

HH ID			

**Malaria Control Booster Project**  
**Impact Evaluation: Household Survey**  
**2012**

**Conducted with the Support of the World Bank**  
**Implementing Firm: Hanovia Medical Limited**

NAME OF STATE	CODE

NAME OF LGA	CODE

NAME OF WARD	CODE

NAME OF NEAREST PRIMARY HEALTHCARE FACILITY	CODE

SEA NUMBER		RURAL	1
		PERI-URBAN	2
		URBAN	3

NAME OF VILLAGE

INTERVIEWER NAME	CODE

INTERVIEWER NAME	CODE

DATE OF FIRST INTERVIEW		
DAY	MONTH	YEAR

DATE OF FINAL INTERVIEW		
DAY	MONTH	YEAR

<b>RESULT OF INTERVIEW</b>	COMPLETED	1
	PARTIALLY COMPLETED	2
	REFUSAL	3
	RESPONDENT(S) NOT PRESENT	4
	OTHER (SPECIFY)	96



<b>LANGUAGES</b>	ENGLISH	01
	BOLEWA	02
	FULFULDE	03
	HAUSA	04
	IGBO	05
	KANURI	06
	TANGALE	07
	TERA	08
	OTHER (SPECIFY)	96

LANGUAGE OF THE INTERVIEW

RESPONDENTS' LOCAL LANGUAGE

TRANSLATOR USED (1 = NEVER; 2 = SOMETIMES; 3 = ALWAYS)



**SUPERVISOR NAME**

TEAM	ID
<input type="text"/>	<input type="text"/>

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

**DATA ENTRY OPERATOR**

TEAM	ID
<input type="text"/>	<input type="text"/>

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

**DATA ENTRY SUPERVISOR**

TEAM	ID
<input type="text"/>	<input type="text"/>

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

## CONSENT

**Instructions for Enumerator:** Read the standard Household Interview Consent text.

(0.01) Do you agree to let us interview yourself and members of your household?

YES	1	<input type="text"/>
NO	2	<input type="text"/>

► END INTERVIEW

**GENDER OF RESPONDENT**

MALE	1	<input type="text"/>
FEMALE	2	<input type="text"/>

**NAME OF RESPONDENT**

**Mobile Phone #:**

**Email:**

**GPS:**

**Way Point ID**

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Latitude (N):**

[	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	]
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**Longitude (E):**

[	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	]
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**COMMENTS**

## CONTACT INFORMATION

Could you please give us your cellphone number, so that we can contact you again next year?

NAME	PHONE NUMBER	CODE

Could you also give us the cellphone numbers of at least two other **family members / relatives / friends** of your household so that we can contact you again next year?

### RELATIONSHIP TO HEAD

HEAD of HOUSEHOLD	01		
SPOUSE (WIFE/HUSBAND)	02	PARENT-IN-LAW	09
OWN SON / DAUGHTER	03	NIECE/NEPHEW	10
STEP SON/DAUGHTER	04	OTHER RELATIVE	11
SON/DAUGHTER IN-LAW	05	DOMESTIC HELP	12
GRANDCHILD	06	OTHER NON_RELATIVE	13
BROTHER/SISTER	07	CO-WIFE	14
PARENT	08	OTHER (SPECIFY)	96

SERIAL NO	NAME	PHONE NUMBER	RELATIONSHIP TO HEAD (CODE)
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			
11			
12			
14			
15			

## Section 1: Household Roster

**RESPONDENT:** Head of household or most knowledgeable HH member regarding all HH members.

(1.00) RECORD ID OF MAIN RESPONDENT -->

ID

ID CODE	(1.07) What is ....'s relationship to the head of the household?	(1.08) What is ....'s date of birth?			(1.09) How old is .....?		ONLY FOR 12 YEARS OLD AND ABOVE				(1.10) What is ....'s present marital status?	(1.11) SPOUSE'S ID CODE	(1.12) FATHER'S ID CODE	(1.13) MOTHER'S ID CODE	(1.14) What is ....'s religion?	(1.15) Has ..... been away from the household for more than 6 months in the last 12 months?	(1.16) For how many months during the past 12 months has ..... been away?
	HEAD OF HOUSEHOLD 01 SPOUSE (WIFE/HUSBAND) 02 OWN SON / DAUGHTER 03 STEP SON/DAUGHTER 04 SON/DAUGHTER IN-LAW 05 GRANDCHILD 06 BROTHER/SISTER 07 PARENT 08 PARENT-IN-LAW 09 NIECE/NEPHEW 10 OTHER RELATIVE 11 DOMESTIC HELP 12 OTHER NON-RELATIVE 13 CO-WIFE 14	IF RESPONDENT DOES NOT KNOW DAY OR MONTH, WRITE '97'. IF DOES NOT KNOW YEAR, PROBE USING TABLE OF EVENTS			IF <5 YEARS OLD, ALSO COLLECT MONTHS  IF YOUNGER THAN 12 YEARS ► (1.06)		NEVER MARRIED 01 ► (1.12) MONOGAMOUSLY MARRIED 02 POLYGAMOUSLY MARRIED 03 COHABIT 04 DIVORCED / SEPARATED 05 ► (1.12) WIDOWED 06 ► (1.12)				IF SPOUSE IS NOT A HOUSE-HOLD MEMBER, CODE 98 LIST IN ORDER OF RANK	IF FATHER IS NOT A HOUSE-HOLD MEMBER, CODE 98  IF FATHER IS DEAD, CODE 99  IF DON'T KNOW, CODE 97	IF MOTHER IS NOT A HOUSE-HOLD MEMBER, CODE 98  IF MOTHER IS DEAD, CODE 99  IF DON'T KNOW, CODE 97	NONE 01 CHRISTIANITY 02 MUSLIM / ISLAM 03 TRADITIONAL 04	YES 1 NO 2 ► (2.01) NOT APPLICABLE 3 ► (2.01)	MONTHS	
	OTHER, SPECIFY 96	A. DAY B. MTH C. YR	A. YRS B. MTHS	OTHER (SPECIFY) 96				ID1 ID2 ID3 ID4	ID	ID				OTHER, SPECIFY 96			
01																	
02																	
03																	
04																	
05																	
06																	
07																	
08																	
09																	
10																	
11																	
12																	
13																	
14																	
15																	

## Section 2: Education

(2.00) RECORD ID OF RESPOND

ID

**RESPONDENT** : Household head, his spouse, or most knowledgeable HH member regarding all HH members 5 years and older.

ID CODE	(2.01)	(2.02)	(2.03)	(2.04)		(2.05)	(2.06)	
	What is [NAME]'s mother tongue?	Can [NAME] read and write in any language?	Is [NAME] currently in school?	What grade / level is [NAME] currently attending?		Has ..... ever attended school?	What is the highest grade ..... has completed in school?	
ID CODE				None	00 SS 1 24	YES 1	None	00 SS 1 24
				N1	01 SS 2 25	NO 2 ► (3.01)	N1	01 SS 2 25
	ENGLISH 01	YES 1	YES 1	N2	02 SS 3 26		N2	02 SS 3 26
	HAUSA 02	NO 2	NO 2 ► (2.05)	P1	11 Lower 6 27		P1	11 Lower 6 27
	IGBO 03			P2	12 Upper 6 28		P2	12 Upper 6 28
	YORUBA 04			P3	13 Teacher training 31		P3	13 Teacher training 31
	OTHER (SPECIFY) 96			P4	14 Vocational 32		P4	14 Vocational 32
				P5	15 Technical 33		P5	15 Technical 33
				P6	16 Modern schooling 34		P6	16 Modern schooling 34
				JS1	21 NCE 35		JS1	21 NCE 35
				JS2	22 Poly / prof 41		JS2	22 Poly / prof 41
				JS3	23 1st degree 42		JS3	23 1st degree 42
			Higher degree 43		Higher degree 43			
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								

### Section 3: Economic Activities

(3.00) RECORD ID OF MAIN RESPONDENT --> ID

**RESPONDENT** : Head of household or most knowledgeable household member regarding all household members 12 years and older.

ID CODE	PRIMARY ECONOMIC ACTIVITY			
	(3.01) What is ..... 's main economic activity?	(3.02) In the last <b>12 months</b> , did ..... do anything to earn income or help the family earn income?	(3.03) Which main INDUSTRY of economic activity is ..... engaged in?	(3.04) Who does ..... work for at his/her <b>primary</b> work? (SECTOR OF EMPLOYER)
	WAGE EMPLOYMENT 01 ► (3.03)		FARMING/HERDING 01	IN CASE OF MORE THAN ONE ACTIVITY PRIMARY WORK CONSUMED THE MOST TIME
	OWN BUSINESS / SELF-EMPLOYED 02 ► (3.03)		FORESTRY/CHARCOAL 02	
	AGRICULTURE 03 ► (3.03)		FISHING 03	
	PIECEWORK 04 ► (3.03)		MINING 04	
	UNPAID FAMILY WORKER 05		MANUFACTURING 05	SELF-EMPLOYED 01
	NOT WORKING BUT LOOKING FOR WORK/MEANS TO DO BUSINESS 06		ELECTRICITY/WATER 06	FAMILY ENTERPRISE 02
	NOT WORKING AND NOT LOOKING FOR WORK/MEANS TO DO BUSINESS BUT AVAILABLE FOR WORK 07		CONSTRUCTION 07	PRIVATE SECTOR 03
	FULL TIME STUDENT 08		WHOLESALE/RETAIL TRADE 08	PUBLIC SECTOR 04
	HOMEMAKER 09		HOSPITALITY 09	NGO 05
	RETIRED 10		TRANSPORT 10	STATE 06
	TOO OLD/YOUNG TO WORK 11		FINANCIAL SERVICES 11	GOVERNMENT/FEDERAL 06
	TOO SICK TO WORK 12		REAL ESTATE 12	GOVERNMENT 07
	OTHER (SPECIFY) 96	YES 1	HEALTH/SOCIAL WORK 16	CASUAL LABOURER 07
	NO 2 ► <b>NEXT PERSON / SECTION</b>	COMMUNITY ORGANIZATION 17	OTHER (SPECIFY) 96	
		OTHER (SPECIFY) 96		
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				
11				
12				
13				
14				
15				

## Section 3: Economic Activities

Continued

ID CODE	PRIMARY ECONOMIC ACTIVITY			SECONDARY ACTIVITY								
	(3.05) How much does ..... normally earn in his/her <b>primary</b> work?		(3.06) During the last <b>12 months</b> , how many months did ..... engage in this <b>primary</b> work to earn income or help the family earn income?	(3.07) In addition to this primary work, did ..... engage in any other (i.e. <b>secondary</b> ) activity to earn income or help the family earn income in the last 12 months?	(3.08) How much does ..... normally earn in ..... 's <b>secondary</b> work?		(3.09) During the last <b>12 months</b> , how many months did ..... engage in this <b>secondary</b> work to earn income or help the family earn income?	(3.10) How many hours did you work <b>last week</b> ?				
	A	B			A	B						
	RECORD AMOUNT	PER			RECORD AMOUNT	PER						
									DAY	01	DAY	01
									WEEK	02	WEEK	02
									EVERY TWO WEEKS	03	EVERY TWO WEEKS	03
									MONTH	04	MONTH	04
	YEAR	05		YEAR	05							
				YES 01								
		NO 02										
		NEXT PERSON / SECTION										
NAIRA	PAY PERIOD	MONTHS	NAIRA	PAY PERIOD	MONTHS	HOURS						
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
12												
13												
14												
15												

## Section 4: Mosquito Nets

**Respondent:** *Housewife/most knowledgeable member of household*

- (4.01) At any time in the past 12 months has anyone sprayed the interior walls of your dwelling against mosquitoes?

YES	1
NO	2 ► (4.04)

- (4.02) How many months ago did they spray?

RECORD NUMBER OF MONTHS.	
< 1 MONTH	00

- (4.03) Who sprayed the house?

GOVERNMENT PROGRAM / WORKER	01
PRIVATE COMPANY	02
HOUSEHOLD MEMBER	03
OTHER (SPECIFY)	96

- (4.04) How many mosquito nets does your household own?

IF NONE	00 ► NEXT SECTION
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- (4.05) ASK RESPONDENT TO SHOW YOU THE NET(S) IN THE HOUSEHOLD. IF MORE THAN SIX NETS, USE ADDITIONAL QUESTIONNAIRE

OBSERVED	01
NOT OBSERVED	02



NET #1

OBSERVED?

