

# CONFIDENTIAL

## NIGERIA MALARIA INDICATOR SURVEY WOMAN'S QUESTIONNAIRE

NATIONAL POPULATION COMMISSION  
NATIONAL MALARIA CONTROL PROGRAM

National Health Research Ethics Committee  
Assigned Number NHREC/01/01/2007 - 10/09/2010b

IDENTIFICATION			
STATE _____			
LOCAL GOVT. AREA _____			
LOCALITY _____			
ENUMERATION AREA _____			
URBAN/RURAL (URBAN=1, RURAL=2) _____			
CLUSTER NUMBER .....			
BUILDING NUMBER .....			
HOUSEHOLD HEAD NAME/NUMBER _____			
NAME AND LINE NUMBER OF WOMAN _____			

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

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

LANGUAGE OF QUESTIONNAIRE** <b>ENGLISH</b>	<table border="1" style="width: 100%;"><tr><td style="text-align: center;">4</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 HAUSA                      3 IGBO                      6 OTHER _____ 2 YORUBA                      4 ENGLISH                      (SPECIFY)		

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

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

**INFORMED CONSENT**

Greetings. My name is \_\_\_\_\_ and I am working with National Population Commission. We are conducting a national survey about malaria all over Nigeria. This study has been reviewed and granted approval by the National Health Research Ethics Committee, assigned number NHREC/01/01/2007, for the study period of September 2010 to September 2011. Your household was selected for the survey. We would very much appreciate your participation in this survey. This information you provide will help the government to plan health services. The survey usually takes between 10 and 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons. Should you have any questions, feel free to call any of the following contact person(s):

**2010 NMIS Contact Person, NPC:** Project Director; **Email:** saligar58@yahoo.com; **Phone:** 08033708114

**NMCP Contact Person:** National Coordinator; **Email:** jide\_coker1@yahoo.com; **Phone:** 08037860784

**NHREC Contact Person(s):** Secretary, NHREC; **Email:** secretary@nhrec.net; **Phone:** 08033143791  
 Desk Officer, NHREC; **Email:** deskofficer@nhrec.net; **Phone:** 08065479926

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?  
 May I begin the interview now?

Signature of interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature/thumb print of respondent: \_\_\_\_\_ 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 (class/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 SENTENCES ON 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 (SPECIFY LANGUAGE)</p> <p>BLIND/VISUALLY IMPAIRED ..... 5</p>	
109	<p>What is your religion?</p>	<p>CHRISTIANITY ..... 1</p> <p>ISLAM ..... 2</p> <p>TRADITIONAL RELIGION ..... 3</p> <p>NO RELIGION ..... 4</p> <p>OTHER _____ 6 (SPECIFY)</p>	
110	<p>What is your ethnic group?</p>	<p>_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></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 born a child?	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" data-bbox="1260 365 1365 422"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS AT HOME ..... <table border="1" data-bbox="1260 422 1365 478"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
204	Do you have any children you born who are alive but do not live with you?	YES ..... 1 NO ..... 2	→ 206								
205	How many sons are alive but do not live with you?  And how many daughters are alive but do not live with you?  IF NONE, RECORD '00'.	SONS ELSEWHERE ..... <table border="1" data-bbox="1260 648 1365 705"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS ELSEWHERE ..... <table border="1" data-bbox="1260 705 1365 762"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
206	Have you ever born a child who was born alive and later died?  IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES ..... 1 NO ..... 2	→ 208								
207	How many boys have died?  And how many girls have died?  IF NONE, RECORD '00'.	BOYS DEAD ..... <table border="1" data-bbox="1260 1016 1365 1073"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD ..... <table border="1" data-bbox="1260 1073 1365 1129"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL ..... <table border="1" data-bbox="1260 1215 1365 1272"><tr><td></td><td></td></tr></table>									
209	CHECK 208:  Just to make sure that I have this right: you have had in <b>total</b> ____ children in your life. Is that correct?  YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208:  ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS Q.208 IS '00' <input type="checkbox"/> → 224										

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.

RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

(IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).

212	213	214	215	216	217 IF LIVING:	218 IF LIVING:	219 IF LIVING:	220 IF DEAD:	221
What name was given to your (first/next) baby?  (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born?  PROBE: What is his/her birthday?	Is (NAME) still living?	How old is (NAME)?  RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	How old was (NAME) when he/she died?  IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME) and (NAME) OF BIRTH ON PREVIOUS LINE)? including any children who died after birth?
01	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (NEXT BIRTH)	DAYS ... 1 MONTHS 2 YEARS ... 3	
02	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ← BIRTH NO ... 2 NEXT ← BIRTH
03	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ← BIRTH NO ... 2 NEXT ← BIRTH
04	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ← BIRTH NO ... 2 NEXT ← BIRTH
05	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ← BIRTH NO ... 2 NEXT ← BIRTH
06	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ← BIRTH NO ... 2 NEXT ← BIRTH
07	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ← BIRTH NO ... 2 NEXT ← BIRTH

