAL HEALER 13 DON'T KNOW 96 OTHER 98 (SPECIFY)
125	OBSERVE OR ASK THE BRAND/ TYPE OF MOSQUITO NET. IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PERMANET ... 11 OLYSET 12 DURANET 13 OTHER/ DK BRAND ... 16 (SKIP TO 128) ← OTHER BRAND ... 96 DK BRAND 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PERMANET ... 11 OLYSET 12 DURANET 13 OTHER/ DK BRAND ... 16 (SKIP TO 128) ← OTHER BRAND ... 96 DK BRAND 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PERMANET ... 11 OLYSET 12 DURANET 13 OTHER/ DK BRAND ... 16 (SKIP TO 128) ← OTHER BRAND ... 96 DK BRAND 98

		NET #1	NET #2	NET #3
126	Since you got the net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes?	YES 1 NO 2 (SKIP TO 128) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 128) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 128) ← NOT SURE 8
127	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO ... 95 NOT SURE 98
128	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 (SKIP TO 130) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 130) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 130) ← NOT SURE 8
129	Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND 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"/>
130		GO BACK TO 123 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO BACK TO 123 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO TO 123 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 201.

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN				
201	CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
202	NAME FROM COLUMN 2 LINE NUMBER FROM COLUMN 9	NAME _____ 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"/>
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH 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 2008 OR LATER?	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) ←	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) ←	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) ←
205	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) ← OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) ← OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) ← OLDER 2
206	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). 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 ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking children all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>We ask that all children born in 2008 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The prick will cause minimal pain. 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 anemia immediately, and the result will be told to you right away. The result will be kept strictly 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) to participate in the anemia test?</p>		
208	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT 5 OTHER 6	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT 5 OTHER 6	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT 5 OTHER 6
208A	RESPONDENT SIGNATURE OR THUMB PRINT FOR ANEMIA TESTING CONSENT	_____ SIGNATURE/THUMB PRINT OF RESPONDENT	_____ SIGNATURE/THUMB PRINT OF RESPONDENT	_____ SIGNATURE/THUMB PRINT OF RESPONDENT
208B	WITNESS SIGNATURE OR THUMB PRINT FOR ANEMIA TESTING CONSENT	_____ SIGNATURE/THUMB PRINT OF WITNESS	_____ SIGNATURE/THUMB PRINT OF RESPONDENT	_____ SIGNATURE/THUMB PRINT OF RESPONDENT

		CHILD 1	CHILD 2	CHILD 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
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 that children all over the country take a test to see if they have malaria. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will help the government to develop programs to prevent malaria.</p> <p>We ask that all children born in 2008 or later take part in malaria testing in this survey and give a few drops of blood from a finger or heel. The prick will cause minimal pain. 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 or heel prick made for the anemia test). One blood drop will be tested for malaria immediately, and the result will be told to you right away. A few blood drops will be collected on a slide(s) and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results will be kept strictly 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) to participate in the malaria testing?</p>		
210	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ ← (SIGN) REFUSED 2 NOT PRESENT 5 OTHER 6	GRANTED 1 _____ ← (SIGN) REFUSED 2 NOT PRESENT 5 OTHER 6	GRANTED 1 _____ ← (SIGN) REFUSED 2 NOT PRESENT 5 OTHER 6
210A	RESPONDENT SIGNATURE OR THUMB PRINT FOR MALARIA TESTING CONSENT	_____ SIGNATURE/THUMB PRINT OF RESPONDENT	_____ SIGNATURE/THUMB PRINT OF RESPONDENT	_____ SIGNATURE/THUMB PRINT OF RESPONDENT
210B	WITNESS SIGNATURE OR THUMB PRINT FOR MALARIA TESTING CONSENT	_____ SIGNATURE/THUMB PRINT OF WITNESS	_____ SIGNATURE/THUMB PRINT OF WITNESS	_____ SIGNATURE/THUMB PRINT OF WITNESS
211	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
212	BAR CODE LABEL FOR MALARIA TEST.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.
213	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA AND MALARIA BROCHURE.	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT994 REFUSED 995 OTHER 996
214	RECORD RESULT CODE OF THE MALARIA RDT.	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 216) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 216) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 216) ←
215	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE ANEMIA AND MALARIA BROCHURE.	POSITIVE..... 1 (SKIP TO 218) ← NEGATIVE 2 OTHER 6	POSITIVE..... 1 (SKIP TO 218) ← NEGATIVE 2 OTHER 6	POSITIVE..... 1 (SKIP TO 218) ← NEGATIVE 2 OTHER 6

		CHILD 1	CHILD 2	CHILD 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
216	CHECK 213: HEMOGLOBIN RESULT	BELOW 7.0 G/DL, SEVERE ANEMIA 1 7.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 229) ←	BELOW 7.0 G/DL, SEVERE ANEMIA 1 7.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 229) ←	BELOW 7.0 G/DL, SEVERE ANEMIA 1 7.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 229) ←
217	SEVERE ANEMIA REFERRAL STATEMENT	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately. SKIP TO 229		
218	Does (NAME) suffer from the any of following illnesses or symptoms: Extreme weakness? Heart problems? Loss of consciousness? Rapid or difficult breathing? Seizures? Abnormal bleeding? Jaundice or yellow skin? Dark urine? IF NONE OF THE ABOVE SYMPTOMS, CIRCLE CODE Y	EXTREME WEAKNESS A HEART PROBLEMS ... B LOSS OF CONSCIOUSNESS C RAPID BREATHING ... D SEIZURES E BLEEDING F JAUNDICE G DARK URINE H NONE OF ABOVE SYMPTOMS Y	EXTREME WEAKNESS A HEART PROBLEMS ... B LOSS OF CONSCIOUSNESS C RAPID BREATHING ... D SEIZURES E BLEEDING F JAUNDICE G DARK URINE H NONE OF ABOVE SYMPTOMS Y	EXTREME WEAKNESS A HEART PROBLEMS ... B LOSS OF CONSCIOUSNESS C RAPID BREATHING ... D SEIZURES E BLEEDING F JAUNDICE G DARK URINE H NONE OF ABOVE SYMPTOMS Y
219	CHECK 218: ANY CODE A-H CIRCLED?	ONLY CODE Y CIRCLED 1 ANY CODE A-H CIRCLED 2 (SKIP TO 222) ←	ONLY CODE Y CIRCLED 1 ANY CODE A-H CIRCLED 2 (SKIP TO 222) ←	ONLY CODE Y CIRCLED 1 ANY CODE A-H CIRCLED 2 (SKIP TO 222) ←
220	CHECK 213: HEMOGLOBIN RESULT	BELOW 7.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 222) ← 7.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6	BELOW 7.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 222) ← 7.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6	BELOW 7.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 222) ← 7.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6
221	In the past two weeks has (NAME) taken or is taking any antimalarial? VERIFY BY ASKING TO SEE TREATMENT. SHOW PHOTOS OF MEDICINE.	YES 1 NO 2 (SKIP TO 224) ←	YES 1 NO 2 (SKIP TO 224) ←	YES 1 NO 2 (SKIP TO 224) ←
221A	Did you obtain the medication from a doctor, nurse, health center, or community health worker?	DOCTOR 1 NURSE 2 HEALTH CENTER ... 3 COMMUNITY HEALTH WORKER 4 OTHER 6	DOCTOR 1 NURSE 2 HEALTH CENTER ... 3 COMMUNITY HEALTH WORKER 4 OTHER 6	DOCTOR 1 NURSE 2 HEALTH CENTER ... 3 COMMUNITY HEALTH WORKER 4 OTHER 6

