

**2011 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 _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>						
NAME OF DISTRICT _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>						
NAME OF CLAN/TOWNSHIP _____							
NAME OF CITY/TOWN/VILLAGE _____							
LMIS CLUSTER NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>						
HOUSEHOLD NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>						
URBAN: MONROVIA=1; OTHER URBAN=2; VILLAGE=3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>						
NAME OF HOUSEHOLD HEAD _____							
NAME AND LINE NUMBER OF WOMAN _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>						

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								
RESULT*	_____	_____	_____	YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2</td><td>0</td><td>1</td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>	2	0	1					
2	0	1										
NEXT VISIT: DATE	_____	_____		INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
TIME	_____	_____		RESULT								
	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>								

*RESULT CODES:
 1 COMPLETED 4 REFUSED
 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____
 3 POSTPONED 6 INCAPACITATED (SPECIFY)

SUPERVISOR	OFFICE EDITOR	KEYED BY							
NAME _____	_____	_____							
DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table>				_____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			_____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>		

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with Ministry of Health. We are conducting a survey about health all over Liberia. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 10 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you 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.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

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 are you? 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	→ 107
105	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	
106	What is the highest grade you completed?	GRADE <input type="text"/> <input type="text"/>	
107	What is your religion?	CHRISTIAN 1 MUSLIM 2 TRADITIONAL RELIGION 3 NO RELIGION 4 OTHER _____ 6 (SPECIFY)	
108	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	

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="1241 360 1342 477" 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="1241 477 1342 593" 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="1241 640 1342 757" 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="1241 757 1342 873" 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="1241 987 1342 1104" 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="1241 1104 1342 1220" 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, CIRCLE '00'.	TOTAL BIRTHS <table border="1" data-bbox="1241 1178 1342 1234" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> NONE00									
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	Now I'd like to ask you about your more recent births. How many births have you had in the last 6 years? IF NONE CIRCLE '00'.	TOTAL BIRTHS IN THE LAST 6 YEARS <table border="1" data-bbox="1241 1570 1342 1626" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> NONE00			→ 224						

Now I want the names of all the children you born in the **last six years**, whether still alive or not, starting with your last/most recent birth.

RECORD NAMES OF ALL THE BIRTHS IN THE LAST 6 YEARS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS.

212 What is/was the name of your (most recent/next) child? RECORD NAME BIRTH HISTORY NUMBER	213 Is (NAME) a boy or a girl?	214 Were any of these births twins?	215 In what month and year was (NAME) born? PROBE: What is his/her birthday?	216 Is (NAME) still living?	217 IF LIVING: How old is (NAME)? RECORD AGE IN COMPLETED YEARS.	218 IF LIVING: Is (NAME) living with you?	219 IF LIVING: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	220 Did you born any other child between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	BOY 1 GIRL 2	SING 1 MULT 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 ↓ 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	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	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	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	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	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	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	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	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH
06	BOY 1 GIRL 2	SING 1 MULT 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	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH
07	BOY 1 GIRL 2	SING 1 MULT 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	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
221	Did you born any child since the birth of (NAME OF MOST RECENT BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.	YES 1 NO 2	
222	<p>COMPARE 210 WITH NUMBER OF BIRTHS IN HISTORY AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> ↓</p> <p>NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE.)</p>		
223	<p>CHECK 215:</p> <p>ENTER THE NUMBER OF BIRTHS IN 2006 OR LATER. IF NONE CIRCLE '0.'</p>	<p>NUMBER OF BIRTHS <input type="text"/></p> <p>NONE 0</p>	
224	Are you pregnant now?	<p>YES 1</p> <p>NO 2</p> <p>UNSURE 8</p>	<input type="checkbox"/> → 226
225	<p>How many months pregnant are you?</p> <p>RECORD NUMBER OF COMPLETED MONTHS.</p>	MONTHS <input type="text"/> <input type="text"/>	
226	<p>CHECK 223:</p> <p>ONE OR MORE BIRTHS IN 2006 OR LATER <input type="checkbox"/> ↓</p> <p>NO BIRTHS IN 2006 OR LATER OR IS BLANK <input type="checkbox"/> →</p>		501

