

2012 MALAWI MALARIA INDICATOR SURVEY
WOMAN'S QUESTIONNAIRE

IDENTIFICATION																			
PLACE NAME _____	<table border="1" style="width: 100px; height: 100px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																		
DISTRICT _____																			
CLUSTER NUMBER																			
HOUSEHOLD NUMBER																			
NAME OF HOUSEHOLD HEAD _____																			
NAME AND LINE NUMBER OF WOMAN _____																			

INTERVIEWER VISITS							
	1	2	3	FINAL VISIT			
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table>			
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table>			
RESULT*	_____	_____	_____	YEAR <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> </table>			
NEXT VISIT: DATE	_____	_____		INT. NUMBER <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> </table>			
TIME	_____	_____		RESULT <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td> </td></tr> </table>			
				TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td> </td></tr> </table>			
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ (SPECIFY) 3 POSTPONED 6 INCAPACITATED							

LANGUAGE OF QUESTIONNAIRE** ENGLISH	<table border="1" style="width: 30px; height: 100px; border-collapse: collapse;"> <tr><td style="text-align: center;">4</td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>	4			
4					
LANGUAGE OF INTERVIEW**					
NATIVE LANGUAGE OF RESPONDENT**					
TRANSLATOR USED (1=NOT AT ALL; 2=SOMETIME; 3=ALL THE TIME)					
**LANGUAGE CODES: 1 CHICHEWA 3 YAO 6 OTHER _____ (SPECIFY) 2 TUMBUKA 4 ENGLISH					

SUPERVISOR	OFFICE EDITOR	KEYED BY							
NAME _____ <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> </table>				<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table>			<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table>		

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____. I am working with the Ministry of Health. We are conducting a survey about health all over Malawi. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 10-20 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 have any questions? 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

↓

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES 1 NO 2	→ 108
105	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	
106	What is the highest (grade/form/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	CLASS/FORM/YEAR <input type="text"/> <input type="text"/>	
107	CHECK 105: PRIMARY <input type="checkbox"/> ↓ SECONDARY OR HIGHER <input type="checkbox"/>	→ 109	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	<p>Now I would like you to read this sentence to me.</p> <p>SHOW CARD TO RESPONDENT.</p> <p>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?</p>	<p>CANNOT READ AT ALL 1</p> <p>ABLE TO READ ONLY PARTS OF SENTENCE 2</p> <p>ABLE TO READ WHOLE SENTENCE 3</p> <p>NO CARD WITH REQUIRED LANGUAGE 4</p> <p>(SPECIFY LANGUAGE)</p> <p>BLIND/VISUALLY IMPAIRED 5</p>	
109	<p>What is your religion?</p>	<p>CATHOLIC 01</p> <p>CCAP 02</p> <p>ANGLICAN 03</p> <p>SEVENTH DAY ADVENT./BAPTIST ... 04</p> <p>OTHER CHRISTIAN 05</p> <p>MUSLIM 06</p> <p>NO RELIGION 07</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
110	<p>What is your tribe or ethnic group?</p>	<p>CHEWA 01</p> <p>TUMBUKA 02</p> <p>LOMWE 03</p> <p>TONGA 04</p> <p>YAO 05</p> <p>SENA 06</p> <p>NKHONDE 07</p> <p>NGONI 08</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→ 208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> NONE 00			→ 224						
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: <table style="width: 100%;"> <tr> <td style="text-align: center; vertical-align: top;"> ONE BIRTH <input type="checkbox"/> ↓ Was this child born in the last six years? IF NO CIRCLE '00'. </td> <td style="text-align: center; vertical-align: top;"> TWO OR MORE BIRTHS <input type="checkbox"/> ↓ How many of these children were born in the last six years? </td> </tr> </table>	ONE BIRTH <input type="checkbox"/> ↓ Was this child born in the last six years? IF NO CIRCLE '00'.	TWO OR MORE BIRTHS <input type="checkbox"/> ↓ How many of these children were born in the last six years?	TOTAL IN THE LAST 6 YEARS LAST 6 YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> NONE 00			→ 224				
ONE BIRTH <input type="checkbox"/> ↓ Was this child born in the last six years? IF NO CIRCLE '00'.	TWO OR MORE BIRTHS <input type="checkbox"/> ↓ How many of these children were born in the last six years?										

211 Now I would like to record the names of all your births **in the last six years**, whether still alive or not, starting with the most recent one you had.
RECORD NAMES OF ALL THE BIRTHS IN THE LAST 6 YEARS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS.

