

Appendix E • 119

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with Ghana Statistical Service and the Ministry of Health. We are conducting a survey about malaria all over Ghana. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 30 to 60 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. If I ask you 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.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

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 <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> MINUTES <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
102	In what month and year were you born?	MONTH <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> DON'T KNOW MONTH 98 YEAR <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></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; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
104	Have you ever attended school?	YES 1 NO 2	→ 108
105	What is the highest level of school you attended: primary, middle, JSS/JHS, SSS/SHS, secondary, or higher?	PRIMARY 1 MIDDLE 2 JSS/JHS 3 SECONDARY 4 SSS/SHS 5 HIGHER 6	
106	What is the highest GRADE you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
107	CHECK 105: PRIMARY, MIDDLE, JSS/JHS <input type="checkbox"/> SSS/SHS OR SECONDARY ↓	HIGHER <input type="checkbox"/> _____	→ 109

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	<p>Now I would like you to read this sentence to me.</p> <p>SHOW CARD TO RESPONDENT.</p> <p>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?</p>	<p>CANNOT READ AT ALL 1</p> <p>ABLE TO READ ONLY PART OF THE SENTENCE 2</p> <p>ABLE TO READ WHOLE SENTENCE 3</p> <p>NO CARD WITH REQUIRED LANGUAGE 4</p> <p align="center">(SPECIFY LANGUAGE)</p> <p>BLIND/VISUALLY IMPAIRED 5</p>	
109	<p>What is your religion?</p>	<p>CATHOLIC 01</p> <p>ANGLICAN 02</p> <p>METHODIST 03</p> <p>PRESBYTERIAN 04</p> <p>PENTECOSTAL/CHARISMATIC 05</p> <p>OTHER CHRISTIAN 06</p> <p>ISLAM 07</p> <p>TRADITIONAL/SPIRITUALIST 08</p> <p>NO RELIGION 95</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>	
110	<p>To which ethnic group do you belong?</p>	<p>AKAN 01</p> <p>GA/DANGME 02</p> <p>EWE 03</p> <p>GUAN 04</p> <p>MOLE-DAGBANI 05</p> <p>GRUSI 06</p> <p>GURMA 07</p> <p>MANDE 08</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>	
110A	<p>Now I would like you to talk about malaria.</p> <p>In your opinion, what causes malaria?</p> <p>What else?</p> <p>RECORD ALL MENTIONED.</p>	<p>EATING SWEET FOODS A</p> <p>STANDING/ WORKING IN THE SUN B</p> <p>EATING CONTAMINATED FOOD C</p> <p>MOSQUITO BITES D</p> <p>MALARIA PARASITE (P. FALCIPARUM) E</p> <p>HEREDITARY F</p> <p>DIRTY SURROUNDINGS G</p> <p>WEEDY SURROUNDINGS H</p> <p>STAGNANT WATER I</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW Z</p>	
110B	<p>How would you know that someone has malaria?</p> <p>What else?</p> <p>RECORD ALL MENTIONED.</p>	<p>HOT BODY FEVER A</p> <p>VOMITING/DIARRHEA B</p> <p>STRONG HEADACHES/DIZZINESS C</p> <p>LOSS OF APPETITE D</p> <p>WEAKNESS OF THE BODY E</p> <p>COUGH F</p> <p>CHILLS G</p> <p>BITTERNESS IN THE MOUTH H</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW Z</p>	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110C	How can one protect him/herself against malaria? RECORD ALL MENTIONED.	SLEEP UNDER A MOSQUITO NET A SLEEP UNDER AN INSECTICIDE-TREATED MOSQUITO NET B USE MOSQUITO REPELLENT C SPRAY THE HOUSE/ROOMS WITH INSECTICIDE D CLEAR WEEDS AROUND THE HOUSE E FILL IN STAGNANT WATERS (PUDDLES) F KEEP SURROUNDING CLEAN G PUT MOSQUITO SCREEN ON WINDOWS H OTHER X (SPECIFY) DON'T KNOW Z	
110D	Can malaria be treated?	YES 1 NO 2 DON'T KNOW 8	
111	In the past six months, have you seen or heard any messages about malaria?	YES 1 NO 2	→ 117
