

ANGOLA MALARIA INDICATOR SURVEY
WOMEN'S QUESTIONNAIRE

ANGOLA
COSEP-CONSULTORIA, LDA/CONSAÚDE

IDENTIFICATION																						
PLACE NAME _____	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																					
NAME OF HOUSEHOLD HEAD _____																						
CLUSTER NUMBER																						
HOUSEHOLD NUMBER																						
REGION																						
URBAN/RURAL (URBAN=1, RURAL=2)																						
MALARIA ENDEMIC REGION..... 1 = Hyperendemic (Cabinda, Uige, K. Norte, Malange, L. Norte, L. Sul 2 = Mesoendemic Stable (Zaire, Luanda, Bengo, Benguela, K. Sul, Huambo, Bié) 3 = Mesoendemic Unstable (Moxico, K. Kubango, Kunene, Huila, Namibe) .																						
NAME AND LINE NUMBER OF WOMAN _____																						

INTERVIEWER VISITS											
	1	2	3	FINAL VISIT							
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table>							
INTERVIEWER'S NAME	_____	_____	_____	NAME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table>							
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>							
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>							
TIME	_____	_____									
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 3 POSTPONED 6 INCAPACITATED 7 OTHER _____ (SPECIFY)											

COUNTRY-SPECIFIC INFORMATION: LANGUAGE OF QUESTIONNAIRE, LANGUAGE OF INTERVIEW, NATIVE LANGUAGE OF RESPONDENT, AND WHETHER TRANSLATOR USED

SUPERVISOR	OFFICE EDITOR	KEYED BY
NAME _____	_____	_____
DATE _____	_____	_____

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with (NAME OF ORGANIZATION). We are conducting a national survey about malaria. We would very much appreciate your participation in this survey. The information you provide will help the government to plan health services. The survey usually takes between 10 and 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?
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
↓

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input 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 type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES 1 NO 2	→108
105	What is the highest level of school you attended: primary, secondary, or higher? ¹	PRIMARY 1 SECONDARY 2 HIGHER 3	
106	What is the highest (grade/form/year) you completed at that level? ¹	GRADE <input type="text"/> <input type="text"/>	
107	CHECK 105: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		→201
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 PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	

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?	YES1 NO2	→206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES1 NO2	→204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	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> 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?	YES1 NO2	→206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	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> 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 or showed signs of life but did not survive?	YES1 NO2	→208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	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> 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.	NONE.....00 TOTAL..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			→345						
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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> ↓ NO <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE BIRTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> Was this child born in the last six years? IF NO, CIRCLE '00.' TWO OR MORE BIRTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> How many of these children were born in the last six years?			NONE.....00 TOTAL IN LAST SIX YEARS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			→345				