		CHILD 1	CHILD 2	CHILD 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
221B	Which medication did [NAME] take? PROBE. ASK TO SEE MEDICATION PACKAGE. SHOW PHOTOS OF MEDICINE.	ANTIMALARIAL DRUGS SP/FANSIDAR A COMBINATION WITH ARTEMISININ B ARTESUNATE LUMAFANTRINE ... C ARTESUNATE + AMODIAQUINE (ASAQ, LOOSE OR CO-BLISTER) D CHLOROQUINE E AMODIAQUINE F QUININE G OTHER ANTI-MALARIAL _____ H _____ SPECIFY H ANTIBIOTIC DRUGS AMPICILLIN I AMOXICILLIN J CEPTRIN K INJECTION, CRYSTALLINE PENACILLIN L OTHER ANTIBIOTIC _____ M _____ SPECIFY M ANTIPYRETIC ASPIRIN N PARACETAMOL/PANADOL O NOVALGINE P IBUPROFEN Q OTHER _____ X _____ SPECIFY X DON'T KNOW Z (SKIP TO 224) ←	ANTIMALARIAL DRUGS SP/FANSIDAR A COMBINATION WITH ARTEMISININ B ARTESUNATE LUMAFANTRINE ... C ARTESUNATE + AMODIAQUINE (ASAQ, LOOSE OR CO-BLISTER) D CHLOROQUINE E AMODIAQUINE F QUININE G OTHER ANTI-MALARIAL _____ H _____ SPECIFY H ANTIBIOTIC DRUGS AMPICILLIN I AMOXICILLIN J CEPTRIN K INJECTION, CRYSTALLINE PENACILLIN L OTHER ANTIBIOTIC _____ M _____ SPECIFY M ANTIPYRETIC ASPIRIN N PARACETAMOL/PANADOL O NOVALGINE P IBUPROFEN Q OTHER _____ X _____ SPECIFY X DON'T KNOW Z (SKIP TO 224) ←	ANTIMALARIAL DRUGS SP/FANSIDAR A COMBINATION WITH ARTEMISININ B ARTESUNATE LUMAFANTRINE ... C ARTESUNATE + AMODIAQUINE (ASAQ, LOOSE OR CO-BLISTER) D CHLOROQUINE E AMODIAQUINE F QUININE G OTHER ANTI-MALARIAL _____ H _____ SPECIFY H ANTIBIOTIC DRUGS AMPICILLIN I AMOXICILLIN J CEPTRIN K INJECTION, CRYSTALLINE PENACILLIN L OTHER ANTIBIOTIC _____ M _____ SPECIFY M ANTIPYRETIC ASPIRIN N PARACETAMOL/PANADOL O NOVALGINE P IBUPROFEN Q OTHER _____ X _____ SPECIFY X DON'T KNOW Z (SKIP TO 224) ←
221C	For how many days did [NAME] taken the medication? IF 7 DAYS OR MORE, WRITE '7'.	DAYS <input type="text"/> DON'T KNOW 8 (SKIP TO 223) ←	DAYS <input type="text"/> DON'T KNOW 8 (SKIP TO 223) ←	DAYS <input type="text"/> DON'T KNOW 8 (SKIP TO 223) ←
222	<u>SEVERE MALARIA REFERRAL STATEMENT</u>	The malaria test shows that (NAME OF CHILD) has malaria. Your child also has symptoms of severe malaria. The malaria treatment I have will not help your child, and I cannot give you the medication. Your child is very ill and must be taken to a health facility right away. SKIP TO 228		
223	<u>ALREADY TAKING [FIRST LINE MEDICATION] REFERRAL STATEMENT</u>	You have told me that (NAME OF CHILD) has already received [MEDIATION FROM Q221B] for malaria. Therefore, I cannot give you additional [MEDIATION FROM Q221B]. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of [MEDIATION FROM Q221B], you should take the child to the nearest health facility for further examination. SKIP TO 228		