112A	Where did you see or hear these messages Where else? RECORD ALL MENTIONED.	RADIO A TELEVISION B POSTER/BILLBOARD C NEWSPAPER/MAGAZINE D LEAFLET/BROCHURE E HEALTH WORKER F COMMUNITY HEALTH WORKER G COMMUNITY VOLUNTEER/CBA H WORD OF MOUTH I COMMUNITY EVENT J ANYWHERE ELSE X (SPECIFY) DON'T REMEMBER Z	
112	CHECK 112A: IF A COMMUNICATION CHANNEL WAS MENTIONNED AT 112A, CIRCLE 0; IF NOT ASK: Have you seen or heard these messages:	MENT. YES NO a) On the radio? a) RADIO O 1 2 b) On the television? b) TELEVISION O 1 2 c) On a poster or a billboard? c) POSTER/BILLBOARD O 1 2 d) In a newspaper or a magazine? d) NEWSPAPER/MAGAZINE .. O 1 2 e) On a leaflet or a brochure? e) LEAFLET/BROCHURE O 1 2 f) From a health worker? f) HEALTH WORKER O 1 2 g) From a community health worker (CHW)? g) CHW O 1 2 h) A community volunteer or a community based agent h) VOLUNTEER/CBA O 1 2 i) Word of mouth? i) WORD OF MOUTH O 1 2 j) At a community event? j) COMMUNITY EVENT O 1 2	
113	What messages about malaria have you seen or heard in the past 6 months? What else? RECORD ALL MENTIONED.	IF HAVE FEVER GO TO HEALTH FACILITY A SLEEP UNDER AN INSECTICIDE-TREATED MOSQUITO NET B PREGNANT WOMEN SHOULD TAKE DRUGS TO PREVENT MALARIA C SP PROTECTS PREGNANT WOMEN AND UNBORN BABY FROM GETTING MALARIA D ALWAYS TEST BEFORE TREATING MALARIA .. E TREAT MALARIA WITH ACTs F MALARIA KILLS G OTHER X (SPECIFY) DON'T KNOW/DON'T REMEMBER Z	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
114	In the past six months, have you seen/heard any of the following malaria messages on television or radio: a) "Mea menya me net, Ntontom mpo suro" music video/song? b) Advert that recommended everyone should sleep under treated net by Kwabena Kwabena (musician)? c) Advert where people were asked to test first before taking malaria medicines?	<div> <div>YES,TV</div> <div>YES, RADIO</div> <div>YES, TV AND RADIO</div> <div>NO</div> </div> <div> <div>a)</div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> </div> <div> <div>b)</div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> </div> <div> <div>c)</div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> </div>	
115	During the past six months, have you seen/heard any advert on the use of ACTs/ malaria medicines?	<div>YES 1</div> <div>NO 2</div>	→ 117
116	Where did you see/hear the advert on the use of ACTs/ malaria medicines? Any other media? RECORD ALL MENTIONED.	<div>TELEVISION A</div> <div>RADIO B</div> <div>NEWSPAPER/MAGAZINE C</div> <div>POSTER /LEAFLETS D</div> <div>BILLBOARD E</div> <div>OTHER X</div> <div align="center">(SPECIFY)</div> <div>DON'T KNOW/DON'T REMEMBEF Z</div>	
117	Have you participated in any community event (durbar/meeting), educating community members on prevention and control of malaria?	<div>YES 1</div> <div>NO 2</div>	
118	I will now ask you a few questions about health insurance. Are you currently covered by any health insurance? PROBE TO MAKE SURE THAT THE INSURANCE COVERAGE IS ACTIVE AT THE TIME OF INTERVIEW	<div>YES 1</div> <div>NO 2</div>	→ 120
119	What type of health insurance are you currently covered by? RECORD ALL MENTIONED.	<div>NATIONAL / DISTRICT HEALTH INSURANCE (NHIS) A</div> <div>HEALTH INSURANCE THROUGH EMPLOYER .. B</div> <div>MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE.. C</div> <div>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE..... D</div> <div>OTHER X</div> <div align="center">(SPECIFY)</div>	
120	Now I would like to ask you a few questions about episodes of malaria. During the past 12 months, have you experienced an episode of malaria?	<div>YES 1</div> <div>NO 2</div>	→ 132
121	The last time you had malaria, did you seek advice or treatment from any source?	<div>YES 1</div> <div>NO 2</div>	→ 124

