

2022 LIBERIA MALARIA INDICATOR SURVEY
 HOUSEHOLD QUESTIONNAIRE

NATIONAL MALARIA CONTROL PROGRAM

IDENTIFICATION											
PLACE NAME _____											
NAME OF HOUSEHOLD HEAD _____											
CLUSTER NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> </table>							
HOUSEHOLD NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> </table>							
INTERVIEWER VISITS											
	1	2	3	FINAL VISIT							
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px;"></table>							
				MONTH <table border="1" style="width: 40px; height: 20px;"></table>							
INTERVIEWER'S NAME	_____	_____	_____	YEAR <table border="1" style="width: 40px; height: 20px;"></table>							
RESULT*	_____	_____	_____	INT. NO. <table border="1" style="width: 40px; height: 20px;"></table>							
				RESULT* <table border="1" style="width: 40px; height: 20px;"></table>							
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px;"></table>							
TIME	_____	_____									
*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 _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="width: 40px; height: 20px;"></table> TOTAL ELIGIBLE WOMEN <table border="1" style="width: 40px; height: 20px;"></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="width: 40px; height: 20px;"></table>							
LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="width: 20px; height: 20px;">0</table> <table border="1" style="width: 20px; height: 20px;">1</table>	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table>	NATIVE LANGUAGE OF RESPONDENT**	<table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table>	TRANSLATOR USED (YES = 1, NO = 2)	<table border="1" style="width: 20px; height: 20px;"></table>				
LANGUAGE OF QUESTIONNAIRE**	ENGLISH		**LANGUAGE CODES: 01 ENGLISH								
TEAM	TEAM SUPERVISOR										
<table border="1" style="width: 40px; height: 20px;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table> NUMBER			_____ NAME	<table border="1" style="width: 40px; height: 20px;"> <tr><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td></tr> </table> NUMBER							

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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 MINUTES				
		<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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	<p>PIPED WATER</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>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL 32</p> <p>WATER FROM SPRING</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 (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>PIPED WATER</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>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL 32</p> <p>WATER FROM SPRING</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 (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.	FLUSH OR POUR FLUSH TOILET 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 PIT LATRINE 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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; text-align: center;">0</td><td style="width: 20px;"></td></tr></table> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	0		
0					
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 kehekehe?	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 KEHEKEHE 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 data-bbox="1263 1268 1321 1323" 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.	NET NUMBER <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
123	WAS THIS NET OBSERVED?	OBSERVED 1 NOT OBSERVED 2	
124	How many months ago did your household get the mosquito net? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> MORE THAN 36 MONTHS AGO 95 NOT SURE 98	
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.	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) 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	} → 128
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 <input type="text"/> <input type="text"/> ----- NAME _____ LINE NUMBER <input type="text"/> <input type="text"/> ----- NAME _____ LINE NUMBER <input type="text"/> <input type="text"/> ----- NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	→ 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	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND/MUD 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 FLOOR MAT, LINOLEUM, VINYL 32 CERAMIC TILES/TERRAZO 33 CONCRETE/CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY)									
133	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 SOD 13 RUDIMENTARY ROOFING RUSTIC MAT 21 PALM/BAMBOO 22 WOOD PLANKS 23 CARDBOARD 24 TARPAULIN, PLASTIC 25 FINISHED ROOFING ZINC/METAL/ALUMINUM 31 WOOD 32 CALAMINE/CEMENT FIBER 33 CERAMIC TILES 34 CONCRETE/CEMENT 35 ASBESTOS SHEETS/ ROOFING SHINGLES 36 DECRA ZINC 37 OTHER _____ 96 (SPECIFY)									
134	OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING. RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 CANE/PALM/TRUNKS 12 DIRT 13 STRAW/THATCH MATS 14 RUDIMENTARY WALLS MUD AND STICKS 21 STONE WITH MUD 22 UNCOVERED ADOBE 23 PLYWOOD 24 CARDBOARD/PLASTIC 25 REUSED WOOD 26 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 COVERED ADOBE 35 WOOD PLANKS/SHINGLES 36 ZINC/METAL 37 OTHER _____ 96 (SPECIFY)									
135	RECORD THE TIME.	HOURS <table border="1" data-bbox="1198 1717 1321 1780" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES <table border="1" data-bbox="1198 1780 1321 1831" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

