

2017 MALAWI MALARIA INDICATOR SURVEY
 WOMAN'S QUESTIONNAIRE

MINISTRY OF HEALTH

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 _____					<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>
INTERVIEWER 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>
INTERVIEWER'S 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>
RESULT*	_____	_____	_____	YEAR	<div style="display: flex; flex-wrap: wrap;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> <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 style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">7</div> </div>
NEXT VISIT: DATE	_____	_____		INT. NO.	<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	_____	_____		RESULT*	<div style="display: flex; flex-wrap: wrap;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
				TOTAL NUMBER OF VISITS	<div style="border: 1px solid black; width: 20px; height: 20px;"></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;"> <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;"> <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;"> <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="border: 1px solid black; width: 20px; height: 20px;"></div>					
LANGUAGE OF QUESTIONNAIRE** ENGLISH <div style="margin-left: 200px;"> **LANGUAGE CODES: 01 ENGLISH 03 TUMBUKA 02 CHICHEWA 06 OTHER _____ <div style="text-align: right;">(SPECIFY)</div> </div>					
SUPERVISOR <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">NAME _____</div> <div style="width: 20%; text-align: center;"> <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> </div> <div style="width: 40%; text-align: center;">NUMBER</div> </div>					

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the Malaria Control Program. We are conducting a survey about malaria all over Malawi. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

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

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

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED ... 1

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



SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> MINUTES <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
102	In what month and year were you born?	MONTH <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> DON'T KNOW MONTH 98 YEAR <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
104	Have you ever attended school?	YES 1 NO 2	→ 108
105	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106	<p>What is the highest [GRADE/FORM/YEAR] you completed at that level?</p> <p>IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.</p>	<p>[GRADE/FORM/YEAR] <input type="text"/> <input type="text"/></p>	
107	<p>CHECK 105:</p> <p>PRIMARY OR <input type="checkbox"/> SECONDARY <input type="checkbox"/></p> <p>HIGHER <input type="checkbox"/></p>		→ 109
108	<p>Now I would like you to read this sentence to me.</p> <p>SHOW CARD TO RESPONDENT.</p> <p>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?</p>	<p>CANNOT READ AT ALL 1</p> <p>ABLE TO READ ONLY PART OF THE SENTENCE 2</p> <p>ABLE TO READ WHOLE SENTENCE 3</p> <p>NO CARD WITH REQUIRED LANGUAGE 4</p> <p align="center">(SPECIFY LANGUAGE)</p> <p>BLIND/VISUALLY IMPAIRED 5</p>	
109	<p>What is your religion?</p>	<p>CATHOLIC 01</p> <p>CCAP 02</p> <p>ANGLICAN 03</p> <p>SEVENTH DAY ADVENT./BAPTIST 04</p> <p>OTHER CHRISTIAN 05</p> <p>MUSLIM 06</p> <p>NO RELIGION 07</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>	
110	<p>What is your tribe or ethnic group?</p>	<p>CHEWA 01</p> <p>TUMBUKA 02</p> <p>LOMWE 03</p> <p>TONGA 04</p> <p>YAO 05</p> <p>SENA 06</p> <p>NKHONDE 07</p> <p>NGONI 08</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> b) DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> b) DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES 1 NO 2	→ 208								
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> b) GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> YES <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO <input type="checkbox"/> ↓ PROBE AND CORRECT 201-208 AS NECESSARY. </div> </div>										
210	CHECK 208: <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> ONE OR MORE BIRTHS <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO BIRTHS <input type="checkbox"/> → 225 </div> </div>										
211	Now I'd like to ask you about your more recent births. How many births have you had in 2012-2017? RECORD NUMBER OF LIVE BIRTHS IN 2012-2017	TOTAL IN 2012-2017 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> NONE 00			→ 225						