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220
What name was given to your (most recent/previous) baby? RECORD NAME. BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: When 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).	Were there any other live births between (NAME) and (NAME OF BIRTH ON PREVIOUS LINE), 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

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

SECTION 3A. PREGNANCY AND INTERMITTENT PREVENTATIVE TREATMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	CHECK 215: ENTER IN THE TABLE THE NAME AND SURVIVAL STATUS OF THE MOST RECENT BIRTH. Now I would like to ask some questions about your last pregnancy that resulted in a live birth.		
301	FROM 212 AND 216, LINE 01:	LAST BIRTH NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	
302	When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2	→ 304
303	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR/CLINICAL OFFICER ... A NURSE/MIDWIFE B PATIENT ATTENDANT C HSA D OTHER PERSON TRADITIONAL BIRTHATTENDANT E OTHER _____ X (SPECIFY)	
304	During this pregnancy, did you take any drugs to keep you from getting malaria?	YES 1 NO 2 DON'T KNOW 8	→ 310
305	What drugs did you take to prevent getting malaria? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP/FANSIDAR/NOVIDAR SP A CHLOROQUINE B OTHER _____ X (SPECIFY) DON'T KNOW Z	
306	CHECK 305: SP/FANSIDAR TAKEN FOR MALARIA PREVENTION.	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/>	→ 310
307	How many times did you take (SP/Fansidar or Novidar SP) during this pregnancy?	TIMES <input type="text"/> <input type="text"/>	
308	CHECK 303: ANTENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY	CODE 'A', 'B' OR 'C' CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>	→ 310
309	Did you get the (SP/Fansidar) during any antenatal care visit, during another visit to a health facility or from another source?	ANTENATAL VISIT 1 ANOTHER FACILITY VISIT 2 OTHER SOURCE 6	
310	Did you take the (SP/Fansidar or Novidar SP) under direct observation by the health worker each time, or did you take it at home?	DIRECT OBSERVATION 1 AT HOME 2 ELSEWHERE 3	
311	CHECK 215 AND 216: ONE OR MORE LIVING CHILDREN BORN IN 2006 OR LATER <input type="checkbox"/> NO LIVING CHILDREN BORN IN 2006 OR LATER <input type="checkbox"/>	GO TO 401	→ 501

