

2013 SIERRA LEONE MALARIA INDICATOR SURVEY
WOMAN QUESTIONNAIRE

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

IDENTIFICATION				
LOCALITY NAME _____ NAME OF HOUSEHOLD HEAD _____ CLUSTER NUMBER HOUSEHOLD NUMBER DISTRICT PROVINCE CHIEFDOM SECTION ENUMERATION AREA URBAN-RURAL (RURAL=1 , URBAN=2) NAME AND LINE NUMBER OF WOMAN _____				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE INTERVIEWER'S NAME RESULT*	_____ _____ _____	_____ _____ _____	_____ _____ _____	DAY MONTH YEAR <div style="display: inline-block; border: 1px solid black; padding: 2px;">2</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">0</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">1</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">3</div> INT. NUMBER <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> RESULT <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>
NEXT VISIT: DATE TIME	_____ _____	_____ _____		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)				
SUPERVISOR NAME _____ <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>	OFFICE EDITOR <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>		KEYED BY <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>	

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the Ministry of Health and Sanitation (MoHS). We are conducting a survey about malaria all over Sierra Leone. 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 confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. Should you have any questions, feel free to call any of the following contact person(s):

In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

2013 SLMIS Principle Investigator, Dr. Foday Sahr; 076480288; fsahr@yahoo.com
Chairman of Ethics Committee, Professor Hector G. Morgan; 076629251; hmorg2007@yahoo.com
Director of Research-MoHS, Dr. Donald Bash-Taqi; 076603256; dabashtaqi@gmail.com
National Malaria Control Programme (NMCP), Dr. Samuel Smith; 076611042; samueljuana@yahoo.com
Catholic Relief Services, Emily Bostick; 078611399; emily.bostick@crs.org

As part of the survey we would first like to ask some questions about your household. All of the answers you give will be confidential. As part of this survey, we are asking that children all over the country take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or disease. This survey will help the government to develop programs to prevent and treat anemia. 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. If the malaria test is positive, treatment will be offered. This survey will help the government to develop programs to prevent malaria. Participation in the survey is completely voluntary. If we should come to 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 participate in the survey because your views are important.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

