

MALARIA INDICATOR SURVEY IN ANGOLA

COSEP CONSULTORIA - CONSAUDE

WOMAN'S QUESTIONNAIRE

IDENTIFICATION	
NAME OF LOCALITY _____	[] []
REGION _____	[]
PROVINCE _____	[] []
MUNICIPALITY _____	[] []
CLUSTED NUMBER IN AMIS	[] [] []
URBAN / RURAL (URBAN =1 / RURAL = 2)	[]
HOUSEHOLD NUMBER	[] [] []
NAME AND LINE NUMBER OF WOMAN _____	[] []

INTERVIEWER VISITS				
	1	2	3	LAST VISIT
DATE	_____	_____	_____	DAY [] [] MONTH [] [] YEAR 2 0 1 1
INTERVIEWER'S NAME	_____	_____	_____	CODE [] [] [] []
RESULT*	_____	_____	_____	RESULT [] []
NEXT VISIT DATE	_____	_____		NUMBER OF VISITS []
TIME	_____	_____		

***RESULT CODES:**

- | | | |
|---------------|--------------------|---------------|
| 1 COMPLETED | 4 REFUSED | 7 OTHER _____ |
| 2 NOT AT HOME | 5 PARTLY COMPLETED | (SPECIFY) |
| 3 POSTPONED | 6 INCAPACITATED | |

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

INTRODUCTION AND CONSENT

Good morning (good afternoon). My name is __ and I'm from COSEP Consultoria. We are doing a survey all over the country about malaria. I would like to ask you some questions and I hope you will agree. The information you give will help the government to plan health services. The survey usually takes about 10 to 20 minutes to complete. The information you give will be kept confidential and will not be shared with anyone other than members of the survey team. You do not have to participate in the survey. If I ask any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope you will participate in the survey since your views are important.

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



SECTION 1. RESPONDENT'S BACKGROUND

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 in your last anniversary? COMPARE AND CORRECT 104 AND/OR 105 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: basic education, secondary, or higher?	BASIC EDUCATION 1 SECONDARY 2 HIGHER 3	
106	What is the highest (class/grade) you completed at that level?	CLASS/GRADE <input type="text"/> <input type="text"/>	
		BASIC EDUCATION 1 LEVEL 1 2 3 4 CLASS BASIC EDUCATION 2 LEVEL 5 6 CLASS BASIC EDUCATION 3 LEVEL 7 8 9 CLASS SECONDARY 9 10 11 12 CLASS HIGHER 5 1 2 3 4 5 6 YEAR	
107	CHECK 105: BASIC EDUCATION <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		→ 109
108	Now I would like you to read this sentence to me. SHOW SENTENCES 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	
<p>1. The child is reading a book</p> <p>2. Farming is hard work</p> <p>3. The country should take care of its children</p> <p>4. The rains were heavy this year</p>			
109	What is your religion?	CATHOLIC 1 CHRISTIAN/PROTESTANT 2 ISLAM 3 TRADITIONAL RELIGION 4 NO RELIGION 5 OTHER 6 SPECIFY _____	
110	In which language did you learn to speak?	PORTUGUES 01 COQWE 02 KIMBUNDU 03 KIKONGO 04 KWANYAMA 05 NGANGUELA 06 UMBUNDU 07 OTHER 96 (SPECIFY) _____	

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 born a child?	YES 1 NO 2	→ 206								
202	Do you have any children you born who are living with you? I mean belly born.	YES 1 NO 2	→ 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 children you born who are alive but do not live with you?	YES 1 NO 2	→ 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 born a child who was born alive and later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→ 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. IF NONE, RECORD '00'.	TOTAL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: So in all, you have belly born ____ (TOTAL) children in your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> → 224										

211 Now I want the names of all the children you born, whether still alive or not, starting with the first one.
 RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.
 (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE STARTING WITH THE SECOND ROW).