SECTION 2. REPRODUCTION

<p>212 Now I would like to record the names of all your births in 2012-2017, whether still alive or not, starting with the most recent one you had. RECORD IN 213 THE NAMES OF ALL THE BIRTHS BORN IN 2012-2017. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. IF THERE ARE MORE THAN 5 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE STARTING WITH THE SECOND ROW.</p>								
<p>213</p> <p>What name was given to your (most recent/ previous) baby?</p> <p>RECORD NAME.</p> <p>BIRTH HISTORY NUMBER.</p>	<p>214</p> <p>Is (NAME) a boy or a girl?</p>	<p>215</p> <p>Were any of these births twins?</p>	<p>216</p> <p>On what day, month, and year was (NAME) born?</p>	<p>217</p> <p>Is (NAME) still alive?</p>	<p>218</p> <p>IF ALIVE: How old was (NAME) at (NAME)'s last birthday?</p> <p>RECORD AGE IN COMPLETED YEARS.</p>	<p>219</p> <p>IF ALIVE: Is (NAME) living with you?</p>	<p>220</p> <p>IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.</p>	<p>221</p> <p>Were there any other live births between (NAME) and (NAME OF PREVIOUS BIRTH), including any children who died after birth?</p>
01	<p>BOY 1</p> <p>GIRL 2</p>	<p>SING 1</p> <p>MULT 2</p>	<p>DAY <input type="text"/></p> <p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p>	<p>YES 1</p> <p>NO 2</p> <p>↓</p> <p>(NEXT BIRTH)</p>	<p>AGE IN YEARS</p> <p><input type="text"/><input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/><input type="text"/></p> <p>↓</p> <p>(NEXT BIRTH)</p>	
02	<p>BOY 1</p> <p>GIRL 2</p>	<p>SING 1</p> <p>MULT 2</p>	<p>DAY <input type="text"/></p> <p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p>	<p>YES 1</p> <p>NO 2</p> <p>↓</p> <p>(SKIP TO 221)</p>	<p>AGE IN YEARS</p> <p><input type="text"/><input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/><input type="text"/></p>	<p>YES (ADD BIRTH) 1</p> <p>NO (NEXT BIRTH) 2</p> <p>↓</p>
03	<p>BOY 1</p> <p>GIRL 2</p>	<p>SING 1</p> <p>MULT 2</p>	<p>DAY <input type="text"/></p> <p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p>	<p>YES 1</p> <p>NO 2</p> <p>↓</p> <p>(SKIP TO 221)</p>	<p>AGE IN YEARS</p> <p><input type="text"/><input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/><input type="text"/></p>	<p>YES (ADD BIRTH) 1</p> <p>NO (NEXT BIRTH) 2</p> <p>↓</p>
04	<p>BOY 1</p> <p>GIRL 2</p>	<p>SING 1</p> <p>MULT 2</p>	<p>DAY <input type="text"/></p> <p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p>	<p>YES 1</p> <p>NO 2</p> <p>↓</p> <p>(SKIP TO 221)</p>	<p>AGE IN YEARS</p> <p><input type="text"/><input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/><input type="text"/></p>	<p>YES (ADD BIRTH) 1</p> <p>NO 2</p> <p>(NEXT BIRTH) ↓</p>
05	<p>BOY 1</p> <p>GIRL 2</p>	<p>SING 1</p> <p>MULT 2</p>	<p>DAY <input type="text"/></p> <p>MONTH <input type="text"/></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>YEAR</p>	<p>YES 1</p> <p>NO 2</p> <p>↓</p> <p>(SKIP TO 221)</p>	<p>AGE IN YEARS</p> <p><input type="text"/><input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>HOUSEHOLD LINE NUMBER</p> <p><input type="text"/><input type="text"/></p>	<p>YES (ADD BIRTH) 1</p> <p>NO 2</p> <p>(NEXT BIRTH) ↓</p>

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	Have you had any live births since the birth of (NAME OF MOST RECENT BIRTH)?	YES 1 (RECORD BIRTH(S) IN TABLE) ← NO 2	
223	COMPARE 211 WITH NUMBER OF BIRTHS IN BIRTH HISTORY <div style="display: flex; justify-content: space-around;"> <div> NUMBERS ARE SAME <input type="checkbox"/> ↓ </div> <div> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) ← </div> </div>		
224	CHECK 216: ENTER THE NUMBER OF BIRTHS IN 2012-2017	NUMBER OF BIRTHS <input type="text"/> NONE 0	
225	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 227
226	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
227	CHECK 224: <div style="display: flex; justify-content: space-between;"> <div> ONE OR MORE BIRTHS IN 2012-2017 <input type="checkbox"/> (GO TO 301) ← </div> <div> NO BIRTHS IN 2012-2017 <input type="checkbox"/> → 501 Q. 224 IS BLANK <input type="checkbox"/> → 501 </div> </div>		