Signature/thumb print of respondent: _____ Date: _____

Signature/thumb print of witness: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED . . . 1
↓
RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
101	RECORD THE TIME.	HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
102	In what month and year were you born?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DON'T KNOW MONTH 98 YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> DON'T KNOW YEAR 9998									
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
104	Have you ever attended school?	YES 1 NO 2	→ 108								
105	What is the highest level of school you attended: primary, junior secondary, senior secondary, vocational, commercial, nursing, technical, teaching or higher?	PRIMARY 1 JUNIOR SECONDARY 2 SENIOR SECONDARY 3 VOCATIONAL/COMMERCIAL/NURSING/ TECHNICAL/TEACHING 4 HIGHER 5									
106	What is the highest (grade/form/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE/FORM/YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
107	CHECK 105: PRIMARY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> ↓ SECONDARY OR HIGHER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> →				→ 109						
108	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY 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?	CHRISTIAN 1 MUSLIM 2 TRADITIONAL 3 NONE 4 OTHER 6 (SPECIFY)									
110	What is your ethnicity?	KRIO 11 MENDE 12 TEMNE 13 LIMBA 14 FULLAH 15 KISSI 16 SUSU 17 LOKO 18 KONO 19 MADINGO 20 YALUNKE 21 KURANKO 22 SHERBRO 23 OTHER 96 (SPECIFY)									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP																																																
111	In the past six months, have you seen or heard any messages about malaria?	YES	1	→ 201																																																
		NO	2																																																	
112	Where have you seen or heard these messages: a. Government clinic/hospital? b. Community health worker? c. Friends or family? d. In your home? e. Drama groups? f. Peer educators? g. Community meeting? h. Town crier? i. Posters or billboards? j. On tv? k. On the radio? l. In the newspaper? m. Faith/religious leader? n. Anywhere else?	<table><thead><tr><th></th><th>YES</th><th>NO</th></tr></thead><tbody><tr><td>GOVT CLINIC/HOSPITAL ...</td><td>1</td><td>2</td></tr><tr><td>COMMUNITY HEALTH WORKER</td><td>1</td><td>2</td></tr><tr><td>FRIENDS/FAMILY</td><td>1</td><td>2</td></tr><tr><td>AT HOME</td><td>1</td><td>2</td></tr><tr><td>DRAMA GROUPS</td><td>1</td><td>2</td></tr><tr><td>PEER EDUCATORS</td><td>1</td><td>2</td></tr><tr><td>COMMUNITY MEETING ...</td><td>1</td><td>2</td></tr><tr><td>TOWN CRIER</td><td>1</td><td>2</td></tr><tr><td>POSTERS/BILLBOARDS ...</td><td>1</td><td>2</td></tr><tr><td>TV</td><td>1</td><td>2</td></tr><tr><td>RADIO</td><td>1</td><td>2</td></tr><tr><td>NEWSPAPER</td><td>1</td><td>2</td></tr><tr><td>FAITH/RELIGIOUS LEADER .</td><td>1</td><td>2</td></tr><tr><td>OTHER</td><td>1</td><td>2</td></tr><tr><td colspan="3">(SPECIFY)</td></tr></tbody></table>			YES	NO	GOVT CLINIC/HOSPITAL ...	1	2	COMMUNITY HEALTH WORKER	1	2	FRIENDS/FAMILY	1	2	AT HOME	1	2	DRAMA GROUPS	1	2	PEER EDUCATORS	1	2	COMMUNITY MEETING ...	1	2	TOWN CRIER	1	2	POSTERS/BILLBOARDS ...	1	2	TV	1	2	RADIO	1	2	NEWSPAPER	1	2	FAITH/RELIGIOUS LEADER .	1	2	OTHER	1	2	(SPECIFY)			
	YES	NO																																																		
GOVT CLINIC/HOSPITAL ...	1	2																																																		
COMMUNITY HEALTH WORKER	1	2																																																		
FRIENDS/FAMILY	1	2																																																		
AT HOME	1	2																																																		
DRAMA GROUPS	1	2																																																		
PEER EDUCATORS	1	2																																																		
COMMUNITY MEETING ...	1	2																																																		
TOWN CRIER	1	2																																																		
POSTERS/BILLBOARDS ...	1	2																																																		
TV	1	2																																																		
RADIO	1	2																																																		
NEWSPAPER	1	2																																																		
FAITH/RELIGIOUS LEADER .	1	2																																																		
OTHER	1	2																																																		
(SPECIFY)																																																				
113	What type of malaria messages/information did you see or hear? CIRCLE ALL RESPONSES MENTIONED. PROBE: Anything else?	<table><tbody><tr><td>FIGHT MALARIA</td><td>A</td></tr><tr><td>MALARIA IS DANGEROUS</td><td>B</td></tr><tr><td>MALARIA CAN KILL</td><td>C</td></tr><tr><td>MOSQUITOES SPREAD MALARIA ...</td><td>D</td></tr><tr><td>SLEEPING UNDER MOSQUITO NET IS IMPORTANT</td><td>E</td></tr><tr><td>WHO SHOULD SLEEP UNDER A MOSQUITO NET</td><td>F</td></tr><tr><td>SEEK TREATMENT FOR FEVER</td><td>G</td></tr><tr><td>SEEK TREATMENT FOR FEVER WITHIN 24 HOURS/PROMPTLY ...</td><td>H</td></tr><tr><td>IMPORTANCE OF INDOOR RESIDUAL SPRAYING (IRS)</td><td>I</td></tr><tr><td>NOT PLASTERING WALLS AFTER IRS</td><td>J</td></tr><tr><td>ENVIRONMENTAL SANTINATION ACTIVITIES</td><td>K</td></tr><tr><td>OTHER</td><td>X</td></tr><tr><td colspan="2">(SPECIFY)</td></tr><tr><td>DONT KNOW</td><td>Z</td></tr></tbody></table>		FIGHT MALARIA	A	MALARIA IS DANGEROUS	B	MALARIA CAN KILL	C	MOSQUITOES SPREAD MALARIA ...	D	SLEEPING UNDER MOSQUITO NET IS IMPORTANT	E	WHO SHOULD SLEEP UNDER A MOSQUITO NET	F	SEEK TREATMENT FOR FEVER	G	SEEK TREATMENT FOR FEVER WITHIN 24 HOURS/PROMPTLY ...	H	IMPORTANCE OF INDOOR RESIDUAL SPRAYING (IRS)	I	NOT PLASTERING WALLS AFTER IRS	J	ENVIRONMENTAL SANTINATION ACTIVITIES	K	OTHER	X	(SPECIFY)		DONT KNOW	Z																					
FIGHT MALARIA	A																																																			
MALARIA IS DANGEROUS	B																																																			
MALARIA CAN KILL	C																																																			
MOSQUITOES SPREAD MALARIA ...	D																																																			
SLEEPING UNDER MOSQUITO NET IS IMPORTANT	E																																																			
WHO SHOULD SLEEP UNDER A MOSQUITO NET	F																																																			
SEEK TREATMENT FOR FEVER	G																																																			
SEEK TREATMENT FOR FEVER WITHIN 24 HOURS/PROMPTLY ...	H																																																			
IMPORTANCE OF INDOOR RESIDUAL SPRAYING (IRS)	I																																																			
NOT PLASTERING WALLS AFTER IRS	J																																																			
ENVIRONMENTAL SANTINATION ACTIVITIES	K																																																			
OTHER	X																																																			
(SPECIFY)																																																				
DONT KNOW	Z																																																			

