

2018-19 UGANDA MALARIA INDICATOR SURVEY  
 WOMAN'S QUESTIONNAIRE

Uganda  
 NMCP/UBOS

IDENTIFICATION				
EA NAME _____				
NAME OF HOUSEHOLD HEAD _____				
CLUSTER NUMBER .....				<div style="display: flex; flex-wrap: wrap;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
HOUSEHOLD NUMBER .....				<div style="display: flex; flex-wrap: wrap;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
NAME AND LINE NUMBER OF WOMAN _____				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <div style="display: flex; flex-wrap: wrap;"> <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 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;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
NEXT VISIT: DATE	_____	_____		INT. NO. <div style="display: flex; flex-wrap: wrap;"> <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="display: flex; flex-wrap: wrap;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>				
*RESULT CODES: 1 COMPLETED 4 REFUSED 7 OTHER _____ 2 NOT AT HOME 5 PARTLY COMPLETED SPECIFY 3 POSTPONED 6 INCAPACITATED				
<div style="display: flex; justify-content: space-between;"> <div>           LANGUAGE OF QUESTIONNAIRE** <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">1</div> </div> <div>           LANGUAGE OF INTERVIEW** <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> </div> <div>           NATIVE LANGUAGE OF RESPONDENT** <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> </div> <div>           TRANSLATOR USED (YES = 1, NO = 2) <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div>           LANGUAGE OF QUESTIONNAIRE** <b>ENGLISH</b> </div> <div>           **LANGUAGE CODES:            01 ENGLISH 06 RUNYANKOLE/RUKIGA            02 LUGANDA 07 RUNYORO/RUTORO            03 LUO 96 OTHER            04 LUGBARA            05 ATESO         </div> <div>           SPECIFY _____         </div> </div>				
SUPERVISOR <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <div style="flex-grow: 1;">             _____              NAME           </div> <div style="text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> </div> <div>             NUMBER           </div> </div>				

## INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_. I am working with Ministry of Health/UBOS. We are conducting a survey about malaria all over Uganda. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 10 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

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

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

SIGNATURE OF INTERVIEWER \_\_\_\_\_ DATE \_\_\_\_\_

RESPONDENT AGREES  
TO BE INTERVIEWED ... 1

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

### SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS ..... <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> MINUTES ..... <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
102	In what month and year were you born?	MONTH ..... <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> 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 ..... <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
104	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 108
105	What is the highest level of school you attended: primary, "O" level, "A" level, tertiary or university?	PRIMARY ..... 1 "O" LEVEL ..... 2 "A" LEVEL ..... 3 TERTIARY ..... 4 UNIVERSITY ..... 5	
106	What is the highest [CLASS/YEAR] you completed at that level?  IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	[CLASS/YEAR] ..... <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
107	CHECK 105:  PRIMARY OR <input style="width: 20px;" type="checkbox"/> "O" OR "A" LEVEL ↓	HIGHER <input style="width: 20px;" type="checkbox"/> →	→ 109

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																	
108	Now I would like you to read this sentence to me.  SHOW CARD TO RESPONDENT.  IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PART OF THE SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE ..... 3 NO CARD WITH REQUIRED LANGUAGE ..... 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED ..... 5																																		
109	What is your religion?	NO RELIGION ..... 10 ANGLICAN ..... 11 CATHOLIC ..... 12 MUSLIM ..... 13 SEVENTH DAY ADVENTIST ..... 14 ORTHODOX ..... 15 PENTECOSTAL/BORN AGAIN/EVANGELICAL ..... 16 BAHA'I ..... 17 BAPTIST ..... 18 JEWISH ..... 19 PRESBYTERIAN ..... 20 MAMMON ..... 21 HINDU ..... 22 BUDDHIST ..... 23 JEHOVAH'S WITNESS ..... 24 SALVATION ARMY ..... 25 TRADITIONAL ..... 26  OTHER ..... 96 (SPECIFY)																																		
110	What is your tribe?	TRIBE CODE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> OTHER ..... 996 (SPECIFY)																																		
111	In the past six months, have you seen or heard any messages about malaria?	YES ..... 1 NO ..... 2	→ 201																																	
112	Have you seen or heard these messages:	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>a) On the radio?</td><td>1</td><td>2</td></tr> <tr> <td>b) On the television?</td><td>1</td><td>2</td></tr> <tr> <td>c) On a poster or billboard?</td><td>1</td><td>2</td></tr> <tr> <td>d) From a community health worker?</td><td>1</td><td>2</td></tr> <tr> <td>e) At a community event?</td><td>1</td><td>2</td></tr> <tr> <td>f) Interpersonal communication?</td><td>1</td><td>2</td></tr> <tr> <td>g) Flyers?</td><td>1</td><td>2</td></tr> <tr> <td>h) Social Mobilization?</td><td>1</td><td>2</td></tr> <tr> <td>i) Social Media?</td><td>1</td><td>2</td></tr> <tr> <td>j) Anywhere else?</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	a) On the radio?	1	2	b) On the television?	1	2	c) On a poster or billboard?	1	2	d) From a community health worker?	1	2	e) At a community event?	1	2	f) Interpersonal communication?	1	2	g) Flyers?	1	2	h) Social Mobilization?	1	2	i) Social Media?	1	2	j) Anywhere else?	1	2	
	YES	NO																																		
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i) Social Media?	1	2																																		
j) Anywhere else?	1	2																																		