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 ↓	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: 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 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;"> <p>YES</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>NO <input type="checkbox"/></p> <p>PROBE AND CORRECT 201-208 AS NECESSARY.</p> </div> </div>										
210	CHECK 208: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>ONE OR MORE BIRTHS <input type="checkbox"/></p> </div> <div style="text-align: center;"> <p>NO BIRTHS <input type="checkbox"/></p> </div> </div>		→ 224								
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? 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"/> NO. OF OUT-COME <input type="text"/>	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	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. DOES THE RESPONDENT AGREE? IF NOT, PROBE FOR THE CORRECT INFORMATION AND REVISE THE PREGNANCY HISTORY ACCORDINGLY. IF YES, PROCEED TO 218 ROW 1.							

SECTION 2. REPRODUCTION

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

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.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE/MIDMAN B PHYSICIAN ASSISTANT C OTHER PERSON 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).	HOME HER HOME A OTHER HOME B PUBLIC SECTOR GOVERNMENT HOSPITAL C GOVERNMENT HEALTH CENTER D GOVERNMENT CLINIC E OTHER PUBLIC SECTOR _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL G PRIVATE CLINIC H OTHER PRIVATE MEDICAL SECTOR _____ I (SPECIFY) NGO MEDICAL SECTOR 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	<input type="text"/>	<input type="text"/>
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	<input type="text"/>
		MONTHS	2	<input type="text"/>
		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		<input type="text"/>
		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	→ 401
		NO	2	
		DON'T KNOW	8	
309	How many times did you take SP/Fansidar during this pregnancy?	TIMES		<input type="text"/>
309A	CHECK 309: TOOK SP ONLY 1 OR 2 TIMES DURING THIS PREGNANCY	CODE '01' OR '02' TIMES ENTERED <input type="checkbox"/>	OTHER <input type="checkbox"/>	→ 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? 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	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?	PUBLIC SECTOR 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) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 21 PRIVATE CLINIC 22 PHARMACY 23 PRIVATE DOCTOR 24 MOBILE CLINIC 25 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) NGO MEDICAL SECTOR 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" style="width:100%; height:20px;"> <tr> <td style="width:50%;"></td> <td style="width:50%;"></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>PUBLIC SECTOR</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>PRIVATE MEDICAL SECTOR</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>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL N</p> <p>NGO CLINIC O</p> <p>OTHER NGO MEDICAL SECTOR _____ P</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</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"/>	
413C	CHECK 413: ARTEMETHER ('E') GIVEN <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> CODE 'E' CIRCLED ↓ </div> <div style="text-align: center;"> <input type="checkbox"/> CODE 'E' NOT CIRCLED </div> </div>		→ 414
413D	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? SHOW RESPONDENT PICTURES OF COMMON MEDICINES IN THE DISPLAY BOOK	ARTEMISININ COMBINATION THERAPY 1 ARTEMETHER 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"/>
414	CHECK 413: ARTEMISININ COMBINATION THERAPY ('A') GIVEN		CODE 'A' CIRCLED <input type="checkbox"/>	CODE 'A' NOT CIRCLED <input type="checkbox"/> → 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 YOUNGEST , SURVIVING CHILD, BORN 0-59 MONTHS BEFORE THE SURVEY?		YES <input type="checkbox"/>	NO <input type="checkbox"/> → 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?		NO MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/> (GO TO 501)	MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/> → 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 <table border="1" data-bbox="1203 1297 1321 1346"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> MINUTES <table border="1" data-bbox="1203 1352 1321 1400"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

