

REPUBLIC OF CAMEROON  
MINISTRY OF PUBLIC HEALTH  
NATIONAL MALARIA PROGRAMME

NATIONAL INSTITUTE OF STATISTICS

2022 CAMEROON MALARIA INDICATOR SURVEY (CMIS 2022)  
WOMAN'S QUESTIONNAIRE

IDENTIFICATION																
REGION	<input style="width: 90%;" type="text"/>															
DIVISION	<input style="width: 90%;" type="text"/>															
SUB-DIVISION	<input style="width: 90%;" type="text"/>															
LOCALITY	<input style="width: 90%;" type="text"/>															
NAME OF HOUSEHOLD HEAD	<input style="width: 90%;" type="text"/>															
CLUSTER NUMBER	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>															
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INTERVIEWER VISITS																
	1	2	3	FINAL VISIT												
DATE	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">DAY</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td>MONTH</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td>YEAR</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> </tr> <tr> <td>INT. NO.</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	DAY			MONTH			YEAR	2	0	INT. NO.		
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INTERVIEWER'S NAME	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">RESULT*</td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	RESULT*											
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NEXT VISIT: DATE	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>		TOTAL NUMBER OF VISITS												
TIME	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>		<input style="width: 50px;" type="text"/>												
<p>*RESULT CODES: 1 COMPLETED    4 REFUSED    7 OTHER <input style="width: 50px;" type="text"/></p> <p>2 NOT AT HOME    5 PARTLY COMPLETED    SPECIFY</p> <p>3 POSTPONED    6 INCAPACITATED</p>																
<p>LANGUAGE OF QUESTIONNAIRE** <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">1</td></tr></table>    LANGUAGE OF INTERVIEW** <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>    NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>    TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>LANGUAGE OF QUESTIONNAIRE** <b>ENGLISH</b>    **LANGUAGE CODES:    01 ENGLISH    03 FUFULDE    96 OTHER</p> <p>02 FRENCH    04 PIDGIN    (SPECIFY)</p>					0	1										
0	1															
TEAM		TEAM SUPERVISOR														
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>				<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>												
NUMBER		NAME														
NUMBER		NUMBER														

## INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_. I am working with the NATIONAL INSTITUTE OF STATISTICS. In collaboration with the MINISTRY OF PUBLIC HEALTH, we are conducting a survey about malaria all over CAMEROON. The information we collect will help plan health services. Your household was selected for the survey. The questions usually take about 10 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. 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, 1st secondary cycle, 2nd secondary cycle or or higher?	PRIMARY ..... 1 1ST SECONDARY CYCLE ..... 2 2ND SECONDARY CYCLE ..... 3 HIGHER ..... 4																																			
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; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>																																			
<div style="text-align: center; font-weight: bold;">Codes for Q.106</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">LEVEL</th> <th style="width: 20%;">PRIMARY</th> <th style="width: 20%;">SECONDARY 1st Cycle</th> <th style="width: 20%;">SECONDARY 2nd Cycle</th> <th style="width: 30%;">HIGHER</th> </tr> </thead> <tbody> <tr> <td rowspan="7" style="writing-mode: vertical-rl; transform: rotate(180deg); text-align: center;">CLASS/FORM/YEAR</td> <td>LESS THAN 1YR. =0</td> <td>LESS THAN 1YR. =0</td> <td>LESS THAN 1YR. =0</td> <td>LESS THAN 1YR. =0</td> </tr> <tr> <td>SIL/Class1 =1</td> <td>6è/1ère A.T/Form 1 =1</td> <td>2nde G ou T/Form 5 =1</td> <td>1è an/1st yr =1</td> </tr> <tr> <td>CP/CPS/class2 =2</td> <td>5è/2è A.T./Form 2 =2</td> <td>1ère G ou T/Lower 6 =2</td> <td>2è an/2nd yr =2</td> </tr> <tr> <td>CE1/Class3 =3</td> <td>4è/3è A.T./Form 3 =3</td> <td>Terminale G ou T/Upper 6 =3</td> <td>3è an/3rd yr =3</td> </tr> <tr> <td>CE2/Class4 =4</td> <td>3è/4è A.T./Form4 =4</td> <td></td> <td>4è an/4th yr + =4</td> </tr> <tr> <td>CM1/Class5 =5</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CM2/Class6 =6</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				LEVEL	PRIMARY	SECONDARY 1st Cycle	SECONDARY 2nd Cycle	HIGHER	CLASS/FORM/YEAR	LESS THAN 1YR. =0	LESS THAN 1YR. =0	LESS THAN 1YR. =0	LESS THAN 1YR. =0	SIL/Class1 =1	6è/1ère A.T/Form 1 =1	2nde G ou T/Form 5 =1	1è an/1st yr =1	CP/CPS/class2 =2	5è/2è A.T./Form 2 =2	1ère G ou T/Lower 6 =2	2è an/2nd yr =2	CE1/Class3 =3	4è/3è A.T./Form 3 =3	Terminale G ou T/Upper 6 =3	3è an/3rd yr =3	CE2/Class4 =4	3è/4è A.T./Form4 =4		4è an/4th yr + =4	CM1/Class5 =5				CM2/Class6 =6			
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	CM2/Class6 =6																																				