NET #2

OBSERVED?

NET #3

OBSERVED?

NET #4

OBSERVED?

NET #5

OBSERVED?

NET #6

OBSERVED?

- (4.06) How long ago did your household obtain the mosquito nets?

RECORD UNIT AND NUMBER	
DAYS	01
WEEKS	02
MONTHS	03
YEARS	04

NUMBER:

UNIT:

NUMBER:

UNIT:

NUMBER:

UNIT:

NUMBER:

UNIT:

NUMBER:

UNIT:

NUMBER:

UNIT:

- (4.07) OBSERVE OR ASK THE BRAND OF THE MOSQUITO NET

OLYSET	01
PERMANET	02
ICONET	03
FENNET	04
KO NET	05
SAFINET	06
NO BRAND	07
OTHER PRETREATED	08
OTHER, SPECIFY	96 ►
DON'T KNOW	97



BRAND:

BRAND:

BRAND:

BRAND:

BRAND:

BRAND:

- (4.08) Where did you obtain the net?

GOVERNMENT	01
CLINIC / HOSPITAL	02
NEIGHBORHOOD HEALTH COMMITTEE	03
COMMUNITY HEALTH WORKER	04
NGO	05
RETAIL SHOP	06
PHARMACY	07
EMPLOYER	08
OTHER, SPECIFY	96 ►

PLACE:

PLACE:

PLACE:

PLACE:

PLACE:

PLACE:

- (4.09) When you obtained the net, was it already treated with insecticide?

YES	1
NO	2
DON'T KNOW	97

TREATED?

TREATED?

TREATED?

TREATED?

TREATED?

TREATED?

- (4.10) Did you purchase the net?

YES	1
NO	2 ► (4.12)
FULFULDE	

PURCHASED?

PURCHASED?

PURCHASED?

PURCHASED?

PURCHASED?

PURCHASED?



(4.11) Ho

RECORD AMOUNT IN NAIRA  
IF FREE REC

PRICE OF NET 1 (NAIRA):

PRICE OF NET 4 (NAIRA):

PRICE OF NET 2 (NAIRA):

PRICE OF NET 5 (NAIRA):

PRICE OF NET 3 (NAIRA):

PRICE OF NET 6 (NAIRA):

(4.12) Who slept under this mosquito net last night? FOR EACH NET,  
RECORD VALUE NEXT TO

THE ID IN THE TABLE UNDER COLUMN (4.12)

YES 1

NO 2

NOBODY 3 ► NEXT NET

(4.13) FOR EACH NET, UNDER COLUMN (4.13) IN THE TABLE, VERIFY THE  
TYPE OF PERSON SLEEPING UNDER THE NET LAST NIGHT.

CHILD UNDER 5 YEARS OLD 01

CHILD FROM 5-12 YEARS 02

PREGNANT WOMAN 03

WOMAN OF REPRODUCTIVE AGE (15-  
49) 04

HOUSEHOLD HEAD 05

OTHER ADULT OVER 12 YEARS OLD 06

NET #1 ↓

	(4.12)	(4.13)
	↓	↓
ID 01		
ID 02		
ID 03		
ID 04		
ID 05		
ID 06		
ID 07		
ID 08		
ID 09		
ID 10		
ID 11		
ID 12		
ID 13		
ID 14		
ID 15		

NET #2 ↓

	(4.12)	(4.13)
	↓	↓
ID 01		
ID 02		
ID 03		
ID 04		
ID 05		
ID 06		
ID 07		
ID 08		
ID 09		
ID 10		
ID 11		
ID 12		
ID 13		
ID 14		
ID 15		

NET #3 ↓

	(4.12)	(4.13)
	↓	↓
ID 01		
ID 02		
ID 03		
ID 04		
ID 05		
ID 06		
ID 07		
ID 08		
ID 09		
ID 10		
ID 11		
ID 12		
ID 13		
ID 14		
ID 15		

NET #4 ↓

	(4.12)	(4.13)
	↓	↓
ID 01		
ID 02		
ID 03		
ID 04		
ID 05		
ID 06		
ID 07		
ID 08		
ID 09		
ID 10		
ID 11		
ID 12		
ID 13		
ID 14		
ID 15		

NET #5 ↓

	(4.12)	(4.13)
	↓	↓
ID 01		
ID 02		
ID 03		
ID 04		
ID 05		
ID 06		
ID 07		
ID 08		
ID 09		
ID 10		
ID 11		
ID 12		
ID 13		
ID 14		
ID 15		

NET #6 ↓

	(4.12)	(4.13)
	↓	↓
ID 01		
ID 02		
ID 03		
ID 04		
ID 05		
ID 06		
ID 07		
ID 08		
ID 09		
ID 10		
ID 11		
ID 12		
ID 13		
ID 14		
ID 15		

# Section 5.1: Malaria-related Knowledge, Attitude and Practice (KAP)

**RESPONDENT : Housewife/most knowledgeable household member**

(5.01) What is the main cause of malaria?

CAUSES	
MOSQUITOES	01
DIRTY FOODS	02
DIRTY LIQUIDS	03
CLIMATE / WEATHER	04
WITCHCRAFT	05
OILY FOOD	06
SUN	07
OTHER, SPECIFY	96

(5.02) What are the danger signs or symptoms of malaria?

DO NOT READ OUT ANSWERS. ONLY LISTEN TO RESPONDENT AND RECORD UP TO 3 RESPONSES. ENTER SYMPTOM CODES IN THE BOXES.

SYMPTOMS	
FEVER	01
HEADACHE	02
NAUSEA	03
VOMITING	04
BODY WEAKNESS	05
SEIZURE / CONVULSION	06
OTHER, SPECIFY	96

RESPONSES

1st	2nd	3rd
<input type="text"/>	<input type="text"/>	<input type="text"/>

(5.02a) Which group is the most vulnerable to malaria?

DO NOT READ OUT ANSWERS. ONLY LISTEN TO RESPONDENT.

VULNERABLE GROUPS	
CHILDREN UNDER 5	01
CHILDREN AGED 5-12	02
PREGNANT WOMEN	03
ADULTS	04
ELDERLY PEOPLE	05
OTHER, SPECIFY	96

RESPONSE

(5.03) How can someone protect themselves against malaria?

DO NOT READ OUT ANSWERS. ONLY LISTEN TO RESPONDENT AND RECORD UP TO 3 RESPONSES. ENTER SYMPTOM CODES IN THE BOXES.

PREVENTION	
MOSQUITO NET	01
INSECT REPELLENT	02
INSECT SCREENS	03
PREVENTIVE MEDICATION	04
INSECTICIDE (IRS)	05
MOSQUITO COILS	06
AVOID DIRTY FOODS	07
AVOID DIRTY LIQUIDS	08
FILL IN PUDDLES	09
KEEP HOUSE CLEAN	10
BURN GRASS	11
OTHER, SPECIFY	96

RESPONSES

1st	2nd	3rd
<input type="text"/>	<input type="text"/>	<input type="text"/>

(5.04) Which of the following have members of your household done to protect themselves from malaria? READ THE ANSWER OPTIONS FOR THE RESPONDENT RECORD UP TO 3 RESPONSES. ENTER PROTECTION CODES IN THE BOXES.

PREVENTION	
Mosquito net?	01
Insect repellent?	02
Insect screens?	03
Preventive medication?	04
Insecticide (irs)?	05
Mosquito coils?	06
Avoid dirty foods?	07
Avoid dirty liquids?	08
Fill in puddles / avoid stagnant water?	09
Keep house clean?	10
Burn grass?	11
Other?, SPECIFY	96

RESPONSES

1st	2nd	3rd
<input type="text"/>	<input type="text"/>	<input type="text"/>

(5.05) What is the best medicine to treat malaria?

RECORD UP TO 3 RESPONSES. ENTER TREATMENT CODES IN THE BOXES.

TREATMENT	
SP / FANSIDAR	01
CHLOROQUINE	02
AMODIAQUINE	03
QUININE	04
ACT (COARTEM)	05
ARTHEMETAN	06
TRADITIONAL MEDICINE	07
DON'T KNOW	08
OTHER, SPECIFY	96

RESPONSES

1st	2nd	3rd
<input type="text"/>	<input type="text"/>	<input type="text"/>

SKIP to 5.06

(5.05a) Why do you think this is the best medicine for treating malaria?

USED IT BEFORE	01
HEARD FROM FRIEND	02
HEARD IN COMMUNITY	03
HEARD ABOUT IN ON TV / RADIO	04
READ ABOUT IT IN NEWSPAPER / MAGAZINE	05
AFFORDABLE	06
ACCESSIBLE	07
COMMUNITY MEETING / STREET PLACARD	15
IRRELEVANT	
OTHER, SPECIFY	96

(5.05b) For how many days should treatment with ACTs be taken?  
RECORD 97 IF DON'T KNOW

RECORD NUMBER OF DAYS:

(5.05c) How many times per day should you take ACTs on each of these days?  
RECORD 97 IF DON'T KNOW

RECORD NUMBER OF TIMES ACTs SHOULD BE TAKEN PER DAY:

(5.06) Where do you typically get information about malaria?  
RECORD UP TO 3 RESPONSES. ENTER RESPONSE CODES IN THE BOXES.

INFORMATION SOURCES	
COMMUNITY HEALTH WORKER (CHW)	01
NEIGHBORHOOD HEALTH COMMITTEE	02
DRUG SELLER	03
DOCTOR AND / OR NURSE	04
HEALTH CLINIC / HOSPITAL	05
RADIO / TV	06
NEWSPAPER / TELEVISION	07
FAMILY	08
FRIENDS AND / OR NEIGHBORS IN THE CITY	09
FRIENDS AND / OR NEIGHBORS IN THE VILLAGE	10
COMMUNITY MEETING / STREET PLA'	15
OTHER, SPECIFY	96

RESPONSES		
1st	2nd	3rd
<input type="text"/>	<input type="text"/>	<input type="text"/>

(5.07a) Have you heard of Coartem ?

YES	01
NO	02

► (5.08)

(5.07b) Where did you first hear of Coartem ?

PUBLIC HEALTH FACILITY	01
PRIVATE HEALTH FACILITY	02
COMMUNITY HEALTH WORKER	03
NEIGHBORHOOD HEALTH COMMITTEE	04
RADIO / TELEVISION PROGRAM	05
MAGAZINE	06
DRUG STORE / HEALTH SHOP	13
COMMUNITY MEETING / STREET PLA'	15
OTHER, SPECIFY	96

(5.08) Have you heard about Rapid Diagnostic Tests (RDTs) for malaria?

YES	01
NO	02

► NEXT SECTION

(5.09) Where did you first hear about RDT test?

PUBLIC HEALTH FACILITY	01
PRIVATE HEALTH FACILITY	02
COMMUNITY HEALTH WORKER	03
NEIGHBOURHOOD HEALTH COMMITTEE	04
RADIO/TELEVISION PROGRAM	05
MAGAZINE	06
DRUG STORE / HEALTH SHOP	13
COMMUNITY MEETING / STREET PLA'	15
OTHER, (SPECIFY)	96

(5.10) True or false: RDTs are devices, which can be used to test if a person has malaria?

TRUE	01
FALSE	02

(5.11) If you had a sick child, would you allow your child to be tested with an RDT for malaria?

YES	01
NO	02

► (5.13)

(5.12) Why would you not allow your sick child to be tested with an RDT for malaria?

WOULD NOT NEED IT	01
WOULD NOT TRUST IT	02
AFRAID OF SIDE EFFECTS	03
TEST TAKES TOO LONG	04
TOO EXPENSIVE	05
OTHER (SPECIFY)	96

(5.13) Where can you go for a malaria RDT test?

RECORD ALL RESPONSES GIVEN

PUBLIC HEALTH FACILITY	01
PRIVATE HEALTH FACILITY	02
COMMUNITY HEALTH WORKER	03
MISSION FACILITY	05
PHARMACY	07
DRUG STORE	13
OTHER (SPECIFY)	96 ▶

RESPONSES

1st	2nd	3rd
<input type="text"/>	<input type="text"/>	<input type="text"/>
4th	5th	6th
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 5.2: Return on Investment

ID

**Respondent:** Head of the Household about himself/herself and his/her youngest child

**Preparing the respondent:** We will now discuss future events that may or may not take place. I have 20 beans for you that will help you tell me how likely is it that the event we will discuss will actually happen. I will give you different scenarios to make it clear.