SECTION 3. PREGNANCY AND INTERMITTENT PREVENTIVE TREATMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	RECORD THE NAME AND SURVIVAL STATUS OF THE MOST RECENT BIRTH FROM 213 AND 217,	<p align="center">MOST RECENT BIRTH</p> <p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p>	
302	<p>Now I would like to ask you some questions about your last pregnancy that resulted in a live birth.</p> <p>When you got pregnant with (NAME), did you see anyone for antenatal care for this pregnancy?</p>	<p>YES 1</p> <p>NO 2</p>	→ 304
303	<p>Whom did you see?</p> <p>Anyone else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR/OFFICER/MEDICAL ASSISTANT .. A</p> <p>NURSE/MIDWIFE B</p> <p>PATIENT ATTENDANT C</p> <p>HSA D</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT E</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p>	
304	During this pregnancy, did you take SP/Fansidar or Novidar SP to keep you from getting malaria?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 306D
305	How many times did you take SP/Fansidar or Novidar SP during this pregnancy?	TIMES <input type="text"/> <input type="text"/>	
306	<p>Did you get the SP/Fansidar or Novidar SP during any antenatal care visit, during another visit to a health facility or from another source?</p> <p>IF MORE THAN ONE SOURCE, RECORD THE HIGHEST SOURCE ON THE LIST.</p>	<p>ANTENATAL VISIT 1</p> <p>ANOTHER FACILITY VISIT 2</p> <p>OTHER SOURCE 6</p>	→ 306D
306A	How many times did you take SP/Fansidar or Novidar SP during an antenatal care visit?	TIMES <input type="text"/> <input type="text"/>	
306B	Did you take the SP/Fansidar or Novidar SP under direct observation by the health personnel each time?	<p>YES 1</p> <p>NO 2</p>	→ 306D
306C	How many times did you take the SP/Fansidar or Novidar SP under direct observation by the health personnel?	TIMES <input type="text"/> <input type="text"/>	

SECTION 3. PREGNANCY AND INTERMITTENT PREVENTIVE TREATMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
306D	Did you take CPT (cotrimoxazole preventive therapy) during the last pregnancy?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 306F
306E	How long did you take cotrimoxazole during the last pregnancy? IF LESS THAN 1 WEEK, RECORDS DAYS; IF LESS THAN 1 MONTH, RECORD DAYS.	DAYS 1 WEEKS 2 MONTHS 3 DON'T KNOW 998	<div style="border: 1px solid black; width: 40px; height: 40px; display: flex; flex-direction: column; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
306F	CHECK 302: ANC RECEIVED	ANC RECEIVED <input type="checkbox"/> <div style="display: flex; align-items: center; justify-content: center;"> <input type="checkbox"/> <div style="margin-left: 10px;">(SKIP TO 307) ←</div> </div>	
306G	Do you have an ANC card for the time you were pregnant with (NAME)?	YES, SEEN 1 YES, NOT SEEN 2 NO CARD 3	<div style="display: flex; align-items: center; justify-content: center;"> <div style="margin-right: 10px;">(SKIP TO 307) ←</div> <div style="border-left: 1px solid black; height: 20px; width: 10px;"></div> </div>
306H	CHECK ANC CARD AND RECORD NUMER OF SP/FANSIDAR GIVEN	DOSES NONE 0	
307	CHECK 216 AND 217: <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> ONE OR MORE LIVING CHILDREN BORN IN 2012-2017 (GO TO 401) ← </div> <div style="text-align: center;"> NO LIVING CHILDREN BORN IN 2012-2017 </div> </div>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="margin-right: 10px;">(GO TO 401) ←</div> <div style="border-left: 1px solid black; height: 20px; width: 10px;"></div> </div>	<input type="checkbox"/> → 501