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
122	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S).</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTER/CLINIC .. B</p> <p>GOVERNMENT HEALTH POST/CHPS C</p> <p>MOBILE CLINIC D</p> <p>FIELDWORKER/CHW E</p> <p>OTHER PUBLIC SECTOR</p> <p align="right">F</p> <p align="center">_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>CHEMIST/DRUG STORE I</p> <p>FPG/PPAG CLINIC J</p> <p>PRIVATE DOCTOR K</p> <p>MOBILE CLINIC L</p> <p>FIELDWORKER/CHW M</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p align="right">N</p> <p align="center">_____ (SPECIFY)</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	
123	To confirm the malaria diagnosis, did you provide a blood sample for malaria testing?	<p>YES 1</p> <p>NO 2</p>	
124	To treat the malaria, were you prescribed any antimalaria medicine or did you take any antimalaria without a prescription?	<p>YES, PRESCRIBED 1</p> <p>YES, TOOK WITHOUT PRESCRIPTION 2</p> <p>NEITHER PRESCRIBED NOR TAKEN 3</p>	→ 132
125	<p>What antimalaria medicine (were you prescribed/did you take) to treat the malaria?</p> <p>RECORD ALL MENTIONED.</p> <p>PLEASE NOTE BRAND NAMES:</p> <p>SP/SULPHADOXINE-PYRIMETHAMINE</p> <p>Fansidar</p> <p>Malafan</p> <p>Palidar</p> <p>Suldox</p> <p>DP/DIHYDROARTEMISININ-PIPERAQUINE</p> <p>P-alaxin</p> <p>Duo-cotexcin</p> <p>AA/ARTESUNATE AMODIAQUINE</p> <p>Artesunate amodiaquine winthrop</p> <p>Arsumoon</p> <p>Camoquine plus</p> <p>G sunate</p> <p>Co-arsucam</p> <p>AL/ARTEMETHER LUMEFANTRINE</p> <p>Coartem</p> <p>Lumarterm</p> <p>Artefan</p> <p>Lonart</p> <p>Gen-m</p> <p>Artemos plus</p>	<p>SP/SULFADOXINE PYRIMETHAMINE A</p> <p>CHLOROQUINE B</p> <p>DP/DIHYDROARTEMISININ-PIPERAQUINE .. C</p> <p>QUININE D</p> <p>AA/ARTESUNATE AMODIAQUINE E</p> <p>ARTEMISININ F</p> <p>AL/ARTEMETHER-LUMEFANTRINE G</p> <p>HERBAL MEDICINE H</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW Z</p>	
126	Did you purchase the antimalaria medicine?	<p>YES 1</p> <p>NO 2</p>	→ 132
127	Did you have to pay out of pocket for the antimalaria medicines?	<p>YES 1</p> <p>NO 2</p>	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
128	CHECK 124: YES, PRESCRIBED <input type="checkbox"/> YES, TOOK WITHOUT PRESCRIPTION <input type="checkbox"/> OR NOT ASKED		→ 132
129	Did you purchase the antimalaria medicine at the same place where you sought care?	YES 1 NO 2	→ 131
130	Where did you purchase the antimalaria medicine?	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVERNMENT HEALTH CENTER B GOVERNMENT HEALTH POST/CHPS C MOBILE CLINIC D FIELDWORKER/CHW E OTHER PUBLIC SECTOR _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC G PHARMACY H CHEMIST/DRUG STORE I FPG/PPAG CLINIC J PRIVATE DOCTOR K MOBILE CLINIC L FIELDWORKER/CHW M OTHER PRIVATE MEDICAL SECTOR _____ N (SPECIFY) OTHER SOURCE SHOP O TRADITIONAL PRACTITIONER P MARKET Q ITINERANT DRUG SELLER R OTHER X _____ (SPECIFY)	
131	Did you have to pay out of pocket for other services you received related to the malaria infection?	YES 1 NO 2	
132	Are you aware that malaria care is covered under the NHIS?	YES 1 NO 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 most recent births. How many births have you had in 2011-2016? RECORD NUMBER OF LIVE BIRTHS IN 2011-2016	TOTAL IN 2011-2016 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> NONE 00			→ 225						