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	<table border="1"> <tr> <td data-bbox="236 409 580 539">BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY</td> <td data-bbox="580 409 847 539"> LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/> </td> <td data-bbox="847 409 1114 539"> NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/> </td> <td data-bbox="1114 409 1412 539"> SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/> </td> </tr> </table>	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>
BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>		
403	<table border="1"> <tr> <td data-bbox="236 539 580 808">FROM 212 AND 216</td> <td data-bbox="580 539 847 808"> NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ ↓ (GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 501) </td> <td data-bbox="847 539 1114 808"> NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ ↓ (GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 501) </td> <td data-bbox="1114 539 1412 808"> NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ ↓ (GO TO 403 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR, IF NO MORE BIRTHS, GO TO 501) </td> </tr> </table>	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ ↓ (GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 501)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ ↓ (GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 501)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ ↓ (GO TO 403 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR, IF NO MORE BIRTHS, GO TO 501)
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404	<table border="1"> <tr> <td data-bbox="236 808 580 1043"> Has (NAME) been ill with a fever at any time in the last 2 weeks? </td> <td data-bbox="580 808 847 1043"> YES 1 NO 2 (GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 501) DON'T KNOW 8 </td> <td data-bbox="847 808 1114 1043"> YES 1 NO 2 (GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 501) DON'T KNOW 8 </td> <td data-bbox="1114 808 1412 1043"> YES 1 NO 2 (GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 501) DON'T KNOW 8 </td> </tr> </table>	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 (GO 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 COLUMN OR, IF NO MORE BIRTHS, GO TO 501) DON'T KNOW 8	YES 1 NO 2 (GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 501) DON'T KNOW 8
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404A	<table border="1"> <tr> <td data-bbox="236 1043 580 1189"> How many days ago did the fever start? IF LESS THAN ONE DAY, RECORD '00' </td> <td data-bbox="580 1043 847 1189">DAYS AGO <input type="text"/> <input type="text"/></td> <td data-bbox="847 1043 1114 1189">DAYS AGO <input type="text"/> <input type="text"/></td> <td data-bbox="1114 1043 1412 1189">DAYS AGO <input type="text"/> <input type="text"/></td> </tr> </table>	How many days ago did the fever start? IF LESS THAN ONE DAY, RECORD '00'	DAYS AGO <input type="text"/> <input type="text"/>	DAYS AGO <input type="text"/> <input type="text"/>	DAYS AGO <input type="text"/> <input type="text"/>
How many days ago did the fever start? IF LESS THAN ONE DAY, RECORD '00'	DAYS AGO <input type="text"/> <input type="text"/>	DAYS AGO <input type="text"/> <input type="text"/>	DAYS AGO <input type="text"/> <input type="text"/>		
405	<table border="1"> <tr> <td data-bbox="236 1189 580 1292"> Did you seek advice or treatment for the illness from any source? </td> <td data-bbox="580 1189 847 1292"> YES 1 NO 2 (SKIP TO 410) ← </td> <td data-bbox="847 1189 1114 1292"> YES 1 NO 2 (SKIP TO 410) ← </td> <td data-bbox="1114 1189 1412 1292"> YES 1 NO 2 (SKIP TO 410) ← </td> </tr> </table>	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 410) ←	YES 1 NO 2 (SKIP TO 410) ←	YES 1 NO 2 (SKIP TO 410) ←
Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 410) ←	YES 1 NO 2 (SKIP TO 410) ←	YES 1 NO 2 (SKIP TO 410) ←		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____																		
406	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <hr/> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A</p> <p>GOVT HEALTH CENTER B</p> <p>GOVT HEALTH POST/ OUTREACH ... C</p> <p>MOBILE CLINIC . D</p> <p>HSA E</p> <p>OTHER PUBLIC F</p> <p>CHAM/MISSION</p> <p>HOSPITAL G</p> <p>HEALTH CENTER H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/ CLINIC J</p> <p>PHARMACY ... K</p> <p>PVT DOCTOR ... L</p> <p>MOBILE CLINIC . M</p> <p>HSA N</p> <p>OTHER PRIVATE MEDICAL O</p> <p>BLM P</p> <p>MACRO Q</p> <p>YOUTH DROP IN CENTRE R</p> <p>OTHER SOURCE</p> <p>SHOP S</p> <p>TRADITIONAL PRACTITIONER T</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A</p> <p>GOVT HEALTH CENTER B</p> <p>GOVT HEALTH POST/ OUTREACH ... C</p> <p>MOBILE CLINIC . D</p> <p>HSA E</p> <p>OTHER PUBLIC F</p> <p>CHAM/MISSION</p> <p>HOSPITAL G</p> <p>HEALTH CENTER H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/ CLINIC J</p> <p>PHARMACY ... K</p> <p>PVT DOCTOR ... L</p> <p>MOBILE CLINIC . M</p> <p>HSA N</p> <p>OTHER PRIVATE MEDICAL O</p> <p>BLM P</p> <p>MACRO Q</p> <p>YOUTH DROP IN CENTRE R</p> <p>OTHER SOURCE</p> <p>SHOP S</p> <p>TRADITIONAL PRACTITIONER T</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A</p> <p>GOVT HEALTH CENTER B</p> <p>GOVT HEALTH POST/ OUTREACH ... C</p> <p>MOBILE CLINIC . D</p> <p>HSA E</p> <p>OTHER PUBLIC</p> <p>CHAM/MISSION</p> <p>HOSPITAL G</p> <p>HEALTH CENTER H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/ CLINIC J</p> <p>PHARMACY ... K</p> <p>PVT DOCTOR ... L</p> <p>MOBILE CLINIC . M</p> <p>HSA N</p> <p>OTHER PRIVATE MEDICAL O</p> <p>BLM P</p> <p>MACRO Q</p> <p>YOUTH DROP IN CENTRE R</p> <p>OTHER SOURCE</p> <p>SHOP S</p> <p>TRADITIONAL PRACTITIONER T</p> <p>OTHER _____ X (SPECIFY)</p>																		
406A	<p>How many days after the fever began did you first seek treatment for (NAME)?</p>	<p>SAME DAY 0</p> <p>NEXT DAY 1</p> <p>TWO DAYS AFTER FEVER 2</p> <p>THREE OR MORE DAYS AFTER FEVER 3</p> <p>DON'T KNOW ... 8</p>	<p>SAME DAY 0</p> <p>NEXT DAY 1</p> <p>TWO DAYS AFTER FEVER 2</p> <p>THREE OR MORE DAYS AFTER FEVER 3</p> <p>DON'T KNOW ... 8</p>	<p>SAME DAY 0</p> <p>NEXT DAY 1</p> <p>TWO DAYS AFTER FEVER 2</p> <p>THREE OR MORE DAYS AFTER FEVER 3</p> <p>DON'T KNOW ... 8</p>																		
406B	<p>How much did you spend on the treatment including consultation on fees, if any?</p>	<p>COST IN KWACHA</p> <table border="1" data-bbox="587 1541 826 1599"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> <p>FREE 99995</p> <p>DON'T KNOW 99998</p>							<p>COST IN KWACHA</p> <table border="1" data-bbox="855 1541 1094 1599"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> <p>FREE 99995</p> <p>DON'T KNOW 99998</p>							<p>COST IN KWACHA</p> <table border="1" data-bbox="1125 1541 1364 1599"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> <p>FREE 99995</p> <p>DON'T KNOW 99998</p>						
406C	<p>How much did you spend on drugs?</p>	<p>COST IN KWACHA</p> <table border="1" data-bbox="587 1727 826 1785"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> <p>FREE 99995</p> <p>DON'T KNOW 99998</p>							<p>COST IN KWACHA</p> <table border="1" data-bbox="855 1727 1094 1785"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> <p>FREE 99995</p> <p>DON'T KNOW 99998</p>							<p>COST IN KWACHA</p> <table border="1" data-bbox="1125 1727 1364 1785"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> <p>FREE 99995</p> <p>DON'T KNOW 99998</p>						

