

2009 LIBERIA MALARIA INDICATOR SURVEY
NATIONAL MALARIA CONTROL PROGRAM - MINISTRY OF HEALTH AND SOCIAL WELFARE
LIBERIA INSTITUTE OF STATISTICS AND GEO-INFORMATION SERVICES

WOMAN'S QUESTIONNAIRE

IDENTIFICATION	
NAME OF COUNTY _____ <input type="checkbox"/>
NAME OF DISTRICT _____ <input type="checkbox"/>
NAME OF CLAN/TOWNSHIP _____	
NAME OF CITY/TOWN/VILLAGE _____	
LMIS CLUSTER NUMBER <input type="checkbox"/>
HOUSEHOLD NUMBER <input type="checkbox"/>
URBAN: MONROVIA=1; OTHER URBAN=2; VILLAGE=3 <input type="checkbox"/>
NAME OF HOUSEHOLD HEAD _____	
NAME AND LINE NUMBER OF WOMAN _____ <input type="checkbox"/>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <input type="checkbox"/>
				MONTH <input type="checkbox"/>
INTERVIEWER'S NAME	_____	_____	_____	YEAR <input type="checkbox"/>
RESULT*	_____	_____	_____	INT. NUMBER <input type="checkbox"/>
				RESULT <input type="checkbox"/>
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <input type="checkbox"/>
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 _____	_____	_____
DATE _____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>

INTRODUCTION AND CONSENT

Hello. My name is _____ and I'm from the Ministry of Health. We are talking to people all over the country about malaria. I would like to ask you some questions. 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 our 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	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	<input type="checkbox"/> → 104
103	Just before you moved here, did you live in a city, in a town, or in a village?	CITY 1 TOWN 2 VILLAGE 3	
104	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	
105	How old are you? COMPARE AND CORRECT 104 AND/OR 105 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
106	Have you ever attended school?	YES 1 NO 2	<input type="checkbox"/> → 110
107	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	
108	What is the highest grade you completed?	GRADE <input type="text"/> <input type="text"/>	
109	CHECK 108: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		<input type="checkbox"/> → 111
110	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	
111	What is your religion?	CHRISTIAN 1 MUSLIM 2 TRADITIONAL RELIGION 3 NO RELIGION 4 OTHER _____ 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	What dialect do you speak very well (besides English)?	BASSA 01 GBANDI 02 BELLE 03 DEY 04 GIO 05 GOLA 06 GREBO 07 KISSI 08 KPELLE 09 KRAHN 10 KRU 11 LORMA 12 MANDIGO 13 MANO 14 MENDE 15 VAI 16 NONE / ONLY ENGLISH 17 OTHER 96	

SENTENCES FOR READING (Q.110):

- | | |
|---------------------------------|--|
| 1. The child is reading a book. | 3. Parents should care for their children. |
| 2. Farming is hard work. | 4. The rains were heavy this year. |

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" data-bbox="1255 331 1354 436" 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" data-bbox="1255 436 1354 541" 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" data-bbox="1255 583 1354 688" 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" data-bbox="1255 688 1354 793" 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" data-bbox="1255 911 1354 1016" 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" data-bbox="1255 1016 1354 1121" 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" data-bbox="1255 1085 1354 1142" 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 Q.208 IS '00' <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	218	219	220	221
What is/was the name of your (first/next) child? (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 living?	IF LIVING: How old is (NAME)? RECORD AGE IN COMPLETED YEARS.	IF LIVING: Is (NAME) living with you?	IF LIVING: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	IF DEAD: 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

212	213	214	215	216	217 IF LIVING:	218 IF LIVING:	219 IF LIVING:	220 IF DEAD:	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?
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 MONTHS . 2 YEARS . . 3	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 MONTHS . 2 YEARS . . 3	YES . . . 1 ADD ↙ BIRTH NO 2 NEXT ↙ 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 MONTHS . 2 YEARS . . 3	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 MONTHS . 2 YEARS . . 3	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 MONTHS . 2 YEARS . . 3	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	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH BIRTH: MONTH AND YEAR OF BIRTH IS RECORDED.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p>								
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2003 OR LATER. IF NONE, RECORD '0' AND CONTINUE TO Q. 225.								

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 2003 OR LATER	NO BIRTHS IN 2003 OR LATER	<input type="checkbox"/> → 501

SECTION 4. FEVER IN CHILDREN

401	<p>ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2003 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE FIRST COLUMN).</p> <p>Now I would like to ask you some questions about the health of your children. (We will talk about each one separately.)</p>			
402	LINE NUMBER FROM 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	FROM 212 AND 216	NAME _____ LIVING DEAD <input type="checkbox"/> <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"/> <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"/> <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 GOVT HOSPITAL A GOVT HEALTH CENTER B GOVT HEALTH CLINIC C OTHER PUBLIC D _____ (SPECIFY) PRIVATE MEDICAL SEC. PVT. HOSPITAL/CLINIC E PHARMACY F PVT DOCTOR G MOBILE CLINIC H OTHER PRIVATE MED. I _____ (SPECIFY) OTHER SOURCE SHOP J TRADITIONAL PRACTITIONER K OTHER X _____ (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B GOVT HEALTH CLINIC C OTHER PUBLIC D _____ (SPECIFY) PRIVATE MEDICAL SEC. PVT. HOSPITAL/CLINIC E PHARMACY F PVT DOCTOR G MOBILE CLINIC H OTHER PRIVATE MED. I _____ (SPECIFY) OTHER SOURCE SHOP J TRADITIONAL PRACTITIONER K OTHER X _____ (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B GOVT HEALTH CLINIC C OTHER PUBLIC D _____ (SPECIFY) PRIVATE MEDICAL SEC. PVT. HOSPITAL/CLINIC E PHARMACY F PVT DOCTOR G MOBILE CLINIC H OTHER PRIVATE MED. I _____ (SPECIFY) OTHER SOURCE SHOP J TRADITIONAL PRACTITIONER K 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 MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 410) ←	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 410) ←	TWO OR MORE CODES CIRCLED ONLY ONE CODE 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, SHOW HER THE TYPICAL ANTIMALARIAL DRUGS. IF SHE STILL IS NOT SURE, ASK TO SEE THE DRUGS.	ANTIMALARIAL DRUGS SP/FANSIDAR A CHLOROQUINE . B QUININE C NEW MALARIA MEDICINE (ACT) D OTHER ANTI-MALARIAL _____ E (SPECIFY) OTHER DRUGS ASPIRIN F ACETAMINOPHEN G IBUPROFEN H OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR A CHLOROQUINE . B QUININE C NEW MALARIA MEDICINE (ACT) D OTHER ANTI-MALARIAL _____ E (SPECIFY) OTHER DRUGS ASPIRIN F ACETAMINOPHEN G IBUPROFEN H OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR A CHLOROQUINE . B QUININE C NEW MALARIA MEDICINE (ACT) D OTHER ANTI-MALARIAL _____ E (SPECIFY) OTHER DRUGS ASPIRIN F ACETAMINOPHEN G IBUPROFEN H 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 _____
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: NEW MALARIA MEDICINE (ACT) ('D') GIVEN	CODE 'D' CODE 'D' CIRCLED NOT <input type="checkbox"/> CIRCLED <input type="checkbox"/> ↓ ↓ (SKIP TO 428) ←	CODE 'D' CODE 'D' CIRCLED NOT <input type="checkbox"/> CIRCLED <input type="checkbox"/> ↓ ↓ (SKIP TO 428) ←	CODE 'D' CODE 'D' CIRCLED NOT <input type="checkbox"/> CIRCLED <input type="checkbox"/> ↓ ↓ (SKIP TO 428) ←
426	How long after the fever started did (NAME) first take the new malaria medicine (ACT)?	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 the ACT? 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 <input type="checkbox"/> CIRCLED <input type="checkbox"/> ↓ ↓ (SKIP TO 431) ←	CODE 'E' CODE 'E' CIRCLED NOT <input type="checkbox"/> CIRCLED <input type="checkbox"/> ↓ ↓ (SKIP TO 431) ←	CODE 'E' CODE 'E' CIRCLED NOT <input type="checkbox"/> CIRCLED <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 you when you have 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 age group of 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 DOES NOT KNOW Z	
504	What causes malaria? CIRCLE ALL MENTIONED.	MOSQUITOES A DIRTY WATER B DIRTY SURROUNDINGS C BEER D CERTAIN FOODS E OTHER _____ X (SPECIFY) DOES NOT KNOW ANY Z	
505	Are there ways to avoid getting malaria?	YES 1 NO 2	→ 507
506	What are the ways to avoid getting malaria? CIRCLE ALL MENTIONED.	SLEEP UNDER MOSQUITO NET A USE MOSQUITO COILS B USE INSECTICIDE SPRAY 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 NEW MALARIA DRUG (ACT) 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.	IF HAVE FEVER, GO TO HEALTH FACILITY A SLEEP UNDER MOSQUITO BED NETS B PREGNANT WOMEN SHOULD TAKE DRUGS TO PREVENT MALARIA C MALARIA KILLS D OTHER _____ X (SPECIFY) DOES NOT KNOW ANY Z									
511	Where did you hear or see these messages? CIRCLE ALL MENTIONED.	RADIO A BILLBOARD B POSTER C T-SHIRT D LEAFLET/FACT SHEET/ BROCHURE E TELEVISION F VIDEO CLUB G SCHOOL H COMMUNITY HEALTH WORKERS, TTM, TBA, HEALTH PROMOTERS I PEER EDUCATORS J OTHER _____ X (SPECIFY)									
512	RECORD THE TIME.	HOUR <table border="1" data-bbox="1279 848 1382 898"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> MINUTES <table border="1" data-bbox="1279 905 1382 955"> <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: _____