

2022 LIBERIA MALARIA INDICATOR SURVEY  
 HOUSEHOLD QUESTIONNAIRE

NATIONAL MALARIA CONTROL PROGRAM

IDENTIFICATION				
PLACE NAME _____				
NAME OF HOUSEHOLD HEAD _____				
CLUSTER NUMBER .....				<div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div>
HOUSEHOLD NUMBER .....				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
INTERVIEWER'S NAME	_____	_____	_____	MONTH <div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
RESULT*	_____	_____	_____	YEAR <div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
NEXT VISIT: DATE	_____	_____	_____	INT. NO. <div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
TIME	_____	_____	_____	RESULT* <div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
*RESULT CODES:  1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ <div style="text-align: center;">(SPECIFY)</div>				TOTAL NUMBER OF VISITS <div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
				TOTAL PERSONS IN HOUSEHOLD <div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
				TOTAL ELIGIBLE WOMEN <div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
				LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
<div style="display: flex; justify-content: space-between;"> <div>           LANGUAGE OF QUESTIONNAIRE** <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> </div> </div> <div>           LANGUAGE OF INTERVIEW** <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> <div>           NATIVE LANGUAGE OF RESPONDENT** <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> <div>           TRANSLATOR USED (YES = 1, NO = 2) <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div>           LANGUAGE OF QUESTIONNAIRE** <b>ENGLISH</b> </div> <div>           **LANGUAGE CODES:            01 ENGLISH         </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">           TEAM  <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>           NUMBER         </div> <div style="width: 40%;">           TEAM SUPERVISOR  <div style="display: flex; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; margin-right: 5px;"></div> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>NAME</div> <div>NUMBER</div> </div> </div> <div style="width: 40%;"></div> </div>				

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## INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_. I am working with the Ministry of Health. We are conducting a survey about malaria all over Liberia. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 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 this card.

### GIVE FACT SHEET WITH CONTACT INFORMATION

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



100	RECORD THE TIME.	HOURS .....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
		MINUTES .....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				

**HOUSEHOLD SCHEDULE**

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY	
1	2	3	4	5	6	7	8	9
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER ASKING QUESTIONS 2-7 FOR EACH PERSON ASK QUESTIONS 7A-7C TO BE SURE THAT THE LISTING IS COMPLETE.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME)?</p> <p>IF 95 OR MORE, RECORD '95'.</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	10	10

**CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD**

7A) Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed?	YES <input type="checkbox"/>	ADD TO TABLE	NO <input type="checkbox"/>
7B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?	YES <input type="checkbox"/>	ADD TO TABLE	NO <input type="checkbox"/>
7C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?	YES <input type="checkbox"/>	ADD TO TABLE	NO <input type="checkbox"/>

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

## HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	<p><b>PIPED WATER</b></p> <p>PIPED INTO DWELLING ..... 11</p> <p>PIPED TO YARD/PLOT ..... 12</p> <p>PIPED TO NEIGHBOR ..... 13</p> <p>PUBLIC TAP/STANDPIPE ..... 14</p> <p>HAND PUMP/TUBE WELL OR BOREHOLE .. 21</p> <p><b>DUG WELL</b></p> <p>PROTECTED WELL ..... 31</p> <p>UNPROTECTED WELL ..... 32</p> <p><b>WATER FROM SPRING</b></p> <p>PROTECTED SPRING ..... 41</p> <p>UNPROTECTED SPRING ..... 42</p> <p>RAINWATER ..... 51</p> <p>TANKER TRUCK ..... 61</p> <p>CART WITH SMALL TANK ..... 71</p> <p>SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 81</p> <p>BOTTLED WATER ..... 91</p> <p>MINERAL WATER IN SACHET ..... 92</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>	<p>→ 105</p> <p>→ 103</p> <p>→ 103</p>
102	What is the main source of water used by your household for other purposes such as cleaning, cooking, and handwashing?	<p><b>PIPED WATER</b></p> <p>PIPED INTO DWELLING ..... 11</p> <p>PIPED TO YARD/PLOT ..... 12</p> <p>PIPED TO NEIGHBOR ..... 13</p> <p>PUBLIC TAP/STANDPIPE ..... 14</p> <p>HAND PUMP/TUBE WELL OR BOREHOLE .. 21</p> <p><b>DUG WELL</b></p> <p>PROTECTED WELL ..... 31</p> <p>UNPROTECTED WELL ..... 32</p> <p><b>WATER FROM SPRING</b></p> <p>PROTECTED SPRING ..... 41</p> <p>UNPROTECTED SPRING ..... 42</p> <p>RAINWATER ..... 51</p> <p>TANKER TRUCK ..... 61</p> <p>CART WITH SMALL TANK ..... 71</p> <p>SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 81</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>	<p>→ 105</p>
103	Where is that water source located?	<p>IN OWN DWELLING ..... 1</p> <p>IN OWN YARD/PLOT ..... 2</p> <p>ELSEWHERE ..... 3</p>	<p>→ 105</p>
104	How long does it take to go there, get water, and come back?	<p>MINUTES ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW .....998</p>	

# HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
105	What kind of toilet facility do members of your household usually use?  IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	<b>FLUSH OR POUR FLUSH TOILET</b> FLUSH TO PIPED SEWER SYSTEM . . . . 11 FLUSH TO SEPTIC TANK . . . . . 12 FLUSH TO PIT LATRINE . . . . . 13 FLUSH TO SOMEWHERE ELSE . . . . . 14 FLUSH, DON'T KNOW WHERE . . . . . 15 <b>PIT LATRINE</b> VENTILATED IMPROVED PIT LATRINE . . 21 PIT LATRINE WITH SLAB . . . . . 22 PIT LATRINE WITHOUT SLAB/OPEN PIT . . 23  COMPOSTING TOILET . . . . . 31 BUCKET TOILET . . . . . 41 HANGING TOILET/HANGING LATRINE . . . 51 NO FACILITY/BUSH/FIELD . . . . . 61  OTHER _____ 96 (SPECIFY)	→ 109
106	Do you share this toilet facility with other households?	YES . . . . . 1 NO . . . . . 2	→ 108
107	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 . . . . . <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">0</div>  10 OR MORE HOUSEHOLDS . . . . . 95 DON'T KNOW . . . . . 98	
108	Where is this toilet facility located?	IN OWN DWELLING . . . . . 1 IN OWN YARD/PLOT . . . . . 2 ELSEWHERE . . . . . 3	
109	In your household, what type of cookstove is mainly used for cooking?	ELECTRIC STOVE . . . . . 01 SOLAR COOKER . . . . . 02 LIQUIFIED PETROLEUM GAS (LPG)/ COOKING GAS STOVE . . . . . 03 PIPED NATURAL GAS STOVE . . . . . 04 BIOGAS STOVE . . . . . 05 LIQUID FUEL STOVE . . . . . 06 MANUFACTURED SOLID FUEL STOVE . . . 07 TRADITIONAL SOLID FUEL STOVE . . . . 08 THREE STONE STOVE/OPEN FIRE . . . . 09  NO FOOD COOKED IN HOUSEHOLD . . . . 95  OTHER _____ 96 (SPECIFY)	→ 111  → 111
110	What type of fuel or energy source is used in this cookstove?	ALCOHOL/ETHANOL . . . . . 01 GASOLINE/DIESEL . . . . . 02 KEROSENE/PARAFFIN . . . . . 03 FIRE COAL/CHARCOAL . . . . . 04 WOOD . . . . . 05 STRAW/SHRUBS/GRASS . . . . . 06 AGRICULTURAL CROP . . . . . 07 ANIMAL DUNG/WASTE . . . . . 08 PROCESSED BIOMASS (PELLETS) OR WOODCHIPS . . . . . 09 GARBAGE/PLASTIC . . . . . 10 SAWDUST . . . . . 11 GAS CYLINDER/COOKING GAS . . . . . 12  OTHER _____ 96 (SPECIFY)	

# HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	How many rooms in this household are used for sleeping?	ROOMS ..... <input type="text"/> <input type="text"/>	
112	Does this household own any livestock, herds, other farm animals, or poultry like chicken, ducks, or guinea fowl?	YES ..... 1 NO ..... 2	→ 114
113	How many of the following animals does this household own? IF NONE, RECORD '00'. IF 95 OR MORE, RECORD '95'. IF UNKNOWN, RECORD '98'.  a) Milk cows or bulls? b) Pigs? c) Goats? d) Sheep? e) Chickens, ducks, or guinea fowl? f) Guinea Pigs? g) Rabbits?	a) COWS/BULLS ..... <input type="text"/> <input type="text"/> b) PIGS ..... <input type="text"/> <input type="text"/> c) GOATS ..... <input type="text"/> <input type="text"/> d) SHEEP ..... <input type="text"/> <input type="text"/> e) CHICKENS/POULTRY ..... <input type="text"/> <input type="text"/> f) GUINEA PIG ..... <input type="text"/> <input type="text"/> e) RABBITS ..... <input type="text"/> <input type="text"/>	
114	Does any member of this household own any agricultural land?	YES ..... 1 NO ..... 2	→ 116
115	How many acres of agricultural land do members of this household own?  IF 95 OR MORE, CIRCLE '950'.	ACRES ..... <input type="text"/> <input type="text"/> . <input type="text"/>  95 OR MORE ACRES ..... 950 DON'T KNOW ..... 998	

# HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
116	Does your household have: a) Electricity that is connected? b) A generator? c) A radio? d) A housephone or landline? e) An icebox? f) A table? g) Chairs? h) A cupboard? i) A mattress (not made of straw or grass)? j) A sewing machine? k) A television? l) A computer? m) A bench or stool?	YES a) ELECTRICITY ..... 1 b) GENERATOR ..... 1 c) RADIO ..... 1 d) NON-MOBILE TELEPHONE ..... 1 e) ICE BOX (REFRIGERATOR) ..... 1 f) TABLE ..... 1 g) CHAIRS ..... 1 h) CUPBOARD ..... 1 i) MATTRESS ..... 1 j) SEWING MACHINE ..... 1 k) TELEVISION ..... 1 l) COMPUTER ..... 1 m) BENCH OR STOOL ..... 1	NO 2 2 2 2 2 2 2 2 2 2 2 2 2	
117	Does any member of this household own: a) A watch? b) A mobile phone? c) A bicycle? d) A motorcycle or motor scooter? e) A wheelbarrow? f) A car or truck? g) A boat or canoe? h) A tricycle or keheke?	YES a) WATCH ..... 1 b) MOBILE PHONE ..... 1 c) BICYCLE ..... 1 d) MOTORCYCLE/SCOOTER ..... 1 e) WHEELBARROW ..... 1 f) CAR/TRUCK ..... 1 g) BOAT OR CANOE ..... 1 h) TRICYCLE OR KEHKEH ..... 1	NO 2 2 2 2 2 2 2	
118	Does any member of this household have an account in a bank or other financial institution?	YES ..... 1 NO ..... 2		
119	Does any member of this household use a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages? This is also referred to as mobile money.	YES ..... 1 NO ..... 2		
120	Does your household have any mosquito nets?	YES ..... 1 NO ..... 2		→ 132
121	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS ..... <input type="text"/>		



MOSQUITO NETS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD. OBSERVE AND ANSWER THE QUESTIONS FOR EACH NET, ONE BY ONE.		
122	ASSIGN EACH NET A SEQUENTIAL NUMBER AND RECORD THE NUMBER HERE. <div style="float: right;">             NET NUMBER ..... <input type="text"/> <input type="text"/> </div>		
123	WAS THIS NET OBSERVED? <div style="float: right;">             OBSERVED ..... 1              NOT OBSERVED ..... 2           </div>		
124	How many months ago did your household get the mosquito net?  IF LESS THAN ONE MONTH AGO, RECORD '00'.	<div style="float: right;">             MONTHS AGO ..... <input type="text"/> <input type="text"/>               MORE THAN 36 MONTHS AGO ..... 95              NOT SURE ..... 98           </div>	
125	OBSERVE OR ASK BRAND/TYPE OF MOSQUITO NET.  IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> INTERCEPTOR G2 ..... 11 PERMANET ..... 12 DURANET ..... 13 OLYSET ..... 14 BASF NET ..... 15 OTHER/DON'T KNOW BRAND (LLIN) ..... 16  OTHER TYPE (NOT LLIN) ..... 96 DON'T KNOW TYPE ..... 98	
126	Did you get the net through the 2021 mass distribution campaign, during an antenatal care visit, during a delivery in a health facility, or through a school distribution program?	YES, 2021 MASS DISTRIBUTION CAMPAIGN ..... 1 YES, ANC ..... 2 YES, HEALTH FACILITY DELIVERY ..... 3 YES, SCHOOL DISTRIBUTION ..... 4 NO ..... 5	<div style="border-left: 1px solid black; padding-left: 5px;">             → 128           </div>
127	Where did you get the net?	GOVERNMENT HEALTH FACILITY ..... 01 PRIVATE HEALTH FACILITY ..... 02 PHARMACY ..... 03 SHOP/MARKET ..... 04 RELIGIOUS INSTITUTION ..... 05 STREET CORNER ..... 06 NEIGHBOR/FRIEND/RELATIVE ..... 07 OTHER MASS DISTRIBUTION CAMPAIGN ..... 08 OTHER ..... 96 DON'T KNOW ..... 98	

