

2017 MALAWI MALARIA INDICATOR SURVEY  
 WOMAN'S QUESTIONNAIRE

MINISTRY OF HEALTH

NATIONAL MALARIA CONTROL PROGRAM

IDENTIFICATION												
PLACE NAME _____												
NAME OF HOUSEHOLD HEAD _____												
CLUSTER NUMBER .....				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
HOUSEHOLD NUMBER .....				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
NAME AND LINE NUMBER OF WOMAN _____												
INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								
RESULT*	_____	_____	_____	YEAR <table border="1" style="width: 60px; height: 20px; float: right;"> <tr><td>2</td><td>0</td><td>1</td><td>7</td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	2	0	1	7				
2	0	1	7									
NEXT VISIT: DATE	_____	_____		INT. NO. <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
TIME	_____	_____		RESULT* <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								
				TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td></tr> <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** <table border="1" style="width: 40px; height: 20px;"> <tr><td>0</td><td>1</td></tr> </table> LANGUAGE OF INTERVIEW** <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table> NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table> TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td></tr> </table>					0	1						
0	1											
LANGUAGE OF QUESTIONNAIRE** <b>ENGLISH</b> **LANGUAGE CODES: 01 ENGLISH      03 TUMBUKA 02 CHICHEWA      06 OTHER _____ (SPECIFY)												
SUPERVISOR												
_____				<table border="1" style="width: 60px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
NAME				NUMBER								

INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_. I am working with the Malaria Control Program. We are conducting a survey about malaria 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 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.

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

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS ..... <input type="text"/> <input type="text"/> MINUTES ..... <input type="text"/> <input type="text"/>	
102	In what month and year were you born?	MONTH ..... <input type="text"/> <input type="text"/> 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	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106	What is the highest [GRADE/FORM/YEAR] you completed at that level?  IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	[GRADE/FORM/YEAR] ..... <input type="text"/> <input type="text"/>	
107	CHECK 105:  PRIMARY OR <input type="checkbox"/> SECONDARY     ↓	HIGHER <input type="checkbox"/> → 109	
108	Now I would like you to read this sentence to me.  SHOW CARD TO RESPONDENT.  IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PART OF THE SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE ..... 3 NO CARD WITH REQUIRED LANGUAGE ..... 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED ..... 5	
109	What is your religion?	CATHOLIC ..... 01 CCAP ..... 02 ANGLICAN ..... 03 SEVENTH DAY ADVENT./BAPTIST ..... 04 OTHER CHRISTIAN ..... 05 MUSLIM ..... 06 NO RELIGION ..... 07  OTHER _____ 96 (SPECIFY)	
110	What is your tribe or ethnic group?	CHEWA ..... 01 TUMBUKA ..... 02 LOMWE ..... 03 TONGA ..... 04 YAO ..... 05 SENA ..... 06 NKHONDE ..... 07 NGONI ..... 08  OTHER _____ 96 (SPECIFY)	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES ..... 1 NO ..... 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES ..... 1 NO ..... 2	→ 204								
203	a) How many sons live with you? b) And how many daughters live with you?  IF NONE, RECORD '00'.	a) SONS AT HOME ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) 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	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) 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, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES ..... 1 NO ..... 2	→ 208								
207	a) How many boys have died? b) And how many girls have died?  IF NONE, RECORD '00'.	a) BOYS DEAD ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) 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>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct?  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>YES</p> <input type="checkbox"/>              ↓         </div> <div style="text-align: center;"> <p>NO</p> <input type="checkbox"/>              ↓              PROBE AND              CORRECT 201-208              AS NECESSARY.         </div> </div>										
210	CHECK 208:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>ONE OR MORE BIRTHS</p> <input type="checkbox"/>              ↓         </div> <div style="text-align: center;"> <p>NO BIRTHS</p> <input type="checkbox"/> → 225         </div> </div>										
211	Now I'd like to ask you about your more recent births. How many births have you had in 2012-2017?  RECORD NUMBER OF LIVE BIRTHS IN 2012-2017	TOTAL IN 2012-2017 ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> NONE ..... 00			→ 225						

SECTION 2. REPRODUCTION

212 Now I would like to record the names of all your births in 2012-2017, whether still alive or not, starting with the most recent one you had.  
 RECORD IN 213 THE NAMES OF ALL THE BIRTHS BORN IN 2012-2017. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. IF THERE ARE MORE THAN 5 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE STARTING WITH THE SECOND ROW.