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
407	CHECK 406:	TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 409) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 409) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 409) ←
408	Where did you first seek advice or treatment? USE LETTER CODE FROM 406.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
408A	How far is your house from the (FIRST PLACE IN 408)?	LESS THAN 15 KM . 1 15 KM + 2	LESS THAN 15 KM . 1 15 KM + 2	LESS THAN 15 KM . 1 15 KM + 2
408B	What is the total amount that you spent for transport to and from the (FIRST PLACE IN 408)?	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 99995 DON'T KNOW 99998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 99995 DON'T KNOW 99998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 99995 DON'T KNOW 99998
408C	Did any member of your household go with you to the (FIRST PLACE IN 408)?	YES 1 NO 2 (SKIP TO 408E) ←	YES 1 NO 2 (SKIP TO 408E) ←	YES 1 NO 2 (SKIP TO 408E) ←
408D	What is the total amount that you spent for his/her transport?	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 99995 DON'T KNOW 99998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 99995 DON'T KNOW 99998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 99995 DON'T KNOW 99998
408E	CHECK 408B and 408D:	<input type="checkbox"/> EITHER BOTH ONE ARE IS PAID FREE OR DK ↓ (SKIP TO 408G) ←	<input type="checkbox"/> EITHER BOTH ONE ARE IS PAID FREE OR DK ↓ (SKIP TO 408G) ←	<input type="checkbox"/> EITHER BOTH ONE ARE IS PAID FREE OR DK ↓ (SKIP TO 408G) ←
408F	What was the source of the payment (if any) you used during the child's sickness with fever?	INCOME A OCCASIONAL INCOME B BORROWED C SALE OF ASSETS . D OTHER _____ X (SPECIFY)	INCOME A OCCASIONAL INCOME B BORROWED C SALE OF ASSETS . D OTHER _____ X (SPECIFY)	INCOME A OCCASIONAL INCOME B BORROWED C SALE OF ASSETS . D OTHER _____ X (SPECIFY)
408G	Did you take any days off work in order to care for your child's sickness?	YES 1 NO 2 (SKIP TO 409) ←	YES 1 NO 2 (SKIP TO 409) ←	YES 1 NO 2 (SKIP TO 409) ←
408H	How many days?	DAYS ... <input type="text"/> <input type="text"/>	DAYS ... <input type="text"/> <input type="text"/>	DAYS ... <input type="text"/> <input type="text"/>
409	At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?	YES 1 NO 2 (SKIP TO 409C) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 409C) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 409C) ← DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
409A	Was the blood tested for malaria?	YES 1 NO 2 (SKIP TO 409C) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 409C) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 409C) ← DON'T KNOW 8
409B	Were you told the result?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
409C	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
410	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 GO TO 429) ← DON'T KNOW 8	YES 1 NO 2 GO TO 429) ← DON'T KNOW 8	YES 1 NO 2 GO TO 429) ← DON'T KNOW 8
411	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS SP/FANSIDAR/ NOVIDAR SP . A CHLOROQUINE B AMODIAQUINE C QUININE D LA (COARTEM) . E ARTESUNATE ... F AA/ASAQ (COMBINED AMODIAQUINE AND ARTE- SUNATE) ... G OTHER ANTI- MALARIAL _____ ... H (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... I INJECTION ... J OTHER DRUGS ASPIRIN/ CAFENOL ... K ACETAMINOPHEN/ PANADOL/ PARACETAMOL L IBUPROFEN ... M OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR/ NOVIDAR SP . A CHLOROQUINE B AMODIAQUINE C QUININE D LA (COARTEM) . E ARTESUNATE ... F AA/ASAQ (COMBINED AMODIAQUINE AND ARTE- SUNATE) ... G OTHER ANTI- MALARIAL _____ ... H (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... I INJECTION ... J OTHER DRUGS ASPIRIN/ CAFENOL ... K ACETAMINOPHEN/ PANADOL/ PARACETAMOL L IBUPROFEN ... M OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR/ NOVIDAR SP . A CHLOROQUINE B AMODIAQUINE C QUININE D LA (COARTEM) . E ARTESUNATE ... F AA/ASAQ (COMBINED AMODIAQUINE AND ARTE- SUNATE) ... G OTHER ANTI- MALARIAL _____ ... H (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... I INJECTION ... J OTHER DRUGS ASPIRIN/ CAFENOL ... K ACETAMINOPHEN/ PANADOL/ PARACETAMOL L IBUPROFEN ... M OTHER _____ X (SPECIFY) DON'T KNOW Z