SECTION 2. REPRODUCTION

<p>212 Now I would like to record the names of all your births in 2011-2016, whether still alive or not, starting with the most recent one you had. RECORD IN 213 THE NAMES OF ALL THE BIRTHS BORN IN 2011-2016. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. IF THERE ARE MORE THAN 5 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE STARTING WITH THE SECOND ROW.</p>								
<p>213</p> <p>What name was given to your (most recent/ previous) baby?</p> <p>RECORD NAME.</p> <p>BIRTH HISTORY NUMBER.</p>	<p>214</p> <p>Is (NAME) a boy or a girl?</p>	<p>215</p> <p>Were any of these births twins?</p>	<p>216</p> <p>On what day, month, and year was (NAME) born?</p>	<p>217</p> <p>Is (NAME) still alive?</p>	<p>218</p> <p>IF ALIVE:</p> <p>How old was (NAME) at (NAME)'s last birthday?</p> <p>RECORD AGE IN COMPLETED YEARS.</p>	<p>219</p> <p>IF ALIVE:</p> <p>Is (NAME) living with you?</p>	<p>220</p> <p>IF ALIVE:</p> <p>RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.</p>	<p>221</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>DAY <input type="text"/></p> <p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p>	<p>YES 1</p> <p>NO 2</p> <p>↓</p> <p>(NEXT BIRTH)</p>	<p>AGE IN YEARS</p> <p><input type="text"/><input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/><input type="text"/></p> <p>↓</p> <p>(NEXT BIRTH)</p>	
02	<p>BOY 1</p> <p>GIRL 2</p>	<p>SING 1</p> <p>MULT 2</p>	<p>DAY <input type="text"/></p> <p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p>	<p>YES 1</p> <p>NO 2</p> <p>↓</p> <p>(SKIP TO 221)</p>	<p>AGE IN YEARS</p> <p><input type="text"/><input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/><input type="text"/></p>	<p>YES 1</p> <p>(ADD BIRTH) ↙</p> <p>NO 2</p> <p>(NEXT BIRTH) ↙</p>
03	<p>BOY 1</p> <p>GIRL 2</p>	<p>SING 1</p> <p>MULT 2</p>	<p>DAY <input type="text"/></p> <p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p>	<p>YES 1</p> <p>NO 2</p> <p>↓</p> <p>(SKIP TO 221)</p>	<p>AGE IN YEARS</p> <p><input type="text"/><input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/><input type="text"/></p>	<p>YES 1</p> <p>(ADD BIRTH) ↙</p> <p>NO 2</p> <p>(NEXT BIRTH) ↙</p>
04	<p>BOY 1</p> <p>GIRL 2</p>	<p>SING 1</p> <p>MULT 2</p>	<p>DAY <input type="text"/></p> <p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p>	<p>YES 1</p> <p>NO 2</p> <p>↓</p> <p>(SKIP TO 221)</p>	<p>AGE IN YEARS</p> <p><input type="text"/><input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/><input type="text"/></p>	<p>YES 1</p> <p>(ADD BIRTH) ↙</p> <p>NO 2</p> <p>(NEXT BIRTH) ↙</p>
05	<p>BOY 1</p> <p>GIRL 2</p>	<p>SING 1</p> <p>MULT 2</p>	<p>DAY <input type="text"/></p> <p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p>	<p>YES 1</p> <p>NO 2</p> <p>↓</p> <p>(SKIP TO 221)</p>	<p>AGE IN YEARS</p> <p><input type="text"/><input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/><input type="text"/></p>	<p>YES 1</p> <p>(ADD BIRTH) ↙</p> <p>NO 2</p> <p>(NEXT BIRTH) ↙</p>