213  What name was given to your (most recent/ previous) baby?  RECORD NAME.  BIRTH HISTORY NUMBER.	214  Is (NAME) a boy or a girl?	215  Were any of these births twins?	216  On what day, month, and year was (NAME) born?	217  Is (NAME) still alive?	218  IF ALIVE:  How old was (NAME) at (NAME)'s last birthday?  RECORD AGE IN COMPLETED YEARS.	219  IF ALIVE:  Is (NAME) living with you?	220  IF ALIVE:  RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	221  Were there any other live births between (NAME) and (NAME OF PREVIOUS BIRTH), including any children who died after birth?
01	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (NEXT BIRTH)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (NEXT BIRTH)	
02	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 221)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/>	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
03	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 221)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/>	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
04	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 221)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/>	YES 1 (ADD BIRTH) NO . . . . 2 (NEXT BIRTH)
05	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 221)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/>	YES 1 (ADD BIRTH) NO . . . . 2 (NEXT BIRTH)

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	Have you had any live births since the birth of (NAME OF MOST RECENT BIRTH)?"	YES ..... 1 (RECORD BIRTH(S) IN TABLE) ← NO ..... 2	
223	COMPARE 211 WITH NUMBER OF BIRTHS IN BIRTH HISTORY  NUMBERS ARE SAME <input type="checkbox"/> ↓ NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) ←		
224	CHECK 216: ENTER THE NUMBER OF BIRTHS IN 2012-2017	NUMBER OF BIRTHS ..... <input type="text"/> NONE ..... 0	
225	Are you pregnant now?	YES ..... 1 NO ..... 2 UNSURE ..... 8	→ 227
226	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS ..... <input type="text"/> <input type="text"/>	
227	CHECK 224:  ONE OR MORE BIRTHS IN 2012-2017 <input type="checkbox"/> (GO TO 301) ←	NO BIRTHS IN 2012-2017 <input type="checkbox"/> → 501  Q. 224 IS BLANK <input type="checkbox"/> → 501	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	RECORD THE NAME AND SURVIVAL STATUS OF THE MOST RECENT BIRTH FROM 213 AND 217,	<p align="center"><b>MOST RECENT BIRTH</b></p> <p>NAME _____</p> <p>LIVING <input type="checkbox"/>      DEAD <input type="checkbox"/></p>	
302	<p>Now I would like to ask you some questions about your last pregnancy that resulted in a live birth.</p> <p>When you got pregnant with (NAME), did you see anyone for antenatal care for this pregnancy?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 304
303	<p>Whom did you see?</p> <p>Anyone else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.</p>	<p><b>HEALTH PERSONNEL</b></p> <p>DOCTOR/OFFICER/MEDICAL ASSISTANT .. A</p> <p>NURSE/MIDWIFE ..... B</p> <p>PATIENT ATTENDANT ..... C</p> <p>HSA ..... D</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH ATTENDANT ..... E</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	
304	During this pregnancy, did you take SP/Fansidar or Novidar SP to keep you from getting malaria?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	→ 306D
305	How many times did you take SP/Fansidar or Novidar SP during this pregnancy?	TIMES ..... <input type="text"/> <input type="text"/>	
306	<p>Did you get the SP/Fansidar or Novidar SP during any antenatal care visit, during another visit to a health facility or from another source?</p> <p>IF MORE THAN ONE SOURCE, RECORD THE HIGHEST SOURCE ON THE LIST.</p>	<p>ANTENATAL VISIT ..... 1</p> <p>ANOTHER FACILITY VISIT ..... 2</p> <p>OTHER SOURCE ..... 6</p>	→ 306D
306A	How many times did you take SP/Fansidar or Novidar SP during an antenatal care visit?	TIMES ..... <input type="text"/> <input type="text"/>	
306B	Did you take the SP/Fansidar or Novidar SP under direct observation by the health personnel each time?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 306D
306C	How many times did you take the SP/Fansidar or Novidar SP under direct observation by the health personnel?	TIMES ..... <input type="text"/> <input type="text"/>	