SECTION 4. FEVER IN CHILDREN

401	<p>CHECK 213: RECORD THE BIRTH HISTORY NUMBER IN 402 AND THE NAME AND SURVIVAL STATUS IN 403 FOR EACH BIRTH IN 2012-2017. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE MOST RECENT BIRTH. IF THERE ARE MORE THAN 2 BIRTHS, USE ADDITIONAL QUESTIONNAIRE(S).</p> <p>Now I would like to ask some questions about the health of your children born since January 2012. (We will talk about each separately.)</p>		
402	BIRTH HISTORY NUMBER FROM 213 IN BIRTH HISTORY.	<p align="center">MOST RECENT BIRTH</p> <p>BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></p>	<p align="center">NEXT MOST RECENT BIRTH</p> <p>BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></p>
403	FROM 213 AND 217:	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>↓ (SKIP TO 426) ←</p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>↓ (SKIP TO 426) ←</p>
404	Has (NAME) been ill with a fever at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 426) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 426) ←</p> <p>DON'T KNOW 8</p>
404A	How many days ago did the fever start?	<p>DAYS <input type="text"/> <input type="text"/></p> <p>IF LESS THAN ONE DAY, RECORD '00'.</p>	<p>DAYS <input type="text"/> <input type="text"/></p>
405	At any time during the illness, did (NAME) have blood taken from (NAME)'s finger or heel for testing?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
406	Did you seek advice or treatment for the illness from any source?	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 411) ←</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 411) ←</p>

SECTION 4. FEVER IN CHILDREN

NO.	QUESTIONS AND FILTERS	MOST RECENT BIRTH NAME _____	NEXT MOST RECENT BIRTH NAME _____										
407	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S).</p> <p>_____</p> <p align="center">(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL... A</p> <p>GOVERNMENT HEALTH CENTER... B</p> <p>GOVERNMENT HEALTH POST/OUTREACH... C</p> <p>MOBILE CLINIC... D</p> <p>HSA... E</p> <p>OTHER PUBLIC SECTOR _____ F</p> <p align="center">(SPECIFY)</p> <p>CHAM/MISSION</p> <p>HOSPITAL... G</p> <p>HEALTH CENTER... H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC... I</p> <p>PHARMACY... J</p> <p>PRIVATE DOCTOR... K</p> <p>MOBILE CLINIC... L</p> <p>HSA... M</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ N</p> <p align="center">(SPECIFY)</p> <p>BLM... O</p> <p>MACRO... P</p> <p>YOUTH DROP IN CENTRE... Q</p> <p>OTHER SOURCE</p> <p>SHOP... R</p> <p>TRADITIONAL PRACTITIONER... S</p> <p>MARKET... T</p> <p>ITINERANT DRUG SELLER... U</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL... A</p> <p>GOVERNMENT HEALTH CENTER... B</p> <p>GOVERNMENT HEALTH POST/OUTREACH... C</p> <p>MOBILE CLINIC... D</p> <p>HSA... E</p> <p>OTHER PUBLIC SECTOR _____ F</p> <p align="center">(SPECIFY)</p> <p>CHAM/MISSION</p> <p>HOSPITAL... G</p> <p>HEALTH CENTER... H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC... I</p> <p>PHARMACY... J</p> <p>PRIVATE DOCTOR... K</p> <p>MOBILE CLINIC... L</p> <p>HSA... M</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ N</p> <p align="center">(SPECIFY)</p> <p>BLM... O</p> <p>MACRO... P</p> <p>YOUTH DROP IN CENTRE... Q</p> <p>OTHER SOURCE</p> <p>SHOP... R</p> <p>TRADITIONAL PRACTITIONER... S</p> <p>MARKET... T</p> <p>ITINERANT DRUG SELLER... U</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>										
407A	How much did you spend on the treatment including consultation and fees, if any?	<p align="center">COST IN KWACHA</p> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td> </tr> </table> <p>FREE 99995</p> <p>DON'T KNOW 99998</p>						<p align="center">COST IN KWACHA</p> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td> </tr> </table> <p>FREE 99995</p> <p>DON'T KNOW 99998</p>					
407B	How much did you spend on the drugs?	<p align="center">COST IN KWACHA</p> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td> </tr> </table> <p>FREE 99995</p> <p>DON'T KNOW 99998</p>						<p align="center">COST IN KWACHA</p> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td> </tr> </table> <p>FREE 99995</p> <p>DON'T KNOW 99998</p>					
408	CHECK 407:	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p align="center">(SKIP TO 410) ←</p>	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p align="center">(SKIP TO 410) ←</p>										