		CHILD 1	CHILD 2	CHILD 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
224	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD.	The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called ACT. ACT is very effective and in a few days it should get rid of the fever and other symptoms. You may choose to give the child the medicine or not. This is up to you. Please tell me whether you accept the medicine or not.		
225	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE 1 _____ (SIGN) ← REFUSED 2 OTHER 6	ACCEPTED MEDICINE 1 _____ (SIGN) ← REFUSED 2 OTHER 6	ACCEPTED MEDICINE 1 _____ (SIGN) ← REFUSED 2 OTHER 6
226	CHECK 225: MEDICATION ACCEPTED	ACCEPTED MEDICINE 1 REFUSED 2 OTHER 6 (SKIP TO 228) ←	ACCEPTED MEDICINE 1 REFUSED 2 OTHER 6 (SKIP TO 228) ←	ACCEPTED MEDICINE 1 REFUSED 2 OTHER 6 (SKIP TO 228) ←
227	TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS	[INSERT DOSAGE INSTRUCTIONS] ALSO TELL THE PARENT/ADULT RESPONSIBLE FOR THE CHILD: If [NAME] has a high fever, fast or difficult breathing, itching, is not able to drink or breastfeed, gets sicker or does not get better in two days, you should take him/her to a health center for treatment right away.		
228	RECORD THE RESULT CODE OF <u>MALARIA TREATMENT OR REFERRAL.</u>	MEDICATION GIVEN 1 MEDS REFUSED 2 SEVERE MALARIA REFERRAL 3 ALREADY TAKING ACTS REFERRAL 4 OTHER 6	MEDICATION GIVEN 1 MEDS REFUSED 2 SEVERE MALARIA REFERRAL 3 ALREADY TAKING ACTS REFERRAL 4 OTHER 6	MEDICATION GIVEN 1 MEDS REFUSED 2 SEVERE MALARIA REFERRAL 3 ALREADY TAKING ACTS REFERRAL 4 OTHER 6
229	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, END INTERVIEW.			

NATIONAL MALARIA CONTROL PROGRAMME RECOMMENDED TREATMENT FOR UNCOMPLICATED MALARIA FOR CHILDREN WITH POSITIVE MALARIA TESTS

DOSAGE SCHEDULE FOR ASAQ FIXED DOSE COMBINATION TREATMENT

AGE	WEIGHT (KG)	ASAQ COMBINATION	DOSAGE		
			DAY 1	DAY 2	DAY 3
2-11 months	≥ 4.5 kg to < 9.0 kg	25mg Artesunate/67.5mg A	1 tablet	1 tablet	1 tablet
1-5 years	≥ 9.0 kg to < 18.0 kg	50mg Artesunate/135mg A	1 tablet	1 tablet	1 tablet
6-13 years	≥ 18.0 kg to < 36.0 kg	100mg Artesunate/270mg A	1 tablet	1 tablet	1 tablet

ALSO TELL THE PARENT/ADULT RESPONSIBLE FOR THE CHILD: If [NAME] has a high fever, fast or difficult breathing, is not able to drink or breastfeed, gets sicker or does not get better in two days, you should take him/her to a health professional for treatment right away.

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN					
201	CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).				
		CHILD 4	CHILD 5	CHILD 6	
202	NAME FROM COLUMN 2 LINE NUMBER FROM COLUMN 9	NAME _____ 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"/>	
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH 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 2008 OR LATER?	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) ←	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) ←	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) ←	
205	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) ← OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) ← OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) ← OLDER 2	
206	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). 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 ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking children all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>We ask that all children born in 2008 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The prick will cause minimal pain. 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 anemia immediately, and the result will be told to you right away. The result will be kept strictly 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) to participate in the anemia test?</p>			
208	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT 5 OTHER 6	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT 5 OTHER 6	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT 5 OTHER 6	
208A	RESPONDENT SIGNATURE OR THUMB PRINT FOR ANEMIA TESTING CONSENT	_____ SIGNATURE/THUMB PRINT OF RESPONDENT	_____ SIGNATURE/THUMB PRINT OF RESPONDENT	_____ SIGNATURE/THUMB PRINT OF RESPONDENT	
208B	WITNESS SIGNATURE OR THUMB PRINT FOR ANEMIA TESTING CONSENT	_____ SIGNATURE/THUMB PRINT OF WITNESS	_____ SIGNATURE/THUMB PRINT OF RESPONDENT	_____ SIGNATURE/THUMB PRINT OF RESPONDENT	