SECTION 3. PREGNANCY AND INTERMITTENT PREVENTIVE TREATMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
306D	Did you take CPT (cotrimoxazole preventive therapy) during the last pregnancy?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 306F						
306E	How long did you take cotrimoxazole during the last pregnancy?  IF LESS THAN 1 WEEK, RECORDS DAYS; IF LESS THAN 1 MONTH, RECORD DAYS.	DAYS ..... 1 WEEKS ..... 2 MONTHS ..... 3 DON'T KNOW ..... 998	<table border="1" style="width: 100px; height: 60px; margin-left: auto; margin-right: auto;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
306F	CHECK 302:  ANC RECEIVED	ANC RECEIVED                      NO ANC <input type="checkbox"/> <input type="checkbox"/> ↓ (SKIP TO 307) ←							
306G	Do you have an ANC card for the time you were pregnant with (NAME)?	YES, SEEN ..... 1 YES, NOT SEEN ..... 2 NO CARD ..... 3 (SKIP TO 307) ←	<input type="checkbox"/> →						
306H	CHECK ANC CARD AND RECORD NUMER OF SP/FANSIDAR GIVEN	DOSES ..... <table border="1" style="width: 40px; height: 20px; display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table> NONE ..... 0							
307	CHECK 216 AND 217:  ONE OR MORE LIVING CHILDREN BORN IN 2012-2017 <input type="checkbox"/> (GO TO 401) ←	NO LIVING CHILDREN BORN IN 2012-2017 <input type="checkbox"/> →	501						





SECTION 4. FEVER IN CHILDREN

NO.	QUESTIONS AND FILTERS	MOST RECENT BIRTH NAME _____	NEXT MOST RECENT BIRTH NAME _____												
407	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S).</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL . . . A</p> <p>GOVERNMENT HEALTH CENTER . . . . . B</p> <p>GOVERNMENT HEALTH POST/OUTREACH . . . . . C</p> <p>MOBILE CLINIC . . . . . D</p> <p>HSA . . . . . E</p> <p>OTHER PUBLIC SECTOR _____ F</p> <p>(SPECIFY)</p> <p><b>CHAM/MISSION</b></p> <p>HOSPITAL . . . . . G</p> <p>HEALTH CENTER . . . . . H</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC . . . . . I</p> <p>PHARMACY . . . . . J</p> <p>PRIVATE DOCTOR . . . . . K</p> <p>MOBILE CLINIC . . . . . L</p> <p>HSA . . . . . M</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ N</p> <p>(SPECIFY)</p> <p><b>BLM</b> . . . . . O</p> <p><b>MACRO</b> . . . . . P</p> <p><b>YOUTH DROP IN CENTRE</b> . . . . . Q</p> <p><b>OTHER SOURCE</b></p> <p>SHOP . . . . . R</p> <p>TRADITIONAL PRACTITIONER . . . . . S</p> <p>MARKET . . . . . T</p> <p>ITINERANT DRUG SELLER . . . . . U</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL . . . A</p> <p>GOVERNMENT HEALTH CENTER . . . . . B</p> <p>GOVERNMENT HEALTH POST/OUTREACH . . . . . C</p> <p>MOBILE CLINIC . . . . . D</p> <p>HSA . . . . . E</p> <p>OTHER PUBLIC SECTOR _____ F</p> <p>(SPECIFY)</p> <p><b>CHAM/MISSION</b></p> <p>HOSPITAL . . . . . G</p> <p>HEALTH CENTER . . . . . H</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC . . . . . I</p> <p>PHARMACY . . . . . J</p> <p>PRIVATE DOCTOR . . . . . K</p> <p>MOBILE CLINIC . . . . . L</p> <p>HSA . . . . . M</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ N</p> <p>(SPECIFY)</p> <p><b>BLM</b> . . . . . O</p> <p><b>MACRO</b> . . . . . P</p> <p><b>YOUTH DROP IN CENTRE</b> . . . . . Q</p> <p><b>OTHER SOURCE</b></p> <p>SHOP . . . . . R</p> <p>TRADITIONAL PRACTITIONER . . . . . S</p> <p>MARKET . . . . . T</p> <p>ITINERANT DRUG SELLER . . . . . U</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>												
407A	<p>How much did you spend on the treatment including consultation and fees, if any?</p>	<p>COST IN KWACHA</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table> <p>FREE ..... 99995</p> <p>DON'T KNOW ..... 99998</p>							<p>COST IN KWACHA</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table> <p>FREE ..... 99995</p> <p>DON'T KNOW ..... 99998</p>						
407B	<p>How much did you spend on the drugs?</p>	<p>COST IN KWACHA</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table> <p>FREE ..... 99995</p> <p>DON'T KNOW ..... 99998</p>							<p>COST IN KWACHA</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table> <p>FREE ..... 99995</p> <p>DON'T KNOW ..... 99998</p>						
408	<p>CHECK 407:</p>	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p>(SKIP TO 410) ←</p>	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p>(SKIP TO 410) ←</p>												