## MOSQUITO NETS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
128	Did anyone sleep under this mosquito net last night?	YES ..... 1 NO ..... 2 NOT SURE ..... 8	→ 130 → 131
129	Who slept under this mosquito net last night?  RECORD THE PERSON'S NAME AND LINE NUMBER FROM HOUSEHOLD SCHEDULE.	NAME _____  LINE NUMBER ..... [ ] [ ] ----- NAME _____  LINE NUMBER ..... [ ] [ ] ----- NAME _____  LINE NUMBER ..... [ ] [ ] ----- NAME _____  LINE NUMBER ..... [ ] [ ]	→ 131
130	What was the main reason this net was not used last night?	TOO HOT ..... 01 DON'T LIKE NET SHAPE/COLOR/SIZE/TEXTURE 02 DON'T LIKE SMELL ..... 03 UNABLE TO HANG NET ..... 04 SLEPT OUTDOORS ..... 05 USUAL USER DIDN'T SLEEP HERE LAST NIGHT ..... 06 NO MOSQUITOES/NO MALARIA ..... 07 EXTRA NET/SAVING FOR LATER ..... 08 NOT HUNG UP/STORED AWAY ..... 09 DIFFICULT TO BREATHE ..... 10 NOT IN GOOD CONDITION/TORN ..... 11 ITCHING/SKIN IRRITATION ..... 12  OTHER ..... 96 (SPECIFY)	
131	GO BACK TO 122 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 132.		

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
132	<p>OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p>	<p><b>NATURAL FLOOR</b></p> <p>EARTH/SAND/MUD ..... 11</p> <p>DUNG ..... 12</p> <p><b>RUDIMENTARY FLOOR</b></p> <p>WOOD PLANKS ..... 21</p> <p><b>FINISHED FLOOR</b></p> <p>PARQUET OR POLISHED WOOD ..... 31</p> <p>FLOOR MAT, LINOLEUM, VINYL ..... 32</p> <p>CERAMIC TILES/TERRAZO ..... 33</p> <p>CONCRETE/CEMENT ..... 34</p> <p>CARPET ..... 35</p> <p>OTHER ..... 96</p> <p align="center">(SPECIFY)</p>									
133	<p>OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p>	<p><b>NATURAL ROOFING</b></p> <p>NO ROOF ..... 11</p> <p>THATCH/PALM LEAF ..... 12</p> <p>SOD ..... 13</p> <p><b>RUDIMENTARY ROOFING</b></p> <p>RUSTIC MAT ..... 21</p> <p>PALM/BAMBOO ..... 22</p> <p>WOOD PLANKS ..... 23</p> <p>CARDBOARD ..... 24</p> <p>TARPAULIN, PLASTIC ..... 25</p> <p><b>FINISHED ROOFING</b></p> <p>ZINC/METAL/ALUMINUM ..... 31</p> <p>WOOD ..... 32</p> <p>CALAMINE/CEMENT FIBER ..... 33</p> <p>CERAMIC TILES ..... 34</p> <p>CONCRETE/CEMENT ..... 35</p> <p>ASBESTOS SHEETS/ ROOFING SHINGLES ..... 36</p> <p>DECRA ZINC ..... 37</p> <p>OTHER ..... 96</p> <p align="center">(SPECIFY)</p>									
134	<p>OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p>	<p><b>NATURAL WALLS</b></p> <p>NO WALLS ..... 11</p> <p>CANE/PALM/TRUNKS ..... 12</p> <p>DIRT ..... 13</p> <p>STRAW/THATCH MATS ..... 14</p> <p><b>RUDIMENTARY WALLS</b></p> <p>MUD AND STICKS ..... 21</p> <p>STONE WITH MUD ..... 22</p> <p>UNCOVERED ADOBE ..... 23</p> <p>PLYWOOD ..... 24</p> <p>CARDBOARD/PLASTIC ..... 25</p> <p>REUSED WOOD ..... 26</p> <p><b>FINISHED WALLS</b></p> <p>CEMENT ..... 31</p> <p>STONE WITH LIME/CEMENT ..... 32</p> <p>BRICKS ..... 33</p> <p>CEMENT BLOCKS ..... 34</p> <p>COVERED ADOBE ..... 35</p> <p>WOOD PLANKS/SHINGLES ..... 36</p> <p>ZINC/METAL ..... 37</p> <p>OTHER ..... 96</p> <p align="center">(SPECIFY)</p>									
135	<p>RECORD THE TIME.</p>	<p>HOURS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>MINUTES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>									

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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2022 LIBERIA MALARIA INDICATOR SURVEY  
 WOMAN'S QUESTIONNAIRE

NATIONAL MALARIA CONTROL PROGRAM

IDENTIFICATION				
PLACE NAME _____				
NAME OF HOUSEHOLD HEAD _____				
CLUSTER NUMBER _____				<div style="display: flex; flex-wrap: wrap;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
HOUSEHOLD NUMBER _____				<div style="display: flex; flex-wrap: wrap;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
NAME AND LINE NUMBER OF WOMAN _____				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <div style="display: flex; flex-wrap: wrap; margin-left: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
INTERVIEWER'S NAME	_____	_____	_____	MONTH <div style="display: flex; flex-wrap: wrap; margin-left: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
RESULT*	_____	_____	_____	YEAR <div style="display: flex; flex-wrap: wrap; margin-left: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
NEXT VISIT: DATE	_____	_____	_____	INT. NO. <div style="display: flex; flex-wrap: wrap; margin-left: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
TIME	_____	_____	_____	RESULT* <div style="display: flex; flex-wrap: wrap; margin-left: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
TOTAL NUMBER OF VISITS <div style="display: flex; flex-wrap: wrap; margin-left: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>				
*RESULT CODES: 1 COMPLETED    4 REFUSED 2 NOT AT HOME    5 PARTLY COMPLETED    7 OTHER _____ 3 POSTPONED    6 INCAPACITATED    SPECIFY _____				
LANGUAGE OF QUESTIONNAIRE** <div style="display: flex; flex-wrap: wrap; margin-left: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">1</div> </div>				
LANGUAGE OF INTERVIEW** <div style="display: flex; flex-wrap: wrap; margin-left: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>				
NATIVE LANGUAGE OF RESPONDENT** <div style="display: flex; flex-wrap: wrap; margin-left: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>				
TRANSLATOR USED (YES = 1, NO = 2) <div style="display: flex; flex-wrap: wrap; margin-left: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>				
LANGUAGE OF QUESTIONNAIRE** <b>ENGLISH</b>				
**LANGUAGE CODES: 01 ENGLISH				
TEAM <div style="display: flex; flex-wrap: wrap; margin-left: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> NUMBER		TEAM SUPERVISOR <div style="display: flex; flex-wrap: wrap; margin-left: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> NAME                      NUMBER		

# INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_. I am working with Ministry of Health. We are conducting a survey about malaria all over Liberia. The information we collect will help the government to 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 ..... 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 YEAR ..... .....	
104	Have you ever attended school?	YES ..... 1 NO ..... 2	
105	What is the highest level of school you attended: elementary, junior high, senior high, or higher?	ELEMENTARY (1-6) ..... 1 JUNIOR HIGH (7-9) ..... 2 SENIOR HIGH (10-12) ..... 3 HIGHER ..... 4	
106	What is the highest [GRADE/YEAR] you completed at that level?  IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE ..... .....	→ 107
107	CHECK 105:  ELEMENTARY OR <input type="checkbox"/> JUNIOR HIGH OR SENIOR HIGH <input type="checkbox"/>	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	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	CHECK 108:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/> </div> <div style="text-align: center;"> CODE '1' OR '5' CIRCLED <input type="checkbox"/> </div> </div>		→ 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 cell phone?	YES ..... 1 NO ..... 2	→ 115
114	Is your mobile phone a smart phone?  PROBE: Does your phone have internet or any apps?	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?	CHRISTIAN ..... 01 MUSLIM ..... 02 TRADITIONAL RELIGION ..... 03 NO RELIGION ..... 04 OTHER ..... 96 (SPECIFY)	
119	What dialect do you speak or understand well?  IF RESPONDENT CAN SPEAK SEVERAL DIALECTS, ASK WHICH ONE SHE SPEAKS MOST, OR WHICH IS HER FIRST LANGUAGE, OR MOTHER TONGUE	BASSA ..... 01 GBANDI ..... 02 BELLE ..... 03 DEY ..... 04 GIO ..... 05 GOLA ..... 06 GREBO ..... 07 KISSI ..... 08 KPELLE ..... 09 KRAHN ..... 10 KRU ..... 11 LORMA ..... 12 MANDINGO ..... 13 MANO ..... 14 MENDE ..... 15 SAPO ..... 16 VAI ..... 17 NONE / ONLY ENGLISH ..... 18 OTHER ..... 96 (SPECIFY)	

**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 (belly born)?	YES ..... 1 NO ..... 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth (belly born) 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 (belly born) 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 belly 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 (belly born) 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-around; 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"/> → 224 </div> </div>										
211	Now I'd like to ask you about your more recent births (belly born). How many births have you had in 2017-2022? 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

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.

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.

213	214	215	216	217	218	219 IF ALIVE:	220 IF ALIVE:	221 IF ALIVE:
What name was given to your (most recent baby/ baby born before (PREVIOUS BABY NAME))?  RECORD NAME.  BIRTH HISTORY NUMBER.	Is (NAME) a boy or a girl?	Was (NAME) a single birth, a twin, or a triplet?  IF MULTIPLE PREGNANCY: COPY VALUE FOR 215 IN NEXT ROW(S).	On what day, month, and year was (NAME) born?	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?  AFTER ROW 01:  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?  IF 215 > 1 AND THIS IS NOT THE LAST BIRTH OF THE PREGNANCY, SKIP TO 213 IN NEXT ROW.	Is (NAME) still alive?	How old was (NAME) at (his/her) last birthday?  RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.
01	BOY 1  GIRL 2	SING 1  TWINS 2 TRIP 3  NO. OF OUT-COME <input type="text"/>	DAY <input type="text"/> <input type="text"/>  MONTH <input type="text"/> <input type="text"/>  YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ..... 1 (ADD BIRTH) ↓  NO ..... 2 (GO TO 213 IN NEXT ROW) ↓	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"/>
02	BOY 1  GIRL 2	SING 1  TWINS 2 TRIP 3  NO. OF OUT-COME <input type="text"/>	DAY <input type="text"/> <input type="text"/>  MONTH <input type="text"/> <input type="text"/>  YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ..... 1 (ADD BIRTH) ↓  NO ..... 2 (GO TO 213 IN NEXT ROW) ↓	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"/>
03	BOY 1  GIRL 2	SING 1  TWINS 2 TRIP 3  NO. OF OUT-COME <input type="text"/>	DAY <input type="text"/> <input type="text"/>  MONTH <input type="text"/> <input type="text"/>  YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ..... 1 (ADD BIRTH) ↓  NO ..... 2 (GO TO 213 IN NEXT ROW) ↓	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"/>
217A	Did you have any other live births before the birth of (NAME) and during or after January 2017?			YES ..... 1 → ADD TO TABLE NO ..... 2				
217B	<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? IF NOT, PROBE FOR THE CORRECT INFORMATION AND REVISE THE PREGNANCY HISTORY ACCORDINGLY. 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	How many weeks or months pregnant are you?	<p>WEEKS ..... 1 <input type="text"/> <input type="text"/></p> <p>RECORD NUMBER OF COMPLETED WEEKS OR MONTHS.</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 or visit the big belly clinic?	YES ..... 1 NO ..... 2	→ 304
303A	What was the main reason why you did not see anyone for antenatal care (or go to big belly clinic)?	FACILITY TOO FAR ..... 01 HAD NO MONEY ..... 02 HAD NO TIME ..... 03 OVERCROWDING AT CLINIC/LONG QUEUES ..... 04 NOT AWARE HAD TO ATTEND ..... 05 DID NOT WANT TO ATTEND ..... 06 PREFER TRADITIONAL CARE ..... 07 COVID RESTRICTIONS ..... 08 COVID CONCERNS ..... 09  OTHER ..... 10 (SPECIFY) _____	→ 308
304	Whom did you see?  Anyone else?  PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	<b>HEALTH PERSONNEL</b> DOCTOR ..... A NURSE/MIDWIFE/MIDMAN ..... B PHYSICIAN ASSISTANT ..... C <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT (TBA) ..... D TRAINED TRADITIONAL MIDWIFE (TTM) ..... E  OTHER ..... X (SPECIFY) _____	
305	Where did you receive antenatal (big belly) care for this pregnancy?  Anywhere else?  PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	<b>HOME</b> HER HOME ..... A OTHER HOME ..... B  <b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... C GOVERNMENT HEALTH CENTER ..... D GOVERNMENT CLINIC ..... E OTHER PUBLIC SECTOR ..... F (SPECIFY) _____  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL ..... G PRIVATE CLINIC ..... H OTHER PRIVATE MEDICAL SECTOR ..... I (SPECIFY) _____  <b>NGO MEDICAL SECTOR</b> NGO HOSPITAL ..... J NGO CLINIC ..... K OTHER NGO MEDICAL SECTOR ..... L (SPECIFY) _____  OTHER ..... X (SPECIFY) _____	