		CHILD 4	CHILD 5	CHILD 6
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
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 that children all over the country take a test to see if they have malaria. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will help the government to develop programs to prevent malaria.</p> <p>We ask that all children born in 2008 or later take part in malaria testing in this survey and give a few drops of blood from a finger or heel. The prick will cause minimal pain. 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 or heel prick made for the anemia test). One blood drop will be tested for malaria immediately, and the result will be told to you right away. A few blood drops will be collected on a slide(s) and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results will be kept strictly 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) to participate in the malaria testing?</p>		
210	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ ← (SIGN) REFUSED 2 NOT PRESENT 5 OTHER 6	GRANTED 1 _____ ← (SIGN) REFUSED 2 NOT PRESENT 5 OTHER 6	GRANTED 1 _____ ← (SIGN) REFUSED 2 NOT PRESENT 5 OTHER 6
210A	RESPONDENT SIGNATURE OR THUMB PRINT FOR MALARIA TESTING CONSENT	_____ SIGNATURE/THUMB PRINT OF RESPONDENT	_____ SIGNATURE/THUMB PRINT OF RESPONDENT	_____ SIGNATURE/THUMB PRINT OF RESPONDENT
210B	WITNESS SIGNATURE OR THUMB PRINT FOR MALARIA TESTING CONSENT	_____ SIGNATURE/THUMB PRINT OF WITNESS	_____ SIGNATURE/THUMB PRINT OF WITNESS	_____ SIGNATURE/THUMB PRINT OF WITNESS
211	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
212	BAR CODE LABEL FOR MALARIA TEST.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.
213	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA AND MALARIA BROCHURE.	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT994 REFUSED 995 OTHER 996
214	RECORD RESULT CODE OF THE MALARIA RDT.	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 216) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 216) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 216) ←
215	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE ANEMIA AND MALARIA BROCHURE.	POSITIVE..... 1 (SKIP TO 218) ← NEGATIVE 2 OTHER 6	POSITIVE..... 1 (SKIP TO 218) ← NEGATIVE 2 OTHER 6	POSITIVE..... 1 (SKIP TO 218) ← NEGATIVE 2 OTHER 6

		CHILD 4	CHILD 5	CHILD 6
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
216	CHECK 213: HEMOGLOBIN RESULT	BELOW 7.0 G/DL, SEVERE ANEMIA 1 7.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 229) ←	BELOW 7.0 G/DL, SEVERE ANEMIA 1 7.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 229) ←	BELOW 7.0 G/DL, SEVERE ANEMIA 1 7.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 229) ←
217	SEVERE ANEMIA REFERRAL STATEMENT	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately. SKIP TO 229		
218	Does (NAME) suffer from the any of following illnesses or symptoms: Extreme weakness? Heart problems? Loss of consciousness? Rapid or difficult breathing? Seizures? Abnormal bleeding? Jaundice or yellow skin? Dark urine? IF NONE OF THE ABOVE SYMPTOMS, CIRCLE CODE Y	EXTREME WEAKNESS A HEART PROBLEMS ... B LOSS OF CONSCIOUSNESS C RAPID BREATHING ... D SEIZURES E BLEEDING F JAUNDICE G DARK URINE H NONE OF ABOVE SYMPTOMS Y	EXTREME WEAKNESS A HEART PROBLEMS ... B LOSS OF CONSCIOUSNESS C RAPID BREATHING ... D SEIZURES E BLEEDING F JAUNDICE G DARK URINE H NONE OF ABOVE SYMPTOMS Y	EXTREME WEAKNESS A HEART PROBLEMS ... B LOSS OF CONSCIOUSNESS C RAPID BREATHING ... D SEIZURES E BLEEDING F JAUNDICE G DARK URINE H NONE OF ABOVE SYMPTOMS Y
219	CHECK 218: ANY CODE A-H CIRCLED?	ONLY CODE Y CIRCLED 1 ANY CODE A-H CIRCLED 2 (SKIP TO 222) ←	ONLY CODE Y CIRCLED 1 ANY CODE A-H CIRCLED 2 (SKIP TO 222) ←	ONLY CODE Y CIRCLED 1 ANY CODE A-H CIRCLED 2 (SKIP TO 222) ←
220	CHECK 213: HEMOGLOBIN RESULT	BELOW 7.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 222) ← 7.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6	BELOW 7.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 222) ← 7.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6	BELOW 7.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 222) ← 7.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6
221	In the past two weeks has (NAME) taken or is taking any antimalarial? VERIFY BY ASKING TO SEE TREATMENT. SHOW PHOTOS OF MEDICINE.	YES 1 NO 2 (SKIP TO 224) ←	YES 1 NO 2 (SKIP TO 224) ←	YES 1 NO 2 (SKIP TO 224) ←
221A	Did you obtain the medication from a doctor, nurse, health center, or community health worker?	DOCTOR 1 NURSE 2 HEALTH CENTER ... 3 COMMUNITY HEALTH WORKER 4 OTHER 6	DOCTOR 1 NURSE 2 HEALTH CENTER ... 3 COMMUNITY HEALTH WORKER 4 OTHER 6	DOCTOR 1 NURSE 2 HEALTH CENTER ... 3 COMMUNITY HEALTH WORKER 4 OTHER 6