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 BIRTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	Now I'd like to ask you about your more recent births. How many births have you had in the last 6 years? IF NONE, CIRCLE '00.'	TOTAL IN THE LAST 6 YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> NONE 00			→ 224						

<p>211 Now I would like to record the names of all your births in the last six years, whether still alive or not, starting with the most recent one you had.</p> <p>RECORD NAMES OF ALL THE BIRTHS IN THE LAST 6 YEARS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS.</p>								
212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220
<p>What name was given to your (most recent/previous) baby?</p> <p>RECORD NAME.</p> <p>BIRTH HISTORY NUMBER</p>	<p>Is (NAME) a boy or a girl?</p>	<p>Were any of these births twins?</p>	<p>In what month and year was (NAME) born?</p> <p>PROBE: When is his/her birthday?</p>	<p>Is (NAME) still alive?</p>	<p>How old was (NAME) at his/her last birthday?</p> <p>RECORD AGE IN COMPLETED YEARS.</p>	<p>Is (NAME) living with you?</p>	<p>RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).</p>	<p>Were there any other live births between (NAME) and (NAME OF PREVIOUS BIRTH), including any children who died after birth?</p>
01	<p>BOY 1</p> <p>GIRL 2</p>	<p>SING 1</p> <p>MULT 2</p>	<p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>YES 1</p> <p>NO 2 (NEXT BIRTH) ↓</p>	<p>AGE IN YEARS</p> <p><input type="text"/></p>	<p>YES ... 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/></p> <p>(NEXT BIRTH) ↓</p>	
02	<p>BOY 1</p> <p>GIRL 2</p>	<p>SING 1</p> <p>MULT 2</p>	<p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>YES 1</p> <p>NO 2 ↓ 220</p>	<p>AGE IN YEARS</p> <p><input type="text"/></p>	<p>YES ... 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/></p>	<p>YES 1 ADD ↓ BIRTH</p> <p>NO 2 NEXT ← BIRTH</p>
03	<p>BOY 1</p> <p>GIRL 2</p>	<p>SING 1</p> <p>MULT 2</p>	<p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>YES 1</p> <p>NO 2 ↓ 220</p>	<p>AGE IN YEARS</p> <p><input type="text"/></p>	<p>YES ... 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/></p>	<p>YES 1 ADD ↓ BIRTH</p> <p>NO 2 NEXT ← BIRTH</p>
04	<p>BOY 1</p> <p>GIRL 2</p>	<p>SING 1</p> <p>MULT 2</p>	<p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>YES 1</p> <p>NO 2 ↓ 220</p>	<p>AGE IN YEARS</p> <p><input type="text"/></p>	<p>YES ... 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/></p>	<p>YES 1 ADD ↓ BIRTH</p> <p>NO 2 NEXT ← BIRTH</p>
05	<p>BOY 1</p> <p>GIRL 2</p>	<p>SING 1</p> <p>MULT 2</p>	<p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>YES 1</p> <p>NO 2 ↓ 220</p>	<p>AGE IN YEARS</p> <p><input type="text"/></p>	<p>YES ... 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/></p>	<p>YES 1 ADD ↓ BIRTH</p> <p>NO 2 NEXT ← BIRTH</p>
06	<p>BOY 1</p> <p>GIRL 2</p>	<p>SING 1</p> <p>MULT 2</p>	<p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>YES 1</p> <p>NO 2 ↓ 220</p>	<p>AGE IN YEARS</p> <p><input type="text"/></p>	<p>YES ... 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/></p>	<p>YES 1 ADD ↓ BIRTH</p> <p>NO 2 NEXT ← BIRTH</p>
07	<p>BOY 1</p> <p>GIRL 2</p>	<p>SING 1</p> <p>MULT 2</p>	<p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>YES 1</p> <p>NO 2 ↓ 220</p>	<p>AGE IN YEARS</p> <p><input type="text"/></p>	<p>YES ... 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/></p>	<p>YES 1 ADD ↓ BIRTH</p> <p>NO 2 NEXT ← BIRTH</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
221	Have you had any live births since the birth of (NAME OF MOST RECENT BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.	YES 1 NO 2	
222	COMPARE 210 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> NUMBERS ARE SAME <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE.) </div> </div>		
223	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2008 OR LATER.	NUMBER OF BIRTHS <input type="text"/> NONE 0	
224	Are you pregnant now?	YES 1 NO 2 UNSURE 8	<input type="checkbox"/> → 226
225	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
226	CHECK 223: <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> ONE OR MORE BIRTHS IN 2008 OR LATER <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO BIRTHS IN 2008 OR LATER <input type="checkbox"/> Q. 223 IS BLANK <input type="checkbox"/> </div> </div>	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 80%;"></div> <div>→ 501</div> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <div style="width: 80%;"></div> <div>→ 501</div> </div>	