212	213	214	215	216	217 IF LIVING:	218 IF LIVING:	219 IF LIVING:	220 IF DEAD:	221
What is/was the name of your first child? What is/was the name of your second child? ...etc. (NAME)	Was (NAME) a twin?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still living?	How old is (NAME)? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	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.	Did you born any other child between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS ... 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>	
02	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS ... 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH
03	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS ... 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH
04	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS ... 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH
05	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS ... 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH
06	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS ... 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH
07	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS ... 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH
08	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS ... 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH
09	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS ... 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH

212	213	214	215	216	217	218	219	220	221
What name was given to your 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), including any children who died after birth?
10	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS ... 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH
11	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS ... 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH
12	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS ... 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH
13	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS ... 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH
14	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS ... 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH
15	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS ... 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH
16	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS ... 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH
222	Did you born any child since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.					YES 1 NO 2			
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)								
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2006 OR LATER.								NUMBER OF BIRTHS <input type="text"/> <input type="text"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	Are you pregnant now?	YES 1 NO 2 UNSURE 8	<input type="checkbox"/> → 227
226	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
227	CHECK 224: ONE OR MORE BIRTHS IN 2006 OR LATER	NO BIRTHS IN 2006 OR LATER	<input type="checkbox"/> → 501

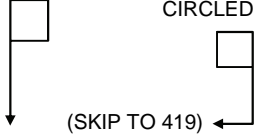
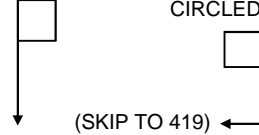
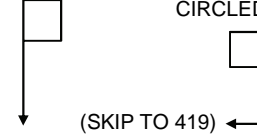
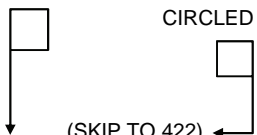
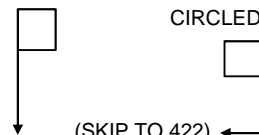
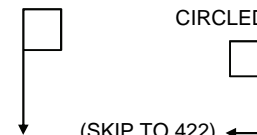
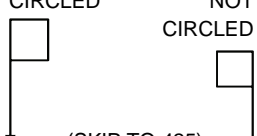
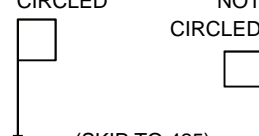
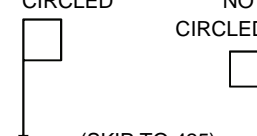
SECTION 3. PREGNANCY AND INTERMITTENT PREVENTIVE TREATMENT

301	<p>CHECK 212 AND 215: ENTER IN 302 THE NAME AND LINE NUMBER OF THE MOST RECENT BIRTH SINCE 2006 EVEN IF THE CHILD IS NO LONGER ALIVE.</p> <p>Now I would like to ask you some questions about your last pregnancy that ended in a live birth.</p>	
302	NAME AND LINE NUMBER FROM 212	<p>NAME OF LAST BIRTH _____</p> <p>LINE NUMBER <input type="text"/> <input type="text"/></p>
303	<p>When you were pregnant with (NAME) did you see anyone for prenatal care for this pregnancy?</p> <p>IF YES: Whom did you see? Anyone else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.</p>	<p>DOCTOR A</p> <p>NURSE B</p> <p>MIDWIFE C</p> <p>AUXILIARY MIDWIFE D</p> <p>TRADITIONAL MIDWIFE E</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO ONE Y</p>
303A	<p>During this pregnancy, did anyone tell you that pregnant women need to take some kind of medicine to <u>keep</u> them from getting malaria?</p> <p>EMPHASIZE THE WORD 'KEEP'.</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
304	<p>During this pregnancy, did you take any drugs to <u>keep</u> you from getting malaria?</p> <p>EMPHASIZE 'KEEP'. DO NOT CIRCLE '1' IF SHE WAS ONLY GIVEN DRUGS BECAUSE SHE HAD MALARIA.</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
305	<p>What drugs did you take to keep from getting malaria?</p> <p>RECORD ALL MENTIONED. IF SHE DOES NOT KNOW THE TYPE OF DRUG, SHOW HER THE TYPICAL ANTIMALARIAL DRUGS.</p>	<p>SP/FANSIDAR A</p> <p>CHLOROQUINE B</p> <p>COARTEM B</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>
306	<p>CHECK 305: DRUGS TAKEN FOR MALARIA PREVENTION</p> <p>CODE 'A' <input type="checkbox"/> CODE 'A' <input type="checkbox"/> CIRCLED NOT CIRCLED</p>	
307	How many times did you take SP/Fansidar during this pregnancy?	NUMBER OF TIMES <input type="text"/> <input type="text"/>
308	<p>CHECK 303: PRENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY</p> <p>CODE 'A', 'B', 'C' OR 'D' <input type="checkbox"/> OTHER <input type="checkbox"/> CIRCLED</p>	
309	Did you get the SP/Fansidar during any prenatal care visit, during another visit to a health facility or from another source?	<p>PRENATAL VISIT 1</p> <p>ANOTHER FACILITY VISIT 2</p> <p>OTHER SOURCE _____ 6 (SPECIFY)</p>