SECTION 3. PREGNANCY AND INTERMITTENT PREVENTIVE TREATMENT

NO.	NAME OF CHILD _____	BIRTH HISTORY NUMBER .....	<div><div></div><div></div></div>
306	How many weeks or months pregnant were you when you first received antenatal care (or went to the big belly clinic) for this pregnancy?	WEEKS ..... 1 <div><div></div><div></div></div> MONTHS ..... 2 <div><div></div><div></div></div> DON'T KNOW ..... 998	
307	How many times did you receive antenatal care (or go to the big belly clinic) during this pregnancy?	NUMBER OF TIMES ..... <div><div></div><div></div></div> DON'T KNOW ..... 98	
308	During this pregnancy, did you take SP/Fansidar to keep you from getting malaria?  PROBE: SP/FANSIDAR USUSALLY CONSISTS OF TAKING 3 BIG WHITE TABLETS AT THE HEALTH FACILITY	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<div><div></div></div> → 401
309	How many times did you take SP/Fansidar during this pregnancy?	TIMES ..... <div><div></div><div></div></div>	
309A	CHECK 309: TOOK SP ONLY 1 OR 2 TIMES DURING THIS PREGNANCY	CODE '01' OR '02' TIMES ENTERED <div><div></div></div> OTHER <div><div></div></div>	→ 310
309B	The government recommends that a woman take SP/ Fansidar three times or more during pregnancy. Why did you take SP/Fansidar only one or two times during this pregnancy?  RECORD ALL MENTIONED	FACILITY TOO FAR ..... A HAD NO MONEY ..... B SIDE EFFECTS ..... C NOT AWARE HAD TO TAKE MORE ..... D DID NOT WANT TO TAKE ..... E NOT GIVEN ..... F NOT AVAILABLE ..... G COVID CONCERNS ..... H COVID RESTRICTIONS ..... I  OTHER ..... X (SPECIFY) _____  DON'T KNOW ..... Z	
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	

**SECTION 4. FEVER IN CHILDREN**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	CHECK 216, 217, AND 219 IN THE BIRTH HISTORY: ANY SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY?  <div style="display: flex; justify-content: space-around;"> <div>ONE OR MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/></div> <div>NO SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/></div> </div>		→ 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	→ 415AA
405	At any time during (NAME)'s fever, did (NAME) have blood taken from (NAME)'s finger or heel for testing?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 406
405A	Where did (NAME) go to have blood taken from their finger or heel for testing?	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... 11 GOVERNMENT HEALTH CENTER ..... 12 GOVERNMENT CLINIC ..... 13 GOVERNMENT HEALTH POST ..... 14 MOBILE CLINIC ..... 15 COMMUNITY HEALTH ASSISTANT (CHA) ..... 16 OTHER PUBLIC SECTOR SECTOR ..... 17 (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL ..... 21 PRIVATE CLINIC ..... 22 PHARMACY ..... 23 PRIVATE DOCTOR ..... 24 MOBILE CLINIC ..... 25 OTHER PRIVATE MEDICAL SECTOR ..... 26 (SPECIFY)  <b>NGO MEDICAL SECTOR</b> NGO HOSPITAL ..... 31 NGO CLINIC ..... 32 OTHER NGO MEDICAL SECTOR ..... 36 (SPECIFY)  OTHER ..... 96 (SPECIFY)	
406	Were you told by a healthcare provider that (NAME) had malaria?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
407	Did you seek advice or treatment for the fever from any source?	YES ..... 1 NO ..... 2	→ 412

SECTION 4. FEVER IN CHILDREN

NO.	NAME OF CHILD _____	BIRTH HISTORY NUMBER ..... <table border="1" data-bbox="1208 149 1330 203" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table>			
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 SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... A</p> <p>GOVERNMENT HEALTH CENTER ..... B</p> <p>GOVERNMENT CLINIC ..... C</p> <p>GOVERNMENT HEALTH POST ..... D</p> <p>MOBILE CLINIC ..... E</p> <p>COMMUNITY HEALTH ASSISTANT (CHA) ..... F</p> <p>OTHER PUBLIC SECTOR SECTOR _____ G</p> <p align="center">(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... H</p> <p>PRIVATE CLINIC ..... I</p> <p>PHARMACY ..... J</p> <p>PRIVATE DOCTOR ..... K</p> <p>MOBILE CLINIC ..... L</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ M</p> <p align="center">(SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>NGO HOSPITAL ..... N</p> <p>NGO CLINIC ..... O</p> <p>OTHER NGO MEDICAL SECTOR _____ P</p> <p align="center">(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... Q</p> <p>TRADITIONAL PRACTITIONER ..... R</p> <p>MARKET ..... S</p> <p>BLACK BAGGER/ DRUG PEDDLER ..... T</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>			

SECTION 4. FEVER IN CHILDREN

NO.	NAME OF CHILD _____	BIRTH HISTORY NUMBER ..... <input type="text"/> <input type="text"/>	
409	CHECK 408:  TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/>		→ 411
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 fever began did you first seek advice or treatment for (NAME)?  IF THE SAME DAY RECORD '00'.	DAYS ..... <input type="text"/> <input type="text"/>	
412	At any time during the fever, did (NAME) take any medicine for the fever?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 415A
413	What medicine did (NAME) take?  Any other medicine?  RECORD ALL MENTIONED.  SHOW RESPONDENT PICTURES OF COMMON MEDICINES IN THE DISPLAY BOOK  <b>PROBE:</b> IF AMODIAQUINE OR ARTEMETHER IS NAMED CLARIFY TO VERIFY IF IT IS ACT  IF MEDICINE NOT KNOWN, ASK TO SEE THE PACKAGE OR PRESCRIPTION.	<b>ANTIMALARIAL MEDICINE</b> ARTEMISININ COMBINATION THERAPY (ACT) / AS-AQ/ AL ..... A SP/FANSIDAR ..... B CHLOROQUINE ..... C AMODIAQUINE ..... D ARTEMETHER ..... E QUININE PILLS/ SYRUP ..... F INJECTION/IV ..... G ARTESUNATE INJECTION/IV ..... H OTHER ANTIMALARIAL ..... I (SPECIFY) _____  <b>ANTIBIOTIC MEDICINE</b> AMOXICILLIN ..... J COTRIMOXAZOLE ..... K OTHER PILL/SYRUP ..... L OTHER INJECTION/IV ..... M  <b>OTHER MEDICINE</b> ASPIRIN ..... N PARACETAMOL/PANADOL/ ACETAMINOPHEN ..... O IBUPROFEN ..... P OTHER ..... X (SPECIFY) _____ DON'T KNOW ..... Z	
413A	CHECK 413: AMODIAQUINE ('D') GIVEN  CODE 'D' CIRCLED <input type="checkbox"/> CODE 'D' NOT CIRCLED <input type="checkbox"/>		→ 413C
413B	Was the amodiaquine (NAME) took, given as part of an Artemisinin Combination Therapy, also called an ACT or the new malaria medicine, or was the amodiaquine given by itself?  SHOW RESPONDENT PICTURES OF COMMON MEDICINES IN THE DISPLAY BOOK	ARTEMISININ COMBINATION THERAPY ..... 1 AMODIAQUINE ALONE ..... 2 DON'T KNOW ..... 8	→ 415