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-around; align-items: center;"> <div style="text-align: center;"> ONE OR MORE  BIRTHS <input type="checkbox"/>  ↓ </div> <div style="text-align: center;"> NO BIRTHS <input type="checkbox"/> → 225 </div> </div>										
211	Now I'd like to ask you about your more recent births. How many births have you had since 2013?  RECORD NUMBER OF LIVE BIRTHS SINCE 2013	TOTAL SINCE 2013 ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> NONE ..... 00			→ 225						

## SECTION 2. REPRODUCTION

212 Now I would like to record the names of all your births since 2013, whether still alive or not, starting with the most recent one you had.

RECORD IN 213 THE NAMES OF ALL THE BIRTHS BORN SINCE 2013. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. IF THERE ARE MORE THAN 5 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE STARTING WITH THE SECOND ROW.

213	214	215	216	217	218 IF ALIVE:	219 IF ALIVE:	220 IF ALIVE:	221
What name was given to your (most recent/ previous) baby?	Is (NAME) a boy or a girl?	Were any of these births twins?	On what day, month, and year was (NAME) born?	Is (NAME) still alive?	How old was (NAME) at (NAME)'s last birthday?	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	Were there any other live births between (NAME) and (NAME OF PREVIOUS BIRTH), including any children who died after birth?
RECORD NAME.					RECORD AGE IN COMPLETED YEARS.			
BIRTH HISTORY NUMBER.								
01	BOY 1  GIRL 2	SING 1  MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1  NO 2 ↓ (NEXT BIRTH)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1  NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	
02	BOY 1  GIRL 2	SING 1  MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1  NO 2 ↓ (SKIP TO 221)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1  NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↙  NO 2 (NEXT BIRTH) ↙
03	BOY 1  GIRL 2	SING 1  MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1  NO 2 ↓ (SKIP TO 221)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1  NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↙  NO 2 (NEXT BIRTH) ↙
04	BOY 1  GIRL 2	SING 1  MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1  NO 2 ↓ (SKIP TO 221)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1  NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↙  NO ..... 2 (NEXT BIRTH) ↙
05	BOY 1  GIRL 2	SING 1  MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1  NO 2 ↓ (SKIP TO 221)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1  NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↙  NO ..... 2 (NEXT BIRTH) ↙

