

ANGOLA MALARIA INDICATOR SURVEY  
HOUSEHOLD QUESTIONNAIRE

ANGOLA  
COSEP – CONSULTORIA, LDA / CONSAUDE

IDENTIFICATION																			
PLACE NAME _____	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></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)																			

INTERVIEWER VISITS											
	1	2	3	FINAL VISIT							
DATE	_____	_____	_____	DAY <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></tr></table> MONTH <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></tr></table> YEAR <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>							
INTERVIEWER'S NAME	_____	_____	_____	NAME <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>							
RESULT*	_____	_____	_____	RESULT <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></tr></table>							
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>							
	_____	_____									
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <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></tr></table>  TOTAL ELIGIBLE WOMEN <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></tr></table>  LINE NUMBER OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <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></tr></table>							

SUPERVISOR	OFFICE EDITOR	KEYED BY						
NAME _____ <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></tr></table>			_____ <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></tr></table>			_____ <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></tr></table>		
DATE _____ <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></tr></table>			_____ <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></tr></table>			_____ <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></tr></table>		

**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 about 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



**HOUSEHOLD LISTING**

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		RESIDENCE		AGE	ELIGIBLE WOMEN	ELIGIBLE CHILDREN		
			Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?					
(1)	(2)	(3)	M	F	YES	NO	YES	NO	IN YEARS	(8)	(9)
01		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	01	01
02		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	02	02
03		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	03	03
04		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	04	04
05		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	05	05
06		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	06	06
07		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	07	07
08		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	08	08
09		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	09	09
10		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	10	10

\* CODES FOR Q.3

RELATIONSHIP TO HEAD OF HOUSEHOLD:  
 01 = HEAD  
 02 = WIFE/HUSBAND  
 03 = SON OR DAUGHTER  
 04 = SON-IN-LAW OR DAUGHTER-IN-LAW

05 = GRANDCHILD  
 06 = PARENT  
 07 = PARENT-IN-LAW  
 08 = BROTHER OR SISTER  
 09 = OTHER RELATIVE  
 10 = ADOPTED/FOSTER/STEPCHILD  
 11 = NOT RELATED  
 98 = DON'T KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		RESIDENCE		AGE	ELIGIBLE WOMEN	ELIGIBLE CHILDREN
			Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5 YEARS	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
			M F	YES NO	YES NO	IN YEARS			
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	11	11	
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	12	12	
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	13	13	
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	14	14	
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	15	15	
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	16	16	
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	17	17	
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	18	18	
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	19	19	
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	20	20	

TICK HERE IF CONTINUATION SHEET USED <input type="checkbox"/>	
Just to make sure that I have a complete listing:	
1) Are there any other persons such as small children or infants that we have not listed?	YES <input type="checkbox"/> ENTER EACH IN TABLE NO <input type="checkbox"/>
2) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here?	YES <input type="checkbox"/> ENTER EACH IN TABLE NO <input type="checkbox"/>
3) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?	YES <input type="checkbox"/> ENTER EACH IN TABLE NO <input type="checkbox"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
10	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING ..... 11 PIPED INTO YARD/PLOT..... 12 PUBLIC TAP/STANDPIPE ..... 13 TUBE WELL OR BOREHOLE ..... 21 DUG WELL PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 WATER FROM SPRING PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42 RAINWATER ..... 51 TANKER TRUCK ..... 61 CART WITH SMALL TANK ..... 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL ..... 81 BOTTLED WATER..... 91  OTHER _____ 96 (SPECIFY)																									
11	What kind of toilet facilities does your household use? <sup>1</sup>	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM..... 11 FLUSH TO SEPTIC TANK ..... 12 FLUSH TO PIT LATRINE..... 13 FLUSH TO SOMEWHERE ELSE . 14 FLUSH, DON'T KNOW WHERE . .... 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE (VIP)..... 21 PIT LATRINE WITH SLAB..... 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT..... 23 COMPOSTING TOILET..... 31 BUCKET TOILET..... 41 HANGING TOILET/HANGING LATRINE..... 51 NO FACILITY/BUSH/FIELD..... 61  OTHER _____ 96 (SPECIFY)																									
12	Does your household have:  Public electricity? Alternative source of electricity (generator; solar panel)? A radio? A television? A telephone (fixed or mobile)?  A refrigerator?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>PUBLIC ELECTRICITY.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ALTERNATIVE ELECTRICITY ....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RADIO .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEPHONE (FIXED).....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEPHONE (MOBILE).....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	PUBLIC ELECTRICITY.....	1	2	ALTERNATIVE ELECTRICITY ....	1	2	RADIO .....	1	2	TELEVISION .....	1	2	TELEPHONE (FIXED).....	1	2	TELEPHONE (MOBILE).....	1	2	REFRIGERATOR.....	1	2	
	YES	NO																									
PUBLIC ELECTRICITY.....	1	2																									
ALTERNATIVE ELECTRICITY ....	1	2																									
RADIO .....	1	2																									
TELEVISION .....	1	2																									
TELEPHONE (FIXED).....	1	2																									
TELEPHONE (MOBILE).....	1	2																									
REFRIGERATOR.....	1	2																									
13	What type of fuel does your household mainly use for cooking?	ELECTRICITY..... 01 LPG/NATURAL GAS..... 02 OIL..... 03 FIREWOOD..... 04 COAL..... 05 STRAW ..... 06 DUNG..... 07  OTHER _____ 96 (SPECIFY)																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
14	MAIN MATERIAL OF THE FLOOR.  RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND .....11 DUNG.....12 RUDIMENTARY FLOOR WOOD PLANKS.....21 PALM/BAMBOO.....22 FINISHED FLOOR PARQUET OR POLISHED WOOD.....31 VINYL OR ASPHALT STRIPS .....32 CERAMIC TILES.....33 CEMENT .....34 CARPET .....35  OTHER _____ 96 (SPECIFY)																			
15	Does any member of your household own:  A bicycle? A motorcycle or motor scooter? A car or truck? A wagon? A horse/donkey?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR/TRUCK.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WAGON.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HORSE/DONKEY.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	BICYCLE.....	1	2	MOTORCYCLE/SCOOTER.....	1	2	CAR/TRUCK.....	1	2	WAGON.....	1	2	HORSE/DONKEY.....	1	2	
	YES	NO																			
BICYCLE.....	1	2																			
MOTORCYCLE/SCOOTER.....	1	2																			
CAR/TRUCK.....	1	2																			
WAGON.....	1	2																			
HORSE/DONKEY.....	1	2																			
15A	At any time in the past 12 months, has anyone sprayed the interior walls of your dwelling against mosquitoes?	YES.....1 NO.....2 DON'T KNOW.....8	↗ 16																		
15B	How many months ago was the house sprayed? IF LESS THAN ONE MONTH, RECORD '00' MONTHS AGO.	MONTHS AGO..... <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>																			
15C	Who sprayed the house? <sup>2</sup>	GOVERNMENT WORKER/PROGRAM.....1 NAME OF PROGRAM (IF KNOWN) _____ PRIVATE COMPANY.....2 NAME OF COMPANY (IF KNOWN) _____ HOUSEHOLD MEMBER.....3 OTHER _____ 6 (SPECIFY) DON'T KNOW.....8																			
16	Does your household have any mosquito nets that can be used while sleeping?	YES.....1 NO.....2	→ 27																		
17	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS..... <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>																			

18	ASK RESPONDENT TO SHOW YOU THE NET(S) IN THE HOUSEHOLD. IF MORE THAN THREE NETS, USE ADDITIONAL QUESTIONNAIRE(S).	NET # 1	NET #2	NET #3
		OBSERVED ..... 1	OBSERVED ..... 1	OBSERVED ..... 1
NOT OBSERVED ..... 2	NOT OBSERVED ..... 2	NOT OBSERVED ..... 2		
19	How long ago did your household obtain the mosquito net?	MOS AGO <input type="text"/> <input type="text"/>	MOS AGO <input type="text"/> <input type="text"/>	MOS AGO <input type="text"/> <input type="text"/>
		MORE THAN 3 YEARS AGO ..... 95	MORE THAN 3 YEARS AGO ..... 95	MORE THAN 3 YEARS AGO ..... 95
19a	(IF BETWEEN 0 AND 6 MONTHS) Did you obtain this mosquito net during the "Viva a vida com saúde" campaign?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
20	OBSERVE OR ASK THE BRAND OF MOSQUITO NET.  IF BRAND IS UNKNOWN, AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	'PERMANENT' NET OLYSET ..... 11 PERMANET ..... 12 JOIA ..... 16 OTHER/DON'T KNOW BRAND 17 (SKIP TO 24) ..... 4  'PRETREATED' NET BRAND C ..... 21 BRAND D ..... 22 OTHER ..... 26 (SKIP TO 22) ..... 4  OTHER ..... 31 DON'T KNOW BRAND ..... 98	'PERMANENT' NET OLYSET ..... 11 PERMANET ..... 12 JOIA ..... 16 OTHER/DON'T KNOW BRAND 17 (SKIP TO 24) ..... 4  'PRETREATED' NET BRAND C ..... 21 BRAND D ..... 22 OTHER ..... 26 (SKIP TO 22) ..... 4  OTHER ..... 31 DON'T KNOW BRAND ..... 98	'PERMANENT' NET OLYSET ..... 11 PERMANET ..... 12 JOIA ..... 16 OTHER/DON'T KNOW BRAND 17 (SKIP TO 24) ..... 4  'PRETREATED' NET BRAND C ..... 21 BRAND D ..... 22 OTHER ..... 26 (SKIP TO 22) ..... 4  OTHER ..... 31 DON'T KNOW BRAND ..... 98
21	When you got the net, was it already factory-treated with an insecticide to kill or repel mosquitos?	YES ..... 1 NO ..... 2 NOT SURE ..... 8	YES ..... 1 NO ..... 2 NOT SURE ..... 8	YES ..... 1 NO ..... 2 NOT SURE ..... 8
22	Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitoes or bugs?	YES ..... 1 NO ..... 2 (SKIP TO 24) ..... 4 NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 24) ..... 4 NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 24) ..... 4 NOT SURE ..... 8
23	How long ago was the net last soaked or dipped?  IF LESS THAN 1 MONTH AGO, RECORD '00' MONTHS. IF LESS THAN 2 YEARS AGO, RECORD MONTHS AGO. IF '12 MONTHS AGO' OR '1 YEAR AGO,' PROBE FOR EXACT NUMBER OF MONTHS.	MOS AGO <input type="text"/> <input type="text"/>	MOS AGO <input type="text"/> <input type="text"/>	MOS AGO <input type="text"/> <input type="text"/>
		MORE THAN 2 YEARS AGO ..... 95	MORE THAN 2 YEARS AGO ..... 95	MORE THAN 2 YEARS AGO ..... 95
		NOT SURE ..... 98	NOT SURE ..... 98	NOT SURE ..... 98
24	Did anyone sleep under this mosquito net last night?	YES ..... 1 NO ..... 2 (SKIP TO 26) ..... 4 NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 26) ..... 4 NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 26) ..... 4 NOT SURE ..... 8
<sup>1</sup> "Permanent" is a factory treated net that does not require any further treatment. <sup>2</sup> "Pretreated" is a net that has been pretreated, but requires further treatment after 6-12 months.				

		NET # 1	NET #2	NET #3
25	<p>Who slept under this mosquito net last night?</p> <p>RECORD THE RESPECTIVE LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.</p>	NAME _____ LINE NO <input type="text"/> <input type="text"/>  NAME _____ LINE NO <input type="text"/> <input type="text"/>  NAME _____ LINE NO <input type="text"/> <input type="text"/>  NAME _____ LINE NO <input type="text"/> <input type="text"/>  NAME _____ LINE NO <input type="text"/> <input type="text"/>	NAME _____ LINE NO <input type="text"/> <input type="text"/>  NAME _____ LINE NO <input type="text"/> <input type="text"/>  NAME _____ LINE NO <input type="text"/> <input type="text"/>  NAME _____ LINE NO <input type="text"/> <input type="text"/>  NAME _____ LINE NO <input type="text"/> <input type="text"/>	NAME _____ LINE NO <input type="text"/> <input type="text"/>  NAME _____ LINE NO <input type="text"/> <input type="text"/>  NAME _____ LINE NO <input type="text"/> <input type="text"/>  NAME _____ LINE NO <input type="text"/> <input type="text"/>  NAME _____ LINE NO <input type="text"/> <input type="text"/>
26		GO BACK TO 18 FOR NEXT NET; OR, IF NO MORE NETS, VERIFY IN HOUSEHOLD LISTING THE ELIGIBLE WOMEN, AND START A NEW INDIVIDUAL WOMAN'S QUESTIONNAIRE WITH EACH ELIGIBLE WOMAN.	GO BACK TO 18 FOR NEXT NET; OR, IF NO MORE NETS, VERIFY IN HOUSEHOLD LISTING THE ELIGIBLE WOMEN, AND START A NEW INDIVIDUAL WOMAN'S QUESTIONNAIRE WITH EACH ELIGIBLE WOMAN.	GO BACK TO 18 IN THE FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE NETS, VERIFY IN HOUSEHOLD LISTING THE ELIGIBLE WOMEN, AND START A NEW INDIVIDUAL WOMAN'S QUESTIONNAIRE WITH EACH ELIGIBLE WOMAN.



### HAEMOGLOBIN MEASUREMENT FOR CHILDREN UNDER 5 YEARS

CHECK COLUMN (7) OF HOUSEHOLD LISTING: RECORD THE LINE NUMBER, NAME AND AGE OF ALL CHILDREN UNDER 5 YEARS. THEN ASK THE DATE OF BIRTH.

CHILDREN UNDER AGE 6 YEARS				HAEMOGLOBIN MEASUREMENT OF CHILDREN BORN IN 2001 OR LATER				
LINE NUMBER	NAME FROM COL. (2)	AGE FROM COL. (7)	What is (NAME's) date of birth? FOR CHILDREN NOT INCLUDED IN ANY BIRTH HISTORY, ASK DAY, MONTH AND YEAR.	CHECK HERE IF CHILD IS ELIGIBLE FOR MEASURE- MENT (AGE 6-59 MONTHS)	LINE NUMBER OF PARENT/ADULT RESPONSIBLE FOR THE CHILD RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO PARENT/ADULT RESPONSIBLE FOR THE CHILD  CIRCLE CODE AND SIGN	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 4 OTHER _____ SPECIFY	HAEMOGLOBIN LEVEL (G/DL)
(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
<input type="checkbox"/>		<input type="checkbox"/>	DAY MONTH YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GRANTED 1 SIGN _____ 2	<input type="checkbox"/> (IF 2-4-->NEXT)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 SIGN _____ 2	<input type="checkbox"/> (IF 2-4-->NEXT)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 SIGN _____ 2	<input type="checkbox"/> (IF 2-4-->NEXT)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 SIGN _____ 2	<input type="checkbox"/> (IF 2-4-->NEXT)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 SIGN _____ 2	<input type="checkbox"/> (IF 2-4-->NEXT)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 SIGN _____ 2	<input type="checkbox"/> (IF 2-4-->NEXT)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
				<p><b>CONSENT STATEMENT:</b> As part of this survey, we are studying anaemia among children under 5 years. Anaemia is a serious health problem that results from poor nutrition or diseases such as malaria. This survey will assist the government to develop programs to prevent and treat these important health problems.</p> <p>We request that all children born in 2001 or later participate in the anaemia testing part of this survey and give a few drops of blood from a finger. The test uses disposable sterile instruments that are clean and completely safe. The blood will be analyzed with new equipment and the results of the test will be given to you right after the blood is taken. The results will be kept confidential.</p> <p>May I now ask that (NAME OF CHILD(REN)) participate in the anaemia test. However, if you decide not to have him/her/them tested, it is your right and we will respect your decision. Now please tell me if you agree to have the test(s) done.</p>				
				<p>TICK HERE IF CONTINUATION SHEET USED <input type="checkbox"/></p>				

36	<p>CHECK 34:</p> <p>NUMBER OF CHILDREN WITH HAEMOGLOBIN LEVEL BELOW 7 G/DL</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>ONE OR MORE</p> <input style="width: 30px; height: 20px;" type="checkbox"/> <p>↓</p> <p>GIVE EACH PARENT/ADULT RESPONSIBLE FOR THE CHILD THE RESULT OF THE HAEMOGLOBIN MEASUREMENT, AND CONTINUE WITH 36.<sup>1</sup></p> </div> <div style="text-align: center;"> <p>NONE</p> <input style="width: 30px; height: 20px;" type="checkbox"/> <p>↓</p> <p>GIVE EACH PARENT/ADULT RESPONSIBLE FOR THE CHILD THE RESULT OF THE HAEMOGLOBIN MEASUREMENT AND END THE HOUSEHOLD INTERVIEW.</p> </div> </div>
----	--

37	<p>We detected a low level of haemoglobin in the blood of [NAME OF CHILD(REN)]. This indicates that (NAME OF CHILD(REN) has/have developed severe anaemia, which is a serious health problem. We suggest you go to _____ [THE NEAREST HEALTH FACILITY] to receive appropriate treatment for [NAME OF CHILD(REN)] condition. Do you agree to go to that facility to have [NAME OF CHILD(REN)'S] anemia treated?</p>
----	--

NAME OF CHILD WITH HAEMOGLOBIN BELOW 7 G/DL	NAME OF PARENT/RESPONSIBLE ADULT	AGREES TO REFERRAL?
		YES.....1 NO.....2
		YES.....1 NO.....2
		YES.....1 NO.....2
		YES.....1 NO.....2
		YES.....1 NO.....2
		YES.....1 NO.....2
		YES.....1 NO.....2
		YES.....1 NO.....2
		YES.....1 NO.....2
		YES.....1 NO.....2

<sup>1</sup> If more than one child is below 7 g/dl, read statement in Q.37 to each parent/adult responsible for a child who is below the cutoff point.

**HAEMOGLOBIN MEASUREMENT FOR WOMEN 15-49 YEARS**

CHECK COLUMN (7) OF HOUSEHOLD LISTING: RECORD THE LINE NUMBER, NAME AND AGE OF ALL WOMEN 15-49 YEARS OLD. THEN ASK THE DATE OF BIRTH.

WOMEN 15-49 YEARS		HAEMOGLOBIN MEASUREMENT OF WOMEN AGED 15-49 YEARS					
LINE NUMBER FROM COL. (1)	NAME FROM COL. (2)	AGE FROM COL. (7)	WOMAN IS PREGNANT YES.....1 NO.....2	LINE NUMBER OF PARENT/ADULT RESPONSIBLE FOR THE WOMAN (FOR UNDER 18) RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO WOMAN OR PARENT/ADULT RESPONSIBLE FOR THE WOMAN UNDER 18 CIRCLE CODE AND SIGN	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 4 OTHER SPECIFY _____	HAEMOGLOBIN LEVEL (G/DL)
(38)	(39)	(40)	(41)	(42)	(43)	(44)	(45)
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GRANTED REFUSED 1 SIGN _____ 2	<input type="checkbox"/> (IF 2-4-->NEXT)	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 SIGN _____ 2	<input type="checkbox"/> (IF 2-4-->NEXT)	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 SIGN _____ 2	<input type="checkbox"/> (IF 2-4-->NEXT)	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 SIGN _____ 2	<input type="checkbox"/> (IF 2-4-->NEXT)	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 SIGN _____ 2	<input type="checkbox"/> (IF 2-4-->NEXT)	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 SIGN _____ 2	<input type="checkbox"/> (IF 2-4-->NEXT)	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 SIGN _____ 2	<input type="checkbox"/> (IF 2-4-->NEXT)	<input type="checkbox"/>

**CONSENT STATEMENT:** As part of this survey, we are studying anaemia among women between 15-49 years old. Anaemia is a serious health problem that results from poor nutrition or diseases such as malaria. This survey will assist the government to develop programs to prevent and treat these important health problems.

We request that all women aged 15-49 years participate in the anaemia testing part of this survey and give a few drops of blood from a finger. The test uses disposable sterile instruments that are clean and completely safe. The blood will be analyzed with new equipment and the results of the test will be given to you right after the blood is taken. The results will be kept confidential.

May I now ask that (NAME OF WOMEN) participate in the anaemia test. However, if you decide not to get tested [or have her/them tested], it is your right and we will respect your decision. Now please tell me if you agree to have the test(s) done.

TICK HERE IF CONTINUATION SHEET USED

46	<p>CHECK 44</p> <p>NUMBER OF WOMEN 15-49 YEARS WITH HAEMOGLOBIN LEVEL BELOW 7 G/DL</p> <p style="text-align: center;">ONE OR MORE</p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>GIVE EACH WOMAN [OR PARENT/ADULT RESPONSIBLE FOR THE PERSON] THE RESULT OF THE HAEMOGLOBIN MEASUREMENT, AND CONTINUE WITH 46.<sup>1</sup></p> <p style="text-align: center;">NONE</p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>GIVE EACH WOMAN [PARENT/ADULT RESPONSIBLE FOR THE WOMAN] THE RESULT OF THE HB MEASUREMENT AND END THE HOUSEHOLD INTERVIEW.</p>	
47	<p>We detected a low level of haemoglobin in the blood of [NAME OF WOMAN]. This indicates that (NAME OF WOMAN) has/have developed severe anaemia, which is a serious health problem. We suggest you go to _____ [THE NEAREST HEALTH FACILITY] to receive appropriate treatment for the condition. Do you agree to go to that facility to have [NAME OF WOMAN] anemia treated?</p>	
	NAME OF WOMAN OR PARENT/RESPONSIBLE ADULT	NAME OF WOMAN 15-49 YEARS WITH HAEMOGLOBIN BELOW 7 G/DL
		AGREES TO REFERRAL? YES.....1 NO.....2
		YES.....1 NO.....2
		YES.....1 NO.....2
		YES.....1 NO.....2
		YES.....1 NO.....2
		YES.....1 NO.....2
		YES.....1 NO.....2
		YES.....1 NO.....2
		YES.....1 NO.....2
		YES.....1 NO.....2

**MALARIA TESTING—CHILDREN 6-59 MONTHS**

**CHECK COLUMN (7) OF HOUSEHOLD LISTING: RECORD THE LINE NUMBER, NAME AND AGE OF ALL CHILDREN 6-59 MONTHS THEN ASK THE DATE OF BIRTH.**

CHILDREN 5-59 MONTHS			MALARIA TESTING OF CHILDREN AGE 6-59 MONTHS					
LINE NUMBER FROM COL. (9)	NAME FROM COL. (2)	LINE NUMBER OF PARENT/ADULT RESPONSIBLE FOR THE CHILD RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO PARENT/ADULT RESPONSIBLE FOR THE CHILD  CIRCLE CODE AND SIGN	RESULT 1 TESTED 2 NOT PRESENT 3 REFUSED 4 OTHER	MALARIA RESULT 1 POSITIVE >> READ PRESCRIPTION WARNINGS 2 NEGATIVE 3 OTHER	BAR CODE LABEL PUT 1 <sup>ST</sup> BAR CODE LABEL IN BOX BELOW. <b>PUT THE 2<sup>ND</sup> LABEL ON THE SLIDE AND THE 3<sup>RD</sup> ON THE TRANSMITTAL FORM</b>	TREATMENT OFFERED 1-ACCEPTED 2-DECLINED 3-CONTRA- INDICATED	
(48)	(49)	(50)	(51)	(52)	(53)	(54)	(55)	
<input type="checkbox"/>		<input type="checkbox"/>	GRANTED 1 SIGN _____ 2	<input type="checkbox"/> (IF 2-4-->NEXT)	<input type="checkbox"/>	PUT 1 <sup>ST</sup> BAR CODE LABEL HERE	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	1 SIGN _____ 2	<input type="checkbox"/> (IF 2-4-->NEXT)	<input type="checkbox"/>	PUT 1 <sup>ST</sup> BAR CODE LABEL HERE	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	1 SIGN _____ 2	<input type="checkbox"/> (IF 2-4-->NEXT)	<input type="checkbox"/>	PUT 1 <sup>ST</sup> BAR CODE LABEL HERE	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	1 SIGN _____ 2	<input type="checkbox"/> (IF 2-4-->NEXT)	<input type="checkbox"/>	PUT 1 <sup>ST</sup> BAR CODE LABEL HERE	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	1 SIGN _____ 2	<input type="checkbox"/> (IF 2-4-->NEXT)	<input type="checkbox"/>	PUT 1 <sup>ST</sup> BAR CODE LABEL HERE	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	1 SIGN _____ 2	<input type="checkbox"/> (IF 2-4-->NEXT)	<input type="checkbox"/>	PUT 1 <sup>ST</sup> BAR CODE LABEL HERE	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	1 SIGN _____ 2	<input type="checkbox"/> (IF 2-4-->NEXT)	<input type="checkbox"/>	PUT 1 <sup>ST</sup> BAR CODE LABEL HERE	<input type="checkbox"/>	
TICK HERE IF CONTINUATION SHEET USED <input type="checkbox"/>			<b>CONSENT STATEMENT:</b> As part of this survey, we are studying malaria among children and pregnant women. Malaria is a serious health problem caused by a parasite that is transmitted by a mosquito bite. This survey will assist the government to develop programs to prevent and treat malaria.					
			We request that all children born in 2001 <sup>1</sup> or later participate in the malaria testing part of this survey and give a few drops of blood from a finger. The test uses disposable sterile instruments that are clean and completely safe. The blood will be analyzed with new equipment and the results of the test will be given to you right after the blood is taken. The results will be kept confidential.					
			May I now ask that (NAME OF CHILD[REN]) participate in the malaria test. However, if you decide not to have him/her/them tested, it is your right and we will respect your decision. Now please tell me if you agree to have the test(s) done.					

MALARIA TESTING—PREGNANT WOMEN

CHECK COLUMN (9) OF HOUSEHOLD LISTING: RECORD THE LINE NUMBER, NAME AND AGE OF ALL PREGNANT WOMEN.

PREGNANT WOMEN			MALARIA TESTING FOR PREGNANT WOMEN						
LINE NUMBER	NAME FROM PAGE 39	AGE FROM PAGE 40	How many months pregnant are you? (INDICATE GESTATIONAL AGE IN COMPLETE MONTHS AND WEEKS) RECORD GESTATIONAL AGE IN MONTHS AND WEEKS	LINE NUMBER OF WOMAN OR PARENT/ADULT RESPONSIBLE FOR THE PREGNANT WOMAN (IF UNDER 18) RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO PREGNANT WOMAN OR PARENT/ADULT RESPONSIBLE FOR THE PREGNANT WOMAN CIRCLE CODE AND SIGN	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 4 OTHER	MALARIA RESULT 1 POSITIVE-> READ PRESCRIPTION WARNINGS 2 NEGATIVE 3 OTHER	IF POSITIVE AND PREGNANCY ≤ 3 MONTHS, CHECK BOX, AND DO NOT OFFER TREATMENT (MARK 3 IN (65))	TREATMENT OFFERED 1-ACCEPTED 2-DECLINED 3-CONTRA-INDICATED
(56)	(57)	(58)	(59)	(60)	(61)	(62)	(63)	(64)	(65)
<input type="checkbox"/>			MONTHS WEEKS	<input type="checkbox"/>	GRANTED 1 SIGN. _____ 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>			MONTHS WEEKS	<input type="checkbox"/>	1 SIGN. _____ 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>			MONTHS WEEKS	<input type="checkbox"/>	1 SIGN. _____ 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>			MONTHS WEEKS	<input type="checkbox"/>	1 SIGN. _____ 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>			MONTHS WEEKS	<input type="checkbox"/>	1 SIGN. _____ 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>			MONTHS WEEKS	<input type="checkbox"/>	1 SIGN. _____ 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>			MONTHS WEEKS	<input type="checkbox"/>	1 SIGN. _____ 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<p><b>CONSENT STATEMENT:</b> As part of this survey, we are studying malaria among children and pregnant women. Malaria is a serious health problem caused by a parasite that is transmitted by a mosquito bite. This survey will assist the government to develop programs to prevent and treat malaria.</p> <p>We request that all pregnant women participate in the malaria testing part of this survey and give a few drops of blood from a finger. The test uses disposable sterile instruments that are clean and completely safe. The blood will be analyzed with new equipment and the results of the test will be given to you right after the blood is taken. The results will be kept confidential.</p> <p>May I now ask that (NAME OF PREGNANT WOMAN) participate in the malaria test. However, if you decide not to test or have her/him tested, it is your right and we will respect your decision. Now please tell me if you agree to have the test(s) done.</p>						
			<p>TICK HERE IF CONTINUATION SHEET USED <input type="checkbox"/></p>						

## MALARIA TESTING AND PRESCRIPTION

### **PRESCRIPTION WARNINGS FOR MALARIA POSITIVE CASES AMONG PREGNANT WOMEN:**

READ THE STATEMENT FOR **PREGNANT WOMEN**  
WHO RESULT POSITIVE WITH THE RAPID DIAGNOSTIC TEST

The test has given back a positive result. This means you seem to have active malaria. We can provide you with a full treatment free of charge with a medicine called quinine®. Quinine is an effective medication, and should help you to feel better in a few days. As with every medicine, this medicine may have undesired effects on you. The most common are headache, flushing and sweating, nausea, ringing in the ears, dizziness, blurred vision, and changes in seeing colors. There can be more severe symptoms, including disturbances in the heart rhythm, swelling and lack of blood coagulation. If any of these or other severe symptoms develop, they usually go if you stop taking the medication. If you are breastfeeding a baby, there should not be any problems with taking the medication.

Although you should feel better after the treatment, you have the right to decline receiving the treatment, with no repercussions to you. Please tell us whether you accept treatment or not.

MARK IN THE MALARIA TESTING SHEET WHETHER THE RESPONDENT AGREES TREATMENT FOR HER.

### **PRESCRIPTION OF QUININE**

Give 650 mg of Quinine Sulfate (2 capsules of 324 mg each) every 8 hours (three times daily), preferably with food, for a total of 3 days (7 days?).

**PRESCRIPTION WARNINGS FOR MALARIA POSITIVE CASES IN CHILDREN UNDER 5 YEARS:**

**READ THE STATEMENT FOR CHILDREN UNDER 5 WHO RESULT POSITIVE WITH THE RAPID DIAGNOSTIC TEST**

The test has given back a positive result. This means your child[ren] seem[s] to have active malaria. We can provide him/her/them with a full treatment free of charge with a medicine called Coartem®. Coartem is very effective, and should in a few days rid him/her/them from fever and other symptoms. Coartem® is also very safe. However, as with every medicine, this medicine may have undesired effects. The most common are dizziness, fatigue, lack of appetite, palpitations. Coartem should not be taken by persons with severe heart problems or severe malaria (e.g. cerebral), or problems regulating their body salts [ASK IF THE CHILD[REN] HAS/HAVE ANY OF THESE PROBLEMS, THAT THEY ARE AWARE OF; IF SO, DO NOT OFFER COARTEM, EXPLAIN THE RISKS OF MALARIA, AND REFER HIM/HER/THEM TO NEAREST HEALTH FACILITY].

Although [NAME OF CHILD/REN] should feel better after the treatment, you have the right to decline GIVING THE CHILD/REN the treatment, with no repercussions to you [OR TO THE CHILD/REN]. Please tell us whether you accept treatment or not.

MARK IN THE MALARIA TESTING SHEET WHETHER THE RESPONDENT AGREES OR DECLINES TREATMENT FOR [EACH OF] HER CHILD[REN]

**PRESCRIPTION OF COARTEM™**

<b>Weight (in Kg) – Approximate Age</b>	<b>Dosage *</b>
5 to less than 15 – under 3 years of age	1 tablet twice daily for 3 days
15 to less than 25 – 3 to 8 years of age	2 tablets twice daily for 3 days
25 to less than 35 – 9 to 14 years of age	3 tablets twice daily for 3 days
35 or more (adults) – 15 + years of age	4 tables twice daily for 3 days

First day starts by taking first dose followed by the second one 8 hours later; on subsequent days the recommendation is simply “morning” and “evening” (usually around 12 hours apart).