SECTION 4. FEVER IN CHILDREN

NO.	QUESTIONS AND FILTERS	MOST RECENT BIRTH NAME _____	NEXT MOST RECENT BIRTH NAME _____
409	Where did you first seek advice or treatment? USE LETTER CODE FROM 407	FIRST PLACE <input type="text"/>	FIRST PLACE <input type="text"/>
409A	How far is your house from the (FIRST PLACE IN 409)?	LESS THAN 15KM 1 15KM OR MORE 2	LESS THAN 15KM 1 15KM OR MORE 2
409B	How much did you spend on transport to and from the (FIRST PLACE IN 409)?	<p align="center">COST IN KWACHA</p> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <p>FREE 99995 DON'T KNOW 99998</p>	<p align="center">COST IN KWACHA</p> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <p>FREE 99995 DON'T KNOW 99998</p>
409C	Did you take any days off work to care for your child's illness?	<p>YES 1 NO 2</p> <p align="right">(SKIP TO 410) ←</p>	<p>YES 1 NO 2</p> <p align="right">(SKIP TO 410) ←</p>
409D	How many days did you take take off work to care for your child's illness?	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
410	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
411	At any time during the illness, did (NAME) take any drugs for the illness?	<p>YES 1 NO 2</p> <p align="right">(SKIP TO 426) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1 NO 2</p> <p align="right">(SKIP TO 426) ←</p> <p>DON'T KNOW 8</p>
412	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	<p>ANTIMALARIAL DRUGS</p> <p>LA A ASAQ (COMBINED AMODIAQUINE AND ARTESUNATE) B SP/FANSIDAR/NOVIDAR SP C QUININE TABLETS D INJECTION/IV E ARTESUNATE RECTAL F INJECTION/IV G</p> <p>OTHER ANTIMALARIAL</p> <p>_____ H (SPECIFY)</p> <p>ANTIBIOTIC DRUGS</p> <p>PILL/SYRUP I INJECTION/IV J</p> <p>OTHER DRUGS</p> <p>ASPIRIN/CAFENOL K ACETAMINOPHEN/PANADOL/ PARACETAMOL L IBUPROFEN M</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	<p>ANTIMALARIAL DRUGS</p> <p>LA A AA/ASAQ (COMBINED AMODIAQUINE AND ARTESUNATE) B SP/FANSIDAR/NOVIDAR SP C QUININE TABLETS D INJECTION/IV E ARTESUNATE RECTAL F INJECTION/IV G</p> <p>OTHER ANTIMALARIAL</p> <p>_____ H (SPECIFY)</p> <p>ANTIBIOTIC DRUGS</p> <p>PILL/SYRUP I INJECTION/IV J</p> <p>OTHER DRUGS</p> <p>ASPIRIN/CAFENOL K ACETAMINOPHEN/PANADOL/ PARACETAMOL L IBUPROFEN M</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>

SECTION 4. FEVER IN CHILDREN

NO.	QUESTIONS AND FILTERS	MOST RECENT BIRTH NAME _____	NEXT MOST RECENT BIRTH NAME _____
413	CHECK 412: ANY CODE A-H CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 426) ←	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 426) ←
414	CHECK 412: LA ('A') GIVEN	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 416) ←	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 416) ←
415	How long after the fever started did (NAME) first take LA?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
415A	For how many days did (NAME) take LA?	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
415B	Did you have LA at home or did you get it from somewhere else? IF SOMEWHERE ELSE, PROBE FOR SOURCE. IF MORE THAN ONE SOURCE ASK:Where did you get the LA first?	HOME 01 GOVERNMENT HEALTH FACILITY/WORKER 02 CHAM/MISSION FACILITY/WORKER 03 PRIVATE HEALTH FACILITY/WORKER 04 BLM HEALTH FACILITY/WORKER 05 MACRO HEALTH FACILITY/WORKER 06 YOUTH DROP IN CENTRE 07 SHOP 08 OTHER 96 (SPECIFY)	HOME 01 GOVERNMENT HEALTH FACILITY/WORKER 02 CHAM/MISSION FACILITY/WORKER 03 PRIVATE HEALTH FACILITY/WORKER 04 BLM HEALTH FACILITY/WORKER 05 MACRO HEALTH FACILITY/WORKER 06 YOUTH DROP IN CENTRE 07 SHOP 08 OTHER 96 (SPECIFY)
415C	Did you purchase the LA?	YES 1 NO 2 (SKIP TO 416) ←	YES 1 NO 2 (SKIP TO 416) ←
415D	How much did you pay for the LA?	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998
416	CHECK 412: ASAQ (COMBINED AMODIAQUINE AND ARTESUNATE) ('B') GIVEN	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 418) ←	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 418) ←
417	How long after the fever started did (NAME) first take ASAQ?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8