SECTION 3. PREGNANCY AND INTERMITTENT PREVENTATIVE TREATMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	<p>CHECK 215: ENTER IN THE TABLE THE NAME AND SURVIVAL STATUS OF THE MOST RECENT BIRTH.</p> <p>Now I would like to ask some questions about your last pregnancy that resulted in a live birth.</p>		
301A	FROM 212 AND 216, LINE 01:	<p align="center">MOST RECENT BIRTH</p> <p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p align="center">↓ ↓</p>	
302	When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy?	<p>YES 1</p> <p>NO 2</p>	→ 304
303	<p>Whom did you see?</p> <p>Anyone else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR A</p> <p>NURSE/MIDWIFE B</p> <p>MCH AIDE C</p> <p>COMMUNITY HEALTH OFFICER ... D</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT E</p> <p>COMMUNITY/VILLAGE HEALTH WORKER F</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p>	
304	During this pregnancy, did you take any drugs to keep you from getting malaria?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 314
305	<p>What medicine did you take?</p> <p>RECORD ALL MENTIONED.</p> <p>IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.</p>	<p>SP/FANSIDAR A</p> <p>CHLOROQUINE B</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW Z</p>	
306	<p>CHECK 305:</p> <p>SP/FANSIDAR TAKEN FOR MALARIA PREVENTION.</p> <p align="center">CODE 'A' CIRCLED <input type="checkbox"/> NOT CIRCLED <input type="checkbox"/></p> <p align="center">↓</p>		→ 310
307	How many times did you take SP/Fansidar during this pregnancy?	<p>1 TIME 1</p> <p>2 TIMES 2</p> <p>3 OR MORE TIMES 3</p> <p>DON'T KNOW 8</p>	
308	<p>CHECK 303:</p> <p>ANTENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY</p> <p align="center">CODE 'A', 'B', 'C', OR 'D' CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p align="center">↓</p>		→ 310
309	Did you get the SP/Fansidar during any antenatal care visit, during another visit to a health facility or from another source?	<p>ANTENATAL VISIT 1</p> <p>ANOTHER FACILITY VISIT 2</p> <p>TRADITIONAL BIRTH ATTENDANT ... 3</p> <p>COMMUNITY BASED PROVIDER 4</p> <p>OTHER SOURCE 6</p>	
310	<p>CHECK 305:</p> <p>CHLOROQUINE TAKEN.</p> <p align="center">CODE 'B' CIRCLED <input type="checkbox"/> NOT CIRCLED <input type="checkbox"/></p> <p align="center">↓</p>		→ 314