SECTION 3. PREGNANCY AND INTERMITTENT PREVENTIVE TREATMENT

301	<p>CHECK 212 AND 215: ENTER IN 302 THE NAME AND BIRTH HISTORY 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	<table border="1"> <tr> <td data-bbox="209 331 877 488">NAME AND BIRTH HISTORY NUMBER FROM 212</td> <td data-bbox="877 331 1481 488"> NAME OF LAST BIRTH _____ BIRTH HISTORY NO. <input type="text"/> <input type="text"/> </td> </tr> </table>	NAME AND BIRTH HISTORY NUMBER FROM 212	NAME OF LAST BIRTH _____ BIRTH HISTORY NO. <input type="text"/> <input type="text"/>	
NAME AND BIRTH HISTORY NUMBER FROM 212	NAME OF LAST BIRTH _____ BIRTH HISTORY NO. <input type="text"/> <input type="text"/>			
303	<table border="1"> <tr> <td data-bbox="209 488 877 786"> <p>When you were pregnant with (NAME) did you see anyone for a check-up (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> </td> <td data-bbox="877 488 1481 786"> HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B PHYSICIAN ASST. C TRADITIONAL MIDWIFE D OTHER _____ X (SPECIFY) NO ONE Y </td> </tr> </table>	<p>When you were pregnant with (NAME) did you see anyone for a check-up (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>	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B PHYSICIAN ASST. C TRADITIONAL MIDWIFE D OTHER _____ X (SPECIFY) NO ONE Y	
<p>When you were pregnant with (NAME) did you see anyone for a check-up (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>	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B PHYSICIAN ASST. C TRADITIONAL MIDWIFE D OTHER _____ X (SPECIFY) NO ONE Y			
303A	<table border="1"> <tr> <td data-bbox="209 786 877 954"> <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> </td> <td data-bbox="877 786 1481 954"> YES 1 NO 2 DON'T KNOW 8 </td> </tr> </table>	<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>	YES 1 NO 2 DON'T KNOW 8	
<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>	YES 1 NO 2 DON'T KNOW 8			
304	<table border="1"> <tr> <td data-bbox="209 954 877 1122"> <p>During this pregnancy, did you take any medicine to keep you from getting malaria?</p> <p>EMPHASIZE 'KEEP'. DO NOT CIRCLE '1' IF SHE WAS ONLY GIVEN DRUGS BECAUSE SHE HAD MALARIA.</p> </td> <td data-bbox="877 954 1481 1122"> YES 1 NO 2 DON'T KNOW 8 </td> <td data-bbox="1353 954 1481 1122"> <input type="checkbox"/> → 401 </td> </tr> </table>	<p>During this pregnancy, did you take any medicine to keep you from getting malaria?</p> <p>EMPHASIZE 'KEEP'. DO NOT CIRCLE '1' IF SHE WAS ONLY GIVEN DRUGS BECAUSE SHE HAD MALARIA.</p>	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 401
<p>During this pregnancy, did you take any medicine to keep you from getting malaria?</p> <p>EMPHASIZE 'KEEP'. DO NOT CIRCLE '1' IF SHE WAS ONLY GIVEN DRUGS BECAUSE SHE HAD MALARIA.</p>	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 401		
305	<table border="1"> <tr> <td data-bbox="209 1122 877 1339"> <p>What medicine 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. TREATMENT WITH SP/FANSIDAR USUALLY CONSISTS OF TAKING 3 BIG WHITE TABLETS AT THE HEALTH FACILITY.</p> </td> <td data-bbox="877 1122 1481 1339"> SP/FANSIDAR A CHLOROQUINE B OTHER _____ X (SPECIFY) DON'T KNOW Z </td> </tr> </table>	<p>What medicine 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. TREATMENT WITH SP/FANSIDAR USUALLY CONSISTS OF TAKING 3 BIG WHITE TABLETS AT THE HEALTH FACILITY.</p>	SP/FANSIDAR A CHLOROQUINE B OTHER _____ X (SPECIFY) DON'T KNOW Z	
<p>What medicine 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. TREATMENT WITH SP/FANSIDAR USUALLY CONSISTS OF TAKING 3 BIG WHITE TABLETS AT THE HEALTH FACILITY.</p>	SP/FANSIDAR A CHLOROQUINE B OTHER _____ X (SPECIFY) DON'T KNOW Z			
306	<table border="1"> <tr> <td colspan="2" data-bbox="209 1339 1353 1507"> CHECK 305: DRUGS TAKEN FOR MALARIA PREVENTION CODE 'A' <input type="checkbox"/> CODE 'A' <input type="checkbox"/> CIRCLED NOT CIRCLED </td> <td data-bbox="1353 1339 1481 1507"> <input type="checkbox"/> → 401 </td> </tr> </table>	CHECK 305: DRUGS TAKEN FOR MALARIA PREVENTION CODE 'A' <input type="checkbox"/> CODE 'A' <input type="checkbox"/> CIRCLED NOT CIRCLED		<input type="checkbox"/> → 401
CHECK 305: DRUGS TAKEN FOR MALARIA PREVENTION CODE 'A' <input type="checkbox"/> CODE 'A' <input type="checkbox"/> CIRCLED NOT CIRCLED		<input type="checkbox"/> → 401		
307	<table border="1"> <tr> <td data-bbox="209 1507 877 1585"> How many times did you take (SP/Fansidar) during this pregnancy? </td> <td data-bbox="877 1507 1481 1585"> TIMES <input type="text"/> <input type="text"/> </td> </tr> </table>	How many times did you take (SP/Fansidar) during this pregnancy?	TIMES <input type="text"/> <input type="text"/>	
How many times did you take (SP/Fansidar) during this pregnancy?	TIMES <input type="text"/> <input type="text"/>			
308	<table border="1"> <tr> <td colspan="2" data-bbox="209 1585 1353 1753"> CHECK 303: PRENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY CODE 'A', 'B' <input type="checkbox"/> OR 'C' CIRCLED OTHER <input type="checkbox"/> </td> <td data-bbox="1353 1585 1481 1753"> <input type="checkbox"/> → 401 </td> </tr> </table>	CHECK 303: PRENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY CODE 'A', 'B' <input type="checkbox"/> OR 'C' CIRCLED OTHER <input type="checkbox"/>		<input type="checkbox"/> → 401
CHECK 303: PRENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY CODE 'A', 'B' <input type="checkbox"/> OR 'C' CIRCLED OTHER <input type="checkbox"/>		<input type="checkbox"/> → 401		
309	<table border="1"> <tr> <td data-bbox="209 1753 877 1883"> <p>Did you get the (SP/Fansidar) during any prenatal care visit, during another visit to a health facility or from another source?</p> </td> <td data-bbox="877 1753 1481 1883"> PRENATAL VISIT 1 ANOTHER FACILITY VISIT 2 OTHER SOURCE _____ 6 (SPECIFY) </td> </tr> </table>	<p>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 ANOTHER FACILITY VISIT 2 OTHER SOURCE _____ 6 (SPECIFY)	
<p>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 ANOTHER FACILITY VISIT 2 OTHER SOURCE _____ 6 (SPECIFY)			

