

KENYA MALARIA INDICATOR SURVEY
WOMAN'S QUESTIONNAIRE

MALARIA CONTROL UNIT
KENYA NATIONAL BUREAU OF STATISTICS

IDENTIFICATION					
COUNTY _____					
SUBLOCATION _____					
NASSEP CLUSTER NUMBER					<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
KMIS CLUSTER NUMBER					<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
CLUSTER NAME _____					
STRUCTURE NUMBER					<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
HOUSEHOLD NUMBER					<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
NAME OF HOUSEHOLD HEAD _____					
INTERVIEWER VISITS					
	1	2	3	FINAL VISIT	
DATE	_____	_____	_____	DAY	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
INTERVIEWER'S NAME	_____	_____	_____	MONTH	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
				YEAR	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
				INT. NO.	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
RESULT*	_____	_____	_____	RESULT*	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
NEXT VISIT: DATE TIME	_____	_____		TOTAL NUMBER OF VISITS	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED SPECIFY _____					
LANGUAGE OF QUESTIONNAIRE** 0 1 LANGUAGE OF INTERVIEW** TRANSLATOR USED (YES = 1, NO = 2) 					
LANGUAGE OF QUESTIONNAIRE** ENGLISH **LANGUAGE CODES: 01 ENGLISH 02 KISWAHILI <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">03 BORANA 07 KIKUYU 11 LUO 15 POKOT</div> <div style="width: 50%;">04 EMBU 08 KISII 12 MAASAI 16 SOMALI</div> <div style="width: 50%;">05 KALENJIN 09 LUHYA 13 MERU 17 TURKANA</div> <div style="width: 50%;">06 KAMBA 10 MARAGOLI 14 MIJIKENDA 18 OTHER</div> </div>					
SUPERVISOR: _____ <div style="display: flex; justify-content: space-around; margin-top: 5px;"> NAME NUMBER </div>					

INTRODUCTION AND CONSENT

ADMINISTER CONSENT

RESPONDENT AGREES
TO BE INTERVIEWED . . 1



RESPONDENT DOES NOT AGREE
TO BE INTERVIEWED . . 2 → END

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS MINUTES	
102	In what month and year were you born?	MONTH DON'T KNOW MONTH 98 YEAR 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	
104	Have you ever attended school?	YES 1 NO 2	→ 108
105	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 POST-PRIMARY/VOCATIONAL 2 SECONDARY/'A' LEVEL 3 COLLEGE (MIDDLE LEVEL) 4 UNIVERSITY 5	
106	What is the highest (standard/form/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	STANDARD/FORM/YEAR	
107	CHECK 105: PRIMARY, POST-PRIMARY, <input type="checkbox"/> SECONDARY/'A' LEVEL <input type="checkbox"/> OR COLLEGE (MIDDLE LEVEL) <input type="checkbox"/> UNIVERSITY <input type="checkbox"/>		→ 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 PART OF THE SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	What is your religion?	ROMAN CATHOLIC 1 PROTESTANT/OTHER CHRISTIA 2 MUSLIM 3 NO RELIGION 4 OTHER 6 <div style="text-align: center;">(SPECIFY)</div>	
110	What is your ethnic group / tribe?	EMBU 01 KALENJIN 02 KAMBA 03 KIKUYU 04 KISII 05 LUHYA 06 LUO 07 MAASAI 08 MERU 09 MIJIKENDA/ SWAHILI 10 SOMALI 11 TAITA/ TAVETA 12 BORANA 13 MARAGOLI 14 POKOT 15 TURKANA 16 OTHER 96 <div style="text-align: center;">(SPECIFY)</div>	
111	In the past six months, have you seen or heard any messages about malaria?	YES 1 NO 2	→ 201
112	Have you seen or heard these messages:	<div style="text-align: right;">YES NO</div> a) On the radio? RADIC 1 2 b) On the television? TELEVISION 1 2 c) On a poster or billboard? POSTER/BILLBOARD 1 2 d) From a community health worker? COMMUNITY HEALTH WORKER 1 2 e) At a community event? COMMUNITY EVEN' 1 2 f) Anywhere else? ANYWHERE ELSE 1 2	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) 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	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) 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, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES 1 NO 2	→ 208								
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) 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? <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> YES <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO <input type="checkbox"/> ↓ PROBE AND CORRECT 201-208 AS NECESSARY. </div> </div>										
210	CHECK 208: <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> ONE OR MORE BIRTHS <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO BIRTHS <input type="checkbox"/> → 225 </div> </div>										
211	Now I'd like to ask you about your more recent births. How many births have you had in the last 5 years, that is since January 2010? RECORD ALL BIRTHS IN 2010-2015 IF NONE, RECORD '00'	TOTAL BIRTHS IN 2010-2015 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> NONE 00			→ 225						

SECTION 2. REPRODUCTION

212 Now I'd like to record the names of all your births in the last 5 years, from January 2010 until today. I would like to list these births, whether still alive or not, starting with the most recent birth you have had.
RECORD NAMES OF ALL THE BIRTHS IN 2010-2015 IN 213. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. IF THERE ARE MORE THAN 5 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE STARTING WITH THE SECOND ROW.

213	214	215	216	217	218 IF ALIVE:	219 IF ALIVE:	220 IF ALIVE:	221
What name was given to your (most recent/ previous) baby?	Is (NAME) a boy or a girl?	Were any of these births twins?	On what day, month, and year was (NAME) born?	Is (NAME) still alive?	How old was (NAME) at (NAME)'s last birthday?	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	Were there any other live births between (NAME) and (NAME OF PREVIOUS BIRTH), including any children who died after birth?
RECORD NAME. BIRTH HISTORY NUMBER.					RECORD AGE IN COMPLETED YEARS.			
01	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (NEXT BIRTH)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	
02	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO 221)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ← NO 2 (NEXT BIRTH) ←
03	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO 221)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ← NO 2 (NEXT BIRTH) ←
04	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO 221)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ← NO 2 (NEXT BIRTH) ←
05	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO 221)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ← NO 2

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	Since January 2010, have you had any more live births that have not already been listed?	YES 1 (RECORD BIRTH(S) IN TABLE) ← NO 2	
223	COMPARE 211 WITH NUMBER OF BIRTHS IN BIRTH HISTORY <div style="display: flex; justify-content: space-around;"> <div> NUMBERS ARE SAME <input type="checkbox"/> ↓ </div> <div> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) ← </div> </div>		
224	CHECK 216: ENTER THE NUMBER OF BIRTHS IN 2010-2015	NUMBER OF BIRTHS <input type="text"/> NONE 0	
225	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 227
226	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
227	CHECK 224: <div style="display: flex; justify-content: space-around;"> <div> ONE OR MORE BIRTHS IN 2010 OR LATER <input type="checkbox"/> ↓ GO TO 301 </div> <div> NO BIRTHS IN 2010 OR LATER <input type="checkbox"/> → 427D Q. 224 IS BLANK <input type="checkbox"/> → 427D </div> </div>		

SECTION 3. PREGNANCY AND INTERMITTENT PREVENTIVE TREATMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	RECORD THE NAME AND SURVIVAL STATUS OF THE MOST RECENT BIRTH FROM 213 AND 217, LINE 01:	<p align="center">MOST RECENT BIRTH</p> <p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p>	
302	<p>Now I would like to ask you some questions about your last pregnancy that resulted in a live birth.</p> <p>When you got pregnant with (NAME), did you see anyone for antenatal care for this pregnancy?</p>	<p>YES 1</p> <p>NO 2</p>	→ 304
302A	How many times did you see someone for antenatal care for this pregnancy?	TIMES..... <input type="text"/> <input type="text"/>	
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>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDAN C</p> <p>COMMUNITY HEALTH WORKER D</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p>	
304	During this pregnancy, did you take SP/Fansidar to keep you from getting malaria?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 308
305	How many times did you take SP/Fansidar during this pregnancy?	TIMES..... <input type="text"/> <input type="text"/>	
306	<p>CHECK 303:</p> <p>ANTENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY</p> <p align="center">CODE 'A' OR 'B' CIRCLED <input type="checkbox"/></p>	<p>OTHER <input type="checkbox"/> _____</p>	→ 308
307	<p>Did you get the SP/Fansidar during any antenatal care visit, during any other visit to a health facility or from another source?</p> <p>IF MORE THAN ONE SOURCE, RECORD THE HIGHEST SOURCE ON THE LIST.</p>	<p>ANTENATAL VISIT 1</p> <p>ANOTHER FACILITY VISIT 2</p> <p>OTHER SOURCE 6</p>	
308	<p>CHECK 216 AND 217:</p> <p align="center">ONE OR MORE LIVING CHILDREN BORN IN 2010 OR LATER <input type="checkbox"/></p> <p align="center">GO TO 401</p>	<p align="center">NO LIVING CHILDREN BORN IN 2010 OR LATER <input type="checkbox"/></p>	→ 427D