For example: If I ask you 'how likely is it that it will rain tomorrow?', and if you believe that it will certainly rain tomorrow then you will give me all the 20 beans that you have in your possession.

If you believe that there is not chance that it will rain tomorrow, then you will not give me any beans.

If you believe that it is not very likely that it will rain tomorrow then you will give some of your beans.

If you believe that it very likely that it will rain tomorrow then you will give me more beans than the previous scenario.

Now, lets keep the thought in mind while responding to the following questions.

### EXPECTATION OF GETTING MALARIA WITH or WITHOUT NET USE

Ask the following questions about the respondent and about his/her youngest child

[5.14] Suppose you and your youngest child never sleep under the bed net, how likely that you and your youngest child will be infected by malaria within the next 3 months?

Unlikely [01]

Likely [02]

Very likely [03]

You

Your Child

[5.15] Suppose you and your youngest child sleep under the bed net 3 days a week, how likely that you and your youngest child will be infected by malaria within the next 3 months?

Unlikely [01]

Likely [02]

Very likely [03]

You

Your Child

[5.16] Suppose you and your youngest child sleep under the bed net everyday, how likely that you and your youngest child will be infected by malaria within the next 3 months?

Unlikely [01]

Likely [02]

Very likely [03]

You

Your Child

### CONSEQUENCES OF GETTING MALARIA

Ask Q 5.17 through Q 5.21 about the respondent and Q 5.22 through about his/her youngest child

[5.17] Suppose you are infected with malaria, what is the **minimum** number of days of work you will miss?

[A] RECORD NUMBER OF DAYS

[5.18] Suppose you are infected with malaria, what is the **maximum** number of days of work you will miss?

[B] RECORD NUMBER OF DAYS

[5.19] Interviewer: compute the average of minumim and maximum.  $[(A+B)/2= C]$

[C] RECORD AVERAGE NUMBER OF DAYS

[5.20] How likely is that you will miss **more** than [C] number of days of work?

Unlikely [01]

Likely [02]

Very likely [03]

[5.21] How likely is that you will miss **less** than [C] number of days of work?

Unlikely	[01]
Likely	[02]
Very likely	[03]

YOU WILL SKIP **Q 5.22 through Q 5.26** IF THE RESPONDENT'S YOUNGEST CHILD IS NOT A SCHOOL AGE CHILD

[5.22] Suppose your youngest child is infected with malaria, what is the **minimum** number of days of school he/she will miss?

[A] RECORD NUMBER OF DAYS

[5.23] Suppose your youngest child is infected with malaria, what is the **maximum** number of days of school he/she will miss?

[B] RECORD NUMBER OF DAYS

[5.24] Interviewer: compute the average of minumim and maximum.  $[(A+B)/2= C]$

[C] RECORD AVERAGE NUMBER OF DAYS

[5.25] How likely is that your youngest child will miss **more** than [C] number of days of school?

Unlikely	[01]
Likely	[02]
Very likely	[03]

[5.26] How likely is that your youngest child will miss **less** than [C] number of days of school?

Unlikely	[01]
Likely	[02]
Very likely	[03]

YOU WILL SKIP **Q 5.27 through Q 5.31** IF THE RESPONDENT'S YOUNGEST CHILD IS NOT UNDER 5 YEARS OLD

[5.27] Suppose your youngest child is infected with malaria, what is the **minimum** number of days of work you will miss to take care of him/her?

[A] RECORD NUMBER OF DAYS

[5.28] Suppose your youngest child is infected with malaria, what is the **maximum** number of days of work you will miss to take care of him/her?

[B] RECORD NUMBER OF DAYS

[5.29] Interviewer: compute the average of minumim and maximum.  $[(A+B)/2= C]$

[C] RECORD AVERAGE NUMBER OF DAYS

[5.30] How likely is that you will miss **more** than [C] number of days of work to take care of him/her?

Unlikely	[01]
Likely	[02]
Very likely	[03]

[5.31] How likely is that you will miss **less** than [C] number of days of work to take care of him/her?

Unlikely	[01]
Likely	[02]
Very likely	[03]

IS FEVER = MALARIA

[5.32] Suppose you have fever, how likely that this is malaria?

Unlikely	[01]
Likely	[02]
Very likely	[03]

--

[5.33] Suppose you have malaria, how likely that you will need treatment for malaria?

Unlikely	[01]
Likely	[02]
Very likely	[03]

--

EFFECTIVENESS OF TREATMENT

[5.34 & 5.35] Suppose you have malaria, how likely that you will be cured within 4 or 7 days if you are **taken** to the doctor?

Unlikely	[01]
Likely	[02]
Very likely	[03]

[5.34]	4 days

[5.35]	7 days

[5.36 & 5.37] Suppose you have malaria, how likely that you will be cured within 4 or 7 days if you are **not taken** to the doctor?

Unlikely	[01]
Likely	[02]
Very likely	[03]

[5.36]	4 days

[5.37]	7 days

[5.38 & 5.39] Suppose you have malaria, how likely that you will be cured within 4 or 7 days if you are **treated with ACT**?

Unlikely	[01]
Likely	[02]
Very likely	[03]

[5.38]	4 days

[5.39]	7 days

[5.40 & 5.41] Suppose you have malaria, how likely that you will be cured within 4 or 7 days if you are **not treated with ACT**?

Unlikely	[01]
Likely	[02]
Very likely	[03]

[5.40]	4 days

[5.41]	7 days

## Section 6.1: Health Status and Utilization

**RESPONDENT: ALL household members >=12 years old**

ID CODE	GENERAL HEALTH			ILLNESS EPISODES IN PAST 4 WEEKS						
	(6.01) How is your health <b>today</b> ?	(6.02) <b>12 months ago</b> , how was your health on a normal day?	(6.03) In the last 4 weeks, have you been sick at any time?	(6.04) What were you mainly suffering from?				(6.05) How long ago did the <b>last</b> episode of illness start?	(6.06) How long ago did the illness stop?	
				FEVER / MALARIA 01	STROKE 19					
				COUGH/CHEST INFECTION 02	HYPERTENSION / BP 20					
				TUBERCULOSIS 03	DIABETES / SUGAR 21					
				ASTHMA 04	HIV/AIDS 22					
				BRONCHITIS 05	PARALYSIS 23					
				PNEUMONIA/KALASO 06	JOINT ACHE 24					
				DIARRHEA WITHOUT BLOOD 07	OTHER, SPECIFY 96					
				DIARRHEA WITH BLOOD 08	IN CASE OF MORE EPISODES DURING THE LAST 4 WEEKS, RECORD UP TO 3 ILLNESSES					
				DIARRHEA AND VOMITING 09						
				VOMITING 10						
				ABDOMINAL PAIN 11						
				ANEMIA 12						
				SKIN RASH/INFECTION 13						
				EYE / EAR INFECTION 14						
				MEASLES 15						
				JAUNDICE / YELLOW FEVER 16			DAYS 1	DAYS 1		
				HEADACHE 17			WEEKS 2	WEEKS 2		
				TOOTHACHE 18			MONTHS 3	STILL SICK 3		
				1st	2nd	3rd	NUMBER	UNIT	NUMBER	UNIT
01										
02										
03										
04										
05										
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09										
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11										
12										
13										
14										
15										



## Section 6.1: Health Status and Utilization

RESPONDENT: All Household members >=12 years old

		HEALTH CARE SEEKING				
ID CODE	(6.07) Did you consult any health institution/personnel for this illness?	(6.08) Why didn't you consult a health institution or personnel for care?	(6.09) Who decided you should go there for your illness?	(6.10) How long after the illness started did you seek care?	(6.11) Where did you seek care?	
	INSTITUTION/PERSONNEL INCLUDES TRADITIONAL HEALER	TOO EXPENSIVE 01	(IN RELATION TO SICK PERSON)		PROBE FOR PRIMARY PLACE OF CARE-SEEKING	
		TOO FAR 02				
		TOO BUSY (WORK, CHILDREN) 03				
		WASN'T SICK ENOUGH 04				
		FACILITY HAS POOR INFRASTRUCTURE 05				
		FACILITY POORLY STOCKED 06				
		POOR STAFF ATTITUDE 07				
		POOR STAFF KNOWLEDGE 08				SELF 01
	DON'T TRUST THE STAFF 09	SPOUSE 02				
	SELF-TREATED 10	PARENT 03	WITHIN 24 HOURS 1	TRADITIONAL HEALER 09		
	YES 1 ► (6.09)	PARENT-IN-LAW 04	AFTER 24 HOURS, NEXT DAY 2	FAITH/CHURCH HEALER 10		
	NO 2	OTHER RELATIVE 05	SAME WEEK 3	COMMUNITY HEALTH WORKER 11		
	► GO TO (6.22)	FRIENDS/NEIGHBORS 06	WITHIN 2 WEEKS 4			
		COMMUNITY HEALTH WORKER 07	WITHIN 3 WEEKS 5	DRUG STORE / HEALTH SHOP 13		
OTHER, SPECIFY 96		OTHER, SPECIFY 96	MISSION FACILITIES 15			
			OTHER, SPECIFY 96			
01						
02						
03						
04						
05						
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**Section 6.1: Health Status and Utilization**  
**RESPONDENT : All household members >=12 years old**

		HEALTH CARE SEEKING						DIAGNOSIS										
ID CODE	(6.12) What is the distance from your household to this point of service?	(6.13) For the last visit, how much time did it take you to travel to and from your homestead to the institution?		(6.14) For the last visit, how much time did you wait to be seen in the institution?		(6.15) For the last visit, who did you consult with?  IF GIVEN TWO ANSWERS, RECORD THE MOST QUALIFIED	(6.16) How was your illness diagnosed?	(6.16a) CHECK: (6.04)  DOES RESPONDENT REPORT FEVER/MALARIA (01), HEADACHE (17) OR JOINT ACHE (24)?	6.16b Why was a blood test not taken (Microscopy/blood slide or  CHECK 6.16 TO MAKE SURE MICROSCOPY/BLOOD SLIDE OR RDT NOT SELECTED AS RESPONSE	(6.17a) When you were diagnosed, what was the result of the lab / RDT test?	(6.17b) Was this diagnosis done in the original facility you went to for care, or were you referred to a different facility for diagnosis?							
	ONE WAY					DOCTOR / CLINICAL OFF	01	SYMPTOMATIC DIAGNOSIS (BY PROVIDER)	01	CHECK 6.16 TO MAKE SURE MICROSCOPY/BLOOD SLIDE OR RDT NOT SELECTED AS RESPONSE	THE TEST IS POSITIVE (+) IF THE RESPONDENT HAS/HAD MALARIA							
						NURSE / MIDWIFE	02	CLINICAL DIAGNOSIS (BY PROVIDER WITH PHYSICAL EXAM)	02				YES	▶ CONT. BELOW	DID NOT NEED IT	01		
COMMUNITY HEALTH WORKER						03	MICROSCOPY/BLOOD SLIDE	03	NO				▶ 6.18	DID NOT TRUST IT	02			
LAB TECHNICIAN						04	RAPID DIAGNOSTIC TEST (RDT)	04	CHECK: (6.16)  DOES RESPONDENT REPORT MICROSCOPY/BLOOD SLIDE (03) OR RDT (04)?				AFRAID OF SIDE	03				
PHARMACIST						05	X RAY	05					TEST TAKES TOO LONG	04				
TRADITIONAL HEALER						06		06					TOO EXPENSIVE	05				
SPIRITUAL HEALER						07		07					WAS NOT SUGGESTED	06				
DRUG STORE / HEALTH SHOP ATTENDANT						08	OTHER, SPECIFY	96	YES				▶ (6.17a)	WAS NOT AVAILABLE AT ORIGINAL FACILITY	07	POSITIVE	01	ORIGINAL FACILITY 01 ▶ (6.17d)
TEMPORARY WORKER						09		NO	▶ 6.16b				08	NEGATIVE	02	DIFFERENT FACILITY 02		
ENVIRONMENTAL HEALTH TECHNICIAN						10							09	NOT VALID	03			
OTHER, SPECIFY	96	09	DONT KNOW	97														
	KM	HOUR	MIN	HOUR	MIN			YOU DO NOT NEED TO ENTER ANYTHING BELOW	UNCONDITIONAL SKIP: ▶ (6.19)									
01																		
02																		
03																		
04																		
05																		
06																		
07																		
08																		
09																		
10																		
11																		
12																		
13																		
14																		
15																		