SECTION 4. FEVER IN CHILDREN

401	<p>CHECK 215: ENTER IN THE TABLE THE BIRTH HISTORY 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 ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).</p> <p>Now I would like to ask some questions about the health of your children born since January 2006. (We will talk about each separately.)</p>			
402	<p>BIRTH HISTORY NUMBER FROM 212</p>	<p>LAST BIRTH BIRTH HISTORY NUMBER ... <input type="text"/> <input type="text"/></p>	<p>NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER ... <input type="text"/> <input type="text"/></p>	<p>SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER ... <input type="text"/> <input type="text"/></p>
403	<p>FROM 212 AND 216</p>	<p>NAME _____ LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 501)</p>	<p>NAME _____ LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 501)</p>	<p>NAME _____ LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (GO TO 403 IN THE NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 501)</p>
404	<p>Has (NAME) been ill with a fever at any time in the last 2 weeks?</p>	<p>YES 1 NO 2 (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) DON'T KNOW 8</p>	<p>YES 1 NO 2 (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) DON'T KNOW 8</p>	<p>YES 1 NO 2 (GO TO 403 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501) DON'T KNOW 8</p>
406	<p>Did you seek advice or treatment for the fever from any source?</p>	<p>YES 1 NO 2 (SKIP TO 411A) ←</p>	<p>YES 1 NO 2 (SKIP TO 411A) ←</p>	<p>YES 1 NO 2 (SKIP TO 411A) ←</p>
407	<p>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))</p>	<p>PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B GOVT HEALTH POST C MOBILE CLINIC D FIELDWORKER E OTHER PUBLIC SECTOR _____ F (SPECIFY)</p> <p>PRIVATE MED SECTOR PVT HOSPITAL/ CLINIC G PHARMACY ... H PVT DOCTOR ... I MOBILE CLINIC J FIELDWORKER K OTHER PRIVATE MED. SECTOR _____ L (SPECIFY)</p> <p>OTHER SOURCE MEDICINE STORE M TRADITIONAL PRACTITIONER N MARKET O BLACK BAGGER/ DRUG PEDDLER P OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B GOVT HEALTH POST C MOBILE CLINIC D FIELDWORKER E OTHER PUBLIC SECTOR _____ F (SPECIFY)</p> <p>PRIVATE MED SECTOR PVT HOSPITAL/ CLINIC G PHARMACY ... H PVT DOCTOR ... I MOBILE CLINIC J FIELDWORKER K OTHER PRIVATE MED. SECTOR _____ L (SPECIFY)</p> <p>OTHER SOURCE MEDICINE STORE M TRADITIONAL PRACTITIONER N MARKET O BLACK BAGGER/ DRUG PEDDLER P OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER B GOVT HEALTH POST C MOBILE CLINIC D FIELDWORKER E OTHER PUBLIC SECTOR _____ F (SPECIFY)</p> <p>PRIVATE MED SECTOR PVT HOSPITAL/ CLINIC G PHARMACY ... H PVT DOCTOR ... I MOBILE CLINIC J FIELDWORKER K OTHER PRIVATE MED. SECTOR _____ L (SPECIFY)</p> <p>OTHER SOURCE MEDICINE STORE M TRADITIONAL PRACTITIONER N MARKET O BLACK BAGGER/ DRUG PEDDLER P OTHER _____ X (SPECIFY)</p>