211 Now I would like to record the names of all your births in the last six years (since 2001), whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN THE LAST SIX YEARS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.									
212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
01	SING.....1 MULT.....2	BOY1 GIRL....2	MONTH ... <input type="text"/> YEAR <input type="text"/>	YES.....1 NO.....2 220	AGE IN YEARS <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> ↓ (NEXT BIRTH)	DAYS.....1 MONTHS.....2 YEARS.....3	
02	SING.....1 MULT.....2	BOY1 GIRL....2	MONTH ... <input type="text"/> YEAR <input type="text"/>	YES.....1 NO.....2 220	AGE IN YEARS <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> ↓ (220)	DAYS.....1 MONTHS.....2 YEARS.....3	YES.....1 NO.....2
03	SING.....1 MULT.....2	BOY1 GIRL....2	MONTH ... <input type="text"/> YEAR <input type="text"/>	YES.....1 NO.....2 220	AGE IN YEARS <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> ↓ (220)	DAYS.....1 MONTHS.....2 YEARS.....3	YES.....1 NO.....2
04	SING.....1 MULT.....2	BOY1 GIRL....2	MONTH ... <input type="text"/> YEAR <input type="text"/>	YES.....1 NO.....2 220	AGE IN YEARS <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> ↓ (220)	DAYS.....1 MONTHS.....2 YEARS.....3	YES.....1 NO.....2
05	SING.....1 MULT.....2	BOY1 GIRL....2	MONTH ... <input type="text"/> YEAR <input type="text"/>	YES.....1 NO.....2 220	AGE IN YEARS <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> ↓ (220)	DAYS.....1 MONTHS.....2 YEARS.....3	YES.....1 NO.....2
06	SING.....1 MULT.....2	BOY1 GIRL....2	MONTH ... <input type="text"/> YEAR <input type="text"/>	YES.....1 NO.....2 220	AGE IN YEARS <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> ↓ (220)	DAYS.....1 MONTHS.....2 YEARS.....3	YES.....1 NO.....2
07	SING.....1 MULT.....2	BOY1 GIRL....2	MONTH ... <input type="text"/> YEAR <input type="text"/>	YES.....1 NO.....2 220	AGE IN YEARS <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> ↓ (220)	DAYS.....1 MONTHS.....2 YEARS.....3	YES.....1 NO.....2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
222	Have you had any live births since the birth of (NAME OF MOST RECENT BIRTH)? IF YES, RECORD BIRTH(S) IN BIRTH TABLE.	YES.....1 NO.....2					
223	<p>COMPARE 210 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p>		<input type="checkbox"/>				
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2001 OR LATER. IF NONE, RECORD '0'.		•••• ••••				
225	Are you pregnant now?	YES 1 NO 2 UNCERTAIN 8	•••• 227				
226	IF YES, RECORD NUMBER OF COMPLETED MONTHS AND WEEKS OF PREGNANCY.	<table border="1"> <tr> <td data-bbox="794 994 863 1055"><input type="text"/></td> <td data-bbox="906 994 1007 1055">MONTHS</td> </tr> <tr> <td data-bbox="794 1084 863 1144"><input type="text"/></td> <td data-bbox="906 1084 1007 1144">WEEKS</td> </tr> </table>	<input type="text"/>	MONTHS	<input type="text"/>	WEEKS	
<input type="text"/>	MONTHS						
<input type="text"/>	WEEKS						
227	<p>VERIFY 224:</p> <p>ONE OR MORE BIRTHS IN 2001 OR LATER <input type="checkbox"/></p> <p>NO BIRTHS IN 2001 OR LATER <input type="checkbox"/></p>		301				
227A	<p>VERIFY 215 AND 216:</p> <p>ONE OR MORE CHILDREN DEAD <input type="checkbox"/></p> <p>NONE <input type="checkbox"/></p>		301				
227B	VERIFY Q.220 AND ENTER NUMBER OF CHILDREN WHO DIED BEFORE THE AGE OF 29 DAYS. IF NONE, ENTER '0.'		•••• ••••				
227C	VERIFY Q.220 AND ENTER NUMBER OF CHILDREN WHO DIED BETWEEN THE AGE OF 29 DAYS AND FIVE YEARS. IF NONE, ENTER '0.'		•••• ••••				

Section 3 - VERBAL AUTOPSY - DEATH OF A CHILD UNDER 29 DAYS

228 I would like to ask you some questions concerning symptoms that the deceased child(dren) who died before s/he (they) was (were) 29 days old had or showed when s/he was ill. Some of these questions may be painful and you can choose not to answer them; also they may not appear to be directly related to his/her death. Please bear with me and answer all the questions as best as you can. They will help us to get a clearer picture of all possible symptoms that the deceased had.

228A	WRITE THE NAME AND LINE NUMBER OF THE CHILD FROM Q. 212	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>
		NAME _____	NAME _____
228B	How is your health now?	FINE.....1 SICK.....2 OTHER.....6	FINE.....1 SICK.....2 OTHER.....6
228C	Was (NAME's) birth a difficult birth?	YES.....1 NO.....2	YES.....1 NO.....2
228D	Did you have fits before giving birth to (NAME)?	YES.....1 NO.....2	YES.....1 NO.....2
228E	Did/does you have high blood pressure?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
228F	Did you have a febrile illness at the time of delivery of (NAME)?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
228G	Did you suffer from any of the conditions during your pregnancy with (NAME)?	YES NO DK	YES NO DK
		DIABETES	DIABETES
		HEART DISEASE	HEART DISEASE
		TB	TB
		EPILEPSY	EPILEPSY
229	Did you have any antenatal care during your pregnancy with (NAME)?	YES.....1 NO.....2	YES.....1 NO.....2
229A	Where did you give birth to (NAME)?	HOME.....1 HEALTH FACILITY.....2 IN TRANSIT.....3 OTHER PLACE.....4	HOME.....1 HEALTH FACILITY.....2 IN TRANSIT.....3 OTHER PLACE.....4
229B	Who assisted the birth?	NO ONE.....1 UNTRAINED TBA.....2 HEALTH PROFESSIONAL.....3 DON'T KNOW.....9	NO ONE.....1 UNTRAINED TBA.....2 HEALTH PROFESSIONAL.....3 DON'T KNOW.....9
229C	Had you received TT vaccination when you were pregnant with (NAME)?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
229D Filter	If yes, how many TT injections did you receive?	NUMBER OF VACCINES <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>
229E	Was (NAME) a singleton or a twin?	SINGLETON.....1 TWIN.....2	SINGLETON.....1 TWIN.....2
229F	Was it a forceps or vacuum delivery?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8

229G	Was it a caesarean delivery?	YES.....1 NO.....2	YES.....1 NO.....2
229H	How many hours was the labour?	HOURS..... <input type="text"/> <input type="text"/> DON'T KNOW.....8	HOURS..... <input type="text"/> <input type="text"/> DON'T KNOW.....8
229I	Did waters break 1 day or more before delivery of (NAME)?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
229J	Was (NAME) born premature?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
229K Filter	If yes, at how many months or weeks of pregnancy?	MONTHS..... <input type="text"/> <input type="text"/> WEEKS..... <input type="text"/> <input type="text"/>	MONTHS..... <input type="text"/> <input type="text"/> WEEKS..... <input type="text"/> <input type="text"/>
229L	Did (NAME) play or move in the womb before labour?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
229M Filter	If no, did (NAME) breathe at all after delivery?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
229N	Was (NAME) dead at birth?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
229O	Did the umbilical cord come before (NAME) was born?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
ASK THESE QUESTIONS IF THE CHILD WAS BORN ALIVE			
230	Did (NAME) cry immediately after birth?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
230A	Was (NAME) able to breastfeed soon after birth?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
230B Filter	If no, was the problem with (NAME) or with you?	WITH THE MOTHER.....1 WITH THE CHILD.....2 OTHER.....8	WITH THE MOTHER.....1 WITH THE CHILD.....2 OTHER.....8
230C	Was (NAME) weighed after being born?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
230D Filter	If yes, how much did (NAME) weigh?	WEIGHT IN GRAMS <input type="text"/> <input type="text"/> <input type="text"/>	WEIGHT IN GRAMS <input type="text"/> <input type="text"/> <input type="text"/>
230E	Were there any bruises or signs of injury on (NAME)'s body after birth?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
230F	What was the colour of (NAME)'s skin after being born?	NORMAL.....1 PURPLE.....2 PALE.....3 DON'T KNOW.....9	NORMAL.....1 PURPLE.....2 PALE.....3 DON'T KNOW.....9
230G	Did (NAME)'s arms/legs have strength?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
213H	Did (NAME) have any malformation at birth?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8

230I	Did the eye color change to yellow (jaundice)?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
230J Filter	If yes, how many days after being born?	DAYS AFTER <input type="text"/> <input type="text"/>	DAYS AFTER <input type="text"/> <input type="text"/>
230K	Did (NAME) have any problem with the umbilical cord?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
230L	Did (NAME) have a fever?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
230L2 Filter	If yes, for how many days?	DAYS OF FEVER <input type="text"/> <input type="text"/>	DAYS OF FEVER <input type="text"/> <input type="text"/>
230M	Did (NAME) have convulsions?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
230N	During the period of illness did (NAME) have areas of skin that were red, peeling or skin rash with blisters containing pus?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
230O	Was (NAME) coughing?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
230P	Did (NAME) have difficulty breathing?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
230Q Filter	If yes, did s/he have fast breathing?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
230R Filter	Did s/he have in-drawing of the chest while breathing?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
230S	Was (NAME) vomiting?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
230T	Did s/he have diarrhea?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
230U	Was (NAME) unable to breastfeed when s/he was ill?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
230V	Was there a bulge in (NAME)'s fontanel?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
230W	Did (NAME) have an....	INJURY.....1 ACCIDENT.....2 NEITHER 1 OR 2.....3 DON'T KNOW.....8	INJURY.....1 ACCIDENT.....2 NEITHER 1 OR 2.....3 DON'T KNOW.....8
230X Filter	If the answer to question ...is 1 or 2, what kind of injury or accident?	_____	_____
230Y	During the illness that led to death, did (NAME) become unconscious?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8

230Z	PLACE OF DEATH	HOME1 HEALTH FACILITY2 OTHER PLACE.....8	HOME1 HEALTH FACILITY2 OTHER PLACE.....8
230Z1	DATE OF DEATH	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>
230Y1	VERIFY 215, 216 AND 220:	ONE OR MORE CHILDREN WHO DIED BETWEEN 29 DAYS AND 5 YEARS —————→ CONTINUE	NONE —————→ 301
230Y2		VERIFY Q.220 AND WRITE THE NUMBER OF CHILDREN WHO DIED BETWEEN AGE 29 DAYS AND FIVE YEARS AND CONTINUE TO Q.231. IF NONE, WRITE '0' AND CONTINUE TO Q. 301 <div style="display: flex; justify-content: flex-end; align-items: center; gap: 20px;"> •••• •••• •••• </div>	

Section 4 - VERBAL AUTOPSY - DEATH OF A CHILD AGED 29 DAYS TO UNDER 5 YEARS

231 I would like to ask you some questions concerning symptoms that the deceased child(dren) (who died between 29 days old but before turning 5 years) had or showed when s/he was ill. Some of these questions may be painful and you can choose not to answer them; also they may not appear to be directly related to his/her death. Please bear with me and answer all the questions as best as you can. They will help us to get a clearer picture of all possible symptoms that the deceased had.

232	WRITE THE NAME AND LINE NUMBER OF THE CHILD FROM Q. 212	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>
		NAME _____	NAME _____

SYMPTOMS

233	Was (NAME) small at birth?	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
234	Was (NAME) born premature?	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
235 Filter	If yes, how many months or weeks of pregnancy?	MONTHS <input type="text"/> <input type="text"/> WEEKS <input type="text"/> <input type="text"/> DON'T KNOW98	MONTHS <input type="text"/> <input type="text"/> WEEKS <input type="text"/> <input type="text"/> DON'T KNOW98
236	Was (NAME) breastfeeding?	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
237 Filter	If yes, did (NAME) stop feeding just before death?	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
238	Did s/he have fever?	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
239 Filter	If yes, was the fever continuous or off and on?	CONTINUOUS1 ON AND OFF2 DON'T KNOW8	CONTINUOUS1 ON AND OFF2 DON'T KNOW8
240	Did s/he have convulsions?	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
241	Did s/he have a cough?	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
242	If yes, was the cough dry, productive or with blood?	DRY1 PRODUCTIVE2 WITH BLOOD3 DON'T KNOW8	DRY1 PRODUCTIVE2 WITH BLOOD3 DON'T KNOW8
243	Did s/he have breathing difficulties?	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
244 Filter	If yes, did s/he have fast breathing?	YES1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8

245 Filter	Did s/he have in-drawing of chest while breathing?	YES.....1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
246	Did s/he vomit?	YES.....1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
247 Filter	If yes, did s/he vomit blood?	YES.....1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
248	Did s/he have a mass in the abdomen?	YES.....1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
249	Did s/he have abdominal distension?	YES.....1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
250 Filter	If yes, did the distension start suddenly or gradually as the days went on?	SUDDENLY1 GRADUALLY2 DON'T KNOW8	SUDDENLY1 GRADUALLY2 DON'T KNOW8
251	Did s/he have diarrhea?	YES.....1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
252 Filter	If yes, did s/he have bloody diarrhea?	YES.....1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
253	Did s/he have abdominal pain?	YES.....1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
254	Did s/he have weight loss?	YES.....1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
255	Did s/he have mouth sores?	YES.....1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
256	Did s/he look pale? (on fingers or feet soles)	YES.....1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
257	Did the child's lips grow darker in color?	YES.....1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
258	Did s/he have puffiness of the face?	YES.....1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
259	Did s/he have swelling of the whole body	YES.....1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
260	Did the eye color change to yellow (jaundice)?	YES.....1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
261	Did s/he have ankle swelling? (show that part of the body)	YES.....1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
262	Did s/he have swelling of joints?	YES.....1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8

263	Did s/he have measles?	YES.....1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
264	Did s/he have any other skin disease?	YES.....1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
265	Was s/he unusually sleepy?	YES.....1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
266	Did s/he have neck pain?	YES.....1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
267	Did s/he have a headache?	YES.....1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
268	Did s/he develop stiffness of the whole body (before death)?	YES.....1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
269	Did s/he have loss of consciousness?	YES.....1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
270	Did s/he have fainting fits?	YES.....1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
271	Did s/he have paralysis of both legs?	YES.....1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
272	Was s/he unable to pass urine?	YES.....1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
273	Did s/he pass blood in urine?	YES.....1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
274	Did a dog bite him/her?	YES.....1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
275	Was s/he bitten by another animal or insect?	YES.....1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
276	If yes, what type of animal/insect? (Write the name)	_____	_____
277	Was s/he injured in a road accident?	YES.....1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
278	Did s/he suffer any other accidental injuries before death?	YES.....1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8
279	Was s/he injured intentionally by someone?	YES.....1 NO2 DON'T KNOW8	YES1 NO2 DON'T KNOW8

Section 5. PREGNANCY AND INTERMITTENT PREVENTIVE TREATMENT

301	ENTER IN 302 THE NAME AND SURVIVAL STATUS OF THE MOST RECENT BIRTH. Now I would like to ask you some questions about your last pregnancy that ended in a live birth, in the last 6 years.
302	<p align="center">LAST BIRTH</p> <p>NAME _____</p> <p>LIVING DEAD</p> <p><input type="checkbox"/> <input type="checkbox"/></p>
303	<p>When you were pregnant with (NAME), did you see anyone for antenatal care?¹</p> <p>IF YES: Whom did you see? Anyone else?</p> <p>PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.</p> <p>HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY MIDWIFE.....C OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....D OTHER _____ X (SPECIFY) NO ONEY</p>
304	<p>During this pregnancy, did you take any drugs in order to prevent you from getting malaria?</p> <p>YES1 NO2 DON'T KNOW8</p> <p align="right">→309A</p>
305	<p>Which drugs did you take to prevent malaria?²</p> <p>RECORD ALL MENTIONED.</p> <p>IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.</p> <p>SP/FANSIDAR.....A CHLOROQUINE..... B OTHER _____ X (SPECIFY) DON'T KNOWZ</p>
306	<p>CHECK 305: DRUGS TAKEN FOR MALARIA PREVENTION</p> <p>CODE "A" CODE "A" CIRCLED NOT CIRCLED</p> <p><input type="checkbox"/> <input type="checkbox"/> _____ →309A</p>
307	<p>How many times did you take SP/Fansidar during this pregnancy?</p> <p>TIMES..... <input type="text"/> <input type="text"/></p>

308	CHECK 303: ANTENATAL CARE FROM A HEALTH PROFESSIONAL RECEIVED DURING THIS PREGNANCY?	CODE 'A', 'B', OR 'C' CIRCLED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	OTHER _____ →309A
309	Did you get the SP/Fansidar during an antenatal visit, during another visit to a health facility, or from some other source?	ANTENATAL VISIT1 ANOTHER FACILITY VISIT2 OTHER SOURCE _____ 6 (SPECIFY)	
309A	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY	HEALTH PERSONNEL DOCTORA NURSE/MIDWIFEB AUXILIARY MIDWIFEC OTHER PERSON TRADITIONAL BIRTH ATTENDANTD RELATIVE/FRIENDE OTHER SPECIFY _____ X NO ONEY	
309B	Where did you give birth to (NAME)? PROBE TO IDENTIFY THE TYPE OF PLACE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICATL, WRITE THE NAME OF THE PLACE _____ (NAME OF THE PLACE)	HOME YOUR HOME11 OTHER HOME12 PUBLIC SECTOR GOVT. HOSPITAL21 GOVT. HEALTH CENTER22 GOVT. HEALTH POST23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC31 OTHER PVT. MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)	
Now I would like to ask you some questions about "Paludismo"			
309C	Is there a difference between Paludismo and Malaria?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
309D	What is Paludismo? (DESCRIBE)	PALUDISMO IS DON'T KNOW..... 8	
309D1	What is Malaria? (DESCRIBE)	MALARIA IS..... DON'T KNOW..... 8	
309E	Have you attended meetings in your community about the prevention of paludismo?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
310	VERIFY IF RESPONDENT HAS A CHILD UNDER AGE 5 YEARS. IF YES, CONTINUE TO SECTION 6: FEVER IN CHILDREN.		

SECTION 6. FEVER IN CHILDREN

311	<p>FROM Qs. 212 AND 213, ENTER IN THE TABLE THE LINE NUMBER AND NAME OF EACH LIVING CHILD BORN IN 2001¹ OR LATER. (IF THERE ARE MORE THAN 2 LIVING CHILDREN BORN IN 2001¹ OR LATER, USE ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children less than 5 years old. (We will talk about each one separately.)</p>		
312	<p>NAME AND LINE NUMBER FROM 212 AND 213</p>	<p align="center">YOUNGEST CHILD</p> <p>LINE NUMBER <input type="text"/> <input type="text"/></p> <p>NAME _____</p>	<p align="center">NEXT-TO-YOUNGEST CHILD</p> <p>LINE NUMBER <input type="text"/> <input type="text"/></p> <p>NAME _____</p>
313	<p>Has (NAME) been ill with a fever at any time in the last 2 weeks?</p>	<p>YES 1 NO 2 (GO TO 313 FOR NEXT CHILD OR, IF NO MORE CHILDREN, SKIP TO 345) ← DON'T KNOW 8</p>	<p>YES 1 NO 2 (GO BACK TO 313 FOR NEXT CHILD OR, IF NO MORE CHILDREN, SKIP TO 345) ← DON'T KNOW 8</p>
314	<p>How many days ago did the fever start?</p> <p>IF LESS THAN ONE DAY, RECORD '00'.</p>	<p>DAYS AGO <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>DAYS AGO <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>
315	<p>Did you seek advice or treatment for the fever from any source?</p>	<p>YES 1 NO 2 (SKIP TO 317) ←</p>	<p>YES 1 NO 2 (SKIP TO 317) ←</p>
316	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B GOVT. HEALTH POST C MOBILE CLINIC D CAMPAIGN WORKER E PUBLIC COMPANY F</p> <p>OTHER PUBLIC _____ G (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY H PRIVATE DOCTOR I MOBILE CLINIC J CAMPAIGN WORKER K OTHER PVT. MEDICAL _____ L (SPECIFY)</p> <p>OTHER SOURCE SHOP M TRAD. PRACTITIONER N</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B GOVT. HEALTH POST C MOBILE CLINIC D CAMPAIGN WORKER E PUBLIC COMPANY F</p> <p>OTHER PUBLIC _____ G (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY H PRIVATE DOCTOR I MOBILE CLINIC J CAMPAIGN WORKER K OTHER PVT. MEDICAL _____ L (SPECIFY)</p> <p>OTHER SOURCE SHOP M TRAD. PRACTITIONER N</p> <p>OTHER _____ X (SPECIFY)</p>

316 A	How many days after the fever began did you first seek treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
		YOUNGEST CHILD NAME _____	NEXT-TO-YOUNGEST CHILD NAME _____
317	Is (NAME) still sick with a fever?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
318	At any time during the illness, did (NAME) take any drugs for the fever?	YES.....1 NO.....2 DON'T KNOW.....8 (SKIP 344) ←	YES.....1 NO.....2 DON'T KNOW.....8 (SKIP 344) ←
319	What drugs did (NAME) take? ¹ Any other drugs? RECORD ALL MENTIONED. ASK TO SEE DRUG(S) IF TYPE OF DRUG IS NOT KNOWN. IF TYPE OF DRUG IS STILL NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	ANTIMALARIAL SP/FANSIDARA CHLOROQUINE.....B AMODIAQUINE.....C QUININE.....D COARTEME OTHER ANTIMALARIAL.....F (SPECIFY) OTHER DRUGS ASPIRING ACETAMINOPHEN/ PARACETAMOLH IBUPROFENI OTHERX (SPECIFY) DON'T KNOWZ	ANTIMALARIAL SP/FANSIDARA CHLOROQUINE.....B AMODIAQUINE.....C QUININE.....D COARTEME OTHER ANTIMALARIAL.....F (SPECIFY) OTHER DRUGS ASPIRING ACETAMINOPHEN/ PARACETAMOL.....H IBUPROFENI OTHERX (SPECIFY) DON'T KNOWZ
320	CHECK 319: ANY CODE A-F CIRCLED?	YES NO (GO BACK TO 317 IN NEXT COLUMN; OR IF NO MORE BIRTHS, SKIP TO 344) <input type="checkbox"/> <input type="checkbox"/>	YES NO (GO BACK TO 317 IN NEXT COLUMN; OR IF NO MORE BIRTHS, SKIP TO 344) <input type="checkbox"/> <input type="checkbox"/>
320A	CHECK 319: SP/FANSIDAR ('A') GIVEN?	CODE 'A' CIRCLED CODE 'A' NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 324)	CODE 'A' CIRCLED CODE 'A' NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 324)
321	How long after the fever started did (NAME) first take SP/Fansidar?	SAME DAY.....0 NEXT DAY1 TWO DAYS AFTER THE FEVER....2 THREE DAYS AFTER THE FEVER..3 FOUR OR MORE DAYS AFTER THE FEVER4 DON'T KNOW8	SAME DAY.....0 NEXT DAY1 TWO DAYS AFTER THE FEVER....2 THREE DAYS AFTER THE FEVER..3 FOUR OR MORE DAYS AFTER THE FEVER4 DON'T KNOW8
		YOUNGEST CHILD NAME _____	NEXT-TO-YOUNGEST CHILD NAME _____

322	For how many days did (NAME) take the SP/Fansidar? IF 7 OR MORE DAYS, RECORD '7'.	DAYS <input type="text"/> DON'T KNOW 8	DAYS..... <input type="text"/> DON'T KNOW 8
323	Did you have the SP/Fansidar at home or did you get it from somewhere else? IF SOMEWHERE ELSE, PROBE FOR SOURCE. IF MORE THAN ONE SOURCE MENTIONED, ASK: Where did you get the SP/Fansidar first?	AT HOME 1 GOVERNMENT HEALTH FACILITY/WORKER 2 PRIVATE HEALTH FACILITY/WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	AT HOME 1 GOVERNMENT HEALTH FACILITY/WORKER 2 PRIVATE HEALTH FACILITY/WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8
324	CHECK 319: WHICH MEDICINES?	CODE 'B' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 328)	CODE 'B' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 328)
325	How long after the fever started did (NAME) first take chloroquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE DAYS AFTER THE FEVER 3 FOUR OR MORE DAYS AFTER THE FEVER 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE DAYS AFTER THE FEVER 3 FOUR OR MORE DAYS AFTER THE FEVER 4 DON'T KNOW 8
326	For how many days did (NAME) take chloroquine? IF 7 OR MORE DAYS, RECORD '7'.	DAYS <input type="text"/> DON'T KNOW 8	DAYS..... <input type="text"/> DON'T KNOW 8
327	Did you have the chloroquine at home or did you get it from somewhere else? IF SOMEWHERE ELSE, PROBE FOR SOURCE. IF MORE THAN ONE SOURCE MENTIONED, ASK: Where did you get the chloroquine first?	AT HOME 1 GOVERNMENT HEALTH FACILITY/WORKER 2 PRIVATE HEALTH FACILITY/WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	AT HOME 1 GOVERNMENT HEALTH FACILITY/WORKER 2 PRIVATE HEALTH FACILITY/WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8
328	CHECK 319: WHICH MEDICINES?	CODE 'C' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 332)	CODE 'C' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 332)
329	How long after the fever started did (NAME) first take Amodiaquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE DAYS AFTER THE FEVER 3 FOUR OR MORE DAYS AFTER THE FEVER 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE DAYS AFTER THE FEVER 3 FOUR OR MORE DAYS AFTER THE FEVER 4 DON'T KNOW 8
		YOUNGEST CHILD NAME _____	NEXT-TO-YOUNGEST CHILD NAME _____

330	For how many days did (NAME) take Amodiaquine? IF 7 OR MORE DAYS, RECORD '7'.	DAYS <input type="text"/> DON'T KNOW 8	DAYS..... <input type="text"/> DON'T KNOW 8
331	Did you have the Amodiaquine at home or did you get it from somewhere else? IF SOMEWHERE ELSE, PROBE FOR SOURCE. IF MORE THAN ONE SOURCE MENTIONED, ASK: Where did you get the Amodiaquine first?	AT HOME 1 GOVERNMENT HEALTH FACILITY/WORKER 2 PRIVATE HEALTH FACILITY/WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	AT HOME 1 GOVERNMENT HEALTH FACILITY/WORKER 2 PRIVATE HEALTH FACILITY/WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8
332	CHECK 319: WHICH MEDICINES?	CODE 'D' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 336)	CODE 'D' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 336)
333	How long after the fever started did (NAME) first take Quinine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE DAYS AFTER THE FEVER 3 FOUR OR MORE DAYS AFTER THE FEVER 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE DAYS AFTER THE FEVER 3 FOUR OR MORE DAYS AFTER THE FEVER 4 DON'T KNOW 8
334	For how many days did (NAME) take Quinine? IF 7 OR MORE DAYS, RECORD '7'.	DAYS <input type="text"/> DON'T KNOW 8	DAYS..... <input type="text"/> DON'T KNOW 8
335	Did you have the Quinine at home or did you get it from somewhere else? IF SOMEWHERE ELSE, PROBE FOR SOURCE. IF MORE THAN ONE SOURCE MENTIONED, ASK: Where did you get the Quinine first?	AT HOME 1 GOVERNMENT HEALTH FACILITY/WORKER 2 PRIVATE HEALTH FACILITY/WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	AT HOME 1 GOVERNMENT HEALTH FACILITY/WORKER 2 PRIVATE HEALTH FACILITY/WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8
336	CHECK 319: WHICH MEDICINES?	CODE 'E' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 340)	CODE 'E' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 340)
337	How long after the fever started did (NAME) first take Coartem?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE DAYS AFTER THE FEVER 3 FOUR OR MORE DAYS AFTER THE FEVER 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE DAYS AFTER THE FEVER 3 FOUR OR MORE DAYS AFTER THE FEVER 4 DON'T KNOW 8
		YOUNGEST CHILD NAME _____	NEXT-TO-YOUNGEST CHILD NAME _____

338	For how many days did (NAME) take Coartem? IF 7 OR MORE DAYS, RECORD '7'.	DAYS <input type="text"/> DON'T KNOW 8	DAYS..... <input type="text"/> DON'T KNOW 8
339	Did you have the Coartem at home or did you get it from somewhere else? IF SOMEWHERE ELSE, PROBE FOR SOURCE. IF MORE THAN ONE SOURCE MENTIONED, ASK: Where did you get the ACT first?	AT HOME 1 GOVERNMENT HEALTH FACILITY/WORKER 2 PRIVATE HEALTH FACILITY/WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	AT HOME 1 GOVERNMENT HEALTH FACILITY/WORKER 2 PRIVATE HEALTH FACILITY/WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8
340	CHECK 319: WHICH MEDICINES?	CODE 'F' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 344)	CODE 'F' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 344)
341	How long after the fever started did (NAME) first take (NAME OF OTHER ANTIMALARIAL)?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE DAYS AFTER THE FEVER... 3 FOUR OR MORE DAYS AFTER THE FEVER 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE DAYS AFTER THE FEVER... 3 FOUR OR MORE DAYS AFTER THE FEVER 4 DON'T KNOW 8
342	For how many days did (NAME) take (NAME OF OTHER ANTIMALARIAL)? IF 7 OR MORE DAYS, RECORD '7'.	DAYS <input type="text"/> DON'T KNOW 8	DAYS..... <input type="text"/> DON'T KNOW 8
343	Did you have the (NAME OF OTHER ANTIMALARIAL) at home or did you get it from somewhere else? IF SOMEWHERE ELSE, PROBE FOR SOURCE. IF MORE THAN ONE SOURCE MENTIONED, ASK: Where did you get the (NAME OF OTHER ANTIMALARIAL) first?	AT HOME 1 GOVERNMENT HEALTH FACILITY/WORKER 2 PRIVATE HEALTH FACILITY/WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	AT HOME 1 GOVERNMENT HEALTH FACILITY/WORKER 2 PRIVATE HEALTH FACILITY/WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8
344		GO BACK TO 313 IN NEXT COLUMN, OR, IF NO MORE CHILDREN, GO TO 345.	GO BACK TO 313 IN FIRST COLUMN OF NEW QUESTIONNAIRE, OR, IF NO MORE CHILDREN, GO TO 345.
345	RECORD THE TIME.	HOUR <input type="text"/> MINUTES..... <input type="text"/>	

GO BACK TO THE HOUSEHOLD QUESTIONNAIRE TO PROCEED WITH THE ANEMIA AND MALARIA TESTING, IF THERE ARE ELIGIBLE INDIVIDUALS. AFTER COMPLETING ALL TESTING, RETURN TO THE HOUSEHOLD QUESTIONNAIRE TO RECORD THE RESULTS OF YOUR VISIT.

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____