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP			
107	CHECK 105:  PRIMARY OR <input type="checkbox"/> 1ST SECONDARY CYCLE OR 2ND SECONDARY CYCLE ↓	HIGHER <input type="checkbox"/> → 110				
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				
109	CHECK 108:  CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED ↓	CODE '1' OR '5' CIRCLED <input type="checkbox"/> → 111				
110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3				
111	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3				
112	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3				
113	Do you own a mobile phone?	YES ..... 1 NO ..... 2	→ 115			
114	Is your mobile phone a smart phone?	YES ..... 1 NO ..... 2				
115	Have you ever used the Internet from any location on any device?	YES ..... 1 NO ..... 2	→ 118			
116	In the last 12 months, have you used the Internet?  IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES ..... 1 NO ..... 2	→ 118			
117	During the last one month, how often did you use the Internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4				
118	What is your religion?	CATHOLIC ..... 1 PROTESTANT ..... 2 OTHER CHRISTIAN ..... 3 (SPECIFY) MUSLIM ..... 4 ANIMIST ..... 5 OTHER ..... 6 (SPECIFY) NONE ..... 7				
119	What is your ethnic group?  RECORD THE ETHNICITY AND LEAVE THE CODING BOXES EMPTY  FOR THE FOREIGNERS, RECORD « FOREIGN »	<table border="1" style="display: inline-table; vertical-align: top;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table>  _____  _____				

**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 LIVE 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"/> </div> </div>		→ 224								
211	Now I'd like to ask you about your more recent births. How many births have you had from 2017 to 2022?  RECORD NUMBER OF LIVE BIRTHS IN 2017-2022.	TOTAL IN 2017-2022 ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> NONE ..... 00			→ 224						

**SECTION 2. REPRODUCTION**

<p>212 Now I would like to record the names of all your births in 2017-2022, whether still alive or not, starting with the most recent one you had.</p> <p>RECORD IN 213 THE NAMES OF ALL THE BIRTHS BORN IN 2017-2022. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. IF THERE ARE MORE THAN 3 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE.</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>Was (NAME) a single birth, a twin, or a triplet?</p> <p>IF MULTIPLE PREGNANCY: COPY VALUE FOR 215 IN NEXT ROW(S).</p>	<p>216</p> <p>On what day, month, and year was (NAME) born?</p>	<p>217</p> <p>FOR ROW 01, ASK: Have you had any live births since the birth of (NAME OF MOST RECENT BIRTH), including any children who died after birth?</p> <p>AFTER ROW 01:</p> <p>IF 215=1 OR THIS IS THE LAST BIRTH OF A MULTIPLE PREGNANCY, ASK: Were there any other live births between (NAME) and (NAME OF FOLLOWING BIRTH), including any children who died after birth?</p> <p>IF 215 &gt; 1 AND THIS IS NOT THE LAST BIRTH OF THE PREGNANCY, SKIP TO 213 IN</p>	<p>218</p> <p>Is (NAME) still alive?</p>	<p>219 IF ALIVE:</p> <p>How old was (NAME) at (his/her) last birthday?</p> <p>RECORD AGE IN COMPLETED YEARS.</p>	<p>220 IF ALIVE:</p> <p>Is (NAME) living with you?</p>	<p>221 IF ALIVE:</p> <p>RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.</p>
<p>01</p> <p>NAME</p>	<p>BOY 1</p> <p>GIRL 2</p>	<p>SING 1</p> <p>TWINS 2</p> <p>TRIP 3</p> <p>NO. OF OUT-COMES</p>	<p>DAY</p> <p>MONTH</p> <p>YEAR</p>	<p>YES ..... 1 (ADD BIRTH)</p> <p>NO ..... 2 (GO TO 213 IN NEXT ROW)</p>	<p>YES 1</p> <p>NO 2 (NEXT BIRTH)</p>	<p>AGE IN YEARS</p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p>
<p>02</p> <p>NAME</p>	<p>BOY 1</p> <p>GIRL 2</p>	<p>SING 1</p> <p>TWINS 2</p> <p>TRIP 3</p> <p>NO. OF OUT-COMES</p>	<p>DAY</p> <p>MONTH</p> <p>YEAR</p>	<p>YES ..... 1 (ADD BIRTH)</p> <p>NO ..... 2 (GO TO 213 IN NEXT ROW)</p>	<p>YES 1</p> <p>NO 2 (NEXT BIRTH)</p>	<p>AGE IN YEARS</p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p>
<p>03</p> <p>NAME</p>	<p>BOY 1</p> <p>GIRL 2</p>	<p>SING 1</p> <p>TWINS 2</p> <p>TRIP 3</p> <p>NO. OF OUT-COMES</p>	<p>DAY</p> <p>MONTH</p> <p>YEAR</p>	<p>YES ..... 1 (ADD BIRTH)</p> <p>NO ..... 2 (GO TO 213 IN NEXT ROW)</p>	<p>YES 1</p> <p>NO 2 (NEXT BIRTH)</p>	<p>AGE IN YEARS</p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p>
<p>217A</p>	<p>Did you have any other live births before the birth of (NAME) and during or after January 2017?</p>			<p>YES ..... 1 → ADD TO TABLE</p> <p>NO ..... 2</p>				
<p>217B</p>	<p>READ THE LIST OF LIVE BIRTHS IN ORDER TO THE RESPONDENT, STARTING FROM THE MOST RECENT BIRTH, AND ASK IF THEY ARE ALL THAT SHE HAS HAD IN OR SINCE JANUARY 2017, AND IF THEY ARE LISTED IN ORDER.</p> <p>DOES THE RESPONDENT AGREE?</p> <p>IF NOT, PROBE FOR THE CORRECT INFORMATION AND REVISE THE BIRTH HISTORY ACCORDINGLY.</p> <p>IF YES, PROCEED TO 218 ROW 1.</p>							

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
223	<p>COMPARE 211 WITH NUMBER OF BIRTHS IN BIRTH HISTORY</p> <p>NUMBERS ARE THE SAME <input type="checkbox"/></p> <p>NUMBERS ARE DIFFERENT <input type="checkbox"/></p> <p>(PROBE AND RECONCILE) ←</p>		
224	Are you pregnant now?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>UNSURE ..... 8</p>	→ 301
225	<p>How many weeks or months pregnant are you?</p> <p>RECORD NUMBER OF COMPLETED WEEKS OR MONTHS.</p>	<p>WEEKS ..... 1 <input type="text"/> <input type="text"/></p> <p>MONTHS ..... 2 <input type="text"/> <input type="text"/></p>	

**SECTION 3. PREGNANCY AND INTERMITTENT PREVENTIVE TREATMENT**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	CHECK 216 AND 219:  ONE OR MORE BIRTHS 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	NO BIRTHS 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	→ 401
302	RECORD THE NAME OF THE MOST RECENT BIRTH FROM 213, LINE 01:	MOST RECENT BIRTH  NAME _____	
303	Now I would like to ask you some questions about your last pregnancy that resulted in a live birth.  While you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy?	YES ..... 1 NO ..... 2	→ 304
303a	What is the main reason you did not see anyone for antenatal care when you were pregnant with (NAME) ?	HAVE NO MONEY ..... 1 HEALTH FACILITY / HEALTHCARE PROVIDER TOO FAR ..... 2 FEAR OF CATCHING COVID ..... 3 DIDN'T KNOW THE IMPORTANCE ..... 4 OTHER REASON ..... 6 _____ (SPECIFY)	→ 308
304	Whom did you see?  Anyone else?  PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	<b>HEALTH PROFESSIONAL</b> DOCTOR ..... A NURSE/MIDWIFE ..... B AUXILIARY MIDWIFE ..... C <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT ..... D COMMUNITY / VILLAGE HEALTH WORKER... E  OTHER ..... X _____ (SPECIFY)	

SECTION 3. PREGNANCY AND INTERMITTENT PREVENTIVE TREATMENT

NO.	NAME OF CHILD _____	BIRTH HISTORY NUMBER _____					
305	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p><b>HOME</b></p> <p>HER HOME ..... A</p> <p>OTHER HOME ..... B</p> <p><b>PUBLIC MEDICAL SECTOR</b></p> <p>PUBLIC HOSPITAL ..... C</p> <p>SUB-DIVISIONAL MEDICAL CENTER/ INTEGRATED HEALTH CENTER/ DISPENSARY ..... D</p> <p>OTHER PUBLIC MEDICAL SECTOR ..... E</p> <p align="center">(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>CONFESSIONAL PRIVATE HOSPITAL/ CLINIC F</p> <p>PRIVATE LAY HOSPITAL/CLINIC ..... G</p> <p>CONFESSIONAL PRIVATE HEALTH CENTER/ DISPENSARY ..... H</p> <p>PRIVATE LAY HEALTH CENTER ..... I</p> <p>MEDICAL CABINET/CLINIC ..... J</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... K</p> <p align="center">(SPECIFY)</p> <p>OTHER ..... X</p> <p align="center">(SPECIFY)</p>	<p>→ 305b</p>				
305a	<p>What is the main reason you did not go to a health facility to receive antenatal care during this pregnancy?</p>	<p>HAVE NO MONEY ..... 1</p> <p>HEALTH FACILITY TOO FAR ..... 2</p> <p>FEAR OF CATCHING COVID ..... 3</p> <p>DIDN'T KNOW THE IMPORTANCE ..... 4</p> <p>OTHER REASON ..... 6</p> <p align="center">(SPECIFY)</p>	<p>→ 306</p>				
305b	<p>What protective measures against COVID-19 have you noticed at the health facility or from the healthcare providers you received the antenatal care from?</p> <p>Any other measures?</p> <p>RECORD ALL MENTIONED.</p>	<p>AVAILABILITY OF HAND WASHING DEVICES/ HAND SANITIZER DISPENSER ..... A</p> <p>WEARING MASKS/FACE COVERS ..... B</p> <p>PRACTICE SOCIAL/PHYSICAL DISTANCING .. C</p> <p>LIMITED/NO CONTACT BETWEEN HEALTH CARE PROVIDERS AND CLIENTS ..... D</p> <p>NO PROTECTIVE MEASURE NOTED ..... E</p> <p>NOT AWARE OF COVID-19/ DO NOT KNOW OF COVID-19 ..... F</p> <p>OTHER MEASURE ..... X</p> <p align="center">(SPECIFY)</p>					
306	<p>How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>WEEKS ..... 1</p> <p>MONTHS ..... 2</p> <p>DON'T KNOW ..... 998</p>	<table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>				
307	<p>How many times did you receive antenatal care during this pregnancy?</p>	<p>NUMBER OF TIMES .....</p> <p>DON'T KNOW ..... 98</p>	<table border="1"> <tr> <td></td> <td></td> </tr> </table>				