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 2013-2018	NUMBER OF BIRTHS ..... <input type="text"/> NONE ..... 0	
225	Are you pregnant now?	YES ..... 1 NO ..... 2 UNSURE ..... 8	<input type="checkbox"/> → 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 SINCE 2013 <input type="checkbox"/>               (GO TO 301) ←           </div> <div>             NO BIRTHS SINCE 2013 <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, LINE 01:	<p align="center"><b>MOST RECENT BIRTH</b></p> <p>NAME _____</p> <p>LIVING <input type="checkbox"/>      DEAD <input type="checkbox"/></p> <p style="text-align: center;">↓                                  ↓</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 were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 303
302A	What was the main reason why you did not see anyone for antenatal care?	<p>FACILITY TOO FAR ..... 1</p> <p>HAD NO MONEY ..... 2</p> <p>HAD NO TIME ..... 3</p> <p>NOT AWARE HAD TO ATTEND ..... 4</p> <p>DID NOT WANT TO ATTEND ..... 5</p> <p>OTHER ..... 6</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW ..... 8</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><b>HEALTH PERSONNEL</b></p> <p>DOCTOR ..... A</p> <p>NURSE/MIDWIFE ..... B</p> <p>MEDICAL ASSISTANT/ ..... C</p> <p style="text-align: center;">CLINICAL OFFICER</p> <p>NURSING AIDE/ASST. .... D</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH ATTENDANT ..... E</p> <p>COMMUNITY/VILLAGE HEALTH WORKER .. F</p> <p>OTHER ..... X</p> <p style="text-align: center;">(SPECIFY)</p>	
303A	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p style="text-align: center;">(NAME OF PLACE)</p>	<p><b>HOME</b></p> <p>HER HOME ..... A</p> <p>OTHER HOME ..... B</p> <p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... C</p> <p>GOVERNMENT HEALTH ..... D</p> <p style="text-align: center;">CENTER</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ E</p> <p style="text-align: center;">(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/ ..... F</p> <p style="text-align: center;">CLINIC</p> <p>OTHER PRIVATE</p> <p style="text-align: center;">MEDICAL SECTOR</p> <p>_____ G</p> <p style="text-align: center;">(SPECIFY)</p> <p>OTHER ..... X</p> <p style="text-align: center;">(SPECIFY)</p>	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303B	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
303C	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
304	During this pregnancy, did you take SP/Fansidar to keep you from getting malaria?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 307
305	How many times did you take SP/Fansidar during this pregnancy?	TIMES ..... <input type="text"/> <input type="text"/>	
305A	CHECK 305:  TOOK SP ONLY 1 TIME DURING THIS PREGNANCY	CODE '01' TIMES ENTERED <input type="checkbox"/> OTHER <input type="checkbox"/>	→ 306
305B	Why did you take (SP/Fansidar) only one time during this pregnancy?   RECORD ALL MENTIONED.	FACILITY TOO FAR ..... A HAD NO MONEY ..... B SIDE EFFECTS ..... C NOT AWARE HAD TO TAKE MORE ..... D DID NOT WANT TO TAKE ..... E NOT GIVEN ..... F NOT AVAILABLE ..... G OTHER ..... X (SPECIFY) _____ DON'T KNOW ..... Z	
306	Did you get the SP/Fansidar during any antenatal care visit, during another visit to a health facility or from another source?  IF MORE THAN ONE SOURCE, RECORD THE HIGHEST SOURCE ON THE LIST.	ANTENATAL VISIT ..... 1 ANOTHER FACILITY VISIT ..... 2 OTHER SOURCE ..... 6	
307	CHECK 216 AND 217:  ONE OR MORE LIVING CHILDREN BORN SINCE 2013 <input type="checkbox"/>  (GO TO 401) ←	NO LIVING CHILDREN BORN SINCE 2013 <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 SINCE 2013. 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 2013. (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 428) ←</p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>↓ (SKIP TO 428) ←</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="right">(SKIP TO 428) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p align="right">(SKIP TO 428) ←</p> <p>DON'T KNOW ..... 8</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 align="right">(SKIP TO 407) ←</p> <p>NO ..... 2</p>	<p>YES ..... 1</p> <p align="right">(SKIP TO 407) ←</p> <p>NO ..... 2</p>
406A	Why have you not sought advice or treatment from any source?	<p>CHILD JUST FELL ILL ..... A</p> <p>CHILD NOT VERY ILL ..... B</p> <p>CLINIC TOO FAR ..... C</p> <p>HAVE NO MONEY ..... D</p> <p>WAITING FOR CHILD'S FATHER ..... E</p> <p>DON'T KNOW WHAT TO DO ..... F</p> <p>ALREADY HAD MEDICINE AT HOME ..... G</p> <p>OTHER _____ X</p> <p align="right">(SPECIFY) SKIP TO 411] ←</p>	<p>CHILD JUST FELL ILL ..... A</p> <p>CHILD NOT VERY ILL ..... B</p> <p>CLINIC TOO FAR ..... C</p> <p>HAVE NO MONEY ..... D</p> <p>WAITING FOR CHILD'S FATHER ..... E</p> <p>DON'T KNOW WHAT TO DO ..... F</p> <p>ALREADY HAD MEDICINE AT HOME ..... G</p> <p>OTHER _____ X</p> <p align="right">(SPECIFY) SKIP TO 411] ←</p>