SECTION 4. FEVER IN CHILDREN

NO.	QUESTIONS AND FILTERS	MOST RECENT BIRTH NAME _____	NEXT MOST RECENT BIRTH NAME _____
418	CHECK 412: SP/FANSIDAR/NOVIDAR SP ('C') GIVEN	<div> <div>CODE 'C' CIRCLED <input type="checkbox"/></div> <div>CODE 'C' NOT CIRCLED <input type="checkbox"/></div> </div> <div> <div>↓</div> <div>(SKIP TO 420) ←</div> </div>	<div> <div>CODE 'C' CIRCLED <input type="checkbox"/></div> <div>CODE 'C' NOT CIRCLED <input type="checkbox"/></div> </div> <div> <div>↓</div> <div>(SKIP TO 420) ←</div> </div>
419	How long after the fever started did (NAME) first take SP/Fansidar/Novidar SP?	<div> <div>SAME DAY 0</div> <div>NEXT DAY 1</div> <div>TWO DAYS AFTER</div> <div>FEVER 2</div> <div>THREE OR MORE DAYS</div> <div>AFTER FEVER 3</div> <div>DON'T KNOW 8</div> </div>	<div> <div>SAME DAY 0</div> <div>NEXT DAY 1</div> <div>TWO DAYS AFTER</div> <div>FEVER 2</div> <div>THREE OR MORE DAYS</div> <div>AFTER FEVER 3</div> <div>DON'T KNOW 8</div> </div>
420	CHECK 412: QUININE ('D' OR 'E') GIVEN	<div> <div>CODE 'D' OR 'E' CIRCLED <input type="checkbox"/></div> <div>CODE 'D' OR 'E' NOT CIRCLED <input type="checkbox"/></div> </div> <div> <div>↓</div> <div>(SKIP TO 422) ←</div> </div>	<div> <div>CODE 'D' OR 'E' CIRCLED <input type="checkbox"/></div> <div>CODE 'D' OR 'E' NOT CIRCLED <input type="checkbox"/></div> </div> <div> <div>↓</div> <div>(SKIP TO 422) ←</div> </div>
421	How long after the fever started did (NAME) first take quinine?	<div> <div>SAME DAY 0</div> <div>NEXT DAY 1</div> <div>TWO DAYS AFTER</div> <div>FEVER 2</div> <div>THREE OR MORE DAYS</div> <div>AFTER FEVER 3</div> <div>DON'T KNOW 8</div> </div>	<div> <div>SAME DAY 0</div> <div>NEXT DAY 1</div> <div>TWO DAYS AFTER</div> <div>FEVER 2</div> <div>THREE OR MORE DAYS</div> <div>AFTER FEVER 3</div> <div>DON'T KNOW 8</div> </div>
422	CHECK 412: ARTESUNATE ('F' OR 'G') GIVEN	<div> <div>CODE 'F' OR 'G' CIRCLED <input type="checkbox"/></div> <div>CODE 'F' OR 'G' NOT CIRCLED <input type="checkbox"/></div> </div> <div> <div>↓</div> <div>(SKIP TO 424) ←</div> </div>	<div> <div>CODE 'F' OR 'G' CIRCLED <input type="checkbox"/></div> <div>CODE 'F' OR 'G' NOT CIRCLED <input type="checkbox"/></div> </div> <div> <div>↓</div> <div>(SKIP TO 424) ←</div> </div>
423	How long after the fever started did (NAME) first take artesunate?	<div> <div>SAME DAY 0</div> <div>NEXT DAY 1</div> <div>TWO DAYS AFTER</div> <div>FEVER 2</div> <div>THREE OR MORE DAYS</div> <div>AFTER FEVER 3</div> <div>DON'T KNOW 8</div> </div>	<div> <div>SAME DAY 0</div> <div>NEXT DAY 1</div> <div>TWO DAYS AFTER</div> <div>FEVER 2</div> <div>THREE OR MORE DAYS</div> <div>AFTER FEVER 3</div> <div>DON'T KNOW 8</div> </div>
424	CHECK 412: OTHER ANTIMALARIAL ('H') GIVEN	<div> <div>CODE 'H' CIRCLED <input type="checkbox"/></div> <div>CODE 'H' NOT CIRCLED <input type="checkbox"/></div> </div> <div> <div>↓</div> <div>(SKIP TO 426) ←</div> </div>	<div> <div>CODE 'H' CIRCLED <input type="checkbox"/></div> <div>CODE 'H' NOT CIRCLED <input type="checkbox"/></div> </div> <div> <div>↓</div> <div>(SKIP TO 426) ←</div> </div>
425	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	<div> <div>SAME DAY 0</div> <div>NEXT DAY 1</div> <div>TWO DAYS AFTER</div> <div>FEVER 2</div> <div>THREE OR MORE DAYS</div> <div>AFTER FEVER 3</div> <div>DON'T KNOW 8</div> </div>	<div> <div>SAME DAY 0</div> <div>NEXT DAY 1</div> <div>TWO DAYS AFTER</div> <div>FEVER 2</div> <div>THREE OR MORE DAYS</div> <div>AFTER FEVER 3</div> <div>DON'T KNOW 8</div> </div>
426		GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO TO 403 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