2022 LIBERIA MALARIA INDICATOR SURVEY
 BIOMARKER QUESTIONNAIRE

NATIONAL MALARIA CONTROL PROGRAM

IDENTIFICATION												
PLACE NAME _____												
NAME OF HOUSEHOLD HEAD _____												
CLUSTER NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>								
HOUSEHOLD NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>								
BIOMARKER TECHNICIAN VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
BIOMARKER TECH NAME	_____	_____	_____	MONTH <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
				YEAR <table border="1" style="width: 60px; height: 20px; float: right;"></table>								
NEXT VISIT: DATE TIME	_____ _____	_____ _____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
NOTES: _____ _____ _____ _____ _____				TOTAL ELIGIBLE CHILDREN <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="width: 20px; height: 20px;"><tr><td>0</td></tr></table> <table border="1" style="width: 20px; height: 20px;"><tr><td>1</td></tr></table>	0	1	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table>	NATIVE LANGUAGE OF RESPONDENT**	<table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table>					
0												
1												
LANGUAGE OF QUESTIONNAIRE**	ENGLISH		**LANGUAGE CODES: 01 ENGLISH									
TEAM	TEAM SUPERVISOR											
<table border="1" style="width: 40px; height: 20px;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> <tr><td>NUMBER</td></tr> </table>			NUMBER	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 30%;"></td><td style="width: 40%;"></td><td style="width: 30%;"></td></tr> <tr><td>NAME</td><td>NUMBER</td></tr> </table>				NAME	NUMBER			
NUMBER												
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 <input type="text"/>
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 <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>
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 <input type="text"/>
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 <input type="text"/>
108	<p>ASK CONSENT FOR MALARIA AND ANEMIA TESTS FROM PARENT/RESPONSIBLE ADULT:</p> <p>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.</p> <p>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.</p> <p>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?</p>	
109	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
110	SIGN NAME AND ENTER FIELDWORKER NUMBER.	_____ (SIGN) <input type="text"/> 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 <input type="text"/> <input type="text"/> <input type="text"/> 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 → 126 NOT PRESENT 4 → 128 REFUSED 5 OTHER 6 → 126																											
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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>a) EXTREME WEAKNESS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) HEART PROBLEMS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) LOSS OF CONSCIOUSNESS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) RAPID BREATHING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) SEIZURES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f) BLEEDING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g) JAUNDICE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>h) DARK URINE</td> <td style="text-align: center;">1</td> <td style="text-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																											
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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 → 119 OTHER 6																											
118	<p><u>SEVERE MALARIA REFERRAL</u></p> 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.	→ 126																											
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 → 121																											
120	<p><u>ALREADY TAKING ACT REFERRAL STATEMENT</u></p> 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.	→ 128																											

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

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102	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>
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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 <input type="text"/> <input type="text"/>
108	<p>ASK CONSENT FOR MALARIA AND ANEMIA TESTS FROM PARENT/RESPONSIBLE ADULT:</p> <p>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.</p> <p>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.</p> <p>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?</p>	
109	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
110	SIGN NAME AND ENTER FIELDWORKER NUMBER.	_____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER

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127	<p><u>SEVERE ANEMIA REFERRAL</u></p> <p>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.</p> <p>RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL FORM.</p>										
128	<p>TODAY'S DATE:</p>	<p>DAY <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></p> <p>MONTH <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></p> <p>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><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>									
129	<p>IF ANOTHER CHILD, GO TO 102 IN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, END INTERVIEW.</p>										

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"/>	
<p>INSTRUCTIONS</p> <p>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.</p>			
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] <input type="text"/> <input type="text"/>	
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											
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?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>a) LDHS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) LMIS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) OTHER SURVEY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	a) LDHS	1	2	b) LMIS	1	2	c) OTHER SURVEY	1	2	
	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?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES, NMCP</td> <td style="text-align: center;">1</td> </tr> <tr> <td>YES, MOH</td> <td style="text-align: center;">2</td> </tr> <tr> <td>YES, LISGIS</td> <td style="text-align: center;">3</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">4</td> </tr> </tbody> </table>	YES, NMCP	1	YES, MOH	2	YES, LISGIS	3	NO	4	→ 118				
YES, NMCP	1														
YES, MOH	2														
YES, LISGIS	3														
NO	4														
117	Are you a permanent or temporary employee of NMCP or LISGIS?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>PERMANENT</td> <td style="text-align: center;">1</td> </tr> <tr> <td>TEMPORARY</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>	PERMANENT	1	TEMPORARY	2									
PERMANENT	1														
TEMPORARY	2														
118	If you have comments, please write them here.														