SECTION 4. FEVER IN CHILDREN

NO.	NAME OF CHILD _____	BIRTH HISTORY NUMBER ..... <input type="text"/> <input type="text"/>	
413C	<p>CHECK 413: ARTEMETHER ('E') GIVEN</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>CODE 'E' CIRCLED</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>CODE 'E' NOT CIRCLED</p> <input type="checkbox"/> </div> </div>		→ 414
413D	<p>Was the artemether (NAME) took, given as part of an Artemisinin Combination Therapy, also called an ACT or the new malaria medicine, or was the artemether given by itself?</p> <p>SHOW RESPONDENT PICTURES OF COMMON MEDICINES IN THE DISPLAY BOOK</p>	<p>ARTEMISININ COMBINATION THERAPY .... 1</p> <p>ARTEMETHER ALONE ..... 2</p> <p>DON'T KNOW ..... 8</p>	→ 415



SECTION 4. FEVER IN CHILDREN

NO.	NAME OF CHILD _____	BIRTH HISTORY NUMBER	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
414	CHECK 413: ARTEMISININ COMBINATION THERAPY ('A') GIVEN  <div style="display: flex; justify-content: space-around;"> <div>           CODE 'A' CIRCLED <input type="checkbox"/> </div> <div>           CODE 'A' NOT CIRCLED <input type="checkbox"/> </div> </div>			→ 415A
415	How long after the fever started did (NAME) first take an artemisinin combination therapy?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8		
415AA	CHECK 216, 217, AND 219 IN THE BIRTH HISTORY: IS THIS THE <b>YOUNGEST</b> , SURVIVING CHILD, BORN 0-59 MONTHS BEFORE THE SURVEY?  <div style="display: flex; justify-content: space-around;"> <div>YES <input type="checkbox"/></div> <div>NO <input type="checkbox"/></div> </div>			→ 416
415A	The Liberian government is thinking about introducing additional programs to protect children from malaria.  Have you heard about the new malaria vaccine?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		
415B	Would you allow your child to be vaccinated against malaria if the vaccine became available in your area?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		
415C	SP/Fansidar is a medication (three white tablets) given to women during pregnancy (big belly) to protect them from malaria. This medicine can also be given to children to prevent malaria.  Would you allow your child to be given three doses of SP/Fansidar (three white tablets) during routine vaccinations to prevent the child from getting malaria?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		
416	CHECK 216 AND 217 IN BIRTH HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY?  <div style="display: flex; justify-content: space-around;"> <div>           NO MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/>            (GO TO 501)         </div> <div>           MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/> </div> </div>			→ 403

## SECTION 5. MALARIA KNOWLEDGE AND MESSAGING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	In the last 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 ASSISTANT ..... G SOCIAL MEDIA ..... H PEER EDUCATORS ..... I VIDEO CLUB ..... J SCHOOL ..... K  OTHER ..... X (SPECIFY) DON'T REMEMBER ..... Z	
503	Are there things you can do to protect yourself or others from getting malaria?	YES ..... 1 NO ..... 2	→ 505
504	What are the things that people can do to protect themselves from getting malaria?    RECORD ALL MENTIONED.	SLEEP UNDER A MOSQUITO NET OR AN INSECTICIDE TREATED NET .... A USE MOSQUITO REPELLENT ..... B TAKE PREVENTATIVE MEDICATIONS .... C SPRAY HOUSE WITH INSECTICIDE ..... D FILL IN STAGNANT WATERS (PUDDLES) .. E KEEP SURROUNDINGS CLEAN ..... F PUT MOSQUITO SCREEN ON WINDOWS .. G USE MOSQUITO COILS ..... H KEEP DOORS AND WINDOWS CLOSED .. I CUT THE GRASS ..... J PREGNANT WOMEN TAKE MEDICINE .... K  OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
505	RECORD THE TIME.	HOURS ..... MINUTES .....	

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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2022 LIBERIA MALARIA INDICATOR SURVEY  
 BIOMARKER QUESTIONNAIRE

NATIONAL MALARIA CONTROL PROGRAM

IDENTIFICATION				
PLACE NAME _____				
NAME OF HOUSEHOLD HEAD _____				
CLUSTER NUMBER .....				<div style="display: flex; flex-wrap: wrap;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
HOUSEHOLD NUMBER .....				<div style="display: flex; flex-wrap: wrap;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
BIOMARKER TECHNICIAN VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <div style="display: flex; flex-wrap: wrap;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
BIOMARKER TECH NAME	_____	_____	_____	MONTH <div style="display: flex; flex-wrap: wrap;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
NEXT VISIT: DATE	_____	_____	_____	YEAR <div style="display: flex; flex-wrap: wrap;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
TIME	_____	_____	_____	TOTAL NUMBER OF VISITS <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
NOTES: _____ _____ _____ _____ _____				TOTAL ELIGIBLE CHILDREN <div style="display: flex; flex-wrap: wrap;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
<div style="display: flex; justify-content: space-between;"> <div>LANGUAGE OF QUESTIONNAIRE** <div style="border: 1px solid black; padding: 2px 5px;">01</div></div> <div>LANGUAGE OF INTERVIEW** <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div></div> <div>NATIVE LANGUAGE OF RESPONDENT** <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div></div> <div>TRANSLATOR (YES = 1, NO = 2) <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div></div> </div>				
<div style="display: flex; justify-content: space-between;"> <div>LANGUAGE OF QUESTIONNAIRE** <b>ENGLISH</b></div> <div>**LANGUAGE CODES: 01 ENGLISH</div> </div>				
TEAM <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> NUMBER	TEAM SUPERVISOR <div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 100px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: flex; flex-wrap: wrap;"> <div style="width: 20px; height: 20px; margin: 2px;"></div> <div style="width: 20px; height: 20px; margin: 2px;"></div> <div style="width: 20px; height: 20px; margin: 2px;"></div> <div style="width: 20px; height: 20px; margin: 2px;"></div> </div> </div> NAME NUMBER			