**RESPONDENT:** All Household members  $\geq 12$  years old

**RESPONDENT:** All Household members  $\geq 12$  years old

		DIAGNOSIS				HEALTH EXPENDITURES				
ID CODE	(6.17c) Did you get a referral slip with clear instructions on where to go for your diagnosis?	(6.17d) Who performed the diagnostic test?	(6.18) Did you feel safe and well-taken-care-of during the diagnostic process?	(6.19) How satisfied were you with the information provided to you throughout the diagnostic process?	(6.20) In the last 4 weeks, how much did you spend for treatment at this institution on the following....?	READ ALOUD EACH OPTION  NOTE: DO NOT INCLUDE DRUG FEES HERE				
		PUBLIC FACILITY STAFF 01								
		PRIVATE FACILITY STAFF 02								
		DRUG STORE/HEALTH SHOP ATTENDANT 03		VERY SATISFIED 01						
	YES 01		YES 01	SATISFIED 02			A	B	C	D
	NO 02	VILLAGE HEALTH WORKER 04	NO 02	UNSATISFIED 03			Registration Fees	Consultation Fees	Lab Fees	Transportation
		PHARMACIST 05		VERY UNSATISFIED 04			NAIRA	NAIRA	NAIRA	NAIRA
		OTHER, SPECIFY 96								
	01									
02										
03										
04										
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## Section 6.1: Health Status and Utilization

**RESPONDENT : All household members >=12 years old**

HEALTH EXPENS		HOSPITALIZATIONS				DRUGS	
ID CODE	(6.21) IF THE PAYMENT WAS FORGONE / POSTPONED BECAUSE THE RESPONDENT COULD NOT AFFORD IT, RECORD THE TOTAL AMOUNT HERE.	(6.22) In the last 4 weeks, were you hospitalized to treat this illness?	(6.23) For how long were you hospitalized?  IF STILL HOSPITALIZED, RECORD "4" IN THE UNIT COLUMN AND LEAVE THE NUMBER COLUMN BLANK	6.24 In the last 4 weeks, how much did you spend on hospitalization to treat this illness?  EXCLUDE COSTS RECORDED IN (6.20)  WRITE "0" IF NOTHING	6.25 In the last 4 weeks, did you take any medication to treat this illness?	6.26 How long after the illness started did you start taking medication?	
	Total Amount Forgone	YES 1 NO 2 ► 6.25	HOURS 1	Hospitalization	YES 1 NO 2 ► (6.31)	WITHIN 24 HOURS 1	
			DAYS 2			AFTER 24 HOURS, NEXT DAY 2	
			WEEKS 3			SAME WEEK 3	
			STILL HOSPITALIZED 4			WITHIN 2 WEEKS 4	
	NAIRA		NUMBER	UNIT	NAIRA		WITHIN 3 WEEKS 5
	01						
	02						
	03						
	04						
05							
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**Section 6.1: Health Status and Utilization**  
**RESPONDENT : All household members >=12 years old**

DRUGS																																																																																															
ID CODE	(6.27) In the last 4 weeks, did you take any of the following medication in order to treat your illness? PROVIDE SAMPLE BOXES FOR INTERVIEWER OF MAIN TYPES TO SHOW												(6.28) Where did you obtain the medication?																																																																																		
	<table border="0"> <tr> <td>YES</td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>NO</td> <td>2</td> <td>Skip to 6.32</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DON'T KNOW</td> <td>97</td> <td>Skip to 6.32</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>												YES	1												NO	2	Skip to 6.32											DON'T KNOW	97	Skip to 6.32											<table border="0"> <tr> <td>GOVERNMENT HOSPITAL</td> <td>01</td> <td>COMMUNITY HEALTH WORKER</td> <td>11</td> </tr> <tr> <td>GOVERNMENT CLINIC</td> <td>02</td> <td></td> <td>12</td> </tr> <tr> <td>GOVERNMENT HEALTH POST</td> <td>03</td> <td>DRUG STORE</td> <td>13</td> </tr> <tr> <td>PRIVATE HOSPITAL</td> <td>04</td> <td>FRIENDS/NEIGHBORS</td> <td>14</td> </tr> <tr> <td>PRIVATE CLINIC</td> <td>05</td> <td>MISSION FACILITIES</td> <td>15</td> </tr> <tr> <td>PHARMACY</td> <td>07</td> <td>FAMILY MEMBER</td> <td>16</td> </tr> <tr> <td>TRADITIONAL HEALER</td> <td>09</td> <td>PERSONAL SUPPLY</td> <td>17</td> </tr> <tr> <td>FAITH/CHURCH HEALER</td> <td>10</td> <td>OTHER, SPECIFY</td> <td>96</td> </tr> </table>												GOVERNMENT HOSPITAL	01	COMMUNITY HEALTH WORKER	11	GOVERNMENT CLINIC	02		12	GOVERNMENT HEALTH POST	03	DRUG STORE	13	PRIVATE HOSPITAL	04	FRIENDS/NEIGHBORS	14	PRIVATE CLINIC	05	MISSION FACILITIES	15	PHARMACY	07	FAMILY MEMBER	16	TRADITIONAL HEALER	09	PERSONAL SUPPLY	17	FAITH/CHURCH HEALER	10	OTHER, SPECIFY	96
	YES	1																																																																																													
NO	2	Skip to 6.32																																																																																													
DON'T KNOW	97	Skip to 6.32																																																																																													
GOVERNMENT HOSPITAL	01	COMMUNITY HEALTH WORKER	11																																																																																												
GOVERNMENT CLINIC	02		12																																																																																												
GOVERNMENT HEALTH POST	03	DRUG STORE	13																																																																																												
PRIVATE HOSPITAL	04	FRIENDS/NEIGHBORS	14																																																																																												
PRIVATE CLINIC	05	MISSION FACILITIES	15																																																																																												
PHARMACY	07	FAMILY MEMBER	16																																																																																												
TRADITIONAL HEALER	09	PERSONAL SUPPLY	17																																																																																												
FAITH/CHURCH HEALER	10	OTHER, SPECIFY	96																																																																																												
A	B	C	D	E	F	G	H	I	J	K	L	A	B	C	D	E	F	G	H	I	J	K	L																																																																								
SP/Fansidar	Chloroquine	Amodiaquine	Quinine Tablets	Quinine Injectables	Artemeter	Coartem	Aspirin	Acetaminophen / Paracetamol	Ibuprofen (Brufen)	OTHER, SPECIFY	OTHER, SPECIFY	SP/Fansidar	Chloroquine	Amodiaquine	Quinine Tablets	Quinine Injectables	Artemeter	Coartem	Aspirin	Acetaminophen / Paracetamol	Ibuprofen (Brufen)	OTHER, SPECIFY	OTHER, SPECIFY																																																																								
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## Section 6.1: Health Status and Utilization

**RESPONDENT : All household members >=12 years old**

COST OF DRUGS													
ID CODE	(6.29) In the last 4 weeks, how much did you spend on each of the following medications in order to treat your illness?												(6.30) ADD & CONFIRM: IN THE LAST 4 WEEKS, HOW MUCH DID ..... SPEND ON DRUGS IN TOTAL?
	IF ZERO, RECORD 00 DON'T KNOW 97												► GO TO (6.33)
	A	B	C	D	E	F	G	H	I	J	K	L	TOTAL SPENT ON DRUGS NAIRA
	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	
	SP/Fansidar	Chloroquine	Amodiaquine	Quinine Tablets	Quinine Injectables	Artemeter	Coartem	Aspirin	Acetaminophen / Paracetamol	Ibuprofen	OTHER, SPECIFY	OTHER, SPECIFY	
01													
02													
03													
04													
05													
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12													
13													
14													
15													
TOTAL SPENDING ON DRUGS FOR ALL RESPONDENTS:													

## Section 6.1: Health Status and Utilization

**RESPONDENT : All household members >=12 years old**

ID CODE	REASON FOR NOT TAKEN MEDICATION		OUTCOME OF ILLNESS			MALARIA		ILL FOR THREE MTHS		
	(6.31) Why didn't you take medication for the illness?	(6.32) What information was this decision based on?	(6.33) In the last 4 weeks, how many days of work or other main activities did you miss due to poor health?	(6.34) In the last 4 weeks, how many days have you been confined to bed due to poor health?	(6.35) What was the outcome of your illness?	(6.36) How many episodes of fever/malaria have you had in the last 3 months?  IF NONE GO TO (6.38)	(6.37) How many days of regular activity did you miss during these episodes of fever / malaria?  TOTAL	(6.38) Have you been continuously ill for at least 3 months in the last 12 months?  YES 1 NO 2  ▶ NEXT PERSON / SECTION	(6.39) What have you been mainly suffering from?  RECORD CODE(S) FROM 6.04, UP TO 2 DISEASES, BASED ON SEVERITY  1st 2nd	
	TOO EXPENSIVE 01									
	TOO FAR 02 ▶ (6.33)									
	TOO BUSY (WORK, CHILDREN) 03 ▶ (6.33)									
	OUT OF STOCK 04									
	WASN'T SICK ENOUGH 05 ▶ (6.33)	PREVIOUS EXPERIENCE 01			FULL RECOVERY 1					
	DOESN'T HELP 06	HEARD FROM FRIEND 02			PARTIAL RECOVERY 2					
	AFRAID OF SIDE EFFECTS 07	HEARD IN COMMUNITY 03			NOT YET RECOVERED 3					
	OTHER (SPECIFY) 96	OTHER (SPECIFY) 96	DAYS	DAYS		EPISODES	DAYS			
01										
02										
03										
04										
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## Section 6.2 Malaria Prevention During Pregnancy

**RESPONDENT:** All female household members 15-49 years old who are currently pregnant or have delivered in the past 12 months. Multiple pregnancies should be recorded as one.

ID CODE	SCREENER: PREGNANT or DELIVERED in 2011			MALARIA PREVENTION AT ANC					
	(6.40) Are you pregnant now?  <b>REMINDER NOTE: CIRCLE ID CODE OF PREGNANT WOMEN ON THE FLAP UNDER (1.10)</b>  IF NEVER BEEN PREGNANT WRITE 98 AND ► NEXT WOMAN	(6.41) How many months pregnant are you?  ► (6.43)	(6.42) Have you delivered a baby in the past 12 months?  YES 1 NO 2 ► NEXT PERSON / SECTION	(6.43) Did you consult any health institution / personnel for antenatal care for this pregnancy?  YES 1 NO 2 ► (6.49)	(6.44) Who did you see for antenatal care for this pregnancy? <b>(IF MORE THAN ONE, THEN THE PRIMARY POINT OF SERVICE)</b>  MEDICAL DOCTOR/CLINICAL OFFICER 01 NURSE/MIDWIFE 02 COMMUNITY HEALTH WORKER 03 LAB TECHNICIAN 04 PHARMACIST 05 TRADITIONAL HEALER 06 SPIRITUAL HEALER 07 TRADITIONAL BIRTH ATTENDANT 08 FAMILY MEMBER 09 FRIEND/NEIGHBOR 10 ENVIRONMENTAL HEALTH TECHNICIAN Z10 OTHER (SPECIFY) 96	(6.45) Where did you seek antenatal care for this pregnancy? (IF MORE THAN ONE, THEN PRIMARY)  GOVERNMENT HOSPITAL 01 GOVERNMENT CLINIC 02 GOVERNMENT HEALTH POST 03 PRIVATE HOSPITAL 04 PRIVATE CLINIC 05 PHARMACY 07 TRADITIONAL HEALER 09 FAITH/CHURCH HEALER 10 COMMUNITY HEALTH WORKER 11 HOME 12 MISSION FACILITIES 15 OTHER (SPECIFY) 96	(6.46) How many months pregnant were you when you went for your first antenatal care visit for this pregnancy?  # MTHS	(6.47) How many times did you receive antenatal care for this pregnancy?  IF ONCE ► 6.50 # TIMES	(6.48) How many months pregnant were you when you went for your last antenatal care visit for this pregnancy?  # MTHS
	MONTHS								
01									
02									
03									
04									
05									
06									
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10									
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15									



## Section 6.2 Malaria Prevention During Pregnancy

**RESPONDENT** : All female household members 15-49 years old who are currently pregnant or have delivered in the past 12 months. Multiple pregnancies should be recorded as one.

