KENYA MALARIA INDICATOR SURVEY
WOMAN'S QUESTIONNAIRE

Division of National Malaria Programme
Kenya National Bureau of Statistics

IDENTIFICATION

PLACE NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . .

HOUSEHOLD NUMBER . . . .

NAME AND LINE NUMBER OF WOMAN _____

INTERVIEWER VISITS

	1	2	3	FINAL VISIT	
DATE	_____	_____	_____	DAY	
				MONTH	
				YEAR	
INTERVIEWER'S NAME	_____	_____	_____	INT. NO.	
RESULT*	_____	_____	_____	RESULT*	
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS	
TIME	_____	_____			

*RESULT CODES: 1 COMPLETED   4 REFUSED
                2 NOT AT HOME   5 PARTLY COMPLETED   7 OTHER _____
                3 POSTPONED   6 INCAPACITATED   SPECIFY

LANGUAGE OF QUESTIONNAIRE** **0 1**   LANGUAGE OF INTERVIEW** [ ]   NATIVE LANGUAGE OF RESPONDENT** [ ]   TRANSLATOR USED (YES = 1, NO = 2) [ ]

LANGUAGE OF QUESTIONNAIRE** **ENGLISH**

**LANGUAGE CODES:
01 ENGLISH	06 KAMBA	11 LUO	16 SOMALI
02 KISWAHILI	07 KIKUYU	12 MAASAI	17 TURKANA
03 BORANA	08 KISII	13 MERU	96 OTHER
04 EMBU	09 LUHYA	14 MIJIKENDA	
05 KALENJIN	10 MARAGOLI	15 POKOT	SPECIFY

SUPERVISOR

_____
NAME   NUMBER

INTRODUCTION AND CONSENT

RESPONDENT AGREES
TO BE INTERVIEWED . . 1

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

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS . . . . ☐☐ MINUTES . . . . ☐☐	
102	In what month and year were you born?	MONTH . . . . ☐☐ YEAR . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS . . . . ☐☐	
104	Have you ever attended school?	YES . . . . 1 NO 2	⟶ 108
105	What is the highest level of school you attended: primary, post-primary/vocational, secondary/'A' Level, College, or University	PRIMARY . . . . 1 POST-PRIMARY/VOCATIONAL . . . . 2 SECONDARY/'A' LEVEL . . . . 3 COLLEGE (MIDDLE LEVEL) . . . . 4 UNIVERSITY 5	
106	What is the highest (standard/form/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	STANDARD/FORM/YEAR . . . . ☐☐	

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	CHECK 108: CODE '2', '3' OR '4' CIRCLED ↓ CODE '1' OR '5' CIRCLED		⟶ 111
110	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 LESS THAN ONCE A WEEK . . . . 3 NOT AT ALL 4	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 LESS THAN ONCE A WEEK . . . . 3 NOT AT ALL 4	
112	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 LESS THAN ONCE A WEEK . . . . 3 NOT AT ALL 4	
113	Do you own a mobile phone?	YES . . . . 1 NO 2	→ 115
114	Is your mobile phone a smart phone?	YES . . . . 1 NO 2	
115	Have you ever used the internet from any location on any device?	YES . . . . 1 NO 2	→ 118
116	In the last 12 months, have you used the internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES . . . . 1 NO 2	→ 118
117	During the last one month, how often did you use the internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 LESS THAN ONCE A WEEK . . . . 3 NOT AT ALL 4	
118	What is your religion?	ROMAN CATHOLIC . . . . 1 PROTESTANT/OTHER CHRISTIAN . . . . 2 MUSLIM . . . . 3 NO RELIGION . . . . 4 OTHER _____ 96 (SPECIFY)	

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 . . . . [ ][ ] b) DAUGHTERS AT HOME . . . . [ ][ ]	
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 . . . . [ ][ ] b) DAUGHTERS ELSEWHERE . . . . . [ ][ ]	
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 . . . . [ ][ ] b) GIRLS DEAD . . . . [ ][ ]	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL LIVE BIRTHS . . . . [ ][ ]	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES [ ] NO [ ] PROBE AND CORRECT 201-208 AS NECESSARY.		
210	CHECK 208: ONE OR MORE BIRTHS [ ] NO BIRTHS [ ]		→ 224
211	Now I'd like to ask you about your more recent births. How many births have you had in 2015-2020? RECORD NUMBER OF LIVE BIRTHS IN 2015-2020	TOTAL IN 2015-2020 . . . . [ ][ ] NONE 00	→ 224

212	Now I would like to record the names of all your births in 2015-2020, whether still alive or not, starting with the most recent one you had. RECORD IN 213 THE NAMES OF ALL THE BIRTHS BORN IN 2015-2020. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. IF THERE ARE MORE THAN 5 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE STARTING WITH THE SECOND ROW.							