		CHILD 4	CHILD 5	CHILD 6
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
221B	Which medication did [NAME] take? PROBE. ASK TO SEE MEDICATION PACKAGE. SHOW PHOTOS OF MEDICINE.	ANTIMALARIAL DRUGS SP/FANSIDAR A COMBINATION WITH ARTEMISININ B ARTESUNATE LUMAFANTRINE C ARTESUNATE + AMODIAQUINE (ASAQ, LOOSE OR CO-BLISTER) D CHLOROQUINE E AMODIAQUINE F QUININE G OTHER ANTI-MALARIAL _____ H SPECIFY _____	ANTIMALARIAL DRUGS SP/FANSIDAR A COMBINATION WITH ARTEMISININ B ARTESUNATE LUMAFANTRINE C ARTESUNATE + AMODIAQUINE (ASAQ, LOOSE OR CO-BLISTER) D CHLOROQUINE E AMODIAQUINE F QUININE G OTHER ANTI-MALARIAL _____ H SPECIFY _____	ANTIMALARIAL DRUGS SP/FANSIDAR A COMBINATION WITH ARTEMISININ B ARTESUNATE LUMAFANTRINE C ARTESUNATE + AMODIAQUINE (ASAQ, LOOSE OR CO-BLISTER) D CHLOROQUINE E AMODIAQUINE F QUININE G OTHER ANTI-MALARIAL _____ H SPECIFY _____
		ANTIBIOTIC DRUGS AMPICILLIN I AMOXICILLIN J CEPTRIN K INJECTION, CRYSTALLINE PENACILLIN L OTHER ANTIBIOTIC _____ M SPECIFY _____	ANTIBIOTIC DRUGS AMPICILLIN I AMOXICILLIN J CEPTRIN K INJECTION, CRYSTALLINE PENACILLIN L OTHER ANTIBIOTIC _____ M SPECIFY _____	ANTIBIOTIC DRUGS AMPICILLIN I AMOXICILLIN J CEPTRIN K INJECTION, CRYSTALLINE PENACILLIN L OTHER ANTIBIOTIC _____ M SPECIFY _____
		ANTIPYRETIC ASPIRIN N PARACETAMOL/PANADOL O NOVALGINE P IBUPROFEN Q OTHER _____ X SPECIFY _____ DON'T KNOW Z (SKIP TO 224) ←	ANTIPYRETIC ASPIRIN N PARACETAMOL/PANADOL O NOVALGINE P IBUPROFEN Q OTHER _____ X SPECIFY _____ DON'T KNOW Z (SKIP TO 224) ←	ANTIPYRETIC ASPIRIN N PARACETAMOL/PANADOL O NOVALGINE P IBUPROFEN Q OTHER _____ X SPECIFY _____ DON'T KNOW Z (SKIP TO 224) ←
221C	For how many days did [NAME] taken the medication? IF 7 DAYS OR MORE, WRITE '7'.	DAYS <input type="text"/> DON'T KNOW 8 (SKIP TO 223) ←	DAYS <input type="text"/> DON'T KNOW 8 (SKIP TO 223) ←	DAYS <input type="text"/> DON'T KNOW 8 (SKIP TO 223) ←
222	<u>SEVERE MALARIA REFERRAL STATEMENT</u>	The malaria test shows that (NAME OF CHILD) has malaria. Your child also has symptoms of severe malaria. The malaria treatment I have will not help your child, and I cannot give you the medication. Your child is very ill and must be taken to a health facility right away. SKIP TO 228		
223	<u>ALREADY TAKING [FIRST LINE MEDICATION] REFERRAL STATEMENT</u>	You have told me that (NAME OF CHILD) has already received [MEDIATION FROM Q221B] for malaria. Therefore, I cannot give you additional [MEDIATION FROM Q221B]. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of [MEDIATION FROM Q221B], you should take the child to the nearest health facility for further examination. SKIP TO 228		