212	213	214	215	216	217 IF LIVING:	218 IF LIVING:	219 IF LIVING:	220 IF DEAD:	221
What name was given to your next baby?  (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born?  PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died?  IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME) and (NAME OF BIRTH ON PREVIOUS LINE)?
08	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH
09	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH
10	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH
11	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH
12	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH
222	Have you had any live births since the birth of (NAME OF MOST RECENT BIRTH)?					YES ..... 1 NO ..... 2			
IF YES, RECORD BIRTHS(S) IN BIRTH TABLE.									
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:  NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)								
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2005 OR LATER. IF NONE, RECORD '0' AND CONTINUE TO Q. 225.								<input type="text"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	Are you pregnant now?	YES ..... 1 NO ..... 2 UNSURE ..... 8	<input type="checkbox"/> → 227
226	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS ..... <input type="text"/> <input type="text"/>	
226A	Have you seen anyone for antenatal care?	YES ..... 1 NO ..... 2 (SKIP TO 226C) ← <input type="checkbox"/>	
226B	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	<b>HEALTH PERSONNEL</b> DOCTOR ..... A NURSE/MIDWIFE ..... B AUXILIARY MIDWIFE ..... C COMMUNITY HEALTH EXTENSION WORKER (CHEW) . D <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT ..... E COMMUNITY ORIENTED RESOURCE PERSON ..... F  OTHER _____ ..... X (SPECIFY) <b>NO ONE</b> ..... Y	
226C	During this current pregnancy, did you take any drugs in order to prevent you from getting malaria?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 227
226D	What drugs did you take to prevent malaria? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP/FANSIDAR ..... A CHLOROQUINE ..... B  OTHER _____ X (SPECIFY)  DON'T KNOW ..... Z	
226E	CHECK 226D: SP/FANSIDAR TAKEN FOR MALARIA PREVENTION  CODE 'A' <input type="checkbox"/> CIRCLED ↓      CODE 'A' <input type="checkbox"/> NOT CIRCLED		→ 227
226F	How many months pregnant were you when you took your <b>first</b> dose of SP/Fansidar?	MONTHS PREGNANT ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
226G	How many times did you take SP/Fansidar) during this pregnancy?	TIMES ..... <input type="text"/> <input type="text"/>	
227	CHECK 224: ONE OR MORE BIRTHS IN 2005 OR LATER <input type="checkbox"/> ↓      NO BIRTHS IN 2005 OR LATER <input type="checkbox"/>		→ 401

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

301	<p>CHECK 212 AND 215: ENTER IN 302 THE NAME AND LINE NUMBER OF THE MOST RECENT BIRTH SINCE 2005 EVEN IF THE CHILD IS NO LONGER ALIVE.</p> <p>Now I would like to ask you some questions about your last pregnancy that ended in a live birth in the last 5 years.</p>	
302	<p>NAME AND LINE NUMBER FROM 212.</p>	<p>NAME OF LAST BIRTH _____</p> <p>LINE NUMBER ..... <input type="text"/> <input type="text"/></p> <p>LIVING <input type="checkbox"/>      DEAD <input type="checkbox"/></p>
303	<p>When you were pregnant with (NAME) did you see anyone for antenatal care?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p align="right">(SKIP TO 305) ←</p>
304	<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 ..... A</p> <p>NURSE/MIDWIFE ..... B</p> <p>AUXILIARY MIDWIFE ..... C</p> <p>COMMUNITY HEALTH EXTENSION WORKER (CHEW) . D</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH ATTENDANT ..... E</p> <p>COMMUNITY ORIENTED RESOURCE PERSON ..... F</p> <p>OTHER _____ X (SPECIFY)</p> <p><b>NO ONE</b> ..... Y</p>
305	<p>During this pregnancy, did you take any drugs in order to prevent you from getting malaria?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p> <p align="right">→ 312</p>
306	<p>What drugs did you take to prevent malaria?</p> <p>RECORD ALL MENTIONED.</p> <p>IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.</p>	<p>SP/FANSIDAR ..... A</p> <p>CHLOROQUINE ..... B</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW ..... Z</p>
307	<p>CHECK 306: SP/FANSIDAR TAKEN FOR MALARIA PREVENTION</p> <p>CODE 'A' CIRCLED <input type="checkbox"/>      CODE 'A' NOT CIRCLED <input type="checkbox"/></p> <p align="right">→ 312</p>	
308	<p>How many times did you take SP/Fansidar) during this pregnancy?</p>	<p>TIMES ..... <input type="text"/> <input type="text"/></p>