SECTION 4. FEVER IN CHILDREN

401	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2006 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE WERE MORE THAN 3 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE FIRST COLUMN). Now I would like to ask you some questions about the health of your children. (We will talk about each one separately.)			
402	LINE NUMBER FROM QUESTION 212	LAST BIRTH LINE NUMBER ... <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER ... <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH LINE NUMBER ... <input type="text"/> <input type="text"/>
403	CHECK 212 AND 216	NAME _____ LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 501)	NAME _____ LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 501)	NAME _____ LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (GO TO 403 IN FIRST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 501)
404	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) DON'T KNOW 8	YES 1 NO 2 (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) DON'T KNOW 8	YES 1 NO 2 (GO TO 403 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501) DON'T KNOW 8
405	How many days ago did the fever start? IF LESS THAN ONE DAY, WRITE '00'.	DAYS AGO .. <input type="text"/> <input type="text"/> DON'T KNOW 98	DAYS AGO . <input type="text"/> <input type="text"/> DON'T KNOW 98	DAYS AGO . <input type="text"/> <input type="text"/> DON'T KNOW 98
406	Did you seek advice or treatment for the fever from any source?	YES 1 NO 2 (SKIP TO 411)	YES 1 NO 2 (SKIP TO 411)	YES 1 NO 2 (SKIP TO 411)
407	Where did you get treatment from? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR STATE HOSPITAL . . . A HEALTH CENTER . . . B HEALTH POST C MOBILE CLINIC D CAMPAIGN WORKER. E PUBLIC COMPANY . . F OTHER PUBLIC _____ G (SPECIFY) PRIVATE SECTOR HOSPITAL H CLINIC I DOCTOR J PHARMACY K MOBILE CLINIC L OTHER PRIVATE _____ M (SPECIFY) OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER . . . O OTHER _____ X (SPECIFY)	PUBLIC SECTOR STATE HOSPITAL . . . A HEALTH CENTER . . . B HEALTH POST C MOBILE CLINIC D CAMPAIGN WORKER. E PUBLIC COMPANY . . F OTHER PUBLIC _____ G (SPECIFY) PRIVATE SECTOR HOSPITAL H CLINIC I DOCTOR J PHARMACY K MOBILE CLINIC L OTHER PRIVATE _____ M (SPECIFY) OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER . . . O OTHER _____ X (SPECIFY)	PUBLIC SECTOR STATE HOSPITAL . . . A HEALTH CENTER . . . B HEALTH POST C MOBILE CLINIC D CAMPAIGN WORKER. E PUBLIC COMPANY . . F OTHER PUBLIC _____ G (SPECIFY) PRIVATE SECTOR HOSPITAL H CLINIC I DOCTOR J PHARMACY K MOBILE CLINIC L OTHER PRIVATE _____ M (SPECIFY) OTHER SOURCE SHOP N TRADITIONAL PRACTITIONER . . . O OTHER _____ X (SPECIFY)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
408	CHECK 407:	TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 410) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 410) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 410) ←
409	Where did you first go for advice or treatment? USE LETTER CODE FROM 407.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
410	When the fever started, how long it took for you to carry the child for advice or treatment? IF THE SAME DAY, RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
411	Is (NAME) still sick with a fever?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
411A	At any time during the illness, did (NAME) have a drop of blood taken from his/her finger or heel?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
412	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) DON'T KNOW 8	YES 1 NO 2 (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) DON'T KNOW 8	YES 1 NO 2 (GO TO 403 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501) DON'T KNOW 8
413	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED. IF SHE DOES NOT KNOW THE TYPE OF DRUG, ASK TO SEE THEM. IF THIS IS NOT POSSIBLE OR THE TYPE OF DRUG IS STILL NOT DETERMINED, SHOW HER THE TYPICAL ANTIMALARIAL DRUGS.	ANTIMALARIAL DRUGS SP/FANSIDAR A CHLOROQUINE ... B QUININE C COARTEM D OTHER ANTI- MALARIAL _____ E (SPECIFY) OTHER DRUGS ASPIRIN F ACETAMINOPHEN ... G PARACETAMOL ... H IBUPROFEN I OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR A CHLOROQUINE ... B QUININE C COARTEM D OTHER ANTI- MALARIAL _____ E (SPECIFY) OTHER DRUGS ASPIRIN F ACETAMINOPHEN ... G PARACETAMOL ... H IBUPROFEN I OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR A CHLOROQUINE ... B QUININE C COARTEM D OTHER ANTI- MALARIAL _____ E (SPECIFY) OTHER DRUGS ASPIRIN F ACETAMINOPHEN ... G PARACETAMOL ... H IBUPROFEN I OTHER _____ X (SPECIFY) DON'T KNOW Z
414	CHECK 413: ANY CODE 'A'-'E' CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) ↓	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) ↓	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (GO TO 403 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501) ↓