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 6 MONTHS TO 4 YEARS

101	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN AGE 0-5 YEARS IN QUESTION 102 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).	
	CHILD 1	SKIP
102	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____  LINE NUMBER ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY.  IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> MONTH ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> YEAR ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
104	IF MOTHER INTERVIEWED: COPY CHILD'S AGE FROM BIRTH HISTORY.  IF MOTHER NOT INTERVIEWED ASK: How old was (NAME) at (NAME)'s last birthday?  COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
105	CHECK 104: CHILD AGE 0-4 YEARS?      YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 129
106	CHECK 103: IS THE CHILD AGE 0-5 MONTHS OR IS THE CHILD OLDER?      OLDER <input type="checkbox"/> AGE 0-5 MONTHS <input type="checkbox"/>	→ 129
107	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD.	NAME _____  LINE NUMBER ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
108	ASK CONSENT FOR MALARIA AND ANEMIA TESTS FROM PARENT/RESPONSIBLE ADULT:  As part of this survey, we are asking children all over the country to take a test to see if they have malaria and a test to see if they have anemia. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. Anemia is a serious health problem that usually results from poor nutrition, malaria and other infections, or chronic disease. This survey will assist the government to develop programs to prevent and treat malaria and anemia. We ask that all children age 6 months through 4 years take part in malaria and anemia testing. The tests require a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.  The blood will be tested for malaria and anemia immediately, and the results will be told to you right away. A few blood drops will be collected on slide(s) and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results will be kept strictly confidential and will not be shared with anyone other than members of our survey team.  Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the malaria and anemia tests?	
109	CIRCLE THE CODE.	GRANTED ..... 1 REFUSED ..... 2 NOT PRESENT/OTHER .... 3
110	SIGN NAME AND ENTER FIELDWORKER NUMBER.	_____ (SIGN)  <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"></table> FIELDWORKER NUMBER

**HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 6 MONTHS TO 4 YEARS**

	CHILD 1	SKIP																											
111	IF CONSENT GRANTED, PREPARE EQUIPMENT AND SUPPLIES FOR THE TESTS AND PROCEED WITH THE																												
112	PLACE 1ST BAR CODE LABEL FOR MALARIA LAB TEST IN SPACE TO THE RIGHT. PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">             PUT THE 1ST BAR CODE LABEL HERE.           </div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996																											
113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA AND MALARIA PAMPHLET.	G/DL ..... <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996																											
114	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE ANEMIA AND MALARIA PAMPHLET.	POSITIVE ..... 1 NEGATIVE ..... 2 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6																											
115	Does (NAME) suffer from any of the following illnesses or symptoms: a) Extreme weakness? b) Heart problems? c) Loss of consciousness? d) Rapid or difficult breathing? e) Seizures? f) Abnormal bleeding? g) Jaundice or yellow skin? h) Dark urine?	<table border="0"> <thead> <tr> <th></th> <th align="center">YES</th> <th align="center">NO</th> </tr> </thead> <tbody> <tr> <td>a) EXTREME WEAKNESS</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b) HEART PROBLEMS</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>c) LOSS OF CONSCIOUSNESS</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>d) RAPID BREATHING</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>e) SEIZURES</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>f) BLEEDING</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>g) JAUNDICE</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>h) DARK URINE</td> <td align="center">1</td> <td align="center">2</td> </tr> </tbody> </table>		YES	NO	a) EXTREME WEAKNESS	1	2	b) HEART PROBLEMS	1	2	c) LOSS OF CONSCIOUSNESS	1	2	d) RAPID BREATHING	1	2	e) SEIZURES	1	2	f) BLEEDING	1	2	g) JAUNDICE	1	2	h) DARK URINE	1	2
	YES	NO																											
a) EXTREME WEAKNESS	1	2																											
b) HEART PROBLEMS	1	2																											
c) LOSS OF CONSCIOUSNESS	1	2																											
d) RAPID BREATHING	1	2																											
e) SEIZURES	1	2																											
f) BLEEDING	1	2																											
g) JAUNDICE	1	2																											
h) DARK URINE	1	2																											
116	CHECK 115: ANY 'YES' CIRCLED?      NO <input type="checkbox"/> YES <input type="checkbox"/>	→ 118																											
117	CHECK 113: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA ..... 1 8.0 G/DL OR ABOVE ..... 2 OTHER ..... 6																											
118	<b><u>SEVERE MALARIA REFERRAL</u></b> The malaria test shows that (NAME OF CHILD) has malaria. Your child also has symptoms of severe malaria. The malaria treatment I have will not help your child, and I cannot give you the medication. Your child is very ill and must be taken to a health facility right away.  RECORD THE RESULT OF THE MALARIA RDT ON THE REFERRAL FORM.																												
119	In the past 2 weeks has (NAME) taken or is (NAME) taking ACT given by a doctor or health center to treat the malaria?  VERIFY BY ASKING TO SEE TREATMENT.	YES ..... 1 NO ..... 2																											
120	<b><u>ALREADY TAKING ACT REFERRAL STATEMENT</u></b> You have told me that (NAME OF CHILD) had already received ACT for malaria. Therefore, I cannot give you additional ACT. However, the test shows that he/she has malaria. If your child has a fever for 2 days after the last dose of ACT, you should take the child to the nearest health facility for further examination.																												

**HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 6 MONTHS TO 4 YEARS**

	CHILD 1		SKIP												
121	<b>ASK CONSENT FOR MALARIA TREATMENT FROM PARENT/RESPONSIBLE ADULT:</b>  The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called Artemether-Lumefantrine (AL) Fixed Dose Combination. AL is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.														
122	CIRCLE THE APPROPRIATE CODE.	ACCEPTED MEDICINE . . . . 1 REFUSED MEDICINE . . . . . 2 OTHER . . . . . 6	→ 128												
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HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 6 MONTHS TO 4 YEARS

