

2011 LIBERIA MALARIA INDICATOR SURVEY  
 NATIONAL MALARIA CONTROL PROGRAM - MINISTRY OF HEALTH AND SOCIAL WELFARE  
 LIBERIA INSTITUTE OF STATISTICS AND GEO-INFORMATION SERVICES

**HOUSEHOLD QUESTIONNAIRE**

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

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/>
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <input type="text"/>
RESULT*	_____	_____	_____	RESULT <input type="text"/>
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <input type="text"/>
TIME	_____	_____		
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER HOME/NO COMPETENT RESPONDENT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <input type="text"/>  TOTAL WOMEN 15-49 <input type="text"/>  LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <input type="text"/>

SUPERVISOR	OFFICE EDITOR	KEYED BY
NAME _____ <input type="text"/>	_____ <input type="text"/>	_____ <input type="text"/>
DATE _____ <input type="text"/>	_____ <input type="text"/>	_____ <input type="text"/>

INTRODUCTION AND CONSENT
<p>Hello. My name is _____ . I am working with the 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. I would like to ask you some questions about your household. The questions usually take about 15 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.</p> <p>In case you need more information about the survey, you may contact the person listed on this card.</p> <p>GIVE CARD WITH CONTACT INFORMATION</p> <p>Do you want to ask me anything about the survey? May I begin the interview now?</p> <p>Signature of interviewer: _____ Date: _____</p> <p>RESPONDENT AGREES TO BE INTERVIEWED ... 1      RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END</p> <p style="text-align: center;">↓</p>

## HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP	SEX	RESIDENCE		AGE	ELIGIBILITY	
				Does (NAME) usually live here?	Did (NAME) stay here last night?		How old is (NAME)?  IF 95 OR MORE, RECORD 95	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES, RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-13 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
			M F	YES NO	YES NO	IN YEARS		
01		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	08	08

### CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD	08 = BROTHER OR SISTER
02 = WIFE OR HUSBAND	09 = OTHER RELATIVE
03 = SON OR DAUGHTER	10 = ADOPTED/FOSTER/STEPCHILD
04 = SON-IN-LAW OR DAUGHTER-IN-LAW	11 = NOT RELATED
05 = GRANDCHILD	98 = DON'T KNOW
06 = PARENT	
07 = PARENT-IN-LAW	

LINE NO.	FOR EVERYONE FEVER AND TREATMENT			
	In the last 4 weeks, has (NAME) been sick with a fever at any time?	Did (NAME) get any treatment for the fever in the last 4 weeks?	Where did (NAME) go for treatment?  USE CODES BELOW.	How much did the treatment cost?  INCLUDE COST OF DOCTOR, NURSE, DRUGS, TESTS IF > 9990, WRITE '9990'.
	(10)	(11)	(12)	(13)
	Y N DK 1 2 8 ↓ NEXT LINE	Y N DK 1 2 8 ↓ NEXT LINE		LIBERIAN DOLLARS
01			<input type="text"/>	<input type="text"/>
02			<input type="text"/>	<input type="text"/>
03			<input type="text"/>	<input type="text"/>
04			<input type="text"/>	<input type="text"/>
05			<input type="text"/>	<input type="text"/>
06			<input type="text"/>	<input type="text"/>
07			<input type="text"/>	<input type="text"/>
08			<input type="text"/>	<input type="text"/>

**CODES FOR Q. 12: TREATMENT FOR FEVER**

01 = GOVERNMENT HOSPITAL  
02 = GOVERNMENT HEALTH CENTER  
03 = GOVERNMENT HEALTH CLINIC  
04 = PRIVATE HOSPITAL/CLINIC  
05 = PHARMACY  
06 = PRIVATE DOCTOR  
07 = MOBILE CLINIC  
08 = MEDICINE STORE

09 = TRADITIONAL PRACTITIONER  
10 = BLACK BAGGER, DRUG PEDDLER  
96 = OTHER  
98 = DOES NOT KNOW

## HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP	SEX	RESIDENCE		AGE	ELIGIBILITY	
				Does (NAME) usually live here?	Did (NAME) stay here last night?		How old is (NAME)?  IF 95 OR MORE, RECORD 95	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.  AFTER LISTING THE NAMES, RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THE LISTING IS COMPLETE.  THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-13 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household?  SEE CODES BELOW.	Is (NAME) male or female?					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
09		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	10	10
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	15	15
TICK HERE IF CONTINUATION SHEET USED			<input type="checkbox"/>					

2A) Just to make sure that I have a complete listing, are there any other persons such as small children or infants that we have not listed?