SECTION 5. KNOWLEDGE OF MALARIA

501	Have you ever heard of an illness called malaria?	YES 1 NO 2	→ 516
502	What do you think is the cause of malaria? Anything else? RECORD ALL MENTIONED.	MOSQUITO BITES A EATING IMMATURE SUGARCANE B EATING COLD SIMA C EATING DIRTY FOOD D DRINKING DIRTY WATER E GETTING SOAKED IN RAIN F COLD OR CHANGING WEATHER G WITCHCRAFT H OTHER X (SPECIFY) DON'T KNOW Z	
503	What signs or symptoms would lead you to think that a person has malaria? Anything else? RECORD ALL MENTIONED.	FEVER A FEELING COLD B HEADACHE C NAUSEA/VOMITING D DIARRHEA E DIZZINESS F LOSS OF APPETITE G BODY ACHE OR JOINT PAIN H PALE EYES I SALTY-TASTING PALMS J FEELING WEAK K REFUSE TO EAT OR DRINK L OTHER X (SPECIFY) DON'T KNOW Z	
504	How can someone protect themselves against malaria? Anything else? RECORD ALL MENTIONED.	SLEEP UNDER A MOSQUITO NET A SLEEP UNDER AN INSECTICIDE-TREATED MOSQUITO NET B USE MOSQUITO REPELLENT C TAKE PREVENTATIVE MEDICATION D SPRAY THE HOUSE/ROOMS WITH INSECTICIDE E CLEAR WEEDS AROUND THE HOUSE F USE MOSQUITO COILS G CUT GRASS AROUND THE HOUSE H FILL IN STAGNANT WATERS (PUDDLES) I KEEP SURROUNDING CLEAN J BURN LEAVES K AVOID DRINKING DIRTY WATER L AVOID EATING BAD FOOD M PUT SCREENS ON WINDOWS N AVOID GETTING SOAKED IN RAIN O OTHER X (SPECIFY) DON'T KNOW Z	
505	What are the danger signs of malaria? Anything else? RECORD ALL MENTIONED.	SEIZURE/CONVULSIONS A FAINTING B ANY FEVER C HIGH FEVER D STIFF NECK E FEELING WEAK F NOT ACTIVE G CHILLS/SHIVERING H UNABLE TO EAT I VOMITING J CRYING ALL THE TIME K RESTLESS L DIARRHEA M OTHER X (SPECIFY) DON'T KNOW Z	