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
412	CHECK 411: ANY CODE A-H CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 429)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 429)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 429)
413	CHECK 411: SP/FANSIDAR/NOVIDAR SP (A) GIVEN	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 415) ←	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 415) ←	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 415) ←
414	How long after the fever started did (NAME) first take SP/Fansidar/Novidar SP?	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
414A	For how many days did (NAME) take SP/Fansidar/Novidar SP?	NUMBER OF DAYS ... <input type="text"/>	NUMBER OF DAYS ... <input type="text"/>	NUMBER OF DAYS ... <input type="text"/>
414B	Did you have SP/Fansidar/ Novidar SP at home or did you get it from somewhere else? IF SOMEWHERE ELSE, PROBE FOR SOURCE. IF MORE THAN ONE SOURCE ASK :Where did you get the SP/Fansidar/Novidar SP first?	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8
414C	Did you purchase the SP/Fansidar/ Novidar SP?	YES 1 NO 2 (SKIP TO 415) ←	YES 1 NO 2 (SKIP TO 415) ←	YES 1 NO 2 (SKIP TO 415) ←
414D	How much did you pay for the SP/Fansidar/Novidar SP?	COST IN KWACHA <input type="text"/> DON'T KNOW 99998	COST IN KWACHA <input type="text"/> DON'T KNOW 99998	COST IN KWACHA <input type="text"/> DON'T KNOW 99998
415	CHECK 411: CHLOROQUINE (B) GIVEN	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 417) ←	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 417) ←	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 417) ←
416	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