SECTION 3. PREGNANCY AND INTERMITTENT PREVENTIVE TREATMENT

NO.	NAME OF CHILD _____	BIRTH HISTORY NUMBER ..... <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>	
308	During this pregnancy, did you take SP/Fansidar pills to keep you from getting malaria?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 311
309	How many times did you take the 3 SP/Fansidar pills during this pregnancy?	TIMES ..... <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>	
310	Did you get the SP/Fansidar during any antenatal care visit, during another visit to a health facility or from another source?  IF MORE THAN ONE SOURCE, RECORD THE HIGHEST SOURCE ON THE LIST.	ANTENATAL VISIT ..... 1 ANOTHER FACILITY VISIT ..... 2 OTHER SOURCE ..... 6	→ 401
311	What is the main reason you did not take SP/Fansidar pills to keep you from getting malaria during this pregnancy?	NO SP/FANSIDAR AVAILABLE ..... 01 DID NOT SEE A HEALTH CARE PROVIDER/ DID NOT GO TO A HEALTH FACILITY ..... 02 TOOK ANOTHER MODERN MALARIA DRUG .. 03 TOOK ANOTHER TRADITIONAL MALARIA DRUG 04 NOT AWARE HAD TO TAKE ANY ..... 05 FEAR OF SIDE EFFECTS ..... 06 HEALTH FACILITY TOO FAR ..... 07 HAD NO MONEY ..... 08 SP/FANSIDAR NOT GIVEN ..... 09  OTHER REASON _____ 96 (SPECIFY)	

**SECTION 4. FEVER IN CHILDREN**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	CHECK 216, 218, AND 219 IN THE BIRTH HISTORY: ANY SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY?  ONE OR MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/> NO SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/>		→ 501
402	Now I would like to ask some questions about the health of your children born in the last 5 years. (We will talk about each separately, starting with the youngest.)		
403	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 213 OF THE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE.  NAME OF CHILD _____ BIRTH HISTORY NUMBER ..... <input type="text"/> <input type="text"/>		
404	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 416
404a	Did you fear that the fever might be a sign (NAME) may have COVID-19?	YES ..... 1 NO ..... 2 NOT AWARE OF COVID-19/DO NOT KNOW OF COVID-19 ..... 8	
404b	Did you fear that the fever might be a sign that (NOM) may have malaria?	YES ..... 1 NO ..... 2	
404c	Did you do anything or give treatment to (NOM) on your own, without seeking advice from a health care professional?	YES ..... 1 NO ..... 2	→ 405
404d	What type of treatment or medication did you first provide to (NOM) ?	MODERN MEDICINE ..... 1 TRADITIONAL MEDICINE/TREATMENT ..... 2 PRAYER / INCANTATIONS ..... 3 OTHER ..... 6 (SPECIFY)	
404e	Where did you seek this treatment or medicine?	FROM RESPONDENT HOME ..... 01 HOME MADE ..... 02 PHARMACY/HEALTH FACILITY ..... 03 COMMUNITY HEALTH WORKER ..... 04 SHOP/MARKET ..... 05 TRADITIONAL PRACTITIONER ..... 06 ITINERANT DRUG SELLER ..... 07 OTHER ..... 96 (SPECIFY)	
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	
406	Were you told by a healthcare provider that (NAME) had malaria?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 407
406a	Did the healthcare provider tell you that (NAME) had malaria after performing a blood test, before performing a blood test or no blood test was performed to look for malaria?	AFTER BLOOD TEST ..... 1 BEFORE BLOOD TEST ..... 2 NO BLOOD TEST PERFORMED ..... 3 DON'T KNOW ..... 8	
407	Did you seek advice or treatment for the illness from any source?	YES ..... 1 NO ..... 2	→ 408a