SECTION 4. FEVER IN CHILDREN

NO.	QUESTIONS AND FILTERS	MOST RECENT BIRTH NAME _____	NEXT MOST RECENT BIRTH NAME _____										
409	Where did you first seek advice or treatment?  USE LETTER CODE FROM 407	FIRST PLACE ..... <input type="checkbox"/>	FIRST PLACE ..... <input type="checkbox"/>										
409A	How far is your house from the (FIRST PLACE IN 409)?	LESS THAN 15KM ..... 1 15KM OR MORE ..... 2	LESS THAN 15KM ..... 1 15KM OR MORE ..... 2										
409B	How much did you spend on transport to and from the (FIRST PLACE IN 409)?	<p style="text-align: center;">COST IN KWACHA</p> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>FREE ..... 99995 DON'T KNOW ..... 99998</p>						<p style="text-align: center;">COST IN KWACHA</p> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>FREE ..... 99995 DON'T KNOW ..... 99998</p>					
409C	Did you take any days off work to care for your child's illness?	YES ..... 1 NO ..... 2 (SKIP TO 410) ←	YES ..... 1 NO ..... 2 (SKIP TO 410) ←										
409D	How many days did you take take off work to care for your child's illness?	DAYS ..... <input type="text"/> <input type="text"/>	DAYS ..... <input type="text"/> <input type="text"/>										
410	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS ..... <input type="text"/> <input type="text"/>	DAYS ..... <input type="text"/> <input type="text"/>										
411	At any time during the illness, did (NAME) take any drugs for the illness?	YES ..... 1 NO ..... 2 (SKIP TO 426) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 426) ← DON'T KNOW ..... 8										
412	What drugs did (NAME) take?  Any other drugs?  RECORD ALL MENTIONED.	<p><b>ANTIMALARIAL DRUGS</b></p> <p>LA ..... A</p> <p>ASAQ (COMBINED AMODIAQUINE AND ARTESUNATE) ..... B</p> <p>SP/FANSIDAR/NOVIDAR SP ..... C</p> <p>QUININE TABLETS ..... D</p> <p>INJECTION/IV ..... E</p> <p>ARTESUNATE RECTAL ..... F</p> <p>INJECTION/IV ..... G</p> <p>OTHER ANTIMALARIAL _____ H (SPECIFY)</p> <p><b>ANTIBIOTIC DRUGS</b></p> <p>PILL/SYRUP ..... I</p> <p>INJECTION/IV ..... J</p> <p><b>OTHER DRUGS</b></p> <p>ASPIRIN/CAFENOL ..... K</p> <p>ACETAMINOPHEN/PANADOL/PARACETAMOL ..... L</p> <p>IBUPROFEN ..... M</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	<p><b>ANTIMALARIAL DRUGS</b></p> <p>LA ..... A</p> <p>AA/ASAQ (COMBINED AMODIAQUINE AND ARTESUNATE) ..... B</p> <p>SP/FANSIDAR/NOVIDAR SP ..... C</p> <p>QUININE TABLETS ..... D</p> <p>INJECTION/IV ..... E</p> <p>ARTESUNATE RECTAL ..... F</p> <p>INJECTION/IV ..... G</p> <p>OTHER ANTIMALARIAL _____ H (SPECIFY)</p> <p><b>ANTIBIOTIC DRUGS</b></p> <p>PILL/SYRUP ..... I</p> <p>INJECTION/IV ..... J</p> <p><b>OTHER DRUGS</b></p> <p>ASPIRIN/CAFENOL ..... K</p> <p>ACETAMINOPHEN/PANADOL/PARACETAMOL ..... L</p> <p>IBUPROFEN ..... M</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW ..... Z</p>										

SECTION 4. FEVER IN CHILDREN

NO.	QUESTIONS AND FILTERS	MOST RECENT BIRTH NAME _____	NEXT MOST RECENT BIRTH NAME _____
413	CHECK 412: ANY CODE A-H CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 426) ←	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 426) ←
414	CHECK 412: LA ('A') GIVEN	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 416) ←	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 416) ←
415	How long after the fever started did (NAME) first take LA?	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
415A	For how many days did (NAME) take LA?	DAYS ..... <input type="text"/> <input type="text"/>	DAYS ..... <input type="text"/> <input type="text"/>
415B	Did you have LA 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 first?	HOME ..... 01 GOVERNMENT HEALTH FACILITY/WORKER ..... 02 CHAM/MISSION FACILITY/WORKER ..... 03 PRIVATE HEALTH FACILITY/WORKER ..... 04 BLM HEALTH FACILITY/WORKEF 05 MACRO HEALTH FACILITY/WORKER ..... 06 YOUTH DROP IN CENTRE ..... 07 SHOP ..... 08  OTHER _____ 96 (SPECIFY)	HOME ..... 01 GOVERNMENT HEALTH FACILITY/WORKER ..... 02 CHAM/MISSION FACILITY/WORKER ..... 03 PRIVATE HEALTH FACILITY/WORKER ..... 04 BLM HEALTH FACILITY/WORKEF 05 MACRO HEALTH FACILITY/WORKER ..... 06 YOUTH DROP IN CENTRE ..... 07 SHOP ..... 08  OTHER _____ 96 (SPECIFY)
415C	Did you purchase the LA?	YES ..... 1 NO ..... 2 (SKIP TO 416) ←	YES ..... 1 NO ..... 2 (SKIP TO 416) ←
415D	How much did you pay for the LA?	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
416	CHECK 412: ASAQ (COMBINED AMODIAQUINE AND ARTESUNATE) ('B') GIVEN	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 418) ←	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 418) ←
417	How long after the fever started did (NAME) first take 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



SECTION 5. KNOWLEDGE OF MALARIA

501	Have you ever heard of an illness called malaria?	YES ..... 1 NO ..... 2	→ 516
502	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	
503	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	
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 REPELLENT ..... C TAKE PREVENTATIVE MEDICATION ..... D SPRAY THE HOUSE/ROOMS WITH INSECTICIDE ..... E CLEAR WEEDS AROUND THE HOUSE ..... F USE MOSQUITO COILS ..... G CUT GRASS AROUND THE HOUSE ..... H FILL IN STAGNANT WATERS (PUDDLES) ..... I KEEP SURROUNDING 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	
505	What are the danger signs of malaria?  Anything else?    RECORD ALL MENTIONED.	SEAZURE/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 the past six months, have you listened or seen any messages or information about malaria?	YES ..... 1 NO ..... 2	→ 510
507	Where did you hear or see these messages of information? a) At a Government clinic/hospital? b) From a community health worker? c) From a friend/relative? d) At workplace? e) In drama groups? f) From peer educators? g) On a poster or billboard? h) On the television? i) On the radio? j) In a newspaper? k) Anywhere else?	YES NO a) GOVT.CLINIC/HOSPITAL ..... 1 2 b) COMMUNITY HEALTH WORKER ..... 1 2 c) FRIENDS/FAMILY ..... 1 2 d) WORKPLACE ..... 1 2 e) DRAMA GROUPS ..... 1 2 f) PEER EDUCATORS ..... 1 2 g) POSTER/BILLBOARD ..... 1 2 h) TELEVISION ..... 1 2 i) RADIO ..... 1 2 j) NEWSPAPER ..... 1 2 k) ANYWHERE ELSE ..... 1 2	
508	How many months ago was the last time you heard or saw the messages?	MONTHS AGO ..... <input type="text"/> <input type="text"/>	
509	What type of messages about malaria did you hear or see?  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 ..... E SEEK TREATMENT FOR FEVER ..... F SEEK TREATMENT FOR FEVER PROMPTLY (WITHIN 24 HOURS) ..... G IMPORTANCE OF HOUSE SPRAYING ..... H NOT PLASTERING WALLS AFTER SPRAYING .. I ENVIRONMENTAL SANITATION ACTIVITIES ..... J  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
510	Has anyone ever provided you with information on malaria at your home?	YES ..... 1 NO ..... 2	→ 514
511	Who gave you the information at your home?  Anyone 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	
512	How long ago did someone visit your house to provide you information about malaria?	MONTHS AGO ..... <input type="text"/> <input type="text"/>	
513	What type of messages about malaria did you hear or see?  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 ..... E SEEK TREATMENT FOR FEVER ..... F SEEK TREATMENT FOR FEVER PROMPTLY (WITHIN 24 HOURS) ..... G IMPORTANCE OF HOUSE SPRAYING ..... H NOT PLASTERING WALLS AFTER SPRAYING .. I ENVIRONMENTAL SANITATION ACTIVITIES ..... J  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	





INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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EDITOR'S OBSERVATIONS

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