311	How many times did you take chloroquine during this pregnancy?	1 TIME 1 2 TIMES 2 3 OR MORE TIMES 3 DON'T KNOW 8	
312	CHECK 303: ANTENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY	CODE 'A', 'B', 'C', OR 'D' <input type="checkbox"/> CIRCLED OTHER <input type="checkbox"/>	→ 314
313	Did you get the chloroquine during any antenatal care visit, during another visit to a health facility or from another source?	ANTENATAL VISIT 1 ANOTHER FACILITY VISIT 2 TRADITIONAL BIRTH ATTENDANT ... 3 COMMUNITY BASED PROVIDER 4 OTHER SOURCE 6	
314	CHECK 215 AND 216: ONE OR MORE LIVING CHILDREN BORN IN 2008 OR LATER	NO LIVING CHILDREN BORN IN 2008 OR LATER	→ 501

SECTION 4. FEVER IN CHILDREN

401	<p>CHECK 215: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2008 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE MOST RECENT BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE).</p> <p>Now I would like to ask some questions about the health of your children born since January 2008. We will talk about each separately.</p>			
402	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	<p>MOST RECENT BIRTH</p> <p>BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></p>	<p>SECOND MOST RECENT BIRTH</p> <p>BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></p>	<p>THIRD MOST RECENT BIRTH</p> <p>BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></p>
403	FROM 212 AND 216	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 429)</p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 429)</p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(GO TO 403 IN MOST RECENT COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 429)</p>
404	Has (NAME) been ill with a fever at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>(GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 429)</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 429)</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO TO 403 IN MOST RECENT COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 429)</p> <p>DON'T KNOW 8</p>
406	Did you seek advice or treatment for the illness from any source?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 410) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 410) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 410) ←</p>
407	<p>Where did you 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>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL . A</p> <p>GOVT HEALTH CENTER B</p> <p>MOBILE CLINIC . C</p> <p>CBP D</p> <p>OTHER PUBLIC SECTOR _____ E</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT HOSPITAL . F</p> <p>PVT CLINIC G</p> <p>MISSION/FAITH-BASED HOSPITAL ... H</p> <p>MISSION/FAITH-BASED CLINIC . I</p> <p>PHARMACY ... J</p> <p>MOBILE CLINIC K</p> <p>OTHER PRIVATE MED. SECTOR _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>TRADITIONAL HEALER N</p> <p>DRUG PEDDLER . O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL . A</p> <p>GOVT HEALTH CENTER B</p> <p>MOBILE CLINIC . C</p> <p>CBP D</p> <p>OTHER PUBLIC SECTOR _____ E</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT HOSPITAL . F</p> <p>PVT CLINIC G</p> <p>MISSION/FAITH-BASED HOSPITAL ... H</p> <p>MISSION/FAITH-BASED CLINIC . I</p> <p>PHARMACY ... J</p> <p>MOBILE CLINIC K</p> <p>OTHER PRIVATE MED. SECTOR _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>TRADITIONAL HEALER N</p> <p>DRUG PEDDLER . O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL . A</p> <p>GOVT HEALTH CENTER B</p> <p>MOBILE CLINIC . C</p> <p>CBP D</p> <p>OTHER PUBLIC SECTOR _____ E</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT HOSPITAL . F</p> <p>PVT CLINIC G</p> <p>MISSION/FAITH-BASED HOSPITAL ... H</p> <p>MISSION/FAITH-BASED CLINIC . I</p> <p>PHARMACY ... J</p> <p>MOBILE CLINIC K</p> <p>OTHER PRIVATE MED. SECTOR _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>TRADITIONAL HEALER N</p> <p>DRUG PEDDLER . O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>

NO.	QUESTIONS AND FILTERS	MOST RECENT BIRTH NAME _____	SECOND MOST RECENT BIRTH NAME _____	THIRD MOST RECENT BIRTH NAME _____
408	CHECK 407:	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED (SKIP TO 410)	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED (SKIP TO 410)	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED (SKIP TO 410)
409	Where did you first seek advice or treatment? USE LETTER CODE FROM 407.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
409A	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
410	At any time during the illness, did (NAME) take any medicines for the illness?	YES 1 NO 2 (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 429) DON'T KNOW 8	YES 1 NO 2 (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 429) DON'T KNOW 8	YES 1 NO 2 (GO TO 403 IN MOST RECENT COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 429) DON'T KNOW 8
411	What medicines did (NAME) take? PROBE: Any other drugs? RECORD ALL MENTIONED. SHOW MEDICINES.	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 SEPTRIN 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	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 SEPTRIN 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	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 SEPTRIN 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