SECTION 4. FEVER IN CHILDREN

401	<p>CHECK 213: RECORD THE BIRTH HISTORY NUMBER IN 402 AND THE NAME AND SURVIVAL STATUS IN 403 FOR EACH BIRTH IN 2010-2015. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL QUESTIONNAIRE(S).</p> <p>Now I would like to ask some questions about the health of your children born since January 2010. (We will talk about each separately.)</p>			
402	BIRTH HISTORY NUMBER FROM 213 IN BIRTH HISTORY.	LAST BIRTH BIRTH HIST NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HIST NUMBER <input type="text"/> <input type="text"/>	SECOND-TO-LAST BIRTH BIRTH HIST NUMBER <input type="text"/> <input type="text"/>
403	FROM 213 AND 217:	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 427A)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 427A)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 403 IN NEXT COLUMN OF NEW QUESTIONNAIRE OR, IF NO MORE BIRTHS, GO TO 427A)
404	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 (GO TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 427A) DON'T KNOW 8	YES 1 NO 2 (GO TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 427A) DON'T KNOW 8	YES 1 NO 2 (GO TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 427A) DON'T KNOW 8
405	At any time during the illness, did (NAME) have blood taken from (NAME)'s 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
406	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 410)	YES 1 NO 2 (SKIP TO 410)	YES 1 NO 2 (SKIP TO 410)
407	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT HOSPITA.. A GOVT HEALTH CENTER..... B GOVT DISPENSARY.. C OTHER PUBLIC _____ D (SPECIFY) PRIVATE MEDICAL SECTOR MISSION HOSP./ CLINIC..... E PVT. HOSPITAL/ CLINIC..... F PHARMACY ... G OTHER PRIVATE _____ H (SPECIFY) MOBILE CLINIC I COMMUNITY HLTH WORKER ... J OTHER SOURCE SHOP K TRADITIONAL HEALER L RELATIVE/FRIEND M OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITA.. A GOVT HEALTH CENTER..... B GOVT DISPENSARY.. C OTHER PUBLIC _____ D (SPECIFY) PRIVATE MEDICAL SECTOR MISSION HOSP./ CLINIC..... E PVT. HOSPITAL/ CLINIC..... F PHARMACY ... G OTHER PRIVATE _____ H (SPECIFY) MOBILE CLINIC I COMMUNITY HLTH WORKER ... J OTHER SOURCE SHOP K TRADITIONAL HEALER L RELATIVE/FRIEND M OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITA.. A GOVT HEALTH CENTER..... B GOVT DISPENSARY.. C OTHER PUBLIC _____ D (SPECIFY) PRIVATE MEDICAL SECTOR MISSION HOSP./ CLINIC..... E PVT. HOSPITAL/ CLINIC..... F PHARMACY ... G OTHER PRIVATE _____ H (SPECIFY) MOBILE CLINIC I COMMUNITY HLTH WORKER ... J OTHER SOURCE SHOP K TRADITIONAL HEALER L RELATIVE/FRIEND M OTHER _____ X (SPECIFY)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-TO-LAST BIRTH NAME _____
408	CHECK 407:	2 OR MORE OTHER <input type="checkbox"/> CODES CIRCLED (SKIP TO 410) ←	2 OR MORE OTHER <input type="checkbox"/> CODES CIRCLED (SKIP TO 410) ←	2 OR MORE OTHER <input type="checkbox"/> CODES 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"/>
410	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (GO TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 427A) ← DON'T KNOW 8	YES 1 NO 2 (GO TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 427A) ← DON'T KNOW 8	YES 1 NO 2 (GO TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 427A) ← DON'T KNOW 8
411	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ACT ANTIMALARIALS AL A ARTESUNATE/ AMODIAQUINE . B DHAP C NON-ACT ANTIMALAR. SP/FANSIDAR... D CHLOROQUINE .. E AMODIAQUINE .. F QUININE PILLS G INJECTION/IV. H ARTESUNATE RECTAL I INJECTION/IV.. J OTHER ANTI-MALARIAL _____ K (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... L INJECTION ... M OTHER DRUGS ASPIRIN N ACETAMINOPHEN/ PARACETAMOL O IBUPROFEN ... P OTHER _____ X (SPECIFY) DON'T KNOW Z	ACT ANTIMALARIALS AL A ARTESUNATE/ AMODIAQUINE . B DHAP C NON-ACT ANTIMALAR. SP/FANSIDAR... D CHLOROQUINE .. E AMODIAQUINE .. F QUININE PILLS G INJECTION/IV. H ARTESUNATE RECTAL I INJECTION/IV.. J OTHER ANTI-MALARIAL _____ K (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... L INJECTION ... M OTHER DRUGS ASPIRIN N ACETAMINOPHEN/ PARACETAMOL O IBUPROFEN ... P OTHER _____ X (SPECIFY) DON'T KNOW Z	ACT ANTIMALARIALS AL A ARTESUNATE/ AMODIAQUINE . B DHAP C NON-ACT ANTIMALAR. SP/FANSIDAR... D CHLOROQUINE .. E AMODIAQUINE .. F QUININE PILLS G INJECTION/IV. H ARTESUNATE RECTAL I INJECTION/IV.. J OTHER ANTI-MALARIAL _____ K (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... L INJECTION ... M OTHER DRUGS ASPIRIN N ACETAMINOPHEN/ PARACETAMOL O IBUPROFEN ... P OTHER _____ X (SPECIFY) DON'T KNOW Z
412	CHECK 411: ANY CODE A-K CIRCLED?	YES NO <input type="checkbox"/> (GO TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 427A) ←	YES NO <input type="checkbox"/> (GO TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 427A) ←	YES NO <input type="checkbox"/> (GO TO 403 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 427A) ←
412A	CHECK 411: CODE 'A' OR 'B' CIRCLED?	CODE 'A' CODE 'A' OR OR 'B' 'B' NOT CIRCLED: CIRCLED: (SKIP TO 414C) ←	CODE 'A' CODE 'A' OR OR 'B' 'B' NOT CIRCLED: CIRCLED: (SKIP TO 414C) ←	CODE 'A' CODE 'A' OR OR 'B' 'B' NOT CIRCLED: CIRCLED: (SKIP TO 414C) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-TO-LAST BIRTH NAME _____
412B	When you gave (AL/Aretesunate/Amodiaquine) to (NAME) did it have a logo that looks like this? SHOW LOGO TO RESPONDENT	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
413A	CHECK 411: AL ('A') GIVEN	CODE 'A' CODE 'A' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↙ (SKIP TO 414A)	CODE 'A' CODE 'A' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↙ (SKIP TO 414A)	CODE 'A' CODE 'A' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↙ (SKIP TO 414A)
413B	How long after the fever started did (NAME) first take AL?	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	CHECK 411: ARTESUNATE/AMODIAQUINE ('B') GIVEN	CODE 'B' CODE 'B' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↙ (SKIP TO 414C)	CODE 'B' CODE 'B' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↙ (SKIP TO 414C)	CODE 'B' CODE 'B' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↙ (SKIP TO 414C)
414B	How long after the fever started did (NAME) first take Artesunate/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
414C	CHECK 411: DHAP ('C') GIVEN	CODE 'C' CODE 'C' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↙ (SKIP TO 415)	CODE 'C' CODE 'C' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↙ (SKIP TO 415)	CODE 'C' CODE 'C' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↙ (SKIP TO 415)
414D	How long after the fever started did (NAME) first take DHAP?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER .. 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER .. 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER .. 3 DON'T KNOW ... 8
415	CHECK 411: SP/FANSIDAR ('D') GIVEN	CODE 'D' CODE 'D' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↙ (SKIP TO 417)	CODE 'D' CODE 'D' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↙ (SKIP TO 417)	CODE 'D' CODE 'D' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↙ (SKIP TO 417)
416	How long after the fever started did (NAME) first take SP/Fansidar?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER .. 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER .. 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER .. 3 DON'T KNOW ... 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-TO-LAST BIRTH NAME _____
417	CHECK 411: CHLOROQUINE ('E') GIVEN	CODE 'E' CODE 'E' CIRCLED NOT <input type="checkbox"/> CIRCLED <input type="checkbox"/> ↓ (SKIP TO 419) ←	CODE 'E' CODE 'E' CIRCLED NOT <input type="checkbox"/> CIRCLED <input type="checkbox"/> ↓ (SKIP TO 419) ←	CODE 'E' CODE 'E' CIRCLED NOT <input type="checkbox"/> CIRCLED <input type="checkbox"/> ↓ (SKIP TO 419) ←
418	How long after the fever started did (NAME) first take chloroquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER .. 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER .. 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER .. 3 DON'T KNOW ... 8
419	CHECK 411: AMODIAQUINE ('F') GIVEN	CODE 'F' CODE 'F' CIRCLED NOT <input type="checkbox"/> CIRCLED <input type="checkbox"/> ↓ (SKIP TO 421) ←	CODE 'F' CODE 'F' CIRCLED NOT <input type="checkbox"/> CIRCLED <input type="checkbox"/> ↓ (SKIP TO 421) ←	CODE 'F' CODE 'F' CIRCLED NOT <input type="checkbox"/> CIRCLED <input type="checkbox"/> ↓ (SKIP TO 421) ←
420	How long after the fever started did (NAME) first take amodiaquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER .. 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER .. 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER .. 3 DON'T KNOW ... 8
421	CHECK 411: QUININE ('G' OR 'H') GIVEN	CODE CODE 'G' OR 'H' 'G' OR 'H' CIRCLED NOT <input type="checkbox"/> CIRCLED <input type="checkbox"/> ↓ (SKIP TO 423) ←	CODE CODE 'G' OR 'H' 'G' OR 'H' CIRCLED NOT <input type="checkbox"/> CIRCLED <input type="checkbox"/> ↓ (SKIP TO 423) ←	CODE CODE 'G' OR 'H' 'G' OR 'H' CIRCLED NOT <input type="checkbox"/> CIRCLED <input type="checkbox"/> ↓ (SKIP TO 423) ←
422	How long after the fever started did (NAME) first take quinine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER .. 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER .. 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER .. 3 DON'T KNOW ... 8
423	CHECK 411: ARTESUNATE ('I' OR 'J') GIVEN	CODE CODE 'I' OR 'J' 'I' OR 'J' CIRCLED NOT <input type="checkbox"/> CIRCLED <input type="checkbox"/> ↓ (SKIP TO 425) ←	CODE CODE 'I' OR 'J' 'I' OR 'J' CIRCLED NOT <input type="checkbox"/> CIRCLED <input type="checkbox"/> ↓ (SKIP TO 425) ←	CODE CODE 'I' OR 'J' 'I' OR 'J' CIRCLED NOT <input type="checkbox"/> CIRCLED <input type="checkbox"/> ↓ (SKIP TO 425) ←
424	How long after the fever started did (NAME) first take artesunate?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER .. 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER .. 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER .. 3 DON'T KNOW ... 8
425	CHECK 411: OTHER ANTIMALARIAL ('K') GIVEN	CODE 'K' CODE 'K' CIRCLED NOT <input type="checkbox"/> CIRCLED <input type="checkbox"/> ↓ (SKIP TO 427) ←	CODE 'K' CODE 'K' CIRCLED NOT <input type="checkbox"/> CIRCLED <input type="checkbox"/> ↓ (SKIP TO 427) ←	CODE 'K' CODE 'K' CIRCLED NOT <input type="checkbox"/> CIRCLED <input type="checkbox"/> ↓ (SKIP TO 427) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-TO-LAST BIRTH NAME _____
426	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
427		GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 427A.	GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 427A.	GO TO 403 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 427A.

SECTION 4A. KNOWLEDGE AND ATTITUDES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
427A	CHECK 224: ONE OR MORE BIRTHS IN 2010 OR LATER <input type="checkbox"/>	NO BIRTHS IN <input type="checkbox"/> 2010 OR LATER Q. 224 IS BLANK <input type="checkbox"/>	→ 427D → 427D								
427B	When your child/children has a fever, how important or unimportant is it to seek antimalarial treatment immediately? Is it extremely important, very important, a little important, or not at all important?	EXTREMELY IMPORTANT 1 VERY IMPORTANT 2 A LITTLE IMPORTANT 3 NOT AT ALL IMPORTANT 4									
427C	When your child/children had a fever, how affordable or unaffordable was treatment? Was it very affordable, affordable, unaffordable, or very unaffordable?	VERY AFFORDABLE 1 AFFORDABLE 2 UNAFFORDABLE 3 VERY UNAFFORDABLE 4									
427D	What is the recommended treatment for malaria?	ACT/AL 1 SP/FANSIDAR 2 CHLOROQUINE 3 AMODIAQUINE 4 OTHER 6 DON'T KNOW 8									
427E	Have you seen or heard any information about ACT or AL?	YES 1 NO 2	→ 428								
427F	Where did you see or hear about ACT or AL? Any other place or person? RECORD ALL MENTIONED	TELEVISION A RADIO B NEWSPAPER C BARAZA D RELATIVE/FRIEND E COMMUNITY LEADER/ELDER F COMMUNITY HEALTH WORKER G ROAD SHOW H OTHER X									
428	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>									

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS