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
415	<p>Did you already have (NAME OF DRUG FROM 413) at home when the child became ill?</p> <p>ASK SEPARATELY FOR EACH OF THE DRUGS 'A' THROUGH 'E' THAT THE CHILD IS RECORDED AS HAVING TAKEN IN 413. IF YES FOR ANY DRUG, CIRCLE CODE FOR THAT DRUG. IF NO FOR ALL DRUGS, CIRCLE 'Y'.</p>	SP/FANSIDAR A CHLOROQUINE ... B QUININE C COARTEM D OTHER ANTI-MALARIAL _____ E (SPECIFY) NO DRUG AT HOME . Y	SP/FANSIDAR A CHLOROQUINE ... B QUININE C COARTEM D OTHER ANTI-MALARIAL _____ E (SPECIFY) NO DRUG AT HOME . Y	SP/FANSIDAR A CHLOROQUINE ... B QUININE C COARTEM D OTHER ANTI-MALARIAL _____ E (SPECIFY) NO DRUG AT HOME . Y
416	<p>CHECK 413:</p> <p>SP/FANSIDAR ('A') GIVEN</p>	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/>  (SKIP TO 419) ←	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/>  (SKIP TO 419) ←	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/>  (SKIP TO 419) ←
417	<p>How long after the fever started did (NAME) first take SP/Fansidar?</p>	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER 4 DON'T KNOW 8
418	<p>For how many days did (NAME) take the SP/Fansidar?</p> <p>IF 7 DAYS OR MORE, WRITE '7'.</p>	DAYS <input type="checkbox"/> DON'T KNOW ... 8	DAYS <input type="checkbox"/> DON'T KNOW ... 8	DAYS <input type="checkbox"/> DON'T KNOW ... 8
419	<p>CHECK 413:</p> <p>CHLOROQUINE ('B') GIVEN</p>	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/>  (SKIP TO 422) ←	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/>  (SKIP TO 422) ←	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/>  (SKIP TO 422) ←
420	<p>How long after the fever started did (NAME) first take chloroquine?</p>	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER 4 DON'T KNOW 8
421	<p>For how many days did (NAME) take the chloroquine?</p> <p>IF 7 DAYS OR MORE, WRITE '7'.</p>	DAYS <input type="checkbox"/> DON'T KNOW ... 8	DAYS <input type="checkbox"/> DON'T KNOW ... 8	DAYS <input type="checkbox"/> DON'T KNOW ... 8
422	<p>CHECK 413:</p> <p>QUININE ('C') GIVEN</p>	CODE 'C' CIRCLED <input type="checkbox"/> CODE 'C' NOT CIRCLED <input type="checkbox"/>  (SKIP TO 425) ←	CODE 'C' CIRCLED <input type="checkbox"/> CODE 'C' NOT CIRCLED <input type="checkbox"/>  (SKIP TO 425) ←	CODE 'C' CIRCLED <input type="checkbox"/> CODE 'C' NOT CIRCLED <input type="checkbox"/>  (SKIP TO 425) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
423	How long after the fever started did (NAME) first take quinine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER 4 DON'T KNOW 8
424	For how many days did (NAME) take the quinine? IF 7 DAYS OR MORE, WRITE '7'.	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8
425	CHECK 413: COARTEM ('D') GIVEN	CODE 'D' CODE 'D' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 428) ←	CODE 'D' CODE 'D' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 428) ←	CODE 'D' CODE 'D' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 428) ←
426	How long after the fever started did (NAME) first take Coartem?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER 4 DON'T KNOW 8
427	For how many days did (NAME) take Coartem? IF 7 DAYS OR MORE, WRITE '7'.	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8
428	CHECK 413: OTHER ANTIMALARIAL ('E') GIVEN	CODE 'E' CODE 'E' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 431) ←	CODE 'E' CODE 'E' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 431) ←	CODE 'E' CODE 'E' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 431) ←
429	How long after the fever started did (NAME) first take the (OTHER ANTIMALARIAL)?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER 4 DON'T KNOW 8
430	For how many days did (NAME) take the (OTHER ANTIMALARIAL)? IF 7 DAYS OR MORE, WRITE '7'.	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8
431		GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO TO 403 IN 1st COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

SECTION 5. KNOWLEDGE OF MALARIA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Have you ever heard of an illness called malaria?	YES 1 NO 2	→ 512
502	What are some things that can happen to a person when he/she has malaria? CIRCLE ALL MENTIONED.	FEVER A CHILLS B HEADACHE C JOINT PAIN D POOR APPETITE E OTHER _____ X (SPECIFY) DOES NOT KNOW ANY Z	
503	Which people are most likely to get a serious case of malaria? CIRCLE ALL MENTIONED.	CHILDREN A PREGNANT WOMEN B ADULTS C ELDERLY D EVERYONE E OTHER _____ X (SPECIFY) DOES NOT KNOW Z	
504	What causes malaria? CIRCLE ALL MENTIONED.	MOSQUITOES A DIRTY WATER B DIRTY SURROUNDINGS C CONTAMINATED FOOD D WITCHCRAFT E OTHER _____ X (SPECIFY) DOES NOT KNOW ANY Z	
505	Are there ways to avoid getting malaria?	YES 1 NO 2 DOES NOT KNOW 8	→ 507 → 507
506	What are the ways to avoid getting malaria? CIRCLE ALL MENTIONED.	SLEEP UNDER MOSQUITO NET A USE MOSQUITO COILS B SPRAY HOUSE WITH INSECTICIDE... C KEEP DOORS AND WINDOWS CLOSED D USE INSECT REPELLANT E KEEP SURROUNDINGS CLEAN F CUT THE GRASS G OTHER _____ X (SPECIFY) DOES NOT KNOW ANY Z	
507	Can malaria be treated?	YES 1 NO 2 DOES NOT KNOW 8	→ 509 → 509
508	What drugs are used to treat malaria? CIRCLE ALL MENTIONED.	SP/FANSIDAR A CHLOROQUINE B QUININE C COARTEM D ASPIRIN, PANADOL, PARACETEMOL .. E OTHER _____ X (SPECIFY) DOES NOT KNOW ANY Z	
509	In the past few months, have you seen or heard any messages about malaria?	YES 1 NO 2	→ 512

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
510	What messages about malaria have you seen or heard? CIRCLE ALL MENTIONED.	GET MEDICAL TREATMENT IF SICK WITH FEVER A SLEEP UNDER MOSQUITO BED NETS B PREGNANT WOMEN SHOULD TAKE DRUGS TO PREVENT MALARIA ... C MALARIA KILLS D OTHER _____ X (SPECIFY) DOES NOT REMEMBER Z									
511	Where did you hear or see these messages? CIRCLE ALL MENTIONED.	RADIO A TELEVISION B NEWSPAPER C VIDEO CLUB D BILLBOARD E POSTER F LEAFLET/FACT SHEET/ BROCHURE .. G SCHOOL/COLLEGE/UNIVERSITY . . . H HEALTH WORKERS/HEALTH PROMOTERS I OTHER _____ X (SPECIFY)									
512	RECORD THE TIME.	HOUR <table border="1" data-bbox="1225 813 1326 869"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> MINUTES <table border="1" data-bbox="1225 869 1326 925"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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 SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____