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
		NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____
416A	For how many days did (NAME) take chloroquine?	NUMBER OF DAYS ... <input type="text"/>	NUMBER OF DAYS ... <input type="text"/>	NUMBER OF DAYS ... <input type="text"/>	NUMBER OF DAYS ... <input type="text"/>	NUMBER OF DAYS ... <input type="text"/>	NUMBER OF DAYS ... <input type="text"/>
416B	Did you have chloroquine at home or did you get it from somewhere else? IF SOMEWHERE ELSE, PROBE FOR SOURCE. IF MORE THAN ONE SOURCE ASK :Where did you get the chloroquine first?	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8
416C	Did you purchase the chloroquine?	YES 1 NO 2 (SKIP TO 417) ←	YES 1 NO 2 (SKIP TO 417) ←	YES 1 NO 2 (SKIP TO 417) ←	YES 1 NO 2 (SKIP TO 417) ←	YES 1 NO 2 (SKIP TO 417) ←	YES 1 NO 2 (SKIP TO 417) ←
416D	How much did you pay for the chloroquine?	COST IN KWACHA <input type="text"/> DON'T KNOW 99998	COST IN KWACHA <input type="text"/> DON'T KNOW 99998	COST IN KWACHA <input type="text"/> DON'T KNOW 99998	COST IN KWACHA <input type="text"/> DON'T KNOW 99998	COST IN KWACHA <input type="text"/> DON'T KNOW 99998	COST IN KWACHA <input type="text"/> DON'T KNOW 99998
417	CHECK 411: AMODIAQUINE ('C') GIVEN	CODE 'C' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 419) ←	CODE 'C' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 419) ←	CODE 'C' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 419) ←	CODE 'C' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 419) ←	CODE 'C' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 419) ←	CODE 'C' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 419) ←
418	How long after the fever started did (NAME) first take AMODIAQUINE?	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	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
418A	For how many days did (NAME) take AMODIAQUINE?	NUMBER OF DAYS ... <input type="text"/>	NUMBER OF DAYS ... <input type="text"/>	NUMBER OF DAYS ... <input type="text"/>	NUMBER OF DAYS ... <input type="text"/>	NUMBER OF DAYS ... <input type="text"/>	NUMBER OF DAYS ... <input type="text"/>
418B	Did you have AMODIAQUINE at home or did you get it from somewhere else? IF SOMEWHERE ELSE, PROBE FOR SOURCE. IF MORE THAN ONE SOURCE ASK :Where did you get the AMODIAQUINE first?	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8
418C	Did you purchase the AMODIAQUINE?	YES 1 NO 2 (SKIP TO 419) ←	YES 1 NO 2 (SKIP TO 419) ←	YES 1 NO 2 (SKIP TO 419) ←	YES 1 NO 2 (SKIP TO 419) ←	YES 1 NO 2 (SKIP TO 419) ←	YES 1 NO 2 (SKIP TO 419) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
418D	How much did you pay for the AMODIAQUINE?	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998
419	CHECK 411: QUININE ('D') GIVEN	CODE 'D' CIRCLED <input type="checkbox"/> CODE 'D' NOT CIRCLED <input type="checkbox"/> ↓ ↘ (SKIP TO 421) ←	CODE 'D' CIRCLED <input type="checkbox"/> CODE 'D' NOT CIRCLED <input type="checkbox"/> ↓ ↘ (SKIP TO 421) ←	CODE 'D' CIRCLED <input type="checkbox"/> CODE 'D' NOT CIRCLED <input type="checkbox"/> ↓ ↘ (SKIP TO 421) ←
420	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
420A	For how many days did (NAME) take QUININE?	NUMBER OF DAYS ... <input type="text"/> <input type="text"/>	NUMBER OF DAYS ... <input type="text"/> <input type="text"/>	NUMBER OF DAYS ... <input type="text"/> <input type="text"/>
420B	Did you have QUININE at home or did you get it from somewhere else? IF SOMEWHERE ELSE, PROBE FOR SOURCE. IF MORE THAN ONE SOURCE ASK :Where did you get the QUININE first?	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8
420C	Did you purchase the QUININE?	YES 1 NO 2 (SKIP TO 421) ←	YES 1 NO 2 (SKIP TO 421) ←	YES 1 NO 2 (SKIP TO 421) ←
420D	How much did you pay for the QUININE?	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998
421	CHECK 411: LA (COARTEM) (E) GIVEN	CODE 'E' CIRCLED <input type="checkbox"/> CODE 'E' NOT CIRCLED <input type="checkbox"/> ↓ ↘ (SKIP TO 423) ←	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> ↓ ↘ (SKIP TO 423) ←	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> ↓ ↘ (SKIP TO 423) ←
422	How long after the fever started did (NAME) first take LA/COARTEM?	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		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
		NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____
422A	For how many days did (NAME) take LA/COARTEM?	NUMBER OF DAYS ... <input type="text"/>	NUMBER OF DAYS ... <input type="text"/>	NUMBER OF DAYS ... <input type="text"/>	NUMBER OF DAYS ... <input type="text"/>	NUMBER OF DAYS ... <input type="text"/>	NUMBER OF DAYS ... <input type="text"/>
422B	Did you have LA/COARTEM at home or did you get it from somewhere else? IF SOMEWHERE ELSE, PROBE FOR SOURCE. IF MORE THAN ONE SOURCE ASK :Where did you get the LA/COARTEM first?	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8
422C	Did you purchase the LA/COARTEM?	YES 1 NO 2 (SKIP TO 423) ←	YES 1 NO 2 (SKIP TO 423) ←	YES 1 NO 2 (SKIP TO 423) ←	YES 1 NO 2 (SKIP TO 423) ←	YES 1 NO 2 (SKIP TO 423) ←	YES 1 NO 2 (SKIP TO 423) ←
422D	How much did you pay for the LA/COARTEM?	COST IN KWACHA <input type="text"/> DON'T KNOW 99998	COST IN KWACHA <input type="text"/> DON'T KNOW 99998	COST IN KWACHA <input type="text"/> DON'T KNOW 99998	COST IN KWACHA <input type="text"/> DON'T KNOW 99998	COST IN KWACHA <input type="text"/> DON'T KNOW 99998	COST IN KWACHA <input type="text"/> DON'T KNOW 99998
423	CHECK 411: ARTESUNATE (F) GIVEN	CODE 'F' CIRCLED <input type="checkbox"/> ↓ CODE 'F' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 425) ←	CODE 'F' CIRCLED <input type="checkbox"/> ↓ CODE 'F' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 425) ←	CODE 'F' CIRCLED <input type="checkbox"/> ↓ CODE 'F' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 425) ←	CODE 'F' CIRCLED <input type="checkbox"/> ↓ CODE 'F' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 425) ←	CODE 'F' CIRCLED <input type="checkbox"/> ↓ CODE 'F' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 425) ←	CODE 'F' CIRCLED <input type="checkbox"/> ↓ CODE 'F' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 425) ←
424	How long after the fever started did (NAME) first take ARTESUNATE?	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	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
424A	For how many days did (NAME) take ARTESUNATE?	NUMBER OF DAYS ... <input type="text"/>	NUMBER OF DAYS ... <input type="text"/>	NUMBER OF DAYS ... <input type="text"/>	NUMBER OF DAYS ... <input type="text"/>	NUMBER OF DAYS ... <input type="text"/>	NUMBER OF DAYS ... <input type="text"/>
424B	Did you have ARTESUNATE at home or did you get it from somewhere else? IF SOMEWHERE ELSE, PROBE FOR SOURCE. IF MORE THAN ONE SOURCE ASK :Where did you get the ARTESUNATE first?	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8
424C	Did you purchase the ARTESUNATE?	YES 1 NO 2 (SKIP TO 425) ←	YES 1 NO 2 (SKIP TO 425) ←	YES 1 NO 2 (SKIP TO 425) ←	YES 1 NO 2 (SKIP TO 425) ←	YES 1 NO 2 (SKIP TO 425) ←	YES 1 NO 2 (SKIP TO 425) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
424D	How much did you pay for the ARTESUNATE?	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998
425	CHECK 411: AA/ASAQ (COMBINED AMODIAQUINE AND ARTESUNATE) (G) GIVEN	CODE 'G' CIRCLED <input type="checkbox"/> CODE 'G' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 427) ←	CODE 'G' CIRCLED <input type="checkbox"/> CODE 'G' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 427) ←	CODE 'G' CIRCLED <input type="checkbox"/> CODE 'G' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 427) ←
426	How long after the fever started did (NAME) first take AA/ASAQ?	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
426A	For how many days did (NAME) take AA/ASAQ?	NUMBER OF DAYS ... <input type="text"/> <input type="text"/>	NUMBER OF DAYS ... <input type="text"/> <input type="text"/>	NUMBER OF DAYS ... <input type="text"/> <input type="text"/>
426B	Did you have AA/ASAQ at home or did you get it from somewhere else? IF SOMEWHERE ELSE, PROBE FOR SOURCE. IF MORE THAN ONE SOURCE ASK :Where did you get the AA/ASAQ first?	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8
426C	Did you purchase the AA/ASAQ?	YES 1 NO 2 (SKIP TO 427) ←	YES 1 NO 2 (SKIP TO 427) ←	YES 1 NO 2 (SKIP TO 427) ←
426D	How much did you pay for the AA/ASAQ?	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998
427	CHECK 411: OTHER ANTIMALARIAL ('H') GIVEN	CODE 'H' CIRCLED <input type="checkbox"/> CODE 'H' NOT CIRCLED <input type="checkbox"/> ↓ (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 429)	CODE 'H' CIRCLED <input type="checkbox"/> CODE 'H' NOT CIRCLED <input type="checkbox"/> ↓ (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 429)	CODE 'H' CIRCLED <input type="checkbox"/> CODE 'H' NOT CIRCLED <input type="checkbox"/> ↓ (GO TO 403 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 429)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
428	How long after the fever started did (NAME) first take (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
428A	For how many days did (NAME) take OTHER ANTIMALARIAL?	NUMBER OF <input type="text"/> <input type="text"/> DAYS ...	NUMBER OF <input type="text"/> <input type="text"/> DAYS ...	NUMBER OF <input type="text"/> <input type="text"/> DAYS ...
428B	Did you have OTHER ANTIMALARIAL at home or did you get it from somewhere else? IF SOMEWHERE ELSE, PROBE FOR SOURCE. IF MORE THAN ONE SOURCE ASK :Where did you get the OTHER ANTIMALARIAL first?	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	HOME 1 GOVERNMENT HEALTH FACILITY/ WORKER 2 PRIVATE HEALTH FACILITY/ WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8
428C	Did you purchase the OTHER ANTIMALARIAL?	YES 1 NO 2 (SKIP TO 429) ←	YES 1 NO 2 (SKIP TO 429) ←	YES 1 NO 2 (SKIP TO 429) ←
428D	How much did you pay for the OTHER ANTIMALARIAL?	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998
429	Was (NAME) admitted in a hospital the last 12 months?	YES 1 NO 2 (SKIP TO 430) ←	YES 1 NO 2 (SKIP TO 430) ←	YES 1 NO 2 (SKIP TO 430) ←
429A	How much did you spend on admission if any?	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	COST IN KWACHA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998
430		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 MOST RECENT 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	→ 523
502	What signs or symptoms would lead you to think that a person has malaria? Anything else? RECORD ALL MENTIONED.	FEVER A FEELING COLD B HEADACHE C NAUSEA/VOMITING D DIARRHEA E DIZZINESS F LOSS OF APPETITE G BODY ACHE OR JOINT PAIN H PALE EYES I SALTY-TASTING PALMS J FEELING WEAK K REFUSE TO EAT OR DRINK L OTHER _____ X (SPECIFY) DON'T KNOW Z	
503	What do you think is the cause of malaria? Anything else? RECORD ALL MENTIONED.	MOSQUITO BITES A EATING IMMATURE SUGARCANE ... B EATING COLD SIMA C EATING DIRTY FOOD D DRINKING DIRTY WATER E GETTING SOAKED IN RAIN F COLD OR CHANGING WEATHER ... G WITCHCRAFT H OTHER _____ X (SPECIFY) DON'T KNOW Z	
504	How can someone protect themselves against malaria? Anything else? RECORD ALL MENTIONED.	SLEEP UNDER A MOSQUITO NET ... A SLEEP UNDER AN INSECTICIDE- TREATED MOSQUITO NET B USE MOSQUITO REPELLANT C AVOID MOSQUITO BITES D TAKE PREVENTIVE MEDICATION ... E SPRAY HOUSE WITH INSECTICIDE F USE MOSQUITO COILS G CUT GRASS AROUND THE HOUSE H FILL IN PUDDLES (STAGNANT WATER) I KEEP HOUSE AND SURROUNDINGS CLEAN J BURN LEAVES K AVOID DRINKING DIRTY WATER ... L AVOID EATING BAD FOOD M PUT SCREENS ON WINDOWS N AVOID GETTING SOAKED IN RAIN ... O OTHER _____ X (SPECIFY) DON'T KNOW Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
505	What are the danger signs of malaria? Anything else? RECORD ALL MENTIONED.	SEIZURE/CONVULSIONS A FAINTING B ANY FEVER C HIGH FEVER D STIFF NECK E FEELING WEAK F NOT ACTIVE G CHILLS/SHIVERING H UNABLE TO EAT I VOMITING J CRYING ALL THE TIME K RESTLESS L DIARRHEA M OTHER _____ X (SPECIFY) DON'T KNOW Z	
506	In your opinion, which people are most affected by malaria in your community? Anybody else? RECORD ALL MENTIONED.	CHILDREN A ADULTS B PREGNANT WOMEN C OLDER ADULTS D EVERYONE E OTHER _____ X (SPECIFY) DON'T KNOW Z	
507	In the last six months, have you listened or saw messages or information about malaria?	YES 1 NO 2	→ 511
508	Where did you hear or see these messages or information? Anywhere else? RECORD ALL MENTIONED.	GOVT. CLINIC/HOSPITAL A COMMUNITY HEALTH WORKER B FRIENDS/FAMILY C WORKPLACE D DRAMA GROUPS E PEER EDUCATORS F POSTER/BILLBOARDS G TELEVISION H RADIO I NEWSPAPER J OTHER _____ X (SPECIFY) DON'T KNOW Z	
509	How many months ago was the last time you heard or saw the message?	MONTHS AGO <input data-bbox="1240 1375 1289 1431" type="text"/>	
510	What type of messages about malaria did you hear or saw? Anything else? RECORD ALL MENTIONED.	MALARIA IS DANGEROUS A MALARIA CAN KILL B MOSQUITO SPREAD MALARIA C SLEEPING UNDER A MOSQUITO NET IS IMPORTANT D WHO SHOULD SLEEP UNDER A MOSQUITO NET F SEEK TREATMENT FOR FEVER G SEEK TREATMENT FOR FEVER H PROMPTLY (WITHIN 24 HOURS) . . . I IMPORTANCE OF HOUSE SPRAYING J NOT PLASTERING WALLS AFTER SPRAYING K ENVIRONMENTAL SANITATION ACTIVITIES L OTHER _____ X (SPECIFY) DON'T KNOW Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
511	Has anyone ever provided you with information on malaria at your home?	YES 1 NO 2	→ 515
512	Who gave you the information at your home? Anybody else? RECORD ALL MENTIONED.	HEALTH CARE WORKER A COMMUNITY HEALTH WORKER ... B FRIENDS/FAMILY C EMPLOYER D PEER EDUCATORS E OTHER _____ X (SPECIFY) DON'T KNOW Z	
513	How long ago did someone visit your house to provide you with information about malaria?	MONTHS AGO <input type="text"/> <input type="text"/>	
514	What type of messages about malaria did you hear or saw? Anything else? RECORD ALL MENTIONED.	MALARIA IS DANGEROUS A MALARIA CAN KILL B MOSQUITO SPREAD MALARIA ... C SLEEPING UNDER A MOSQUITO NET IS IMPORTANT D WHO SHOULD SLEEP UNDER A MOSQUITO NET F SEEK TREATMENT FOR FEVER ... G SEEK TREATMENT FOR FEVER ... I PROMPTLY (WITHIN 24 HOURS) . J IMPORTANCE OF HOUSE SPRAYING K NOT PLASTERING WALLS AFTER SPRAYING L ENVIRONMENTAL SANITATION ACTIVITIES M OTHER _____ X (SPECIFY) DON'T KNOW Z	
515	CHECK HOUSEHOLD QUESTIONNAIRE 121: HAS <input type="checkbox"/> MOSQUITO NET ↓ HAS NO <input type="checkbox"/> MOSQUITO NET		→ 523
516	Has the community health worker in your village ever helped hang a mosquito net in this house?	YES 1 NO 2	
517	Has any mosquito net in this house been used for any reason other than sleeping?	YES 1 NO 2	→ 519
518	What was it used for? Anything else? RECORD ALL MENTIONED.	FISHING A COVER/PROTECTION B WINDOW SCREEN C CLOTHING/WEDDING VEIL D OTHER _____ X (SPECIFY) DON'T KNOW Z	
519	How often do your children sleep under a mosquito net?	ALWAYS 1 SOMETIMES 2 NEVER 3	→ 523
523	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	

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: _____