MALARIA PREVENTION - INTERMITTENT PRESUMPTIVE TREATMENT (IPT)															
ID CODE	(6.49) Why didn't you consult any formal health institution/personnel for antenatal care for this pregnancy?			(6.50) During this pregnancy, did you take any drugs to prevent you from getting malaria?			(6.51) What drugs did you take?			(6.52) Where did you get these drugs?			(6.53) How many courses of each drug did you take?		
	TOO EXPENSIVE 01						YES 1 NO 2			ANTENATAL VISIT 01 COMMUNITY HEALTH WORKER 02 TRADITIONAL HEALER 03 FAMILY MEMBER 04 FRIEND/NEIGHBOR 05 OTHER (SPECIFY) 96					
	TOO FAR 02														
	TOO BUSY (WORK, CHILDREN) 03														
	SELF-TREATED 04														
	WASNT SICK ENOUGH 05														
	FACILITY HAS POOR STRUCTURE 06			YES 1 NO 2 ► NEXT PERSON / SECTION											
	FACILITY POORLY STOCKED 07														
	POOR STAFF ATTITUDE 08														
	POOR STAFF KNOWLEDGE 09														
DONT TRUST THE STAFF 10															
SERVICE NOT AVAILABLE 11															
OTHER (SPECIFY) 96															
FIRST SECOND THIRD			Fansidar/SP Chloroquine OTHER, SPECIFY			Fansidar/SP Chloroquine OTHER, SPECIFY			Fansidar/SP Chloroquine OTHER, SPECIFY						
01															
02															
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10															
11															
12															
13															
14															
15															

Section 6.3: Health Financing					
Respondent: Head of the household or in his/her absence, other HH member with Knowledge of HH financial matters					
INSTRUCTION: REFER TO 6.03 FOR EACH HH MEMBER. COMPLETE THIS SECTION FOR ALL HOUSEHOLD MEMBERS WITH A "YES" RESPONSE TO 6.03. COMPLETE ALL QUESTIONS IN THIS SECTION FOR EACH ELIGIBLE HOUSEHOLD MEMBER BEFORE MOVING TO THE NEXT MEMBER.					
IF 'NO' SKIP to the NEXT SECTION					
(6.55)	(6.56)	(6.57)	(6.58)	(6.59)	
healthcare associated with this episode of illness?	How did you pay for healthcare associated with this episode of illness?	treatment that you had/have to pay back?	Did you sell assets for the treatment?	savings to pay for the treatment?	
RECORD IN NAIRA	RECORD 1ST 3 RESPONSE				
	Out of Pocket 01	YES 01	YES 01	YES 01	
	Health insurance ► SKIP to 6.60 02	NO 02	NO 02	NO 02	
	Someone else paid that you don't have to pay back 03				► SKIP to NEXT SECTION
	Borrowed 04				
	Sold assets 05				
	Savings 06				
	Other (specify) 07				
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					

### Section 6.3: Health Financing

	<b>(6.60)</b> What is the type of your health insurance Policy?		<b>(6.61)</b> How many people in your household are covered by your insurance policy?
	Government health insurance	01	
	Commercial public health insurance	02	<b>NO 02</b>
	Community-based health insurance	03	<b>RECORD YES or NO for EVERY HH MEMBER</b>
	Private health insurance	04	
	Other (specify)	05	
01			
02			
03			
04			
05			
06			
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ID	
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***RESPONDENT*** : Mother or primary caregiver of child household members < 12 years old who reported illness in the past 1 month

MAPPING		GENERAL HEALTH STATUS				ILLNESS EPISODES IN PAST 4 WEEKS				
ID CODE	(7.01) RECORD ID CODE OF MOTHER OR PRIMARY CAREGIVER  ID MOTHER / CAREGIVER	(7.02)	(7.03)	(7.04)	(7.05)	(7.06)				
		12 months ago, how was ....'s health on a normal day?	How is .....s health today?	Given .....s health, how is ..... currently able to do daily activities, such as working, going to school or playing?	In the last 4 weeks, has .... been sick at any time?	What was ... mainly suffering from?				
		ASK ONLY IF CHILD IS 12 MONTHS OR ABOVE. IF CHILD < 12 MONTHS THEN ► (7.04)					FEVER / MALARIA	01	STROKE	1
							COUGH/CHEST INFECTION	02	HYPERTENSION/BP	2
							TUBERCULOSIS/TB	03	DIABETE/SUGAR Disease	2
							ASTHMA	04	HIV/AIDS	2
							BRONCHITIS	05	PARALYSIS	2
							PNEUMONIA/KALASO	06	JOINT ACHE	2
							DIARRHEA WITHOUT BLOOD	07	OTHER, SPECIFY	9
							DIARRHEA WITH BLOOD	08	IN CASE OF MORE EPISODES DURING THE LAST 4 WEEKS, RECORD UP TO 3 ILLNESSES	
DIARRHEA AND VOMITING	09									
VOMITING	10									
ABDOMINAL PAIN	11									
ANEMIA	12									
SKIN RASH/INFECTION	13									
EYE / EAR INFECTION	14	YES 1	HEADACHE	17						
MEASLES	15		NO 2 ► 7.43	TOOTHACHE	18					
JAUNDICE/Yellow Fever	16									
GOOD 2 ► (7.04)	WORSE 2	WITH MUCH DIFFICULTY 3	UNABLE TO DO 4		1st	2nd	3rd			
FAIR 3	THE SAME 3									
POOR 4										
01										
02										
03										
04										
05										
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## Section 7: Health Status and Utilization

**RESPONDENT:** Mother or primary caregiver of child household members < 12 years old who reported illness in the past 1 month

		HEALTH CARE SEEKING			
ID CODE	(7.07) Did you (the respondent) consult any health institution/personnel for this illness of ...?	(7.08) Why didn't you (the respondent) consult a health institution or personnel for care?	(7.09) Who decided ..... should go there for the illness?	(7.10) How long after the illness started did you (the respondent) seek care for ...'s illness?	(7.11) Where did you (the respondent) seek care for ...'s illness?
	INSTITUTION/PERSONNEL INCLUDES TRADITIONAL HEALER	TOO EXPENSIVE 01	(IN RELATION TO SICK PERSON)		PROBE FOR PRIMRAY PLACE OF CARE-SEEKING
		TOO FAR 02			
		TOO BUSY (WORK, CHILDREN) 03			
		WASN'T SICK ENOUGH 04			
		FACILITY HAS POOR STRUCTURE 05			
		FACILITY POORLY STOCKED 06			
		POOR STAFF ATTITUDE 07			
		POOR STAFF KNOWLEDGE 08			
	DON'T TRUST THE STAFF 09	SELF 01			
	YES 1 ► (7.09)	SELF-TREATED 10	PARTNER 02	WITHIN 24 HOURS 01	TRADITIONAL HEALER 09
	NO 2	OTHER, SPECIFY 96	PARENT 03	AFTER 24 HOURS, NEXT DA 02	FAITH/CHURCH HEALER 10
	GO TO 7.29	OTHER RELATIVE 05	SAME WEEK 03	KANTEMBA 12	
		FRIENDS/NEIGHBORS 06	WITHIN 2 WEEKS 04	DRUG STORE 13	
		CHW 07	WITHIN 3 WEEKS 05	MISSION FACILITIES 15	
OTHER (SPECIFY) 96		OTHER (SPECIFY) 06	OTHER, SPECIFY 96		
01					
02					
03					
04					
05					
06					
07					
08					
09					
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11					
12					
13					
14					
15					

## Section 7: Health Status and Utilization

**RESPONDENT** : Mother or primary caregiver of child household members < 12 years old who reported illness in the past 1 month

ID CODE	HEALTH CARE SEEKING						DIAGNOSIS					
	(7.12)	(7.13)	(7.14)	(7.15)		(7.16)	7.17		(7.18)	7.19		
	How far is your homestead to this point of service?	For the last visit with ...'s illness, how much time did it take to travel to and from your homestead to the institution?	For the last visit, how much time did ..... wait to be seen in the institution?	For the last visit, who did you consult with?		How was ...'s illness diagnosed?	CHECK: (7.06)		Why was a blood test not taken (Microscopy/blood slide or RDT)?	When ..... was diagnosed, what was the result of the lab / RDT test?		
	ONE WAY					IF GIVEN TWO RESPONSES, RECORD THE MOST QUALIFIED	DOES RESPONDENT REPORT FEVER/MALARIA (01), HEADACHE (17) OR JOINT ACHE (24)?		DID NOT NEED IT 01 DID NOT TRUST IT 02 AFRAID OF SIDE EFFECTS 03 TEST TAKES TOO LONG 04 TOO EXPENSIVE 05 WAS NOT SUGGESTED 06 WAS NOT AVAILABLE AT ORIGINAL FACILITY 07 WAS NOT AVAILABLE AT REFERRAL FACILITY 08 OTHER, SPECIFY 96	THE TEST IS POSITIVE (+) IF THE RESPONDENT HAS/HAD MALARIA  POSITIVE 01 NEGATIVE 02 NOT VALID 03 DON'T KNOW 97		
						DOCTOR / CLINICAL OFFICER 01	CLINICAL DIAGNOSIS (BY PROVIDER WITH PHYSICAL EXAM) 02	YES ► CONT. BELOW				
						NURSE / MIDWIFE 02	MICROSCOPY/BLOOD SLIDE 03	NO ► 7.18				
						COMMUNITY HEALTH WORKER 03	RAPID DIAGNOSTIC TEST (RDT) 04	CHECK: (7.16)				
						LAB TECHNICIAN 04	X RAY 05	DOES RESPONDENT REPORT MICROSCOPY/BLOOD SLIDE (03) OR RDT (04)?				
						PHARMACIST 05	OTHER, SPECIFY 96	YES ► 7.19				
						TRADITIONAL HEALER 06		NO ► (7.18)				
						SPIRITUAL HEALER 07		YOU DO NOT NEED TO ENTER ANYTHING BELOW				
						DRUG STORE / HEALTH SHOP ATTENDANT 08						
						TEMPORARY WORKER 09						
ENVIRONMENTAL HEALTH TECHNICIAN 10												
	KM	HOUR	MIN	HOUR	MIN	OTHER, SPECIFY 96						
01												
02												
03												
04												
05												
06												
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08												
09												
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## Section 7: Health Status and Utilization

**RESPONDENT** : Mother or primary caregiver of child household members < 12 years old who reported illness in the past 1 month

DIAGNOSIS			
ID CODE	7.20 Was this diagnosis done in the original facility ..... went to for care, or was ..... referred to a different facility for diagnosis?	7.21 Who performed the diagnostic test?	7.22 How satisfied were you with the information provided to you throughout ....'s diagnostic process?
		PUBLIC FACILITY 01	
		PRIVATE FACILITY 02	
		STAFF	
		DRUG STORE/HEALTH 03	VERY SATISFIED 01
	ORIGINAL FACILITY 01	SHOP ATTENDANT	SATISFIED 02
	DIFFERENT FACILITY 02	CHW 04	UNSATISFIED 03
		PHARMACIST 05	VERY UNSATISFIED 04
		OTHER (SPECIFY) 96	
01			
02			
03			
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## Section 7: Health Status and Utilization

**RESPONDENT** : Mother or primary caregiver of child household members < 12 years old who reported illness in the past 1 month