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

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 NUMBERS ARE THE SAME ☐ NUMBERS ARE DIFFERENT ☐ ↓ (PROBE AND RECONCILE) ◄		
224	Are you pregnant now?	YES . . . . 1 NO . . . . 2 UNSURE 8	→301
225	How many weeks or months pregnant are you? RECORD NUMBER OF COMPLETED WEEKS OR MONTHS.	WEEKS . . . . 1 ☐☐ MONTHS . . . . 2 ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	CHECK 216: ONE OR MORE BIRTHS 0-35 ☐ MONTHS BEFORE THE SURVEY ↓	NO BIRTHS ☐ 0-35 MONTHS BEFORE THE SURVEY	→ 401
302	RECORD THE NAME OF THE MOST RECENT BIRTH FROM 213, LINE 01:	MOST RECENT BIRTH NAME _____	
303	Now I would like to ask you some questions about your last pregnancy that resulted in a live birth. While you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy?	YES . . . . 1 NO 2	→ 308
304	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	**HEALTH PERSONNEL** DOCTOR, NURSE/MIDWIFE, OR ANY OTHER HEALTH PERSONNEL . . . . A **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . C COMMUNITY HEALTH WORKER . . . . D OTHER _____ X (SPECIFY)	
305	Where did you receive antenatal care for this pregnancy? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	**HOME** HER HOME . . . . A OTHER HOME . . . . B **PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . C GOVERNMENT HEALTH CENTER . . . . D GOVERNMENT DISPENSARY . . . . E OTHER PUBLIC SECTOR _____ F (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . G PRIVATE CLINIC . . . . H FAITH-BASED, CHURCH, HOSPITAL/CLINIC . . . . I OTHER PRIVATE MEDICAL SECTOR _____ J (SPECIFY) OTHER _____ X (SPECIFY)	

SECTION 3. PREGNANCY AND INTERMITTENT PREVENTIVE TREATMENT

NO.	NAME OF CHILD _____ BIRTH HISTORY NUMBER . . . . ☐☐		
306	How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?	WEEKS . . . . 1 ☐☐ MONTHS . . . . 2 ☐☐ DON'T KNOW 998	
307	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES . . . . ☐☐ DON'T KNOW 98	
307A	During this pregnancy who usually made the final decision about whether you went for antenatal care – you, your spouse, you and your spouse, or someone else?	RESPONDENT . . . . 1 SPOUSE . . . . 2 JOINT DECISION WITH SPOUSE . . . . 3 SOMEONE ELSE . . . . 4 DON'T KNOW 8	
308	During this pregnancy, did you take SP/Fansidar to keep you from getting malaria?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	☐→ 401
309	How many times did you take SP/Fansidar during this pregnancy?	TIMES . . . . ☐☐ DON'T KNOW 98	
309A	CHECK 309: TOOK SP ONLY 1 OR 2 TIMES DURING THIS PREGNANCY	CODE '01' OR '02' TIMES OTHER ☐ ENTERED ☐ ↓	310
309B	Why did you take SP/Fansidar only one or two times during this pregnancy? RECORD ALL MENTIONED	FACILITY TOO FAR . . . . A HAD NO MONEY . . . . B SIDE EFFECTS . . . . C NOT AWARE HAD TO TAKE MORE . . . . D DID NOT WANT TO TAKE . . . . E NOT GIVEN . . . . F NOT AVAILABLE . . . . G OTHER _____ X (SPECIFY) DON'T KNOW . . . . Z	
310	Did you get the SP/Fansidar during any antenatal care visit, during another visit to a health facility or from another source? IF MORE THAN ONE SOURCE, RECORD THE HIGHEST SOURCE ON THE LIST.	ANTENATAL VISIT . . . . 1 ANOTHER FACILITY VISIT . . . . 2 OTHER SOURCE 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	CHECK 216 AND 217 IN THE BIRTH HISTORY: ANY SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY? ONE OR MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY ↓　　　NO SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY ☐		→ 501
402	Now I would like to ask some questions about the health of your children born in the last 5 years. (We will talk about each separately, starting with the youngest.)		
403	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 213 OF THE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE. NAME OF CHILD _____　　BIRTH HISTORY NUMBER .... ☐☐		
404	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES .... 1 NO .... 2 DON'T KNOW 8	→ 416
405	At any time during the illness, did (NAME) have blood taken from (NAME)'s finger or heel for testing?	YES .... 1 NO .... 2 DON'T KNOW 8	
406	Were you told by a healthcare provider that (NAME) had malaria?	YES .... 1 NO .... 2 DON'T KNOW 8	
407	Did you seek advice or treatment for the illness from any source?	YES .... 1 NO 2	→ 412
408	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	**PUBLIC SECTOR** GOVERNMENT HOSPITAL .... A GOVERNMENT HEALTH CENTER .... B GOVERNMENT DISPENSARY .... C MOBILE CLINIC .... D COMMUNITY HEALTH WORKER/ 　FIELDWORKER .... E OTHER PUBLIC 　SECTOR _____ F 　　　(SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL .... G PRIVATE CLINIC .... H PHARMACY .... I PRIVATE DOCTOR .... J MOBILE CLINIC .... K COMMUNITY HEALTH WORKER .... L OTHER PRIVATE MEDICAL 　SECTOR _____ M 　　　(SPECIFY) **OTHER SOURCE** SHOP .... Q TRADITIONAL PRACTITIONER .... R MARKET .... S ITINERANT DRUG SELLER .... T OTHER _____ X 　　　(SPECIFY)	

NO.	NAME OF CHILD _____	BIRTH HISTORY NUMBER	
409	CHECK 408: TWO OR MORE CODES CIRCLED ☐ ↓	ONLY ONE CODE CIRCLED ☐	→ 411
410	Where did you first seek advice or treatment? USE LETTER CODE FROM 408.	FIRST PLACE .... ☐	
411	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS .... ☐☐	
412	At any time during the illness, did (NAME) take any medicine for the illness?	YES .... 1 NO .... 2 DON'T KNOW 8	→ 416

413	What medicine did (NAME) take?
	
	Any other medicine?
	
	RECORD ALL MENTIONED.
	
	IF MEDICINE NOT KNOWN, ASK TO SEE THE PACKAGE OR PRESCRIPTION.
		ACT ANTIMALARIAL MEDICINE
		  AL .... A
		  DHAP .... B
		  OTHER ACT (NOT AL OR DHAP) C
		
		NON-ACT ANTIMALARIAL
		  SP/FANSIDAR .... D
		  CHLOROQUINE .... E
		  AMODIAQUINE .... F
		  QUININE
		    PILLS .... G
		    INJECTION/IV .... H
		  ARTESUNATE
		    RECTAL I
		    INJECTION/IV .... J
		
		  OTHER
		    ANTIMALARIAL _____ K
		            (SPECIFY)
		
		ANTIBIOTIC MEDICINE
		  AMOXICILLIN L
		  COTRIMOXAZOLE .... M
		  OTHER PILL/SYRUP .... N
		  OTHER INJECTION/IV .... O
		
		OTHER MEDICINE
		  ASPIRIN .... P
		  PARACETAMOL/PANADOL/
		    ACETAMINOPHEN .... Q
		  IBUPROFEN .... R
		
		OTHER _____ X
		         (SPECIFY)
		
		DON'T KNOW .... Z	

414	CHECK 413: ARTEMISININ-BASED COMBINATION THERAPY ('A', 'B', OR 'C') GIVEN CODE 'A', 'B', OR 'C' CIRCLED ☐ ↓ CODE 'A', 'B', AND/OR 'C' NOT CIRCLED ☐		→ 416
415	How long after the fever started did (NAME) first take an artemisinin-based combination therapy?	SAME DAY .... 0 NEXT DAY .... 1 TWO DAYS AFTER FEVER .... 2 THREE OR MORE DAYS AFTER FEVER .... 3 DON'T KNOW 8	
416	CHECK 216 AND 217 IN BIRTH HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY? NO MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY ☐ MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY ☐ SKIP TO 501 ←		→ 403

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	In the past six months, have you seen or heard any messages about malaria?	YES . . . . 1 NO 2	→ 503
502	Where did you see or hear these messages? Anywhere else? RECORD ALL MENTIONED	RADIO . . . . A TELEVISION . . . . B POSTER/BILLBOARD . . . . C NEWSPAPER/MAGAZINE . . . . D LEAFLET/BROCHURE . . . . E HEALTHCARE PROVIDER . . . . F COMMUNITY HEALTH WORKER . . . . G SOCIAL MEDIA . . . . H RELATIVE/FRIEND . . . . I COMMUNITY DIALOGUE / BARAZA . . . . J COMMUNITY LEADER / ELDER . . . . K COMMUNITY EVENT / ROADSHOW . . . . L SCHOOL PUPILS . . . . M ANYWHERE ELSE _____ X (SPECIFY) DON'T REMEMBER Z	

502A	What messages about malaria have you seen or heard in the past 6 months?
	
	Anything else?
	
	RECORD ALL MENTIONED
		IF YOU HAVE SYMPTOMS OF MALARIA
		   GO TO HEALTH FACILITY . . . . A
		SLEEP UNDER AN INSECTICIDE-TREATED
		   MOSQUITO NET . . . . B
		PREGNANT WOMEN SHOULD TAKE MEDICINE
		   TO PREVENT MALARIA C
		SP PROTECTS PREGNANT WOMEN AND
		   UNBORN BABY FROM GETTING MALARIA D
		ALWAYS TEST BEFORE TREATING MALARIA E
		TREAT MALARIA WITH ACTs . . . . F
		MALARIA KILLS . . . . G
		
		OTHER _____ X
		(SPECIFY)
		
		DON'T KNOW/DON'T REMEMBER . . . . Z	

503	Are there ways to avoid getting malaria?	YES . . . . 1 NO 2	→ 505
504	What are the things that people can do to prevent themselves from getting malaria? RECORD ALL MENTIONED	SLEEP UNDER A MOSQUITO NET . . . . A SLEEP UNDER AN INSECTICIDE-TREATED MOSQUITO NET . . . . B USE MOSQUITO REPELLENT . . . . C TAKE PREVENTATIVE MEDICATIONS . . . . D SPRAY HOUSE WITH INSECTICIDE . . . . E FILL IN STAGNANT WATERS (PUDDLES . . . . F KEEP SURROUNDINGS CLEAN . . . . G PUT MOSQUITO SCREEN ON WINDOWS . . . . . H PREGNANT WOMEN TAKE SP/FANSIDAR . . . . . I OTHER _____ X (SPECIFY) DON'T KNOW . . . . Z	
504A	What is the recommended treatment for malaria?	ACT/AL . . . . A SP/FANSIDAR . . . . B CHLOROQUINE . . . . C AMODIAQUINE . . . . D OTHER _____ X (SPECIFY) DON'T KNOW . . . . Z	
505	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. People in this community only get malaria during the rainy season. Do you agree or disagree?	AGREE . . . . 1 DISAGREE . . . . 2 DON'T KNOW/UNCERTAIN 8	
506	When a child has a fever, you almost always worry it might be malaria. Do you agree or disagree?	AGREE . . . . 1 DISAGREE . . . . 2 DON'T KNOW/UNCERTAIN 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
507	Getting malaria is not a problem because it can be easily treated. Do you agree or disagree?	AGREE . . . . 1 DISAGREE . . . . 2 DON'T KNOW/UNCERTAIN 8	
508	Only weak children can die from malaria Do you agree or disagree?	AGREE . . . . 1 DISAGREE . . . . 2 DON'T KNOW/UNCERTAIN 8	
509	You can sleep under a mosquito net for the entire night when there are lots of mosquitoes Do you agree or disagree?	AGREE . . . . 1 DISAGREE . . . . 2 DON'T KNOW/UNCERTAIN 8	
510	You can sleep under a mosquito net for the entire night when there are few mosquitoes Do you agree or disagree?	AGREE . . . . 1 DISAGREE . . . . 2 DON'T KNOW/UNCERTAIN 8	
511	You do not like sleeping under a mosquito net when the weather is too warm. Do you agree or disagree?	AGREE . . . . 1 DISAGREE . . . . 2 DON'T KNOW/UNCERTAIN 8	
511A	I am confident in my ability to hang a mosquito net in my household Do you agree or disagree?	AGREE . . . . 1 DISAGREE . . . . 2 DON'T KNOW/UNCERTAIN 8	
512	When a child has a fever, it is best to start by giving them any medicine you have at home. Do you agree or disagree?	AGREE . . . . 1 DISAGREE . . . . 2 DON'T KNOW/UNCERTAIN 8	
513	People in your community usually take their children to a health care provider on the same day or day after they develop a fever Do you agree or disagree?	AGREE . . . . 1 DISAGREE . . . . 2 DON'T KNOW/UNCERTAIN 8	
514	People in your community who have a mosquito net usually sleep under a mosquito net every night Do you agree or disagree?	AGREE . . . . 1 DISAGREE . . . . 2 DON'T KNOW/UNCERTAIN 8	
514A	Now I will ask you a specific question about your household. Has any mosquito net in this house been used for any reason other than sleeping?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 515
514B	What was it used for? Anything else? RECORD ALL MENTIONED.	COVER/PROTECT THE GARDEN OR CHICK . . . . . A FISHING ACTIVITIES . . . . B WINDOW SCREEN . . . . C CLOTHING/WEDDING VEIL . . . . D OTHER _____ X (SPECIFY) DON'T KNOW . . . . Z	
515	RECORD THE TIME.	HOURS . . . . ☐☐ MINUTES . . . . ☐☐	

<u>INTERVIEWER'S OBSERVATIONS</u>

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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<u>SUPERVISOR'S OBSERVATIONS</u>

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