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>(NAME OF PLACE)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL . . . A</p> <p>GOVERNMENT HEALTH CENTER . . . . . B</p> <p>MOBILE CLINIC/ OUTREACH . . . . . C</p> <p>COMMUNITY HEALTH WORKER/VHT . . . . . D</p> <p>OTHER PUBLIC SECTOR _____ E</p> <p>(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/ CLINIC . . . . . F</p> <p>PHARMACY/ DRUG SHOP . . . . . G</p> <p>PRIVATE DOCTOR . . . . . H</p> <p>MOBILE CLINIC . . . . . I</p> <p>FIELDWORKER . . . . . J</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ K</p> <p>(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP . . . . . L</p> <p>TRADITIONAL PRACTITIONER . . . . . M</p> <p>MARKET . . . . . N</p> <p>HAWKER/ITINERANT DRUG SELLER . . . . . O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL . . . A</p> <p>GOVERNMENT HEALTH CENTER . . . . . B</p> <p>MOBILE CLINIC/ OUTREACH . . . . . C</p> <p>COMMUNITY HEALTH WORKER/VHT . . . . . D</p> <p>OTHER PUBLIC SECTOR _____ E</p> <p>(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/ CLINIC . . . . . F</p> <p>PHARMACY/ DRUG SHOP . . . . . G</p> <p>PRIVATE DOCTOR . . . . . H</p> <p>MOBILE CLINIC . . . . . I</p> <p>FIELDWORKER . . . . . J</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ K</p> <p>(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP . . . . . L</p> <p>TRADITIONAL PRACTITIONER . . . . . M</p> <p>MARKET . . . . . N</p> <p>HAWKER/ITINERANT DRUG SELLER . . . . . O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>
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SECTION 4. FEVER IN CHILDREN

NO.	QUESTIONS AND FILTERS	MOST RECENT BIRTH NAME _____	NEXT MOST RECENT BIRTH NAME _____
408	CHECK 407:	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">TWO OR MORE CODES CIRCLED <input type="checkbox"/> ↓</div> <div style="text-align: center;">ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 410) ←</div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">TWO OR MORE CODES CIRCLED <input type="checkbox"/> ↓</div> <div style="text-align: center;">ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 410) ←</div> </div>
409	Where did you first seek advice or treatment?  USE LETTER CODE FROM 407	FIRST PLACE ..... <input type="text"/>	FIRST PLACE ..... <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?	YES ..... 1 NO ..... 2 (SKIP TO 428) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 428) ← DON'T KNOW ..... 8
412	What drugs did (NAME) take?  Any other drugs?  RECORD ALL MENTIONED.	<b>ANTIMALARIAL DRUGS</b> ARTEMISININ COMBINATION THERAPY (ACT) ..... A SP/FANSIDAR ..... B CHLOROQUINE ..... C AMODIAQUINE ..... D QUININE PILLS ..... E INJECTION/IV ..... F ARTESUNATE RECTAL ..... G INJECTION/IV ..... H  OTHER ANTIMALARIAL ..... I (SPECIFY)  <b>ANTIBIOTIC DRUGS</b> PILL/SYRUP ..... J INJECTION/IV ..... K  <b>OTHER DRUGS</b> ASPIRIN ..... L PANADOL/ ACETAMINOPHEN ..... M IBUPROFEN ..... N  OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	<b>ANTIMALARIAL DRUGS</b> ARTEMISININ COMBINATION THERAPY (ACT) ..... A SP/FANSIDAR ..... B CHLOROQUINE ..... C AMODIAQUINE ..... D QUININE PILLS ..... E INJECTION/IV ..... F ARTESUNATE RECTAL ..... G INJECTION/IV ..... H  OTHER ANTIMALARIAL ..... I (SPECIFY)  <b>ANTIBIOTIC DRUGS</b> PILL/SYRUP ..... J INJECTION/IV ..... K  <b>OTHER DRUGS</b> ASPIRIN ..... L PANADOL/ ACETAMINOPHEN ..... M IBUPROFEN ..... N  OTHER ..... X (SPECIFY) DON'T KNOW ..... Z
413	CHECK 412: ANY CODE A-I CIRCLED?	YES <input type="checkbox"/> (SKIP TO 428) ←	YES <input type="checkbox"/> (SKIP TO 428) ←

SECTION 4. FEVER IN CHILDREN

NO.	QUESTIONS AND FILTERS	MOST RECENT BIRTH NAME _____	NEXT MOST RECENT BIRTH NAME _____
414	CHECK 412: ARTEMISININ COMBINATION THERAPY ('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 an artemisinin combination therapy?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8
416	CHECK 412: SP/FANSIDAR ('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 SP/Fansidar?	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
418	CHECK 412: CHLOROQUINE ('C') GIVEN	CODE 'C' CIRCLED <input type="checkbox"/> CODE 'C' NOT CIRCLED <input type="checkbox"/> (SKIP TO 420) ←	CODE 'C' CIRCLED <input type="checkbox"/> CODE 'C' NOT CIRCLED <input type="checkbox"/> (SKIP TO 420) ←
419	How long after the fever started did (NAME) first take chloroquine?	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
420	CHECK 412: AMODIAQUINE ('D') GIVEN	CODE 'D' CIRCLED <input type="checkbox"/> CODE 'D' NOT CIRCLED <input type="checkbox"/> (SKIP TO 422) ←	CODE 'D' CIRCLED <input type="checkbox"/> CODE 'D' NOT CIRCLED <input type="checkbox"/> (SKIP TO 422) ←
421	How long after the fever started did (NAME) first take amodiaquine?	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 _____
422	CHECK 412: QUININE ('E' OR 'F') GIVEN	<div> <div>CODE 'E' OR 'F' CIRCLED <input type="checkbox"/></div> <div>CODE 'E' OR 'F' NOT CIRCLED <input type="checkbox"/></div> <div>(SKIP TO 424) ←</div> </div>	<div> <div>CODE 'E' OR 'F' CIRCLED <input type="checkbox"/></div> <div>CODE 'E' OR 'F' NOT CIRCLED <input type="checkbox"/></div> <div>(SKIP TO 424) ←</div> </div>
423	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 FEVER ..... 2</div> <div>THREE OR MORE DAYS 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 FEVER ..... 2</div> <div>THREE OR MORE DAYS AFTER FEVER ..... 3</div> <div>DON'T KNOW ..... 8</div> </div>
424	CHECK 412: ARTESUNATE ('G' OR 'H') GIVEN	<div> <div>CODE 'G' OR 'H' CIRCLED <input type="checkbox"/></div> <div>CODE 'G' OR 'H' NOT CIRCLED <input type="checkbox"/></div> <div>(SKIP TO 426) ←</div> </div>	<div> <div>CODE 'G' OR 'H' CIRCLED <input type="checkbox"/></div> <div>CODE 'G' OR 'H' NOT CIRCLED <input type="checkbox"/></div> <div>(SKIP TO 426) ←</div> </div>
425	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 FEVER ..... 2</div> <div>THREE OR MORE DAYS 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 FEVER ..... 2</div> <div>THREE OR MORE DAYS AFTER FEVER ..... 3</div> <div>DON'T KNOW ..... 8</div> </div>
426	CHECK 412: OTHER ANTIMALARIAL ('I') GIVEN	<div> <div>CODE 'I' CIRCLED <input type="checkbox"/></div> <div>CODE 'I' NOT CIRCLED <input type="checkbox"/></div> <div>(SKIP TO 428) ←</div> </div>	<div> <div>CODE 'I' CIRCLED <input type="checkbox"/></div> <div>CODE 'I' NOT CIRCLED <input type="checkbox"/></div> <div>(SKIP TO 428) ←</div> </div>
427	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 FEVER ..... 2</div> <div>THREE OR MORE DAYS 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 FEVER ..... 2</div> <div>THREE OR MORE DAYS AFTER FEVER ..... 3</div> <div>DON'T KNOW ..... 8</div> </div>
428		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 AND BELIEFS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	<p>I would like to ask you a few questions about fever in children.</p> <p>When a child is sick with fever, how long after the fever begins should the child be taken for treatment?</p>	<p>SAME DAY ..... 01</p> <p>NEXT DAY ..... 02</p> <p>TWO DAYS AFTER ONSET OF FEVER ..... 03</p> <p>THREE OR MORE DAYS AFTER ONSET OF FEVER ..... 04</p> <p>FEVER IS NORMAL IN CHILDREN, NO TREATMENT NECESSARY ..... 05</p> <p>DEPENDS ON HOW SERIOUS THE FEVER IS ..... 06</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... 98</p>	
502	<p>In your opinion, what causes malaria?</p> <p>PROBE: Anything else?</p> <p>RECORD ALL MENTIONED</p>	<p>MOSQUITO BITES ..... A</p> <p>MOSQUITOES ..... B</p> <p>PARASITE ..... C</p> <p>EATING MAIZE ..... D</p> <p>EATING MANGOES ..... E</p> <p>EATING DIRTY FOOD ..... F</p> <p>DRINKING UNBOILED WATER ..... G</p> <p>GETTING SOAKED WITH RAIN ..... H</p> <p>COLD/CHANGING WEATHER ..... I</p> <p>WITCHCRAFT ..... J</p> <p>CONTACT WITH INFECTED PERSON ..... K</p> <p>GERM ..... L</p> <p>STANDING WATER/BREEDING ENVIRONMENT ..... M</p> <p>POOR HYGIENE/DIRTY ENVIRONMENT ..... N</p> <p>NOT SLEEPING UNDER MOSQUITO NET ..... O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
503	Are there ways to avoid getting malaria?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 507
504	<p>What are the ways to avoid getting malaria?</p> <p>PROBE: Anything else?</p> <p>RECORD ALL MENTIONED</p>	<p>SLEEP UNDER MOSQUITO NET ..... A</p> <p>SLEEP UNDER AN INSECTICIDE TREATED NET ..... B</p> <p>TAKING PREVENTIVE MEDICATION ..... C</p> <p>USE MOSQUITO REPELLANT ..... D</p> <p>SPRAYING HOUSE WITH INSECTICIDE ..... E</p> <p>USING MOSQUITO COILS ..... F</p> <p>DESTROY MOSQUITO BREEDING SITES ..... G</p> <p>BOIL WATER ..... H</p> <p>GOOD HYGIENE/KEEPING CLEAN ENVIRONMENT ..... I</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
505	What medicine may be given to a pregnant woman to help her avoid getting malaria?	<p>SP/FANSIDAR ..... A</p> <p>CHLOROQUINE ..... B</p> <p>CHLOROQUINE W/ FANSIDAR ..... C</p> <p>COARTEM/ACT ..... D</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
506	<p>CHECK 505:</p> <p>SP/FANSIDAR MENTIONED</p>	<p>CODE 'A' ENTERED <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>	→ 508

SECTION 5. KNOWLEDGE AND BELIEFS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
507	How many times does a woman need to take SP/FANSIDAR during her pregnancy to avoid getting malaria?	<div> <div>TIMES</div> <div> <div></div> <div></div> </div> </div> <div> <div>DON'T KNOW</div> <div>98</div> </div>	
508	<p>Now I am going to read some statements and I would like you to tell me whether you agree or disagree with it. If you don't know, say, don't know.</p> <p>I sleep under a bed net every night because it is the best way to avoid getting malaria. Do you agree or disagree?</p>	<div> <div>AGREE</div> <div>1</div> </div> <div> <div>DISAGREE</div> <div>2</div> </div> <div> <div>DON'T KNOW/UNCERTAIN</div> <div>8</div> </div>	
509	<p>I can easily hang a mosquito net.</p> <p>Do you agree or disagree?</p>	<div> <div>AGREE</div> <div>1</div> </div> <div> <div>DISAGREE</div> <div>2</div> </div> <div> <div>DON'T KNOW/UNCERTAIN</div> <div>8</div> </div>	
510	<p>Pregnant women should still take the medicine that is meant to keep them from getting malaria even if they sleep under nets every night.</p> <p>Do you agree or disagree?</p>	<div> <div>AGREE</div> <div>1</div> </div> <div> <div>DISAGREE</div> <div>2</div> </div> <div> <div>DON'T KNOW/UNCERTAIN</div> <div>8</div> </div>	
511	<p>I take the entire course of malaria medicine to make sure the disease will be fully cured.</p> <p>Do you agree or disagree?</p>	<div> <div>AGREE</div> <div>1</div> </div> <div> <div>DISAGREE</div> <div>2</div> </div> <div> <div>DON'T KNOW/UNCERTAIN</div> <div>8</div> </div>	
512	<p>It is important to take a child to a health provider the same or next day after the child gets a fever.</p> <p>Do you agree or disagree?</p>	<div> <div>AGREE</div> <div>1</div> </div> <div> <div>DISAGREE</div> <div>2</div> </div> <div> <div>DON'T KNOW/UNCERTAIN</div> <div>8</div> </div>	
513	<p>My community is able to come together to take action to prevent malaria among its members.</p> <p>Do you agree or disagree?</p>	<div> <div>AGREE</div> <div>1</div> </div> <div> <div>DISAGREE</div> <div>2</div> </div> <div> <div>DON'T KNOW/UNCERTAIN</div> <div>8</div> </div>	
514	RECORD THE TIME.	<div> <div>HOURS</div> <div> <div></div> <div></div> </div> </div> <div> <div>MINUTES</div> <div> <div></div> <div></div> </div> </div>	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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