NO.	QUESTIONS AND FILTERS	MOST RECENT BIRTH NAME _____	SECOND MOST RECENT BIRTH NAME _____	THIRD MOST RECENT BIRTH NAME _____
412	CHECK 411: ANY CODE A-H CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 429)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 429)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 403 IN MOST RECENT COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 429)
413	CHECK 411: SP/FANSIDAR ('A') GIVEN	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 415)	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 415)	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 415)
414	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
414A	For how many days did (NAME) take SP/Fansidar? IF 7 DAYS OR MORE, WRITE '7'.	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8
415	CHECK 411: COMBINATION WITH ARTEMISININ ('B') GIVEN	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 417)	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 417)	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 417)
416	How long after the fever started did (NAME) first take combination with artemisinin?	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
416A	For how many days did (NAME) take combination with artemisinin? IF 7 DAYS OR MORE, WRITE '7'.	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8
417	CHECK 411: ARTESUNATE LUMAFANTRINE ('C') GIVEN	CODE 'C' CIRCLED <input type="checkbox"/> CODE 'C' NOT CIRCLED <input type="checkbox"/> (SKIP TO 419)	CODE 'C' CIRCLED <input type="checkbox"/> CODE 'C' NOT CIRCLED <input type="checkbox"/> (SKIP TO 419)	CODE 'C' CIRCLED <input type="checkbox"/> CODE 'C' NOT CIRCLED <input type="checkbox"/> (SKIP TO 419)
418	How long after the fever started did (NAME) first take artesunate lumafantrine?	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	MOST RECENT BIRTH NAME _____	SECOND MOST RECENT BIRTH NAME _____	THIRD MOST RECENT BIRTH NAME _____
418A	For how many days did (NAME) take artesunate lumafantrine? IF 7 DAYS OR MORE, WRITE '7'.	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8
419	CHECK 411: ARTESUNATE + AMODIAQUINE (ASAQ, LOOSE OR CO-BLISTER) ('D') GIVEN	CODE 'D' CIRCLED <input type="checkbox"/> NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 421) ←	CODE 'D' CIRCLED <input type="checkbox"/> NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 421) ←	CODE 'D' CIRCLED <input type="checkbox"/> NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 421) ←
420	How long after the fever started did (NAME) first take ASAQ?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 000 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
420A	For how many days did (NAME) take ASAQ? IF 7 DAYS OR MORE, WRITE '7'.	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8
421	CHECK 411: CHLOROQUINE ('E') GIVEN	CODE 'E' CIRCLED <input type="checkbox"/> NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 423) ←	CODE 'E' CIRCLED <input type="checkbox"/> NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 423) ←	CODE 'E' CIRCLED <input type="checkbox"/> NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 423) ←
422	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
422A	For how many days did (NAME) take chloroquine? IF 7 DAYS OR MORE, WRITE '7'.	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8
423	CHECK 411: AMODIAQUINE ('F') GIVEN	CODE 'F' CIRCLED <input type="checkbox"/> NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 425) ←	CODE 'F' CIRCLED <input type="checkbox"/> NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 425) ←	CODE 'F' CIRCLED <input type="checkbox"/> NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 425) ←
424	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	MOST RECENT BIRTH NAME _____	SECOND MOST RECENT BIRTH NAME _____	THIRD MOST RECENT BIRTH NAME _____
424A	For how many days did (NAME) take amodiaquine? IF 7 DAYS OR MORE, WRITE '7'.	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8
425	CHECK 411: QUININE ('G') GIVEN	CODE 'G' CIRCLED <input type="checkbox"/> CODE 'G' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 427) ↓	CODE 'G' CIRCLED <input type="checkbox"/> CODE 'G' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 427) ↓	CODE 'G' CIRCLED <input type="checkbox"/> CODE 'G' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 427) ↓
426	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
426A	For how many days did (NAME) take quinine? IF 7 DAYS OR MORE, WRITE '7'.	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8
427	CHECK 411: OTHER ANTIMALARIAL ('H') GIVEN	CODE 'H' CIRCLED <input type="checkbox"/> CODE 'H' NOT CIRCLED <input type="checkbox"/> ↓ (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 429) ↓	CODE 'H' CIRCLED <input type="checkbox"/> CODE 'H' NOT CIRCLED <input type="checkbox"/> ↓ (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 429) ↓	CODE 'H' CIRCLED <input type="checkbox"/> CODE 'H' NOT CIRCLED <input type="checkbox"/> ↓ (GO TO 403 IN MOST RECENT COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 429) ↓
428	How long after the fever started did (NAME) first take (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
428A	For how many days did (NAME) take (OTHER ANTIMALARIAL)? IF 7 DAYS OR MORE, WRITE '7'.	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8
429		GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO TO 403 IN MOST RECENT COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