		CHILD 4	CHILD 5	CHILD 6
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
224	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD.	The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called ACT. ACT is very effective and in a few days it should get rid of the fever and other symptoms. You may choose to give the child the medicine or not. This is up to you. Please tell me whether you accept the medicine or not.		
225	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE 1 _____ (SIGN) ← REFUSED 2 OTHER 6	ACCEPTED MEDICINE 1 _____ (SIGN) ← REFUSED 2 OTHER 6	ACCEPTED MEDICINE 1 _____ (SIGN) ← REFUSED 2 OTHER 6
226	CHECK 225: MEDICATION ACCEPTED	ACCEPTED MEDICINE 1 REFUSED 2 OTHER 6 (SKIP TO 228) ←	ACCEPTED MEDICINE 1 REFUSED 2 OTHER 6 (SKIP TO 228) ←	ACCEPTED MEDICINE 1 REFUSED 2 OTHER 6 (SKIP TO 228) ←
227	TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS	[INSERT DOSAGE INSTRUCTIONS]		
		ALSO TELL THE PARENT/ADULT RESPONSIBLE FOR THE CHILD: If [NAME] has a high fever, fast or difficult breathing, itching, is not able to drink or breastfeed, gets sicker or does not get better in two days, you should take him/her to a health center for treatment right away.		
228	RECORD THE RESULT CODE OF <u>MALARIA TREATMENT OR REFERRAL.</u>	MEDICATION GIVEN 1 MEDS REFUSED 2 SEVERE MALARIA REFERRAL 3 ALREADY TAKING ACTS REFERRAL 4 OTHER 6	MEDICATION GIVEN 1 MEDS REFUSED 2 SEVERE MALARIA REFERRAL 3 ALREADY TAKING ACTS REFERRAL 4 OTHER 6	MEDICATION GIVEN 1 MEDS REFUSED 2 SEVERE MALARIA REFERRAL 3 ALREADY TAKING ACTS REFERRAL 4 OTHER 6
229	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, END INTERVIEW.			

NATIONAL MALARIA CONTROL PROGRAMME RECOMMENDED TREATMENT FOR UNCOMPLICATED MALARIA FOR CHILDREN WITH POSITIVE MALARIA TESTS

DOSAGE SCHEDULE FOR ASAQ FIXED DOSE COMBINATION TREATMENT

AGE	WEIGHT (KG)	ASAQ COMBINATION	DOSAGE		
			DAY 1	DAY 2	DAY 3
2-11 months	≥ 4.5 kg to < 9.0 kg	25mg Artesunate/67.5mg A	1 tablet	1 tablet	1 tablet
1-5 years	≥ 9.0 kg to < 18.0 k	50mg Artesunate/135mg A	1 tablet	1 tablet	1 tablet
6-13 years	≥ 18.0 kg to < 36.0	100mg Artesunate/270mg A	1 tablet	1 tablet	1 tablet

ALSO TELL THE PARENT/ADULT RESPONSIBLE FOR THE CHILD: If [NAME] has a high fever, fast or difficult breathing, is not able to drink or breastfeed, gets sicker or does not get better in two days, you should take him/her to a health professional for treatment right away.

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