YES  → ADD NO

2B) Are there any other people who may not be members of your family, like domestic servants, lodgers, or friends who usually live here?

YES  → ADD NO

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?

YES  → ADD NO

LINE NO.	FOR EVERYONE FEVER AND TREATMENT			
	In the last 4 weeks, has (NAME) been sick with a fever at any time?	Did (NAME) get any treatment for the fever in the last 4 weeks?	Where did (NAME) go for treatment?  USE CODES BELOW.	How much did the treatment cost?  INCLUDE COST OF DOCTOR, NURSE, DRUGS, TESTS IF > 9990, WRITE '9990'.
	(10)	(11)	(12)	(13)
09	Y N DK 1 2 8 ↓ NEXT LINE	Y N DK 1 2 8 ↓ NEXT LINE	<input type="text"/>	LIBERIAN DOLLARS <input type="text"/>
10	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
11	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
12	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
13	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
14	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>
15	1 2 8 ↓ NEXT LINE	1 2 8 ↓ NEXT LINE	<input type="text"/>	<input type="text"/>

**CODES FOR Q. 12: TREATMENT FOR FEVER**

- |                               |                                 |
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| 07 = MOBILE CLINIC            |                                 |
| 08 = MEDICINE STORE           |                                 |



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																							
107	<p>Does your household have:</p> <p>Electricity?</p> <p>A generator?</p> <p>A radio?</p> <p>A mobile telephone?</p> <p>An ice box?</p> <p>A table?</p> <p>Chairs?</p> <p>A cupboard?</p> <p>A mattress (not made of straw or grass)?</p> <p>A sewing machine?</p> <p>A television?</p> <p>A computer?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: center; width: 10%;"><u>YES</u></th> <th style="text-align: center; width: 10%;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>GENERATOR .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RADIO .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOBILE TELEPHONE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ICE BOX (REFRIGERATOR) ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TABLE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CHAIRS .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CUPBOARD .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MATTRESS .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SEWING MACHINE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>COMPUTER .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	ELECTRICITY .....	1	2	GENERATOR .....	1	2	RADIO .....	1	2	MOBILE TELEPHONE .....	1	2	ICE BOX (REFRIGERATOR) ...	1	2	TABLE .....	1	2	CHAIRS .....	1	2	CUPBOARD .....	1	2	MATTRESS .....	1	2	SEWING MACHINE .....	1	2	TELEVISION .....	1	2	COMPUTER .....	1	2	
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108	<p>What do you use for heating food while cooking?</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>ELECTRICITY .....</td> <td style="text-align: right;">01</td> </tr> <tr> <td>GAS CYLINDER .....</td> <td style="text-align: right;">02</td> </tr> <tr> <td>KEROSENE STOVE .....</td> <td style="text-align: right;">03</td> </tr> <tr> <td>FIRE COAL / CHARCOAL .....</td> <td style="text-align: right;">04</td> </tr> <tr> <td>WOOD .....</td> <td style="text-align: right;">06</td> </tr> <tr> <td>NO FOOD COOKED IN HOUSEHOLD ...</td> <td style="text-align: right;">95</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: right;">96</td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> </tr> </tbody> </table>	ELECTRICITY .....	01	GAS CYLINDER .....	02	KEROSENE STOVE .....	03	FIRE COAL / CHARCOAL .....	04	WOOD .....	06	NO FOOD COOKED IN HOUSEHOLD ...	95	OTHER _____	96	(SPECIFY)																									