SECTION 5. KNOWLEDGE OF MALARIA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Have you ever heard of an illness called malaria? USE LOCAL NAME FOR MALARIA.	YES 1 NO 2	→ 508
502	In your opinion, what causes malaria? CIRCLE ALL MENTIONED. PROBE: Anything else?	MOSQUITO BITES A EATING IMMATURE SUGARCANE ... B EATING COLD FOOD C EATING DIRTY FOOD D DRINKING BEER/PALM WINE E DRINKING DIRTY WATER F GETTING SOAKED WITH RAIN G COLD OR CHANGING WEATHER ... H WITCHCRAFT I INJECTIONS/DRUGS J EATING ORANGES OR MANGOS ... K EATING PLENTY OIL L SHARING RAZORS/BLADES M BED BUGS N DIRTY SURROUNDINGS O OTHER X (SPECIFY) DON'T KNOW Z	
503	Can you tell me any symptoms of malaria? CIRCLE ALL MENTIONED. PROBE: Anything else?	FEVER A EXCESSIVE SWEATING B FEELING COLD C HEADACHE D NAUSEA AND VOMITING E DIARRHEA F DIZZINESS G LOSS OF APPETITE H BODY ACHE OR JOINT PAIN I PALE EYES J BODY WEAKNESS K REFUSING TO EAT OR DRINK L JAUNDICE M DARK URINE N LOW BLOOD (ANEMIA) O OTHER X (SPECIFY) DON'T KNOW Z	
504	Can you tell me any danger symptoms for severe malaria? CIRCLE ALL MENTIONED. PROBE: Anything else?	SHIVERING/SHAKING/CONVULSIONS A VOMITING EVERYTHING B CONFUSION C LOW BLOOD (ANEMIA) D DIFFICULTY BREATHING E DIZZINESS F JAUNDICE G OTHER X (SPECIFY) DON'T KNOW Z	
505	How can someone protect themselves against malaria? CIRCLE ALL MENTIONED. PROBE: Anything else?	SLEEP UNDER REGULAR MOSQUITO NET A SLEEP UNDER A TREATED NET B USE MOSQUITO REPELLENT C AVOID MOSQUITO BITES D TAKE PREVENTIVE MEDICATION ... E INDOOR RESIDUAL SPRAY (IRS) ... F USE MOSQUITO COILS G CUT GRASS AROUND HOUSE H ELIMINATE STAGNANT WATER I KEEP SURROUNDINGS CLEAN J BURN LEAVES K CUT THE GRASS L DON'T DRINK DIRTY WATER M DON'T EAT BAD FOOD (IMMATURE SUGARCANE/LEFTOVER FOOD) . N USE MOSQUITO SCREENS ON WINDOWS O DON'T GET SOAKED IN RAIN P STORE BOUGHT INSECT KILLER ... Q OTHER X (SPECIFY) DON'T KNOW Z	

505A	Is it better to sleep under an untreated or treated net?	UNTREATED 1 TREATED 2 DON'T KNOW 8					
506	In your opinion, which people are most at risk of getting malaria? CIRCLE ALL MENTIONED. PROBE: Anything else?	CHILDREN A ADULTS B PREGNANT WOMEN C OLDER ADULTS D ANYONE E OTHER X (SPECIFY) OTHER Y (SPECIFY) DON'T KNOW Z					
507	What medicines are used to treat malaria ? CIRCLE ALL MENTIONED. PROBE: Anything else?	ACT A CHLOROQUINE B SP/FANSIDAR C QUININE D ASPIRIN, PANADOL, PARACETAMOL E TRADITIONAL MEDICINE/HERBS F OTHER X (SPECIFY) DON'T KNOW Z					
508	RECORD THE TIME.	HOUR MINUTES	<table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>				

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: _____