ID CODE	HEALTH EXPENDITURES				HOSPITALIZATIONS				DRUGS		
	(7.23) In the last 4 weeks, how much did you spend for treatment of ... at this institution on the following....?				(7.24) IF THE PAYMENT WAS FORGONE / POSTPONED BECAUSE THE RESPONDENT COULD NOT AFFORD IT, RECORD THE TOTAL AMOUNT HERE.	(7.25) In the last 4 weeks, was ..... hospitalized to treat this illness?	(7.26) For how long was ..... hospitalized?  IF STILL HOSPITALIZED, RECORD "4" IN THE UNIT COLUMN AND LEAVE THE NUMBER COLUMN BLANK	(7.27) In the last 4 weeks, how much did you spend on ...'s hospitalization to treat this illness?  EXCLUDE COSTS RECORDED IN (7.23)  WRITE "0" IF NOTHING	(7.28) In the last 4 weeks, did ..... take any medication to treat this illness?	(7.29) How long after the illness started did ..... start taking medication?	
	READ ALOUD EACH OPTION										
	A	B	C	D							
Registration Fees	Consultation Fees	Lab Fees	Transportation	Total Amount Forgone	YES 1	NO 2 ► (7.28)	NUMBER	UNIT	Hospitalization	YES 1	NO 2 ► (7.34)
NAIRA	NAIRA	NAIRA	NAIRA	NAIRA					NAIRA		
01											
02											
03											
04											
05											
06											
07											
08											
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13											
14											
15											



## Section 7: Health Status and Utilization

**RESPONDENT** : Mother or primary caregiver of child household members < 12 years old who reported illness in the past 1 month

ID CODE	DRUGS																																																							
	(7.30) In the last 4 weeks, did ..... take any of the following medication in order to treat .....s illness?												(7.31) Where did you obtain the medication?																																											
	<p>YES _____ 1</p> <p>NO _____ 2 ► Skip to 7.34</p> <p>DON'T KNOW _____ 97 ► Skip to 7.34</p>												<table border="0"> <tr> <td>GOVERNMENT HOSPITAL</td><td>01</td> <td>COMMUNITY HEALTH WORKER</td><td>11</td> </tr> <tr> <td>GOVERNMENT CLINIC</td><td>02</td> <td></td><td></td> </tr> <tr> <td>GOVERNMENT HEALTH PO:</td><td>03</td> <td>DRUG STORE /</td><td>12</td> </tr> <tr> <td>PRIVATE HOSPITAL</td><td>04</td> <td>FRIENDS/NEIGHBORS</td><td>13</td> </tr> <tr> <td>PRIVATE CLINIC</td><td>05</td> <td>MISSION FACILITIES</td><td>14</td> </tr> <tr> <td>PHARMACY</td><td>07</td> <td>FAMILY MEMBER</td><td>15</td> </tr> <tr> <td>TRADITIONAL HEALER</td><td>09</td> <td>PERSONAL SUPPLY</td><td>16</td> </tr> <tr> <td>FAITH/CHURCH HEALER</td><td>10</td> <td>OTHER, SPECIFY</td><td>96</td> </tr> </table>												GOVERNMENT HOSPITAL	01	COMMUNITY HEALTH WORKER	11	GOVERNMENT CLINIC	02			GOVERNMENT HEALTH PO:	03	DRUG STORE /	12	PRIVATE HOSPITAL	04	FRIENDS/NEIGHBORS	13	PRIVATE CLINIC	05	MISSION FACILITIES	14	PHARMACY	07	FAMILY MEMBER	15	TRADITIONAL HEALER	09	PERSONAL SUPPLY	16	FAITH/CHURCH HEALER	10	OTHER, SPECIFY	96
	GOVERNMENT HOSPITAL	01	COMMUNITY HEALTH WORKER	11																																																				
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FAITH/CHURCH HEALER	10	OTHER, SPECIFY	96																																																					
A	B	C	D	E	F	G	H	I	J	K	L	A	B	C	D	E	F	G	H	I	J	K	L																																	
SP/Fansidar	Chloroquine	Amodiaquine	Quinine Injections	Artemeter	Coartem	Aspirin	Acetaminophen / Paracetamol	Ibuprofen	Oral Rehydration Therapy	OTHER, SPECIFY	OTHER, SPECIFY	SP/Fansidar	Chloroquine	Amodiaquine	Quinine Injections	Artemeter	Coartem	Aspirin	Acetaminophen / Paracetamol	Ibuprofen	Oral Rehydration Therapy	OTHER, SPECIFY	OTHER, SPECIFY																																	
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## Section 7: Health Status and Utilization

**RESPONDENT** : Mother or primary caregiver of child household members < 12 years old who reported illness in the past 1 month

ID CODE		COST OF DRUGS												
		<p>(7.32)</p> <p>In the last 4 weeks, how much did you spend on each of the following medications in order to treat .....’s illness?</p>           <p>IF ZERO, RECORD 00</p> <p>DON’T KNOW 97</p>												<p>(7.33)</p> <p><b>ADD &amp; CONFIRM:</b> IN THE LAST 4 WEEKS, HOW MUCH DID YOU(RESPONDENT) SPEND ON MEDICATION FOR ... IN TOTAL?</p>
		A	B	C	E	F	G	H	I	J	K	L	M	<p>► GO TO</p> <p>(7.36)</p>
		NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	NAIRA	
		SP/Fansidar	Chloroquine	Amodiaquine	Quinine Injectables	Artemeter	Coartem	Aspirin	Acetaminophen / Paracetamol	Ibuprofen	Oral Rehydration Therapy	OTHER	OTHER	<p>TOTAL SPENT ON DRUGS</p> <p>NAIRA</p>
01														
02														
03														
04														
05														
06														
07														
08														
09														
10														
11														
12														
13														
14														
15														
TOTAL SPENDING ON DRUGS FOR ALL CHILDREN <12:														

## Section 7: Health Status and Utilization

**RESPONDENT** : Mother or primary caregiver of child household members < 12 years old who reported illness in the past 1 month

REASON FOR NOT TAKEN MEDICATION		OUTCOME OF ILLNESS				MALARIA		ILL FOR THREE MTHS		
(7.34) Why didn't ..... take medication for the illness?	(7.35) What information was this decision based on?	(7.36) In the last 4 weeks, how many days of school, work, play or other main activities has ..... missed due to poor health?	(7.37) In the last 4 weeks, how many days has ..... been confined to bed due to poor health?	(7.38) What was the outcome of ..... 's illness?	(7.39) When ..... was sick, did you stop working to take care of him/her?	(7.40) In the last 4 weeks, how many days of work did you miss to take care of .....?	(7.41) How many episodes of fever/malaria has ..... had in the last 1 month?  IF NONE GO TO 7.43	(7.42) How many days of regular activity did ..... miss during these episodes of fever/malaria?  TOTAL	(7.43) Has ... been continuously ill for at least 3 months in the last 12 months?	(7.44) What has ... been mainly suffering from?  RECORD CODE(S) FROM 7.06, UP TO 2 DISEASES, BASED ON SEVERITY
TOO EXPENSIVE 01					YES 1				YES 1	
TOO FAR 02					NO 2 ► (7.41)				NO 2	
TOO BUSY (WORK, CHILDREN) 03					DOES NOT WORK 3 ► (7.41)				► IF NO, NEXT PERSON / SECTION	
OUT OF STOCK 04						DAYS	EPISODES	DAYS		1st 2nd
WASNT SICK ENOUGH 05	PREVIOUS EXPERIENCE 01			FULL RECOVERY 01						
DOESNT HELP 06	HEARD FROM FRIEND 02			PARTIAL RECOVERY 02						
AFRAID OF SIDE EFFECTS 07	HEARD IN COMMUNITY 03			NOT YET RECOVERED 03						
OTHER, SPECIFY 96	OTHER, SPECIFY 96	DAYS	DAYS			DAYS	EPISODES	DAYS		1st 2nd
01										
02										
03										
04										
05										
06										
07										
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09										
10										
11										
12										
13										
14										
15										

## Section 8: Dwelling Characteristics and Household Amenities

**RESPONDENT:** Head of household/most knowledgeable household member

**8.00** RECORD ID OF MAIN RESPONDENT

**ID**

**(8.01)** INTERVIEWER: OBSERVE THE TYPE OF DWELLING THE HOUSEHOLD LIVES IN



TRADITIONAL HOUSE	01
DUPLEX / IMPROVED TRADITIONAL HO	02
DETACHED HOUSE/BUNGALAW	03
HOUSE ATTACHED TO/ON TOP OF	04
SHOP/STORIES BUILDING, ETC.	
SEMI-DETACHED / DUPLEX HOUSE	05
SERVANT QUARTERS	06
GUEST HOUSE/WING	07

FLAT/APARTMENT/MULTI-UNIT	08
HOSTEL	09
NON-RESIDENTIAL BUILDING (E.G. SCHOOL, CLASSROOM, ETC.)	10
UNCONVENTIONAL (E.G. KANTEMBA, STORAGE CONTAINER, ETC)	11
OTHER, SPECIFY	96

**(8.02)** OBSERVE MAIN MATERIAL USED



BRICKS OR BLOCKS	01
ASBESTOS	02
CORRUGATED IRON / METAL	03
PLASTIC	04
POLES / REED	05
TILES / SLATES	06
THATCH / GRASS	07
WOOD / BAMBOO	08
EARTH / MUD	09
CONCRETE ONLY	10
COVERED CONCRETE	11

A. WALLS

B. ROOFTOP

C. FLOOR

CARDBOARD	12
OTHER, SPECIFY	96

**(8.03)** What is the ownership status of your house?

OWNER OCCUPIED DWELLING	01
RENTED FROM LOCAL GOVT (DISTRICT COUNCIL)	02
RENTED FROM CENTRAL GOVT	03
RENTED FROM PRIVATE CO	04
RENTED FROM PARASTATAL (E.G. ZSIC, NAPSA, NHA, ZIMCO)	05
RENTED FROM INDIVIDUAL	06

► (8.05)

BORROWED DWELLING	07	► (8.07)
HOUSE OWNED AND PROVIDED FREE BY EMPLOYER (GOVT)	08	► (8.07)
HOUSE OWNED AND PROVIDED FREE BY EMPLOYER (PRIVATE)	09	► (8.07)
OTHER FREE HOUSING	10	► (8.07)
OTHER, SPECIFY	96	

**(8.04)** How much rent are you charged?

MONTHLY	01
EVERY 3 MONTHS	02
EVERY 6 MONTH	03
ANNUALLY	04
OTHER, SPECIFY	96

►

A

NAIRA

B

PAY PERIOD

► (8.07)

**(8.05)** If you were to sell this dwelling today, how much would you receive for it?

RECORD AMOUNT IN NAIRA  
IF NO MARKET VALUE, RECORD "0" Comments ►

NAIRA

**(8.06)** If you rented this dwelling, how much rent would you receive per month?

NAIRA PER MTH

**(8.07)** How many rooms does your household have (including rooms outside the main dwelling but excluding kitchen and bathrooms)?

ROOMS

**(8.08)** How many rooms does your household use for sleeping (including rooms outside the main dwelling but excluding bathrooms)?

ROOMS

(8.09) What is your household's main source of drinking water?

DIRECTLY FROM	01
UNPROTECTED WELL	02
PUMPED (PIPED) FROM THE RIVER / LAKE / DAM	03
PROTECTED WELL	04
BOREHOLE	05
PUBLIC TAP	06

a. DRY SEASON


b. RAINY SEASON

OWN TAP	07
OTHER TAP (E.G. FROM NEARBY BUILDING)	08
BOUGHT FROM WATER VENDOR	09
MINERAL BOTTLED WATER	10
RAIN WATER	11
OTHER, SPECIFY	96

(8.10) How far is this source from the house?

RECORD RESPONSE IN UNIT CODE	
POLES	01
KILOMETERS	02
1 Mile = 1.6km	

a. DRY SEASON

Unit Code:

Number:

(8.11) How does your household treat your drinking water?

NO TREATMENT	01
BOIL	02
ADD CHLORINE	03
IODINE	04
OTHER, SPECIFY	96

a. DRY SEASON


b. RAINY SEASON

(8.12) What is the main type of toilet facility for this household?

OWN FLUSH TOILET INSIDE HOUSE	01
OWN FLUSH TOILET OUTSIDE HOUSE	02
COMMUNAL / SHARED FLUSH TOILET	03
OWN PIT LATRINE	04
COMMUNAL/SHARED PIT LATRINE	05

NEIGHBOUR'S / ANOTHER HOUSEHOLD'S PIT LATRINE	06
VIP LATRINE	07
COMMUNAL/SHARED VIP LATRINE	08
NONE	09
OTHER, SPECIFY	96

(8.13) How many other households does your household share the toilet with?