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	Have you had any live births since the birth of (NAME OF MOST RECENT BIRTH)?"	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 211: ENTER THE NUMBER OF BIRTHS IN 2011-2016	NUMBER OF BIRTHS <input type="text"/> NONE 0	
225	Are you pregnant now?	YES 1 NO 2 UNSURE 8	<input type="checkbox"/> → 227
226	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
227	CHECK 224: <div style="display: flex; justify-content: space-between;"> <div> ONE OR MORE BIRTHS IN 2011-2016 <input type="checkbox"/> (GO TO 301) ← </div> <div> NO BIRTHS IN 2011-2016 <input type="checkbox"/> → 431 Q. 224 IS BLANK <input type="checkbox"/> → 431 </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,	<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
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>COM. HEALTH OFFICER/NURSE C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT E</p> <p>COMMUNITY/VILLAGE HEALTH WORKER .. F</p> <p>TRADITIONAL HEALTH PRACTITIONER .. G</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>	→ 307
305	How many times did you take SP/Fansidar during this pregnancy?	<p>TIMES <input type="text"/> <input type="text"/></p>	
306	<p>Did you get the SP/Fansidar during any antenatal care visit, during another 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>	
307	<p>CHECK 216 AND 217:</p> <p align="center">ONE OR MORE LIVING CHILDREN BORN IN 2011-2016 <input type="checkbox"/></p> <p align="center">(GO TO 401) ←</p>	<p align="center">NO LIVING CHILDREN BORN IN 2011-2016 <input type="checkbox"/></p>	→ 431

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 2011-2016. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE MOST RECENT BIRTH. IF THERE ARE MORE THAN 2 BIRTHS, USE ADDITIONAL QUESTIONNAIRE(S).</p> <p>Now I would like to ask some questions about the health of your children born since January 2011. (We will talk about each separately.)</p>		
402	BIRTH HISTORY NUMBER FROM 213 IN BIRTH HISTORY.	<p align="center">MOST RECENT BIRTH</p> <p>BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></p>	<p align="center">NEXT MOST RECENT BIRTH</p> <p>BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></p>
403	FROM 213 AND 217:	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>↓ (SKIP TO 430) ←</p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>↓ (SKIP TO 430) ←</p>
403A	<p>Since 2015, was (NAME) enrolled in a program to receive a dose of medicine, every month for four months, to prevent malaria?</p> <p>IF YES: were you enrolled in that program in 2015, 2016 or in 2015 and 2016?</p>	<p>YES, IN 2015 1</p> <p>YES, IN 2016 2</p> <p>YES, IN 2015 AND IN 2016 .. 3</p> <p>NO, NEVER ENROLLED 4</p> <p>(SKIP TO 404) ←</p>	<p>YES, IN 2015 1</p> <p>YES, IN 2016 2</p> <p>YES, IN 2015 AND IN 2016 .. 3</p> <p>NO, NEVER ENROLLED 4</p> <p>(SKIP TO 404) ←</p>
403B	How many doses did (NAME) take in 2015 or 2016?	<p>DOSES IN 2015 1. <input type="text"/> <input type="text"/></p> <p>DOSES IN 2016 2. <input type="text"/> <input type="text"/></p>	<p>DOSES IN 2015 1. <input type="text"/> <input type="text"/></p> <p>DOSES IN 2016 2. <input type="text"/> <input type="text"/></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>(SKIP TO 430) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 430) ←</p> <p>DON'T KNOW 8</p>
405	At any time during the illness, did (NAME) have blood taken from (NAME)'s finger or heel for testing?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 406) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 406) ←</p> <p>DON'T KNOW 8</p>
405A	What was the result of (NAME)'s blood test?	<p>POSITIVE MALARIA 1</p> <p>POSITIVE OTHER ILLNESS 2</p> <p>NEGATIVE 3</p> <p>DON'T KNOW/DON'T REMEMBER 8</p>	<p>POSITIVE MALARIA 1</p> <p>POSITIVE OTHER ILLNESS 2</p> <p>NEGATIVE 3</p> <p>DON'T KNOW/DON'T REMEMBER 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 411) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 411) ←</p>

SECTION 4. FEVER IN CHILDREN

NO.	QUESTIONS AND FILTERS	MOST RECENT BIRTH NAME _____	NEXT MOST RECENT BIRTH NAME _____
407	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S).</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL... A</p> <p>GOVERNMENT HEALTH CENTER B</p> <p>GOVERNMENT HEALTH POST/CHPS C</p> <p>MOBILE CLINIC D</p> <p>FIELDWORKER/CHW E</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ F</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>CHEMIST/DRUG STORE .. I</p> <p>FPG/PPAG CLINIC J</p> <p>PRIVATE DOCTOR K</p> <p>MOBILE CLINIC L</p> <p>FIELDWORKER/CHW M</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ N</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP O</p> <p>TRADITIONAL PRACTITIONER P</p> <p>MARKET Q</p> <p>ITINERANT DRUG SELLER R</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL... A</p> <p>GOVERNMENT HEALTH CENTER B</p> <p>GOVERNMENT HEALTH POST/CHPS C</p> <p>MOBILE CLINIC D</p> <p>FIELDWORKER/CHW E</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ F</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>CHEMIST/DRUG STORE .. I</p> <p>FPG/PPAG CLINIC J</p> <p>PRIVATE DOCTOR K</p> <p>MOBILE CLINIC L</p> <p>FIELDWORKER/CHW M</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ N</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP O</p> <p>TRADITIONAL PRACTITIONER P</p> <p>MARKET Q</p> <p>ITINERANT DRUG SELLER R</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>
408	CHECK 407:	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p align="center">(SKIP TO 410) ←</p>	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p align="center">(SKIP TO 410) ←</p>
409	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 407</p>	<p>FIRST PLACE <input type="checkbox"/></p>	<p>FIRST PLACE <input type="checkbox"/></p>
410	<p>How many days after the illness began did you first seek advice or treatment for (NAME)?</p> <p>IF THE SAME DAY RECORD '00'.</p>	<p>DAYS <input type="text"/> <input type="text"/></p>	<p>DAYS <input type="text"/> <input type="text"/></p>

SECTION 4. FEVER IN CHILDREN

NO.	QUESTIONS AND FILTERS	MOST RECENT BIRTH NAME _____	NEXT MOST RECENT BIRTH NAME _____
411	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (SKIP TO 430) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 430) ← DON'T KNOW 8
412	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED. PLEASE NOTE BRAND NAMES: SP/SULFADOXINE-PYRIMETHAMINE Fansidar Malafan Palidar Suldox DP/DIHYDROARTEMISININ-PIPERAQUINE P-alaxin Duo-cotexcin AA/ARTESUNATE AMODIAQUINE Artesunate amodiaquine winthrop Arsuamoon Camoquine plus G sunate Co-arsucam AL/ARTEMETHER LUMEFANTRINE Coartem Lumarterm Artefan Lonart Gen-m Artemos plus	ANTIMALARIAL DRUGS SP/SULFADOXINE PYRIMETH. A CHLOROQUINE B DIHYDROARTEMIS.- PIPERAQUINE C QUININE PILLS D INJECTION/IV E ARTESUNATE AMODIAQUINE RECTAL/TABLETS .. F INJECTION/IV G ARTEMISININ H ARTEMETHER- LUMEFANTRINE I OTHER ANTIMALARIAL _____ J (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP K INJECTION/IV L OTHER DRUGS ASPIRIN M PARACETAMOL/PANADOI.. N ACETAMINOPHEN O IBUPROFEN P HERBAL MEDICINE Q OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/SULFADOXINE PYRIMETH. A CHLOROQUINE B DIHYDROARTEMIS.- PIPERAQUINE C QUININE PILLS D INJECTION/IV E ARTESUNATE AMODIAQUINE RECTAL/TABLETS .. F INJECTION/IV G ARTEMISININ H ARTEMETHER- LUMEFANTRINE I OTHER ANTIMALARIAL _____ J (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP K INJECTION/IV L OTHER DRUGS ASPIRIN M PARACETAMOL/PANADOI.. N ACETAMINOPHEN O IBUPROFEN P HERBAL MEDICINE Q OTHER _____ X (SPECIFY) DON'T KNOW Z
413	CHECK 412: ANY CODE A-J CIRCLED?	YES NO <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 430) ←	YES NO <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 430) ←
414	CHECK 412: SP/SULFADOXINE PYRIMETH. ('A') GIVEN	CODE 'A' CIRCLED CODE 'A' NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 416) ←	CODE 'A' CIRCLED CODE 'A' NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 416) ←
415	How long after the fever started did (NAME) first take SP/sulphadoxine-pyrimethamine?	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

SECTION 4. FEVER IN CHILDREN

NO.	QUESTIONS AND FILTERS	MOST RECENT BIRTH NAME _____	NEXT MOST RECENT BIRTH NAME _____
416	CHECK 412: CHLOROQUINE ('B') GIVEN	<div> <div>CODE 'B' CIRCLED <input type="checkbox"/></div> <div> CODE 'B' NOT CIRCLED <input type="checkbox"/> </div> <div> ↓ (SKIP TO 418) ← </div> </div>	<div> <div>CODE 'B' CIRCLED <input type="checkbox"/></div> <div> CODE 'B' NOT CIRCLED <input type="checkbox"/> </div> <div> ↓ (SKIP TO 418) ← </div> </div>
417	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
418	CHECK 412: DIHYDROARTEMISININ-PIPERAQUINE ('C') GIVEN	<div> <div>CODE 'C' CIRCLED <input type="checkbox"/></div> <div> CODE 'C' NOT CIRCLED <input type="checkbox"/> </div> <div> ↓ (SKIP TO 420) ← </div> </div>	<div> <div>CODE 'C' CIRCLED <input type="checkbox"/></div> <div> CODE 'C' NOT CIRCLED <input type="checkbox"/> </div> <div> ↓ (SKIP TO 420) ← </div> </div>
419	How long after the fever started did (NAME) first take dihydroartemisinin- piperazine?	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
420	CHECK 412: QUININE ('D' OR 'E') GIVEN	<div> <div>CODE 'D' OR 'E' CIRCLED <input type="checkbox"/></div> <div> CODE 'D' 'D' OR 'E' NOT CIRCLED <input type="checkbox"/> </div> <div> ↓ (SKIP TO 422) ← </div> </div>	<div> <div>CODE 'D' OR 'E' CIRCLED <input type="checkbox"/></div> <div> CODE 'D' 'D' OR 'E' NOT CIRCLED <input type="checkbox"/> </div> <div> ↓ (SKIP TO 422) ← </div> </div>
421	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
422	CHECK 412: ARTESUNATE AMODIAQUINE ('F' OR 'G') GIVEN	<div> <div>CODE 'F' OR 'G' CIRCLED <input type="checkbox"/></div> <div> CODE 'F' OR 'G' NOT CIRCLED <input type="checkbox"/> </div> <div> ↓ (SKIP TO 424) ← </div> </div>	<div> <div>CODE 'F' OR 'G' CIRCLED <input type="checkbox"/></div> <div> CODE 'F' OR 'G' NOT CIRCLED <input type="checkbox"/> </div> <div> ↓ (SKIP TO 424) ← </div> </div>
423	How long after the fever started did (NAME) first take artesunate with 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

SECTION 4. FEVER IN CHILDREN

NO.	QUESTIONS AND FILTERS	MOST RECENT BIRTH NAME _____	NEXT MOST RECENT BIRTH NAME _____				
424	CHECK 412: ARTEMISININ ('H') GIVEN	CODE 'H' CIRCLED <input type="checkbox"/> CODE 'H' NOT CIRCLED <input type="checkbox"/> (SKIP TO 426) ←	CODE 'H' CIRCLED <input type="checkbox"/> CODE 'H' NOT CIRCLED <input type="checkbox"/> (SKIP TO 426) ←				
425	How long after the fever started did (NAME) first take 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				
426	CHECK 412: ARTEMETHER LUMEFANTRINE ('I') GIVEN	CODE 'I' CIRCLED <input type="checkbox"/> CODE 'I' NOT CIRCLED <input type="checkbox"/> (SKIP TO 428) ←	CODE 'I' CIRCLED <input type="checkbox"/> CODE 'I' NOT CIRCLED <input type="checkbox"/> (SKIP TO 428) ←				
427	How long after the fever started did (NAME) first take artemether lumefantrine?	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				
428	CHECK 412: OTHER ANTIMALARIAL ('J') GIVEN	CODE 'J' CIRCLED <input type="checkbox"/> CODE 'J' NOT CIRCLED <input type="checkbox"/> (SKIP TO 430) ←	CODE 'J' CIRCLED <input type="checkbox"/> CODE 'J' NOT CIRCLED <input type="checkbox"/> (SKIP TO 430) ←				
429	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				
430		GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 431.	GO TO 403 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 431.				
431	RECORD THE TIME.	HOURS MINUTES	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>						
<input type="text"/>	<input type="text"/>						

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS