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 411A) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 411A) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 411A) ←
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"/>
411A	At any time during the sickness, 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 sickness, did (NAME) take any medicine for the sickness?	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 NEXT- TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501) DON'T KNOW 8
413	What medicine did (NAME) take? Any other medicine? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE B QUININE C NEW MALARIA MEDICINE (ACT) D OTHER ANTI- MALARIAL _____ ... E (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... F INJECTION ... G OTHER DRUGS ASPIRIN H PARACETOMOL I IBUPROFEN ... J 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) ANTIBIOTIC DRUGS PILL/SYRUP ... F INJECTION ... G OTHER DRUGS ASPIRIN H PARACETOMOL I IBUPROFEN ... J 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) ANTIBIOTIC DRUGS PILL/SYRUP ... F INJECTION ... G OTHER DRUGS ASPIRIN H PARACETOMOL I IBUPROFEN ... J OTHER _____ X (SPECIFY) DON'T KNOW Z
414	CHECK 413: ANY CODE A-E CIRCLED?	YES NO <input type="checkbox"/> <input type="checkbox"/> ↓ (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) ↓	YES NO <input type="checkbox"/> <input type="checkbox"/> ↓ (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501) ↓	YES NO <input type="checkbox"/> <input type="checkbox"/> ↓ (GO TO 403 IN NEXT- TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501) ↓
416	CHECK 413: SP/FANSIDAR ('A') GIVEN	CODE 'A' CODE 'A' CIRCLED NOT <input type="checkbox"/> CIRCLED <input type="checkbox"/> ↓ (SKIP TO 419) ←	CODE 'A' CODE 'A' CIRCLED NOT <input type="checkbox"/> CIRCLED <input type="checkbox"/> ↓ (SKIP TO 419) ←	CODE 'A' CODE 'A' CIRCLED NOT <input type="checkbox"/> CIRCLED <input type="checkbox"/> ↓ (SKIP TO 419) ←
417	How long after the fever started did (NAME) first take SP/Fansidar?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
419	CHECK 413: CHLOROQUINE ('B') GIVEN	CODE 'B' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 422)	CODE 'B' NOT CIRCLED CODE 'B' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 422)	CODE 'B' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 422)
420	How long after the fever started did (NAME) first take chloroquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
422	CHECK 413: QUININE ('C') GIVEN	CODE 'C' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 425)	CODE 'C' NOT CIRCLED CODE 'C' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 425)	CODE 'C' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 425)
423	How long after the fever started did (NAME) first take quinine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
425	CHECK 413: NEW MALARIA MEDICINE (ACT) ('D') GIVEN	CODE 'D' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 428)	CODE 'D' NOT CIRCLED CODE 'D' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 428)	CODE 'D' 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 OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
428	CHECK 413: OTHER ANTIMALARIAL ('E') GIVEN	CODE 'E' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 431)	CODE 'E' NOT CIRCLED CODE 'E' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 431)	CODE 'E' 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 OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 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 NEXT-TO-LAST 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 sickness 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 BODY PAIN F OTHER _____ X (SPECIFY) DOES NOT KNOW ANY Z	
503	Which group of people are most likely to get 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 things people can do to stop them from getting malaria?	YES 1 NO 2	→ 507
506	What are the some of the things that people can do to stop them from 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
508	What medicines 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="1222 898 1324 1010"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> MINUTES <table border="1" data-bbox="1222 965 1324 1010"> <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: _____