**SECTION 4. FEVER IN CHILDREN**

NO.	NAME OF CHILD _____	BIRTH HISTORY NUMBER _____																															
408	<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, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p><b>PUBLIC MEDICAL SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... A</p> <p>SUB-DIVISIONAL MEDICAL CENTER/ INTEGRATED HEALTH CENTER/ DISPENSARY ..... B</p> <p>OTHER PUBLIC MEDICAL SECTOR ..... C</p> <p align="center">(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE CONFSSIONAL HOSPITAL/ CLINIC ..... D</p> <p>PRIVATE LAY/NGO HOSPITAL/CLINIC ..... E</p> <p>PRIVATE CONFSSIONAL HEALTH CENTER/DISPENSARY ..... F</p> <p>PRIVATE LAY/NGO HEALTH CENTER ..... G</p> <p>MEDICAL CABINET/CLINIC ..... H</p> <p>PHARMACY ..... I</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... J</p> <p align="center">(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>COMMUNITY HEALTH WORKER ..... K</p> <p>SHOP ..... L</p> <p>TRADITIONAL PRACTITIONER ..... M</p> <p>MARKET ..... N</p> <p>ITINERANT DRUG SELLER ..... O</p> <p>OTHER ..... X</p> <p align="center">(SPECIFY)</p>	<p>→ 408b</p>																														
408a	<p>What is the main reason you did not go to a health facility for advice or treatment for this fever?</p>	<p>HAVE NO MONEY ..... 1</p> <p>HEALTH FACILITY TOO FAR ..... 2</p> <p>FEAR OF CATCHING COVID ..... 3</p> <p>DID NOT THINK HEALTH CONDITION WAS SERIOUS ..... 4</p> <p>OTHER REASON ..... 6</p> <p align="center">(SPECIFY)</p>	<p>→ 409</p>																														
408b	<p>What protective measures against COVID-19 have you noticed at the health facility or from the healthcare providers you recived advice or treatment from?</p> <p>Any other measures?</p> <p>RECORD ALL MENTIONED.</p>	<p>AVAILABILITY OF HAND WASHING DEVICES/ HAND SANITIZER DISPENSER ..... A</p> <p>WEARING MASKS/FACE COVERS ..... B</p> <p>PRACTICE SOCIAL/PHYSICAL DISTANCING ..... C</p> <p>LIMITED/NO CONTACT BETWEEN HEALTH CARE PROVIDERS AND CLIENTS ..... D</p> <p>NO PROTECTIVE MEASURE NOTED ..... E</p> <p>NOT AWARE OF COVID-19/ DO NOT KNOW OF COVID-19 ..... F</p> <p>OTHER MEASURE ..... X</p> <p align="center">(SPECIFY)</p>																															
408c	<p>How much money was did you spend in FCFA at the health facility to receive advice or treatment for the (NAME)'s illness (NAME) on the following items:</p> <p>IF THE TREATMENT AND SERVICE WAS FREE, RECORD '000000</p> <p>IF THE RESPONDENT CANNOT ESTIMATE, RECORD '999998</p> <p>1) Transport from the household to the health facility and back</p> <p>2) Consultation fees</p> <p>3) Diagnostic test cost</p> <p>4) Drug costs</p> <p>5) Other cost</p>	<p>1) .. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></p> <p>2) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></p> <p>3) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></p> <p>4) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></p> <p>5) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></p>																															

SECTION 4. FEVER IN CHILDREN

NO.	NAME OF CHILD _____	BIRTH HISTORY NUMBER ..... <input type="text"/> <input type="text"/>	
409	CHECK 408:  <div style="display: flex; justify-content: space-around;"> <div> TWO OR MORE CODES CIRCLED <input type="checkbox"/> </div> <div> ONLY ONE CODE CIRCLED <input type="checkbox"/> → 411   NOT ASKED <input type="checkbox"/> → 412 </div> </div>		
410	Where did you first seek advice or treatment?  USE LETTER CODE FROM 408.	FIRST PLACE ..... <input type="text"/>	
411	How many days after the illness began did you first seek advice or treatment for (NAME)?  IF THE SAME DAY RECORD '00'.	DAYS ..... <input type="text"/> <input type="text"/>	
411a	Were you offered a COVID-19 test where you sought advice or treatment for this fever?	YES ..... 1 NO ..... 2 NOT AWARE OF COVID-19/DO NOT KNOW OF COVID-19 ..... 8	
412	At any time during the illness, did (NAME) take any medicine or treatment for the illness?	YES ..... 1 → 413 NO ..... 2 DON'T KNOW ..... 8	
412a	What is the main reason (NAME) did not take any treatment or medication against the illness?	HAVE NO MONEY ..... 1 HEALTH FACILITY TOO FAR ..... 2 DID NOT THINK HEALTH CONDITION WAS SERIOUS ..... 3 OTHER REASON ..... 6 _____ (SPECIFY)	→ 416
413	What medicine or treatment did (NAME) take?  Any other medicine or treatment?  RECORD ALL MENTIONED.  IF MEDICINE NOT KNOWN, ASK TO SEE THE PACKAGE OR PRESCRIPTION.	<b>ANTIMALARIAL MEDICINE</b> ARTEMISININ COMBINATION THERAPY (ACT) ..... A SP/FANSIDAR ..... B CHLOROQUINE ..... C AMODIAQUINE ..... D QUININE QUININE PILLS ..... E QUININE INJECTION/IV ..... F ARTESUNATE ARTESUNATE SUPPOSITORY ..... G ARTESUNATE INJECTION/IV ..... H ARTEMETHER INJECTION ..... I OTHER ANTIMALARIAL ..... J (SPECIFY) <b>ANTIBIOTIC MEDICINE</b> AMOXICILLIN ..... K COTRIMOXAZOLE ..... L OTHER PILL/SYRUP ..... M OTHER INJECTION/IV ..... N <b>OTHER MODERN MEDICINE</b> ASPIRIN ..... O PARACETAMOL/PANADOL/ ACETAMINOPHEN ..... P IBUPROFEN ..... Q OTHER MODERN ..... R (SPECIFY) <b>TRADITIONAL MEDICINE</b> TRADITIONAL TISANE ..... S PRAYER / INCANTATIONS ..... T OTHER TRADITIONAL ..... U (SPECIFY) OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	

SECTION 4. FEVER IN CHILDREN

NO.	NAME OF CHILD _____	BIRTH HISTORY NUMBER ..... <input type="text"/> <input type="text"/>	
414	<p>CHECK 413: ARTEMISININ COMBINATION THERAPY ('A') GIVEN</p> <p>CODE 'A' <input type="checkbox"/> CODE 'A' <input type="checkbox"/></p> <p>CIRCLED NOT CIRCLED</p> <p>↓</p>		→ 416
415	How long after the fever started did (NAME) first take an artemisinin combination therapy?	<p>SAME DAY ..... 0</p> <p>NEXT DAY ..... 1</p> <p>TWO DAYS AFTER FEVER ..... 2</p> <p>THREE OR MORE DAYS AFTER FEVER ..... 3</p> <p>DON'T KNOW ..... 8</p>	
416	<p>CHECK 216 AND 218 IN BIRTH HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY?</p> <p>NO MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p> <p>↓</p> <p>MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p>		→ 403

**SECTION 5. MALARIA KNOWLEDGE AND BELIEFS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	In the past six months, have you seen or heard any messages about malaria?	YES ..... 1 NO ..... 2	→ 503
502	Where did you see or hear these messages?  PROBE: Anywhere else?   RECORD ALL MENTIONED.	RADIO ..... A TELEVISION ..... B POSTER/BILLBOARD ..... C NEWSPAPER/MAGAZINE ..... D LEAFLET/BROCHURE ..... E HEALTHCARE PROVIDER ..... F COMMUNITY HEALTH WORKER ..... G SOCIAL MEDIA (WHATSAPP, FACEBOOK,...) ..... H SMS ..... I GRIOT / CRIER ..... J COMMUNITY LEADER ..... K PARENT/RELATIVE ..... L  OTHER ..... X (SPECIFY) DON'T REMEMBER ..... Z	
502a	In the past six months, have you seen, received or heard any messages or advice about not delaying seeking advice or treatment at a health facility when one has fever or thinks they might have malaria?	YES ..... 1 NO ..... 2	
503	Are there ways to avoid getting malaria?	YES ..... 1 NO ..... 2	→ 505
504	What are the things that people can do to prevent themselves from getting malaria?   RECORD ALL MENTIONED.	SLEEP UNDER A MOSQUITO NET ..... A SLEEP UNDER AN INSECTICIDE-TREATED MOSQUITO NET ..... B USE MOSQUITO REPELLENT ..... C TAKE PREVENTATIVE MEDICATIONS ..... D SPRAY HOUSE WITH INSECTICIDE ..... E FILL IN STAGNANT WATERS (PUDDLES) ..... F KEEP SURROUNDINGS CLEAN ..... G PUT MOSQUITO SCREEN ON WINDOWS ..... H TAKE TRADITIONAL MEDICINE ..... I BURN/USE REPELLENT PLANTS ..... J BURN/USE REPELLENT PRODUCTS OTHER THAN PLANTS ..... K  OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
505	Now I am going to read some statements and I would like you to tell me whether you agree or disagree with each statement. If you don't know, say, don't know.  People in this community only get malaria during the rainy season. Do you agree or disagree?	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/UNCERTAIN ..... 8	
506	When a child has a fever, you almost always worry it might be malaria.  Do you agree or disagree?	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/UNCERTAIN ..... 8	

SECTION 5. MALARIA KNOWLEDGE AND BELIEFS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
507	Getting malaria is not a problem because it can be easily treated.  Do you agree or disagree?	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/UNCERTAIN ..... 8	
508	Only weak children can die from malaria.  Do you agree or disagree?	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/UNCERTAIN ..... 8	
509	You can sleep under a mosquito net for the entire night when there are lots of mosquitoes.  Do you agree or disagree?	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/UNCERTAIN ..... 8	
510	You can sleep under a mosquito net for the entire night when there are few mosquitoes  Do you agree or disagree?	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/UNCERTAIN ..... 8	
511	You do not like sleeping under a mosquito net when the weather is too warm.  Do you agree or disagree?	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/UNCERTAIN ..... 8	
512	When a child has a fever, it is best to start by giving them any medicine you have at home.  Do you agree or disagree?	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/UNCERTAIN ..... 8	
513	People in your community usually take their children to a health care provider or a community health worker on the same day or day after they develop a fever.  Do you agree or disagree?  IF RESPONDENT DOESN'T KNOW, PROBE: Would you say more than half or less than half of	AGREE/MORE THAN HALF ..... 1 DISAGREE/LESS THAN HALF ..... 2 DON'T KNOW/UNCERTAIN ..... 8	
514	People in your community who have a mosquito net usually sleep under a mosquito net every night.  Do you agree or disagree?  IF RESPONDENT DOESN'T KNOW, PROBE: Would you say more than half or less than half of the community does this?	AGREE/MORE THAN HALF ..... 1 DISAGREE/LESS THAN HALF ..... 2 DON'T KNOW/UNCERTAIN ..... 8	
515	Fever may be a symptom of malaria and also a symptom of COVID-19..  Do you agree or disagree?	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/UNCERTAIN ..... 8	

SECTION 5. MALARIA KNOWLEDGE AND BELIEFS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
516	COVID-19 can be transmitted by mosquito bites.  Do you agree or disagree?	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/UNCERTAIN ..... 8									
517	People in your community are afraid to go to health facilities when they have fever or when they think they might have malaria for fear of being infected with or being told they have COVID-19.  Do you agree or disagree?	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/UNCERTAIN ..... 8									
518	Have you ever seen, received or heard a message that children under 5 years with malaria receive free medicines for malaria treatment at a public health facility or from a community health worker?  IF YES, ASK : Was it in the last 12 months, or more than 1 ago?	YES, DURING LAST 12 MONTHS ..... 1 YES, MORE THAN 1 YEAR AGO ..... 2 NO ..... 3									
519	In your village or neighborhood, do you know of a community health worker or a person recognized by the Ministry of Health who is responsible for giving health advice, distributing mosquito nets free of charge and administering malaria medicines free of charge to children under 5 years?	YES ..... 1 NO ..... 2									
520	RECORD THE TIME.	HOURS ..... <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:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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