

KENYA MALARIA INDICATOR SURVEY  
 WOMAN'S QUESTIONNAIRE

Division of National Malaria Programme  
 Kenya National Bureau of Statistics

IDENTIFICATION												
PLACE NAME _____												
NAME OF HOUSEHOLD HEAD _____												
CLUSTER NUMBER .....				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
HOUSEHOLD NUMBER .....				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
NAME AND LINE NUMBER OF WOMAN _____												
INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
RESULT*	_____	_____	_____	YEAR <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
NEXT VISIT: DATE	_____	_____		INT. NO. <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
TIME	_____	_____		RESULT* <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
				TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
*RESULT CODES: 1 COMPLETED      4 REFUSED 2 NOT AT HOME      5 PARTLY COMPLETED      7 OTHER _____ 3 POSTPONED      6 INCAPACITATED      SPECIFY _____												
LANGUAGE OF QUESTIONNAIRE** <table border="1" style="width: 20px; height: 20px; text-align: center;">0</table> <table border="1" style="width: 20px; height: 20px; text-align: center;">1</table> LANGUAGE OF INTERVIEW** <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="width: 20px; height: 20px;"></table>												
LANGUAGE OF QUESTIONNAIRE** <b>ENGLISH</b> **LANGUAGE CODES: 01 ENGLISH    06 KAMBA      11 LUO      16 SOMALI 02 KISWAHILI    07 KIKUYU    12 MAASAI    17 TURKANA 03 BORANA      08 KISII      13 MERU      96 OTHER 04 EMBU      09 LUHYA      14 MIJIKENDA      _____ 05 KALENJIN    10 MARAGOLI    15 POKOT      SPECIFY _____												
SUPERVISOR												
_____				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
NAME				NUMBER								

INTRODUCTION AND CONSENT

RESPONDENT AGREES  
TO BE INTERVIEWED ... 1  
↓

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

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS ..... <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"/> 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, post-primary/vocational, secondary/'A' Level, College, or University	PRIMARY ..... 1 POST-PRIMARY/VOCATIONAL ..... 2 SECONDARY/'A' LEVEL ..... 3 COLLEGE (MIDDLE LEVEL) ..... 4 UNIVERSITY ..... 5	
106	What is the highest (standard/form/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	STANDARD/FORM/YEAR ..... <input type="text"/> <input type="text"/>	
108	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PART OF THE SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE ..... 3 NO CARD WITH REQUIRED LANGUAGE ..... 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED ..... 5	
109	CHECK 108:  CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED ↓	CODE '1' OR '5' CIRCLED <input type="checkbox"/>	→ 111
110	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	

SECTION 1. RESPONDENT'S BACKGROUND

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

**SECTION 2. REPRODUCTION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES ..... 1 NO ..... 2	→ 206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES ..... 1 NO ..... 2	→ 204
203	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME ..... <input type="text"/> <input type="text"/> b) DAUGHTERS AT HOME ..... <input type="text"/> <input type="text"/>	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES ..... 1 NO ..... 2	→ 206
205	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE ..... <input type="text"/> <input type="text"/> b) DAUGHTERS ELSEWHERE ..... <input type="text"/> <input type="text"/>	
206	Have you ever given birth to a boy or girl who was born alive but later died?  IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES ..... 1 NO ..... 2	→ 208
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD ..... <input type="text"/> <input type="text"/> b) GIRLS DEAD ..... <input type="text"/> <input type="text"/>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL LIVE BIRTHS ..... <input type="text"/> <input type="text"/>	
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 <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'd like to ask you about your more recent births. How many births have you had in 2015-2020?  RECORD NUMBER OF LIVE BIRTHS IN 2015-2020	TOTAL IN 2015-2020 ..... <input type="text"/> <input type="text"/> NONE ..... 00	→ 224

SECTION 2. REPRODUCTION

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

213	214	215	216	217	218	219	220	221
What name was given to your (most recent/previous) baby?  RECORD NAME.  BIRTH HISTORY NUMBER.	Is (NAME) a boy or a girl?	Was that a single or multiple pregnancy?	On what day, month, and year was (NAME) born?	Is (NAME) still alive?	How old was (NAME) at (NAME)'s 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.	Were there any other live births between (NAME) and (NAME OF PREVIOUS BIRTH), including any children who died after birth?
01	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 (NEXT BIRTH)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> (NEXT BIRTH)	
02	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 (SKIP TO 221)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
03	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 (SKIP TO 221)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
04	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 (SKIP TO 221)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) NO . . . . 2 (NEXT BIRTH)
05	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 (SKIP TO 221)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) NO . . . . 2 (NEXT BIRTH)

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	Have you had any live births since the birth of (NAME OF MOST RECENT BIRTH)?"	YES ..... 1 (RECORD BIRTH(S) IN TABLE) ← NO ..... 2	
223	COMPARE 211 WITH NUMBER OF BIRTHS IN BIRTH HISTORY  NUMBERS ARE THE SAME <input type="checkbox"/> ↓ NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) ←		
224	Are you pregnant now?	YES ..... 1 NO ..... 2 UNSURE ..... 8	<input type="checkbox"/> → 301
225	How many weeks or months pregnant are you?  RECORD NUMBER OF COMPLETED WEEKS OR MONTHS.	WEEKS ..... 1 <input type="text"/> <input type="text"/> MONTHS ..... 2 <input type="text"/> <input type="text"/>	

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

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

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

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



**SECTION 4. FEVER IN CHILDREN**

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

SECTION 4. FEVER IN CHILDREN

NO.	NAME OF CHILD _____	BIRTH HISTORY NUMBER ..... <input type="text"/> <input type="text"/>
409	CHECK 408:  TWO OR MORE CODES CIRCLED <input type="checkbox"/>	ONLY ONE CODE CIRCLED <input type="checkbox"/> → 411
410	Where did you first seek advice or treatment?  USE LETTER CODE FROM 408.	FIRST PLACE ..... <input type="text"/>
411	How many days after the illness began did you first seek advice or treatment for (NAME)?  IF THE SAME DAY RECORD '00'.	DAYS ..... <input type="text"/> <input type="text"/>
412	At any time during the illness, did (NAME) take any medicine for the illness?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 → 416
413	What medicine did (NAME) take?  Any other medicine?  RECORD ALL MENTIONED.  IF MEDICINE NOT KNOWN, ASK TO SEE THE PACKAGE OR PRESCRIPTION.	<b>ACT ANTIMALARIAL MEDICINE</b> AL ..... A DHAP ..... B OTHER ACT (NOT AL OR DHAP) ..... C  <b>NON-ACT ANTIMALARIAL</b> SP/FANSIDAR ..... D CHLOROQUINE ..... E AMODIAQUINE ..... F QUININE PILLS ..... G INJECTION/IV ..... H ARTESUNATE RECTAL ..... I INJECTION/IV ..... J  OTHER ANTIMALARIAL _____ (SPECIFY) K  <b>ANTIBIOTIC MEDICINE</b> AMOXICILLIN ..... L COTRIMOXAZOLE ..... M OTHER PILL/SYRUP ..... N OTHER INJECTION/IV ..... O  <b>OTHER MEDICINE</b> ASPIRIN ..... P PARACETAMOL/PANADOL/ ACETAMINOPHEN ..... Q IBUPROFEN ..... R  OTHER _____ (SPECIFY) X  DON'T KNOW ..... Z
414	CHECK 413: ARTEMISININ-BASED COMBINATION THERAPY ('A', 'B', OR 'C') GIVEN  CODE 'A', 'B', OR 'C' CIRCLED <input type="checkbox"/>	CODE 'A', 'B', AND/OR 'C' NOT CIRCLED <input type="checkbox"/> → 416
415	How long after the fever started did (NAME) first take an artemisinin-based combination therapy?	SAME DAY ..... 0 NEXT DAY ..... 1 TWO DAYS AFTER FEVER ..... 2 THREE OR MORE DAYS AFTER FEVER ..... 3 DON'T KNOW ..... 8
416	CHECK 216 AND 217 IN BIRTH HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY?  NO MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/>  SKIP TO 501 ←	MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/> → 403

SECTION 5. KNOWLEDGE AND BELIEFS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	In the past six months, have you seen or heard any messages about malaria?	YES ..... 1 NO ..... 2	→ 503
502	Where did you see or hear these messages?  Anywhere else?  RECORD ALL MENTIONED	RADIO ..... A TELEVISION ..... B POSTER/BILLBOARD ..... C NEWSPAPER/MAGAZINE ..... D LEAFLET/BROCHURE ..... E HEALTHCARE PROVIDER ..... F COMMUNITY HEALTH WORKER ..... G SOCIAL MEDIA ..... H RELATIVE/FRIEND ..... I COMMUNITY DIALOGUE / BARAZA ..... J COMMUNITY LEADER / ELDEF ..... K COMMUNITY EVENT / ROADSHOW ..... L SCHOOL PUPILS ..... M  ANYWHERE ELSE _____ X (SPECIFY) DON'T REMEMBER ..... Z	
502A	What messages about malaria have you seen or heard in the past 6 months?  Anything else?  RECORD ALL MENTIONED	IF YOU HAVE SYMPTOMS OF MALARIA GO TO HEALTH FACILITY ..... A SLEEP UNDER AN INSECTICIDE-TREATED MOSQUITO NET ..... B PREGNANT WOMEN SHOULD TAKE MEDICINE TO PREVENT MALARIA ..... C SP PROTECTS PREGNANT WOMEN AND UNBORN BABY FROM GETTING MALARIA ..... D ALWAYS TEST BEFORE TREATING MALARIA ..... E TREAT MALARIA WITH ACTs ..... F MALARIA KILLS ..... G  OTHER _____ X (SPECIFY) DON'T KNOW/DON'T REMEMBER ..... Z	
503	Are there ways to avoid getting malaria?	YES ..... 1 NO ..... 2	→ 505
504	What are the things that people can do to prevent themselves from getting malaria?  RECORD ALL MENTIONED	SLEEP UNDER A MOSQUITO NET ..... A SLEEP UNDER AN INSECTICIDE-TREATED MOSQUITO NET ..... B USE MOSQUITO REPELLENT ..... C TAKE PREVENTATIVE MEDICATIONS ..... D SPRAY HOUSE WITH INSECTICIDE ..... E FILL IN STAGNANT WATERS (PUDDLES) ..... F KEEP SURROUNDINGS CLEAN ..... G PUT MOSQUITO SCREEN ON WINDOWS ..... H PREGNANT WOMEN TAKE SP/FANSIDAR ..... I  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
504A	What is the recommended treatment for malaria?	ACT/AL ..... A SP/FANSIDAR ..... B CHLOROQUINE ..... C AMODIAQUINE ..... D OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
505	Now I am going to read some statements and I would like you to tell me whether you agree or disagree with it. If you don't know, say, don't know.  People in this community only get malaria during the rainy season. Do you agree or disagree?	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/UNCERTAIN ..... 8	
506	When a child has a fever, you almost always worry it might be malaria.  Do you agree or disagree?	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW/UNCERTAIN ..... 8	

SECTION 5. KNOWLEDGE AND BELIEFS

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

---

---

---

---

---

---

---

COMMENTS ON SPECIFIC QUESTIONS:

---

---

---

---

---

---

---

ANY OTHER COMMENTS:

---

---

---

---

---

---

---

SUPERVISOR'S OBSERVATIONS

---

---

---

---

---