DOES NOT HAVE TOILET	96
DOES NOT SHARE	00

(8.14) How does your household dispose the rubbish?

REFUSE COLLECTED	01
PIT	02
BURY	03
BURN	04
DUMPING	05
OTHER, SPECIFY	96

(8.15) What is your household's main source of energy for lighting?

"MAIN" IN TERMS OF QUANTITY USED	
KEROSINE / PARAFFIN / GAS / OIL LAMP	01
ELECTRICITY	02
CANDLES	03
DIESEL / Generator	04

OPEN FIRE	05
TORCH	06
SOLAR PANEL	07
OTHER, SPECIFY	96

(8.16) What is your household's main source of energy for cooking?

"MAIN" IN TERMS OF QUANTITY USED

KEROSINE / PARAFFIN / GAS STOVE	01
ELECTRICITY	02
DIESEL / Generator	03

FIRE WOOD	04
CHARCOAL	05
SOLAR PANEL	06
OTHER, SPECIFY	96

(8.17) Does your household have electricity?

YES	1
NO	2

► (8.19)

(8.18) For how many hours per day does your household normally have electricity?

RECORD NUMBER OF HOURS	
IF NONE	00

HOURS

(8.19) What is the **nearest** body of water to your household?

Stream?	01
River?	02
Pond?	03
Lake?	04
Swamp?	05
Marsh?	06
Dam?	07
Other? (Specify)	96

►

IF NONE 00 ► NEXT SECTION

(8.20) How far from your household is this body of water?

RECORD DISTANCE IN UNIT CODE	
POLES	01
KILOMETERS	02

Unit code:
Number:

## Section 9.1: Household Assets

*RESPONDENT: Head of Household/Most knowledgeable HH member*

RECORD ID OF MAIN RESPONDENT

ID

(9.01) How many ...s does your household own? RECORD FUNCTIONING ONLY. RECORD "0" IF NONE		
01	Radio / CD / cassette player	
02	Television	
03	Pressing iron (electric/non-electric)	
04	Electric stove	
05	Gas / Kerosene stove	
06	Lamp	
07	Improvised lamp (koloboi)	
08	Bed	
09	Mattress / sleeping mat	
10	Refrigerator / freezer	
11	Paraffin stove	
12	Sewing machine	
13	Table	
14	Sofa (Kujera)	

(9.01) Continued ... RECORD FUNCTIONING ONLY. RECORD "0" IF NONE		
15	Land line telephone	
16	Cellular Telephone	
17	Motorcycle	
18	Bicycle	
19	Motor vehicle (truck or car)	
20	Wheelbarrow	
21	Boat	
22	Tractor	
23	Crop sprayer / spraying machine	
24	Irrigation equipment (water pumps etc.)	
25	Plough / harrows	
26	Hoes / axes	
27	Fishing net / fishing equipment	

(9.02) Does your household own the land for this residence?

YES 1  
NO 2 ► (9.04)

(9.03) What is the size of this land for the residence?

RECORD UNIT AND QUANTITY

LIMA 1  
ACRE 2  
HECTARE 3  
SQUARE METER 4  
PLOT 5

UNIT:

QUANTITY:

  


(9.04) Does your household own any other land?

YES 1  
NO 2 ► (9.06)

(9.05) What is the size of your other land?

RECORD UNIT AND QUANTITY

LIMA 1  
ACRE 2  
HECTARE 3  
SQUARE METER 4  
PLOT 5

UNIT:

QUANTITY:

  


(9.06) IF ANSWER TO 9.02 or 9.04 IS "YES" THEN

If you were to sell the total land you own, how much do you think you would receive for it?

  
 NAIRA

(9.07) How many ...s does your household own? RECORD "0" IF NONE		
01	Goats	
02	Sheep	
03	Pigs	
04	Chicken	
05	Guinea fowl	
06	Ducks / Geese	
07	Turkey	
08	Donkey/ Horse	
09	Cow	
10	Bull	
11	Calves	
12	Rabbit	
96	Other, Specify	

Section 9.2: Non-Farm Enterprise

ID

RESPONDENT: ENTERPRISE OWNER OR HEAD OF THE HOUSEHOLD/MOST KNOWLEDGABLE HOUSEHOLD MEMBER

(9.08) Does your household operate a non-farm microenterprise?

YES	1
NO	2

▶ NEXT SECTION

(9.09) LIST UP TO 3 BUSINESSES THAT THIS HH OPERATED DURING THE PAST 12 MONTHS (IN ORDER OF FINANCIAL IMPORTANCE TO THE HOUSEHOLD)

FULL WRITTEN DESCRIPTION OF BUSINESS(ES):

RECORD CODE FOR EACH

See Business Codes in Appendix 2.

BUSINESS	
1	
CODE	

BUSINESS	
2	
CODE	

BUSINESS	
3	
CODE	

(9.10) What was the total expenditure on this business during the most recent month, including the wages of employees but excluding any income paid to household members.

NAIRA

NAIRA

NAIRA

(9.11a) What was the profit of this business in the last operating month?

NAIRA

NAIRA

NAIRA

(9.11b) For how many months in the past 12 months did this enterprise operate?

NUMBER OF MTHS	<div></div>
----------------	-------------

NUMBER OF MTHS	<div></div>
----------------	-------------

NUMBER OF MTHS	<div></div>
----------------	-------------

IF LESS THAN 1 MONTH, ENTER 0.



## Section 9.3: Farm Enterprise

**RESPONDENT: FARM ENTERPRISE OWNER OR HEAD OF THE HOUSEHOLD/MOST KNOWLEDGABLE HOUSEHOLD MEMBER**

(9.12) ASK THIS SECTION TO THE FARM ENTERPRISE OWNER (OR THE HH HEAD) RECORD ID:

(9.13) Does your household own or rent land for farming?

YES	1
NO	2

► (9.15)

(9.14) What is the total size of land available for farming owned by your household?

LIMA	1
ACRE	2
HECTARE	3
SQUARE METERS	4

QUANTITY	<input type="text"/>
UNIT	<input type="text"/>

(9.15) Did any member of your household grow any crops in the last agricultural season (**October 1, 2011 - September 30, 2012**)?

YES	1
NO	2

► NEXT SECTION

(9.16) What is the size of land cultivated by all household members in the last agricultural season (**October 1, 2011 - September 30, 2012**) ? (INCLUDING OWN, INHERITED, RENTED-IN, BORROWED-IN)

LIMA	1
ACRE	2
HECTARE	3
SQUARE METERS	4

QUANTITY	<input type="text"/>
UNIT	<input type="text"/>

(9.17a) What are the three most valuable crops that the household harvested?

Local maize	01	Sweet potatoes	11
Hybrid maize	02	Irish potatoes	12
Cassava	03	Groundnuts	13
Sorghum	04	Cotton	14
Millet	05	Tobacco	15
Rice	06	Sunflower	16
Mixed beans	07	Paprika	17
Soya beans	08	Other (Specify)	96
Yam	09		
Coco Yam	10		

CROP #1
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

CROP #2
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

CROP #3
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

(9.17b) What is the size of the land cultivated for each of these crops?

RECORD QUANTITY AND UNIT CODE FOR EACH CROP

LIMA	1
ACRE	2
HECTARE	3
SQUARE METERS	4

QUANTITY	CROP #1	<input type="text"/>
UNIT		<input type="text"/>

QUANTITY	CROP #2	<input type="text"/>
UNIT		<input type="text"/>

QUANTITY	CROP #3	<input type="text"/>
UNIT		<input type="text"/>

(9.17c) Is this a mono-cropped field?

RECORD ANSWER FOR EACH CROP

YES	1
NO	2

CROP #1
<input type="text"/>

CROP #2
<input type="text"/>

CROP #3
<input type="text"/>

(9.18) What is the quantity of ..... harvested during the last agricultural season (**October 1, 2011 - September 30, 2012**)?

IF NONE, ENTER 0 AND GO TO THE NEXT CROP / 9.22a

KG	1
20 Ltr TIN	2
25 KG Bag	3
50 KG Bag	4
90 KG Bag	5
KG - Unshelled	6
20 Ltr TIN - Unshelled	7
25 KG Bag - Unshelled	8
50 KG Bag - Unshelled	9
90 KG Bag - Unshelled	10

QUANTITY	#1	<input type="text"/>
UNIT		<input type="text"/>

QUANTITY	#2	<input type="text"/>
UNIT		<input type="text"/>

QUANTITY	#3	<input type="text"/>
UNIT		<input type="text"/>

(9.19) From the quantity harvested last agricultural season (**October 1, 2011 - September 30, 2012**), what quantity of ..... was sold?

KG	1	IF NO SALES
20 Ltr TIN	2	
25 KG Bag	3	
50 KG Bag	4	
90 KG Bag	5	
KG - Unshelled		
20 Ltr TIN - Unshelled	7	
25 KG Bag - Unshelled	8	
50 KG Bag - Unshelled	9	
90 KG Bag - Unshelled	10	

▶  
(9.22a)

#1

UNIT CODE

NUMBER

#2

UNIT CODE

NUMBER

#3

NIT CODE

NUMBER

UNIT PRICE #1

UNIT PRICE #2

UNIT PRICE #3

(9.20) What was the unit price of ..... sold?

(9.21) What is the **total value** of [CROP(S)] sold **from** the last agricultural season (**October 1, 2011 - September 30, 2012**)?

NAIRA

TOTAL #1

NAIRA

TOTAL #2

NAIRA

TOTAL #3

NAIRA

TOTAL FOR ALL

(9.21a) RECORD THE **TOTAL FOR ALL** IF MORE THAN 1 CROP

(9.22a) Did any member of your household raise or own any livestock or poultry **during** the last 12 months (**May 2011 - May 2012**)?

YES	1
NO	2

▶ NEXT SECTION

(9.22b) How many ..... were sold **during** the last 12 months (**May 2011 - May 2012**)? NOTE: THIS IS QUANTITY **SOLD**; RECORD UP TO 3

Goats	1	IF NO SALES
Sheep	2	ENTER 00 IN
Pigs	3	QUANTITY
Chicken	4	BOX
Guinea fowl	5	
Ducks / Geese	6	
Turkey	7	
Donkey / Horse	8	
Cow	9	
Heifer	10	
Bull	11	
Untrained Oxen	12	
Trained Oxen	13	
Calves	14	
Rabbits	15	
Other (specify)	96	

▶  
NEXT  
SECTION

#1

QUANTITY

CODE

#2

QUANTITY

CODE

#3

QUANTITY

CODE

(9.23) What is the price of ..... per unit sold?

PRICE

PRICE

PRICE

(9.24) What is the **total value** of [LIVESTOCK] sold **during** the past 12 months (**May 2011 - May 2012**)?

TOTAL #1

TOTAL #2

TOTAL #3

(9.25) RECORD THE **TOTAL FOR ALL** IF MORE THAN 1 KIND

TOTAL FOR ALL

## Section 10: Transfers and Other Income

**RESPONDENT : Head of Household or most knowledgeable household member**

**(10.00) RECORD ID OF MAIN RESPONDENT**

ID

**(10.01)** How much did your household receive from  
..[SOURCE].. in the past 12

NB	IF NONE, RECORD 00. IF [TRANSFER] WAS IN KIND, RECORD VALUE RECIPIENT WOULD EXPECT TO PAY FOR AN EQUIVALENT TRANSFER. SOURCE:	NAIRA
01	Interest or investment income	
02	Renting building and/or land to others	
03	Renting equipment/vehicles/machinery to others	
04	Renting animals to others	
05	Workman's compensation? (working inability insurance)	
06	Other government transfer	
07	Scholarship for study or training	
08	Assistance from community groups, NGOs, churches, etc.	
09	Remittances / gifts (in cash or in kind) from relatives, co-workers or friends <u>within</u> Nigeria (for weddings, funerals, etc)?	
10	Remittances / gifts (in cash or in kind) from relatives, co-workers or friends <u>outside</u> Nigeria (for weddings, funerals, etc.)?	
11	Inheritance	
96	Other income not from work? Specify.	

## Section 11.1: Weekly Food Consumption

**Respondent:** *Housewife/ knowledgeable female household member*

**(7.00) RECORD ID OF MAIN RESPONDENT**

ID

ASK (11.01) FOR ALL FOODS FIRST, RECORDING THE CODE FOR YES OR NO IN THE APPROPRIATE BOX  
THEN ASK (11.02)-(11.03) ONLY FOR THE FOODS THAT WERE CONSUMED

**(11.01)**

Did your household consume ..... In the last 2 weeks?

YES  1

NO  2

	YES/NO	ITEM CODE	(11.02) What is the total value of the purchased ..... in the last 2 weeks?	(11.03) What is the total value of home produced or gifted ..... in the last 2 weeks?
			NAIRA	NAIRA
Gari		01		
Beans		02		
Cassava (akpu)		03		
Rice		04		
Fish		05		
Meat		06		
Chicken		07		
Cooking oil		08		
Milk		09		
Yam		10		

## Section 11.2: Monthly Non-Food Consumption

ID

**Respondent:** *Head of household/most knowledgeable household member*

ASK (11.04) FOR ALL ITEMS FIRST, RECORDING EITHER PURCHASED/PAID FOR, GIFT, FOREGONE PAYMENT, OR NO IN THE APPROPRIATE BOX.  
THEN ASK (11.05) ONLY FOR THE ITEMS THAT WERE PAID FOR

**(11.04)**

Has your household paid for or received ..... for free during the past 30 days?

PURCHASED/PAID FOR  1

GIFT (RECEIVED FOR FREE, NO NEED TO PAY BACK)  2

FORGONE PAYMENT (RECEIVED FOR FREE, HAVE TO PAY BACK)  3

NO  4

	ITEM	
PURCHASED (01) / GIFT (02) / FORGONE PAYMENT (03) / NO (04)	CODE	NAIRA
Public transport (to and from work)	01	
Public transport (to and from school)	02	
Public transport (to and from health facility)	03	
Other public transport	04	
Health consultations	05	
Lab fees	06	
Medicines	07	
Hospitalization	08	
Other health-related expenditure	09	

## Section 12.1: Biomedical Consent Form

**RESPONDENT:** Youngest mother in household and all her children aged less than 12 years. If no eligible mothers, randomly selected woman aged 15-49

ID CODE	(12.01)	(12.02)	(12.03)	(12.04)	(12.05)	(12.06)	(12.07)
	INTERVIEWER COPY THE NAMES AND SURNAMES OF ALL ELIGIBLE PERSONS (UNDER 5 YEARS AND THE 15-49 YEAR-OLD FEMALES) LIVING IN THIS HOUSEHOLD FROM THE FLAP. RECORD THEIR NAME IN THE SPACE CORRESPONDING TO THEIR ID NUMBER.	GENDER	COPY AGE FROM (1.04)  FOR INFANTS / BABIES UNDER 1 YEAR, RECORD "0"	Circle ID of All Female Household Members 15-49 years old	Circle ID of All Women with Children 0-5 years old	Circle ID of All Children under 5 years old	READ CONSENT FORM TO ALL ELIGIBLE WOMEN AND MOTHERS/ADULTS RESPONSIBLE FOR ELIGIBLE CHILDREN. HAVE THEM SIGN IN THE SPACE BELOW TO CONFIRM CONSENT.
	NAME	MALE 01 FEMALE 02	YEAR				
01				01	01	01	
02				02	02	02	
03				03	03	03	
04				04	04	04	
05				05	05	05	
06				06	06	06	
07				07	07	07	
08				08	08	08	
09				09	09	09	
10				10	10	10	
11				11	11	11	
12				12	12	12	
13				13	13	13	
14				14	14	14	
15				15	15	15	

## **Consent Statement:**

### **CONTEXT:**

To match the extraordinary progress in malaria prevention in the past few years, the National Malaria Control Program (NMCP) has put more emphasis on case management and is committed to (i) improve access and guarantee availability of anti-malarial drugs, particularly of the first line drug, Artemisinin Combination Therapies (ACTs), and (ii) ensure that diagnostic tools are available and accessible even in remote areas.

The present study has, upon request of the Federal Government of Nigeria and the Government of [STATE], been designed to inform the federal and state governments how best to increase access to life-saving malaria treatment (such as ACTs) and to diagnosis that can best target this treatment. The government is looking to introduce the use of Rapid Diagnostic Tests (RDTs) in malaria testing, a technology that is affordable and can be made more widely accessible than routine microscopy.

### **BIOMEDICAL TESTS: OBJECTIVES, SAFETY & PRIVACY STANDARDS:**

To help the efforts of the NMCP in improving malaria prevention and case management, as part of this survey, we are asking people to take two tests: anemia and malaria. These medical tests are simple and fast to do, completely safe, and virtually painless. We rely on the protocols developed by the World Health Organization (WHO) to comply with all technical, environmental, and safety procedures. The results will be kept confidential.

### **TARGET GROUP:**

For the anemia and malaria test, we request children under the age of 5 (born after 2005) and all female household members age 15-49 to participate in the biomedical testing, giving a drop of blood obtained through a fingerpick – a simple, virtually painless, and safe testing method.

### **TEST PROCEDURES:**

Malaria is caused by a parasite that infects blood cells. These parasites cause fever and other symptoms common to malaria. Malaria parasites produce chemicals (proteins) called antigens.

• **RDT Test:** One way to test for malaria parasites is to do a rapid Diagnostic Test (RDT). RDT requires taking a drop of blood obtained through a fingerprick. If malaria antigens are present, the person will test positive. If malaria antigens are not present, the person will test negative. RDTs are completely safe to use for children and adults of all ages including children under 5 years old and recently born infants and cause virtually no pain or discomfort. The kit that will be used has never been used before and will be thrown away after each test. Results are typically given in 15 minutes and can be used to ensure that the sick person gets the most appropriate treatment for his/her illness and therefore has an increased chance of recovering quickly and is less likely to suffer negative long term consequences/effects. The new clinical guidelines, approved by the Federal Ministry of Health (FMOH), the National Malaria Control Program (NMCP), and the State Ministry of Health (SMOH) encourage the use of RDTs.

• **HemoCue Test:** Since malaria can be asymptomatic, another way to test for malaria is to look at anemia (low levels of blood). This is done by taking a sample of blood obtained through a fingerprick and examining the sample with a HemoCue machine. Such machines have been in use for the past 25 years. They are clean, completely safe, and endorsed by the FMOH and SMOH.

### **BENEFITS:**

Testing for malaria and anemia is important so that people in these vulnerable target groups (under-five children and women of reproductive age) who have malaria or anemia can be treated in the best way possible way.

Further, these tests will still be useful for those who do not test positive for malaria and/or do not have critical hemoglobin levels, but still have medical complaints. These people will be advised on where to seek consultation and care in order to establish the true cause of their ill health. Those who will test positive for malaria are going to get Coartem, while those with low Hemoglobin levels will be given Folic Acid.

### **RISKS:**

This is a mildly intrusive procedure that is not painful. You and your child will feel a pinch that will last a few seconds when we take the blood test. This will not cause any harm to your health.

### **CONFIDENTIALITY:**

If you have any questions or clarification pertaining to this survey, please feel free to ask. You may also contact [CONTACT DETAILS].

Thank you very much for your time.

## Section 12.2: Height and Weight

RESPONDENT: Youngest mother in household and all her children aged less than 12 years. If no eligible mothers, randomly selected woman aged 15-49

12.08		12.09		12.10		12.11	
RECORD THE RESPONSE TO THE BIOMEDICAL CONSENT FORM FOR ALL ELIGIBLE RESPONDENTS		RECORD HEIGHT IN CENTIMETERS		RECORD METHOD FOR MEASURING HEIGHT		RECORD WEIGHT IN KILOGRAMS	
MEASURED 01				STANDING 01			
NOT PRESENT; SCHOOL 02 ► NEXT PERSON							
NOT PRESENT; WORK 03 ► NEXT PERSON							
NOT PRESENT; HEALTH VISIT 04 ► NEXT PERSON							
TOO ILL OR DISABLED 05 ► NEXT PERSON							
REFUSED 06 ► NEXT PERSON							
OTHER (SPECIFY) 96 ► NEXT PERSON		CENTIMETERS		LYING DOWN 02		KILOGRAMS	
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							
14							
15							

### Section 12.3: Malaria and Anemia Tests

**RESPONDENT:** Youngest mother in household and all her children aged less than 12 years. If no eligible mothers, randomly selected woman aged 15-49.

12.12		12.13		12.14		12.15		12.16		12.17		12.18		12.19	
RECORD PID OF MEMBER, FOR CHILDREN <5 YEARS, RECORD PID OF MOTHER OR PRIMARY CAREGIVER	Why did you not agree to have the tests done?		RECORD HEMOGLOBIN LEVEL (g/dl)		Is the level recorded below the cut-off point for age and altitude?		We detected a low level of hemoglobin in the blood of [NAME]. This indicates that [NAME] has developed severe anemia, which is a serious health problem. We recommend you inform a health care provider about this condition. This form will assist you in obtaining appropriate treatment for [NAME]. Do you agree that the information about the level of hemoglobin in the blood of [NAME] be given to the health care provider?		RDT TEST RESULT		INTERVIEWER: DOES [NAME] HAVE A FEVER?		We detected malaria parasites in the blood of [NAME]. This is a serious health problem. We recommend you inform a health care provider about this condition. This will assist you in obtaining appropriate treatment for [NAME]. Do you agree that the information about the presence of malaria parasites in the blood and a fever for [NAME] be given to the health care provider?		
	RESULTS UNRELIABLE		01												
	CONCERN FOR BODILY HARM		02												
	RELIGIOUS BELIEFS		03												
	TRADITIONAL BELIEFS		04												
	TOO ILL OR DISABLED		05												
	OTHER, SPECIFY		96												
NEXT PERSON															
				g/dl		YES 01 NO 02 ► 12.17		YES 01 ► REFERRAL NO 02		GE + 01 GE - 02 ► 12.19		YES 01 NO 02 ► NEXT PERSON		YES 1 ► REFERRAL NO 2	
01															
02															
03															
04															
05															
06															
07															
08															
09															
10															
11															
12															
13															
14															
15															



## Interview notes

PLEASE WRITE DOWN HERE YOUR NOTES (IF ANY) PER RESPONDENT

01			
02			
03			
04			
05			
06			
07			
08			
09			
10			
11			
12			
13			
14			
15			

## **APPENDIX II: BUSINESS CODES**

- 01.** Petty vending at home (e.g. selling mishanga, vegetables, bread, a variety of groceries, etc.)
- 02.** Petty vending or hawking outside the home
- 03.** Selling knitted items
- 04.** Selling own sewed clothes
- 05.** Baking fritters / scones / cakes for sale
- 06.** Brewing local (non-alcoholic) drinks, e.g. munkoyo for sale
- 07.** Brewing beer or other alcoholic drinks for sale
- 08.** Carpentry
- 09.** Making handcrafts, e.g. clay pots, doormats, decorations, etc. for sale
- 10.** Making reedmats or baskets for sale
- 11.** Hairdressing (braiding hair, cutting hair, styling hair, etc.) at home
- 12.** Piecework (e.g. gardening, digging pits, etc.)
- 13.** Repairing and painting houses, etc.
- 96.** Other (specify)

ID CODE	(1.01) <b>INTERVIEWER</b> LIST THE NAMES AND SURNAMES OF THE USUAL MEMBERS OF THE HOUSEHOLD. START THE LIST WITH THE HEAD OF THE HOUSEHOLD.  ASSURE ONLY INCLUDING HOUSEHOLD MEMBERS FOR THE INTERVIEW. USE THE DEFINITION FROM THE MANUAL  NAME	(1.02) GENDER  MALE 1 FEMALE 2	(1.03) AGE OF EACH HH MEMBER  A. YEARS      B. MTHS		ELIGIBILITY			ID CODE
					CIRCLE ID OF ALL HOUSEHOLD MEMBERS:			
					(1.04) >=12 years	1.05 Women with Children < 12 years old	(1.06) Pregnant Women	
					HH BOOK & ADULT HEALTH	CHILD HEALTH	IP/T	
01					01	01	01	01
02					02	02	02	02
03					03	03	03	03
04					04	04	04	04
05					05	05	05	05
06					06	06	06	06
07					07	07	07	07
08					08	08	08	08
09					09	09	09	09
10					10	10	10	10
11					11	11	11	11
12					12	12	12	12
13					13	13	13	13
14					14	14	14	14
15					15	15	15	15