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121	<b>ASK CONSENT FOR MALARIA TREATMENT FROM PARENT/RESPONSIBLE ADULT:</b>  The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called Artemether-Lumefantrine (AL) Fixed Dose Combination. AL is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.														
122	CIRCLE THE APPROPRIATE CODE.	ACCEPTED MEDICINE . . . . 1 REFUSED MEDICINE . . . . . 2 OTHER . . . . . 6	→ 128												
123	SIGN NAME AND ENTER FIELDWORKER NUMBER.	<div style="text-align: center;">                     _____                      (SIGN)   <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div>                     FIELDWORKER NUMBER                 </div>													
124	CHECK 122: ACCEPTED MEDICINE?    YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 128												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th align="center" colspan="3">TREATMENT FIRST LINE ACT: ARTEMETHER-LUMEFANTRINE Fixed Dose Combination</th> </tr> <tr> <th align="center">Weight*</th> <th align="center">Age</th> <th align="center">Artemether- Lumefantrine (AL) Dosage Information</th> </tr> <tr> <td align="center">5-14 KG</td> <td align="center">6 months - &lt; 3 years</td> <td align="center">1 tablet twice a day for 3 days</td> </tr> <tr> <td align="center">15-25 KG</td> <td align="center">3-7 years</td> <td align="center">2 tablets twice a day for 3 days</td> </tr> </table>				TREATMENT FIRST LINE ACT: ARTEMETHER-LUMEFANTRINE Fixed Dose Combination			Weight*	Age	Artemether- Lumefantrine (AL) Dosage Information	5-14 KG	6 months - < 3 years	1 tablet twice a day for 3 days	15-25 KG	3-7 years	2 tablets twice a day for 3 days
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15-25 KG	3-7 years	2 tablets twice a day for 3 days													
125	<b>TELL THE PARENT/RESPONSIBLE ADULT:</b> If [NAME] has a high fever, fast or difficult breathing, is not able to drink or breastfeed, gets sicker or does not get better in 2 days, you should take him/her to a health professional for treatment right away.		→ 128												
126	CHECK 113: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA . . . . . 1 8.0 G/DL OR ABOVE . . . . . 2 OTHER . . . . . 6	→ 128												
127	<b><u>SEVERE ANEMIA REFERRAL</u></b> The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately.  RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL FORM.														
128	TODAY'S DATE:	DAY . . . . . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> MONTH . . . . . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> YEAR . . . . . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>													
129	IF ANOTHER CHILD, GO TO 102 IN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, END INTERVIEW.														

BIOMARKER TECH'S OBSERVATIONS  
TO BE FILLED IN AFTER COMPLETING BIOMARKERS

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SUPERVISOR'S OBSERVATIONS

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2022 LIBERIA MALARIA INDICATOR SURVEY  
FIELDWORKER QUESTIONNAIRE

LIBERIA  
NATIONAL MALARIA CONTROL PROGRAM

LANGUAGE OF  
QUESTIONNAIRE **ENGLISH**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
100	What is your name?	NAME _____	
101	RECORD FIELDWORKER NUMBER	NUMBER ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>INSTRUCTIONS</b> Information on all Liberia MIS field workers is collected as part of the LMIS survey. Please fill out the questions below. The information you provide will be part of the survey data file; however, your name will be removed and will not be part of the data file. Thank you for providing the information needed.			
102	In what county do you live?	BOMI ..... 01 BONG ..... 02 GBARPOLU ..... 03 GRAND BASSA ..... 04 GRAND CAPE MOUNT ..... 05 GRAND GEDEH ..... 06 GRAND KRU ..... 07 LOFA ..... 08 MARGIBI ..... 09 MARYLAND ..... 10 MONTSERRADO ..... 11 NIMBA ..... 12 RIVER CESS ..... 13 RIVER GEE ..... 14 SINOE ..... 15	
103	Do you live in a city, town, or rural area?	CITY ..... 1 TOWN ..... 2 RURAL ..... 3	
104	How old are you? RECORD AGE IN COMPLETED YEARS.	AGE ..... <input type="text"/> <input type="text"/>	
105	Are you male or female?	MALE ..... 1 FEMALE ..... 2	
106	What is your current marital status?	CURRENTLY MARRIED ..... 1 LIVING WITH A MAN/WOMAN ..... 2 WIDOWED ..... 3 DIVORCED ..... 4 SEPARATED ..... 5 NEVER MARRIED OR LIVED WITH A MAN/WOMAN ..... 6	
107	How many living children do you have? INCLUDE ONLY CHILDREN WHO ARE YOUR BIOLOGICAL CHILDREN.	LIVING CHILDREN ..... <input type="text"/> <input type="text"/>	
108	Have you ever had a child who died?	YES ..... 1 NO ..... 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
109	What is the highest level of school you attended: elementary, junior high, senior high, or higher?	ELEMENTARY (1-6) ..... 1 JUNIOR HIGH (7-9) ..... 2 SENIOR HIGH (10-12) ..... 3 HIGHER ..... 4			
110	What is the highest [GRADE/YEAR] you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	[GRADE/YEAR] ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
110A	Have you ever received clinical, medical, or laboratory training or worked in healthcare?	YES ..... 1 NO ..... 2	→ 111		
110B	What is your current occupational category or qualification?  For example, are you a registered nurse, doctor, or laboratory technician?	MEDICAL DOCTOR ..... 01 PHYSICIAN ASSISTANT ..... 02 REGISTERED NURSE ..... 03 REGISTERED MIDWIFE/MIDMAN ..... 04 CERTIFIED MIDWIFE ..... 05 NURSE AIDE ..... 06 LABORATORY TECHNOLOGIST ..... 07 LABORATORY TECHNICIAN ..... 08 LABORATORY ASSISTANT ..... 09 LABORATORY AIDE ..... 10  NO TECHNICAL QUALIFICATION ..... 95  OTHER ..... 96 (SPECIFY)			
111	What is your religion?	CHRISTIAN ..... 01 MUSLIM ..... 02 TRADITIONAL RELIGION ..... 03  NO RELIGION ..... 95  OTHER ..... 96 (SPECIFY)			
113	What dialect do you speak well?  RECORD ALL LANGUAGES YOU CAN SPEAK.	BASSA ..... A GBANDI ..... B BELLE ..... C DEY ..... D GIO ..... E GOLA ..... F GREBO ..... G KISSI ..... H KPELLE ..... I KRAHN ..... J KRU ..... K LORMA ..... L MANDINGO ..... M MANO ..... N MENDE ..... O SAPO ..... P VAI ..... Q NONE / ONLY ENGLISH ..... R  OTHER ..... X (SPECIFY)			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
114	What is your mother tongue/native language (language spoken at home growing up)?	BASSA ..... 01 GBANDI ..... 02 BELLE ..... 03 DEY ..... 04 GIO ..... 05 GOLA ..... 06 GREBO ..... 07 KISSI ..... 08 KPELLE ..... 09 KRAHN ..... 10 KRU ..... 11 LORMA ..... 12 MANDINGO ..... 13 MANO ..... 14 MENDE ..... 15 SAPO ..... 16 VAI ..... 17 ENGLISH ..... 18  OTHER ..... 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
115	Have you ever worked on: a) an LDHS prior to this survey? b) an LMIS prior to this survey? c) any other survey prior to this survey?	YES	NO	
		a) LDHS ..... 1	2	
		b) LMIS ..... 1	2	
		c) OTHER SURVEY ..... 1	2	
116	Were you already working for NMCP, MOH, or LISGIS at the time you were employed to work on the 2022 LMIS?	YES, NMCP ..... 1 YES, MOH ..... 2 YES, LISGIS ..... 3  NO ..... 4		→ 118
117	Are you a permanent or temporary employee of NMCP or LISGIS?	PERMANENT ..... 1 TEMPORARY ..... 2		
118	If you have comments, please write them here.			