506	In the past six months, have you listened or seen any messages or information about malaria?	YES 1 NO 2	→ 510																																				
507	Where did you hear or see these messages of information? a) At a Government clinic/hospital? b) From a community health worker? c) From a friend/relative? d) At workplace? e) In drama groups? f) From peer educators? g) On a poster or billboard? h) On the television? i) On the radio? j) In a newspaper? k) Anywhere else?	<table border="0"> <tr> <td></td><td>YES</td><td>NO</td></tr> <tr> <td>a) GOVT.CLINIC/HOSPITAL</td><td>1</td><td>2</td></tr> <tr> <td>b) COMMUNITY HEALTH WORKER</td><td>1</td><td>2</td></tr> <tr> <td>c) FRIENDS/FAMILY</td><td>1</td><td>2</td></tr> <tr> <td>d) WORKPLACE</td><td>1</td><td>2</td></tr> <tr> <td>e) DRAMA GROUPS</td><td>1</td><td>2</td></tr> <tr> <td>f) PEER EDUCATORS</td><td>1</td><td>2</td></tr> <tr> <td>g) POSTER/BILLBOARD</td><td>1</td><td>2</td></tr> <tr> <td>h) TELEVISION</td><td>1</td><td>2</td></tr> <tr> <td>i) RADIO</td><td>1</td><td>2</td></tr> <tr> <td>j) NEWSPAPER</td><td>1</td><td>2</td></tr> <tr> <td>k) ANYWHERE ELSE</td><td>1</td><td>2</td></tr> </table>		YES	NO	a) GOVT.CLINIC/HOSPITAL	1	2	b) COMMUNITY HEALTH WORKER	1	2	c) FRIENDS/FAMILY	1	2	d) WORKPLACE	1	2	e) DRAMA GROUPS	1	2	f) PEER EDUCATORS	1	2	g) POSTER/BILLBOARD	1	2	h) TELEVISION	1	2	i) RADIO	1	2	j) NEWSPAPER	1	2	k) ANYWHERE ELSE	1	2	
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i) RADIO	1	2																																					
j) NEWSPAPER	1	2																																					
k) ANYWHERE ELSE	1	2																																					
508	How many months ago was the last time you heard or saw the messages?	MONTHS AGO <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>																																					
509	What type of messages about malaria did you hear or see? Anything else? RECORD ALL MENTIONED.	MALARIA IS DANGEROUS A MALARIA CAN KILL B MOSQUITO SPREAD MALARIA C SLEEPING UNDER A MOSQUITO NET IS IMPORTANT D WHO SHOULD SLEEP UNDER A MOSQUITO NET E SEEK TREATMENT FOR FEVER F SEEK TREATMENT FOR FEVER PROMPTLY (WITHIN 24 HOURS) G IMPORTANCE OF HOUSE SPRAYING H NOT PLASTERING WALLS AFTER SPRAYING .. I ENVIRONMENTAL SANITATION ACTIVITIES J OTHER X (SPECIFY) DON'T KNOW Z																																					
510	Has anyone ever provided you with information on malaria at your home?	YES 1 NO 2	→ 514																																				
511	Who gave you the information at your home? Anyone else? RECORD ALL MENTIONED.	HEALTH CARE WORKER A COMMUNITY HEALTH WORKER B FRIENDS/FAMILY C EMPLOYER D PEER EDUCATORS E OTHER X (SPECIFY) DON'T KNOW Z																																					
512	How long ago did someone visit your house to provide you information about malaria?	MONTHS AGO <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>																																					
513	What type of messages about malaria did you hear or see? Anything else? RECORD ALL MENTIONED.	MALARIA IS DANGEROUS A MALARIA CAN KILL B MOSQUITO SPREAD MALARIA C SLEEPING UNDER A MOSQUITO NET IS IMPORTANT D WHO SHOULD SLEEP UNDER A MOSQUITO NET E SEEK TREATMENT FOR FEVER F SEEK TREATMENT FOR FEVER PROMPTLY (WITHIN 24 HOURS) G IMPORTANCE OF HOUSE SPRAYING H NOT PLASTERING WALLS AFTER SPRAYING .. I ENVIRONMENTAL SANITATION ACTIVITIES J OTHER X (SPECIFY) DON'T KNOW Z																																					

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS