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109	<p>MAIN MATERIAL OF THE <b>FLOOR</b>.</p> <p>RECORD OBSERVATION.</p> <p>IF DIFFERENT ROOMS HAVE DIFFERENT FLOOR MATERIAL, CIRCLE THE CODE FOR THE MOST COMMON, i.e., WHAT COVERS THE LARGEST AREA.</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td colspan="2">NATURAL FLOOR</td> </tr> <tr> <td>EARTH/SAND/MUD .....</td> <td style="text-align: right;">11</td> </tr> <tr> <td colspan="2">RUDIMENTARY FLOOR</td> </tr> <tr> <td>WOOD PLANKS .....</td> <td style="text-align: right;">21</td> </tr> <tr> <td colspan="2">FINISHED FLOOR</td> </tr> <tr> <td>PARQUET OR POLISHED WOOD ...</td> <td style="text-align: right;">31</td> </tr> <tr> <td>FLOOR MAT, LINOLEUM, VINYL .....</td> <td style="text-align: right;">32</td> </tr> <tr> <td>CERAMIC TILES .....</td> <td style="text-align: right;">33</td> </tr> <tr> <td>CONCRETE, CEMENT .....</td> <td style="text-align: right;">34</td> </tr> <tr> <td>CARPET .....</td> <td style="text-align: right;">35</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: right;">96</td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> </tr> </tbody> </table>	NATURAL FLOOR		EARTH/SAND/MUD .....	11	RUDIMENTARY FLOOR		WOOD PLANKS .....	21	FINISHED FLOOR		PARQUET OR POLISHED WOOD ...	31	FLOOR MAT, LINOLEUM, VINYL .....	32	CERAMIC TILES .....	33	CONCRETE, CEMENT .....	34	CARPET .....	35	OTHER _____	96	(SPECIFY)																	
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111	<p>MAIN MATERIAL OF THE OUTSIDE <b>WALLS</b>.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL WALLS</p> <p>MUD AND STICKS ..... 11</p> <p>CANE/PALM/TRUNKS ..... 12</p> <p>STRAW, THATCH MATS ..... 13</p> <p>RUDIMENTARY WALLS</p> <p>MUD BRICKS ..... 21</p> <p>PLYWOOD ..... 22</p> <p>CARDBOARD, PLASTIC ..... 23</p> <p>REUSED WOOD ..... 24</p> <p>FINISHED WALLS</p> <p>CEMENT ..... 31</p> <p>STONE BLOCKS ..... 32</p> <p>BRICKS ..... 33</p> <p>WOOD PLANKS/SHINGLES ..... 34</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>																			
112	How many rooms does this household use for sleeping?	ROOMS ..... <input type="text"/> <input type="text"/>																			
113	<p>Does any member of this household own:</p> <p>A watch?</p> <p>A bicycle?</p> <p>A motorcycle or motor scooter?</p> <p>A car or truck?</p> <p>A boat or a canoe?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>WATCH .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BICYCLE .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR/TRUCK .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BOAT OR CANOE .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	WATCH .....	1	2	BICYCLE .....	1	2	MOTORCYCLE/SCOOTER ...	1	2	CAR/TRUCK .....	1	2	BOAT OR CANOE .....	1	2	
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CAR/TRUCK .....	1	2																			
BOAT OR CANOE .....	1	2																			
114	Does any member of this household own any agricultural land?	<p>YES ..... 1</p> <p>NO ..... 2</p>																			
115	Is anyone in this household raising any livestock, herds, other farm animals, or poultry?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 117																		
116	<p>How many of the following animals does this household own?</p> <p>IF NONE, ENTER '00'.</p> <p>IF 95 OR MORE, ENTER '95'.</p> <p>IF UNKNOWN, ENTER '98'.</p> <p>Cows?</p> <p>Pigs?</p> <p>Goats?</p> <p>Sheep?</p> <p>Chickens, ducks, or guinea fowl?</p>	<table border="1"> <tbody> <tr> <td>COWS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>PIGS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>GOATS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>SHEEP .....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>CHICKENS, DUCKS, OR FOWL ...</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	COWS .....	<input type="text"/>	<input type="text"/>	PIGS .....	<input type="text"/>	<input type="text"/>	GOATS .....	<input type="text"/>	<input type="text"/>	SHEEP .....	<input type="text"/>	<input type="text"/>	CHICKENS, DUCKS, OR FOWL ...	<input type="text"/>	<input type="text"/>				
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GOATS .....	<input type="text"/>	<input type="text"/>																			
SHEEP .....	<input type="text"/>	<input type="text"/>																			
CHICKENS, DUCKS, OR FOWL ...	<input type="text"/>	<input type="text"/>																			
117	Does any member of this household have a bank account?	<p>YES ..... 1</p> <p>NO ..... 2</p>																			



		NET #1	NET #2	NET #3
123	ASK RESPONDENT TO SHOW YOU THE NETS. IF MORE THAN 3, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED, BUT HAS HOLES ... 1 OBSERVED, DOES NOT HAVE HOLES 2 NOT OBSERVED 3	OBSERVED, BUT HAS HOLES ... 1 OBSERVED, DOES NOT HAVE HOLES 2 NOT OBSERVED 3	OBSERVED, BUT HAS HOLES ... 1 OBSERVED, DOES NOT HAVE HOLES 2 NOT OBSERVED 3
124	How many months ago did your household receive the mosquito net? IF LESS THAN ONE MONTH, WRITE '00'.	MOS AGO [ ][ ] MORE THAN 36 MONTHS AGO ... 95 NOT SURE ..... 98	MOS AGO [ ][ ] MORE THAN 36 MONTHS AGO ... 95 NOT SURE ..... 98	MOS AGO [ ][ ] MORE THAN 36 MONTHS AGO ... 95 NOT SURE ..... 98
125	Did you buy the net or was it given to you free?	FREE ..... 1 BOUGHT ..... 2 (SKIP TO 127) ← DONT KNOW ..... 8 (SKIP TO 129) ←	FREE ..... 1 BOUGHT ..... 2 (SKIP TO 127) ← DONT KNOW ..... 8 (SKIP TO 129) ←	FREE ..... 1 BOUGHT ..... 2 (SKIP TO 127) ← DONT KNOW ..... 8 (SKIP TO 129) ←
126	Where did you receive the free net?	EPI CAMPAIGN ... 1 ANC VISIT ..... 2 UNHCR ..... 3 NGO DISTRIBUTION 4 OTHER ..... 6 (SPECIFY) DONT KNOW ..... 8 (SKIP TO 129) ←	EPI CAMPAIGN ... 1 ANC VISIT ..... 2 UNHCR ..... 3 NGO DISTRIBUTION 4 OTHER ..... 6 (SPECIFY) DONT KNOW ..... 8 (SKIP TO 129) ←	EPI CAMPAIGN ... 1 ANC VISIT ..... 2 UNHCR ..... 3 NGO DISTRIBUTION 4 OTHER ..... 6 (SPECIFY) DONT KNOW ..... 8 (SKIP TO 129) ←
127	How much did you pay for the net? IF DK, WRITE '998'.	COST IN LIB. \$ [ ][ ]	COST IN LIB. \$ [ ][ ]	COST IN LIB. \$ [ ][ ]
128	Where did you buy the net?	PUBLIC SECTOR GOVT HOSPITAL 11 GOVT HEALTH CENTER ..... 12 GOVT HEALTH POST ..... 13 MOBILE CLINIC 14 OTHER PUBLIC SECTOR ..... 16 (SPECIFY) PRIVATE MED SECTOR PVT HOSPITAL/ CLINIC ..... 21 PHARMACY ... 22 PVT DOCTOR ... 23 MOBILE CLINIC 24 OTHER PRIVATE MED. SECTOR ..... 26 (SPECIFY) OTHER SOURCE MEDICINE STORE 31 TRADITIONAL PRACTITIONER 32 MARKET ..... 33 OTHER ..... 36 (SPECIFY) DONT KNOW ..... 98	PUBLIC SECTOR GOVT HOSPITAL 11 GOVT HEALTH CENTER ..... 12 GOVT HEALTH POST ..... 13 MOBILE CLINIC 14 OTHER PUBLIC SECTOR ..... 16 (SPECIFY) PRIVATE MED SECTOR PVT HOSPITAL/ CLINIC ..... 21 PHARMACY ... 22 PVT DOCTOR ... 23 MOBILE CLINIC 24 OTHER PRIVATE MED. SECTOR ..... 26 (SPECIFY) OTHER SOURCE MEDICINE STORE 31 TRADITIONAL PRACTITIONER 32 MARKET ..... 33 OTHER ..... 36 (SPECIFY) DONT KNOW ..... 98	PUBLIC SECTOR GOVT HOSPITAL 11 GOVT HEALTH CENTER ..... 12 GOVT HEALTH POST ..... 13 MOBILE CLINIC 14 OTHER PUBLIC SECTOR ..... 16 (SPECIFY) PRIVATE MED SECTOR PVT HOSPITAL/ CLINIC ..... 21 PHARMACY ... 22 PVT DOCTOR ... 23 MOBILE CLINIC 24 OTHER PRIVATE MED. SECTOR ..... 26 (SPECIFY) OTHER SOURCE MEDICINE STORE 31 TRADITIONAL PRACTITIONER 32 MARKET ..... 33 OTHER ..... 36 (SPECIFY) DONT KNOW ..... 98

		NET #1	NET #2	NET #3
129	OBSERVE OR ASK THE BRAND/ TYPE OF MOSQUITO NET.  IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NETS/BRANDS TO THE RESPONDENT	<b>LONG-LASTING INSECTI- CIDE TREATED NET</b> OLYSET ..... 11 PERMANET ..... 12 BASF NET ..... 13 OTHER/DK BRAND BUT ITN ... 16 (SKIP TO 133) ← OTHER BRAND ... 96 DK BRAND ..... 98	<b>LONG-LASTING INSECTI- CIDE TREATED NET</b> OLYSET ..... 11 PERMANET ..... 12 BASF NET ..... 13 OTHER/DK BRAND BUT ITN ... 16 (SKIP TO 133) ← OTHER BRAND ... 96 DK BRAND ..... 98	<b>LONG-LASTING INSECTI- CIDE TREATED NET</b> OLYSET ..... 11 PERMANET ..... 12 BASF NET ..... 13 OTHER/DK BRAND BUT ITN ... 16 (SKIP TO 133) ← OTHER BRAND ... 96 DK BRAND ..... 98
130	When you got the net, was it already treated with an insecticide to kill or repel/drive away mosquitos?	YES ..... 1 NO ..... 2 NOT SURE ..... 8	YES ..... 1 NO ..... 2 NOT SURE ..... 8	YES ..... 1 NO ..... 2 NOT SURE ..... 8
131	Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill or repel/drive away mosquitos?	YES ..... 1 NO ..... 2 (SKIP TO 133) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 133) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 133) ← NOT SURE ..... 8
132	How many months ago was the net last soaked or dipped?  IF LESS THAN ONE MONTH, WRITE '00'.	MOS AGO ..... <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO ... 95 NOT SURE ..... 98	MOS AGO ..... <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO ... 95 NOT SURE ..... 98	MOS AGO ..... <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO ... 95 NOT SURE ..... 98
133	Did anyone sleep under this mosquito net last night?	YES ..... 1 NO ..... 2 (SKIP TO 135) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 135) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 135) ← NOT SURE ..... 8
134	Who slept under this mosquito net last night?  RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>  NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>  NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>  NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>  NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>  NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>  NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>  NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>  NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>
135		GO BACK TO 123 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO BACK TO 123 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO TO 123 IN FIRST COL. OF A NEW QUESTIONRE.; OR, IF NO MORE NETS, TO 201

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5

201	CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
202	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	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"/>	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"/>	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"/>
204	CHECK 203: CHILD BORN IN JANUARY 2006 OR LATER?	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) ←	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) ←	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) ←
205	CHECK 203: WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	YES ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) ← NO ..... 2	YES ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) ← NO ..... 2	YES ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) ← NO ..... 2
206	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>
207	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking children all over the country to take an <b>anemia</b> test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>We ask that all children born in 2006 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?</p>		
208	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2 NOT PRESENT ..... 5 OTHER ..... 6	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2 NOT PRESENT ..... 5 OTHER ..... 6	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2 NOT PRESENT ..... 5 OTHER ..... 6
209	ASK CONSENT FOR MALARIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking that children all over the country take a test to see if they have <b>malaria</b>. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will help the government to develop programs to prevent malaria.</p> <p>We ask that all children born in 2006 or later take part in malaria testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. (We will use blood from the same finger prick made for the anemia test). One blood drop will be tested for malaria immediately, and the result will be told to you right away. A few blood drops will be collected on a slide and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the malaria testing?</p>		
210	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2 NOT PRESENT ..... 5 OTHER ..... 6	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2 NOT PRESENT ..... 5 OTHER ..... 6	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2 NOT PRESENT ..... 5 OTHER ..... 6

211	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
212	BAR CODE LABEL	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT 99994 REFUSED ..... 99995 OTHER ..... 99996  PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT 99994 REFUSED ..... 99995 OTHER ..... 99996  PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT 99994 REFUSED ..... 99995 OTHER ..... 99996  PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.
213	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA AND MALARIA BROCHURE.	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT .....994 REFUSED ..... 995 OTHER ..... 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT .....994 REFUSED ..... 995 OTHER ..... 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT .....994 REFUSED ..... 995 OTHER ..... 996
214	RECORD RESULT CODE OF THE MALARIA RDT	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 216) ←	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 216) ←	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 216) ←
215	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE ANEMIA AND MALARIA BROCHURE.	POSITIVE ..... 1 (SKIP TO 218) ← NEGATIVE ..... 2 OTHER ..... 6	POSITIVE ..... 1 (SKIP TO 218) ← NEGATIVE ..... 2 OTHER ..... 6	POSITIVE ..... 1 (SKIP TO 218) ← NEGATIVE ..... 2 OTHER ..... 6
216	CHECK 213  HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6 (SKIP TO 227) ←	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6 (SKIP TO 227) ←	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6 (SKIP TO 227) ←
217	<b>SEVERE ANEMIA REFERRAL STATEMENT</b>	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately.  SKIP TO 227		
218	Has (NAME) suffered from the any of following sicknesses or symptoms in the past few days:  Extreme weakness: Inability to sit or stand? Inability to eat/drink or breastfeed? Pale and/or cold extremities? Persistent vomiting or vomiting everything? Heart problems? Loss of consciousness? Rapid or difficult breathing? Seizures? Abnormal bleeding? Jaundice (yellow skin)? Dark urine (brown)?  IF NO SYMPTOMS, CIRCLE CODE Y	EXTREME WEAKNESS A  INABILITY TO EAT ... B PALE OR COLD ..... C VOMITING ..... D  HEART PROBLEMS ... E LOSS OF CONSCIOUSNESS F RAPID BREATHING ... G SEIZURES ..... H BLEEDING ..... I JAUNDICE ..... J DARK URINE ..... K  NO SYMPTOMS ..... Y	EXTREME WEAKNESS A  INABILITY TO EAT ... B PALE OR COLD ..... C VOMITING ..... D  HEART PROBLEMS ... E LOSS OF CONSCIOUSNESS F RAPID BREATHING ... G SEIZURES ..... H BLEEDING ..... I JAUNDICE ..... J DARK URINE ..... K  NO SYMPTOMS ..... Y	EXTREME WEAKNESS A  INABILITY TO EAT ... B PALE OR COLD ..... C VOMITING ..... D  HEART PROBLEMS ... E LOSS OF CONSCIOUSNESS F RAPID BREATHING ... G SEIZURES ..... H BLEEDING ..... I JAUNDICE ..... J DARK URINE ..... K  NO SYMPTOMS ..... Y
219	CHECK 218  CODE A-K CIRCLED?	CODE Y CIRCLED ... 1 CODE A-K CIRCLED 2 (SKIP TO 222) ←	CODE Y CIRCLED ... 1 CODE A-K CIRCLED 2 (SKIP TO 222) ←	CODE Y CIRCLED ... 1 CODE A-K CIRCLED 2 (SKIP TO 222) ←

220	CHECK 213  HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 222) ← 8.0 G/DL OR ABOVE 2 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6	BELOW 8.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 222) ← 8.0 G/DL OR ABOVE 2 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6	BELOW 8.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 222) ← 8.0 G/DL OR ABOVE 2 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6
221	In the past two weeks has (NAME) taken or is taking ACTs given by a doctor or health center to treat the malaria?  VERIFY BY ASKING TO SEE TREATMENT	YES ..... 1 (SKIP TO 223) ← NO ..... 2 (SKIP TO 224) ←	YES ..... 1 (SKIP TO 223) ← NO ..... 2 (SKIP TO 224) ←	YES ..... 1 (SKIP TO 223) ← NO ..... 2 (SKIP TO 224) ←
222	<b><u>SEVERE MALARIA REFERRAL STATEMENT</u></b>	The malaria test shows that (NAME OF CHILD) has malaria. Your child also has symptoms of severe malaria. The malaria treatment I have will not help your child, and I cannot give you the medication. Your child is very ill and must be taken to a health facility right away.  SKIP TO 226		
223	<b><u>ALREADY TAKING ACT REFERRAL STATEMENT</u></b>	You have told me that (NAME OF CHILD) has already received ACT for malaria. Therefore, I cannot give you additional ACT. However, the test shows that he/she is positive for malaria. If your child has a fever for two days after the last dose of ACT, you should take the child to the nearest health facility for further examination.  SKIP TO 226		
224	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD	The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called ACT. ACT is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.		
225	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE 1 _____ (SIGN) ← REFUSED ..... 2 OTHER ..... 6	ACCEPTED MEDICINE 1 _____ (SIGN) ← REFUSED ..... 2 OTHER ..... 6	ACCEPTED MEDICINE 1 _____ (SIGN) ← REFUSED ..... 2 OTHER ..... 6
226	RECORD THE RESULT CODE OF <b><u>MALARIA TREATMENT OR REFERRAL</u></b>	MEDICATION GIVEN 1 MEDS REFUSED ..... 2 SEVERE MALARIA REFERRAL ..... 3 ALREADY TAKING ACTS REFERRAL ..... 4 OTHER ..... 6	MEDICATION GIVEN 1 MEDS REFUSED ..... 2 SEVERE MALARIA REFERRAL ..... 3 ALREADY TAKING ACTS REFERRAL ..... 4 OTHER ..... 6	MEDICATION GIVEN 1 MEDS REFUSED ..... 2 SEVERE MALARIA REFERRAL ..... 3 ALREADY TAKING ACTS REFERRAL ..... 4 OTHER ..... 6
227	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, END INTERVIEW.			

		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 9  NAME FROM COLUMN 2	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>
204	CHECK 203:  CHILD BORN IN JANUARY 2006 OR LATER?	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) ←	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) ←	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) ←
205	CHECK 203:  WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	YES ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) ← NO ..... 2	YES ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) ← NO ..... 2	YES ..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) ← NO ..... 2
206	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>	LINE NUMBER ..... <input type="text"/> <input type="text"/>
207	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking children all over the country to take an <b>anemia</b> test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>We ask that all children born in 2006 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?</p>		
208	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT ..... 5 OTHER ..... 6	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT ..... 5 OTHER ..... 6	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT ..... 5 OTHER ..... 6
209	ASK CONSENT FOR MALARIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking that children all over the country take a test to see if they have <b>malaria</b>. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will help the government to develop programs to prevent malaria.</p> <p>We ask that all children born in 2006 or later take part in malaria testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. (We will use blood from the same finger prick made for the anemia test). One blood drop will be tested for malaria immediately, and the result will be told to you right away. A few blood drops will be collected on a slide and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the malaria testing?</p>		
210	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT ..... 5 OTHER ..... 6	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT ..... 5 OTHER ..... 6	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT ..... 5 OTHER ..... 6

211	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
212	BAR CODE LABEL	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT 99994 REFUSED ..... 99995 OTHER ..... 99996  PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT 99994 REFUSED ..... 99995 OTHER ..... 99996  PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT 99994 REFUSED ..... 99995 OTHER ..... 99996  PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.
213	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA AND MALARIA BROCHURE.	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT .....994 REFUSED ..... 995 OTHER ..... 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT .....994 REFUSED ..... 995 OTHER ..... 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT .....994 REFUSED ..... 995 OTHER ..... 996
214	RECORD RESULT CODE OF THE MALARIA RDT	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 216) ←	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 216) ←	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 216) ←
215	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE ANEMIA AND MALARIA BROCHURE.	POSITIVE ..... 1 (SKIP TO 218) ← NEGATIVE ..... 2 OTHER ..... 6	POSITIVE ..... 1 (SKIP TO 218) ← NEGATIVE ..... 2 OTHER ..... 6	POSITIVE ..... 1 (SKIP TO 218) ← NEGATIVE ..... 2 OTHER ..... 6
216	CHECK 213  HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6 (SKIP TO 227) ←	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6 (SKIP TO 227) ←	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6 (SKIP TO 227) ←
217	<b>SEVERE ANEMIA REFERRAL STATEMENT</b>	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately.  SKIP TO 227		
218	Has (NAME) suffered from the any of following sicknesses or symptoms in the past few days:  Extreme weakness: Inability to sit or stand?  Inability to eat/drink or breastfeed? Pale and/or cold extremities? Persistent vomiting or vomiting everything?  Heart problems? Loss of consciousness?  Rapid or difficult breathing? Seizures? Abnormal bleeding? Jaundice (yellow skin)? Dark urine (brown)?  IF NO SYMPTOMS, CIRCLE CODE Y	EXTREME WEAKNESS A  INABILITY TO EAT ... B PALE OR COLD ..... C VOMITING ..... D  HEART PROBLEMS ... E LOSS OF CONSCIOUSNESS F RAPID BREATHING ... G SEIZURES ..... H BLEEDING ..... I JAUNDICE ..... J DARK URINE ..... K  NO SYMPTOMS ..... Y	EXTREME WEAKNESS A  INABILITY TO EAT ... B PALE OR COLD ..... C VOMITING ..... D  HEART PROBLEMS ... E LOSS OF CONSCIOUSNESS F RAPID BREATHING ... G SEIZURES ..... H BLEEDING ..... I JAUNDICE ..... J DARK URINE ..... K  NO SYMPTOMS ..... Y	EXTREME WEAKNESS A  INABILITY TO EAT ... B PALE OR COLD ..... C VOMITING ..... D  HEART PROBLEMS ... E LOSS OF CONSCIOUSNESS F RAPID BREATHING ... G SEIZURES ..... H BLEEDING ..... I JAUNDICE ..... J DARK URINE ..... K  NO SYMPTOMS ..... Y
219	CHECK 218  CODE A-K CIRCLED?	CODE Y CIRCLED ... 1 CODE A-K CIRCLED 2 (SKIP TO 222) ←	CODE Y CIRCLED ... 1 CODE A-K CIRCLED 2 (SKIP TO 222) ←	CODE Y CIRCLED ... 1 CODE A-K CIRCLED 2 (SKIP TO 222) ←

220	CHECK 213  HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 222) ← 8.0 G/DL OR ABOVE 2 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6	BELOW 8.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 222) ← 8.0 G/DL OR ABOVE 2 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6	BELOW 8.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 222) ← 8.0 G/DL OR ABOVE 2 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6
221	In the past two weeks has (NAME) taken or is taking ACTs given by a doctor or health center to treat the malaria?  VERIFY BY ASKING TO SEE TREATMENT	YES ..... 1 (SKIP TO 223) ← NO ..... 2 (SKIP TO 224) ←	YES ..... 1 (SKIP TO 223) ← NO ..... 2 (SKIP TO 224) ←	YES ..... 1 (SKIP TO 223) ← NO ..... 2 (SKIP TO 224) ←
222	<b><u>SEVERE MALARIA REFERRAL STATEMENT</u></b>	The malaria test shows that (NAME OF CHILD) has malaria. Your child also has symptoms of severe malaria. The malaria treatment I have will not help your child, and I cannot give you the medication. Your child is very ill and must be taken to a health facility right away.  SKIP TO 226		
223	<b><u>ALREADY TAKING ACT REFERRAL STATEMENT</u></b>	You have told me that (NAME OF CHILD) has already received ACT for malaria. Therefore, I cannot give you additional ACT. However, the test shows that he/she is positive for malaria. If your child has a fever for two days after the last dose of ACT, you should take the child to the nearest health facility for further examination.  SKIP TO 226		
224	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD	The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called ACT. ACT is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.		
225	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE 1 _____ (SIGN) ← REFUSED ..... 2 OTHER ..... 6	ACCEPTED MEDICINE 1 _____ (SIGN) ← REFUSED ..... 2 OTHER ..... 6	ACCEPTED MEDICINE 1 _____ (SIGN) ← REFUSED ..... 2 OTHER ..... 6
226	RECORD THE RESULT CODE OF <b><u>MALARIA TREATMENT OR REFERRAL</u></b>	MEDICATION GIVEN 1 MEDS REFUSED ..... 2 SEVERE MALARIA REFERRAL ..... 3 ALREADY TAKING ACTS REFERRAL ..... 4 OTHER ..... 6	MEDICATION GIVEN 1 MEDS REFUSED ..... 2 SEVERE MALARIA REFERRAL ..... 3 ALREADY TAKING ACTS REFERRAL ..... 4 OTHER ..... 6	MEDICATION GIVEN 1 MEDS REFUSED ..... 2 SEVERE MALARIA REFERRAL ..... 3 ALREADY TAKING ACTS REFERRAL ..... 4 OTHER ..... 6
227	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, END INTERVIEW.			

**TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS**

The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called ACT. ACT is very effective and in a few days it should get rid of the fever and other symptoms.

You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.

TREATMENT WITH ACT			
Weight (in Kg)	Age	Artesunate(AS) and Amodiaquine (AQ)	Dosage
< 4.5 kgs.	< 6 months	NOTHING	NOTHING
4.5 < 9 kgs.	6-11 months	25 mg AS + 67.5 mg AQ	1 tablet once a day for 3 days
9-18 kgs.	1 - 5 years	50 mg AS + 135 mg AQ	1 tablet once a day for 3 days

Amodiaquine and Artesunate (ACT) are to be taken together once a day for 3 days. IF THE CHILD WEIGHS LESS THAN 4.5 KGS., DO NOT LEAVE DRUGS. TELL THE PARENT TO TAKE THE CHILD TO HEALTH FACILITY.

**ALSO TELL THE PARENT/ADULT RESPONSIBLE FOR THE CHILD:**

If [NAME] has a fever for two days after completing the last dose of ACTs, you should take him/her to a health professional for treatment right away.