309	CHECK 304: ANTENATAL CARE FROM HEALTH PROFESSIONAL RECEIVED DURING THIS PREGNANCY?		
CODE 'A', 'B', 'C', OR 'D' CIRCLED <input type="checkbox"/>		OTHER <input type="checkbox"/> → 312	
310	Did you get the (SP/Fansidar) during an antenatal care visit?	YES ..... 1 NO ..... 2	
311	Did you receive a mosquito net during an antenatal care visit?	YES ..... 1 NO ..... 2	
312	CHECK 215 AND 216:		
ONE OR MORE LIVING CHILDREN BORN IN 2005 OR LATER <input type="checkbox"/>		NO LIVING CHILDREN BORN IN 2005 OR LATER <input type="checkbox"/> → 401	

**SECTION 3B. FEVER IN CHILDREN**

313	ENTER IN THE TABLE THE LINE NUMBER AND NAME OF EACH LIVING CHILD BORN IN 2005 OR LATER. IF THERE ARE MORE THAN 3 LIVING CHILDREN BORN IN 2005 OR LATER, USE ADDITIONAL QUESTIONNAIRES.  Now I would like to ask you some questions about the health of your children less than 5 years old. We will talk about each one separately.			
314	NAME AND LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER ... <input type="text"/> <input type="text"/>  NAME _____	NEXT-TO-LAST BIRTH LINE NUMBER ... <input type="text"/> <input type="text"/>  NAME _____	SECOND-FROM-LAST BIRTH LINE NUMBER ... <input type="text"/> <input type="text"/>  NAME _____
315	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 (GO BACK TO 314 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 401) DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (GO BACK TO 314 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 401) DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (GO BACK TO 314 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 401) DON'T KNOW ..... 8
316	How many days ago did the fever start?  IF LESS THAN ONE DAY, WRITE '00'.	DAYS AGO . <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98	DAYS AGO . <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98	DAYS AGO . <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98
317	Did you seek advice or treatment for the fever from any source?	YES ..... 1 NO ..... 2 (SKIP TO 320) ←	YES ..... 1 NO ..... 2 (SKIP TO 320) ←	YES ..... 1 NO ..... 2 (SKIP TO 320) ←
318	Where did you get treatment from?  Anywhere else?  PROBE TO IDENTIFY EACH TYPE OF SOURCE AND  CIRCLE THE APPROPRIATE CODE(S).  IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE(S))  _____ (NAME OF PLACE(S))  _____ (NAME OF PLACE(S))	<b>PUBLIC SECTOR</b> GOVT HOSPITAL A GOVT HEALTH CENTER ..... B GOVT HEALTH POST ..... C MOBILE CLINIC . D ROLE MODEL CAREGIVER/ COMMUNITY WORKER ... E OTHER PUBLIC _____ F (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> PVT. HOSPITAL/ CLINIC ..... G PHARMACY ... H CHEMIST/PMV ... I PVT DOCTOR ... J MOBILE CLINIC . K OTHER PRIVATE _____ L (SPECIFY)  <b>OTHER SOURCE</b> SHOP ..... M TRADITIONAL PRACTITIONER N DRUG HAWKER . O OTHER _____ X (SPECIFY)	<b>PUBLIC SECTOR</b> GOVT HOSPITAL A GOVT HEALTH CENTER ..... B GOVT HEALTH POST ..... C MOBILE CLINIC . D ROLE MODEL CAREGIVER/ COMMUNITY WORKER ... E OTHER PUBLIC _____ F (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> PVT. HOSPITAL/ CLINIC ..... G PHARMACY ... H CHEMIST/PMV ... I PVT DOCTOR ... J MOBILE CLINIC . K OTHER PRIVATE _____ L (SPECIFY)  <b>OTHER SOURCE</b> SHOP ..... M TRADITIONAL PRACTITIONER N DRUG HAWKER . O OTHER _____ X (SPECIFY)	<b>PUBLIC SECTOR</b> GOVT HOSPITAL A GOVT HEALTH CENTER ..... B GOVT HEALTH POST ..... C MOBILE CLINIC . D ROLE MODEL CAREGIVER/ COMMUNITY WORKER ... E OTHER PUBLIC _____ F (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> PVT. HOSPITAL/ CLINIC ..... G PHARMACY ... H CHEMIST/PMV ... I PVT DOCTOR ... J MOBILE CLINIC . K OTHER PRIVATE _____ L (SPECIFY)  <b>OTHER SOURCE</b> SHOP ..... M TRADITIONAL PRACTITIONER N DRUG HAWKER . O OTHER _____ X (SPECIFY)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
319	How many days after the fever began did you first seek treatment for (NAME)?  IF SAME DAY, RECORD '00'.	DAYS ..... <input type="text"/> <input type="text"/>	DAYS ..... <input type="text"/> <input type="text"/>	DAYS ..... <input type="text"/> <input type="text"/>
320	At any time during the illness, did (NAME) have a drop of blood taken from his/her finger or heel for testing?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
321	At any time during the illness, did (NAME) take any drugs for the illness?	YES ..... 1 NO ..... 2 (SKIP TO 323) ←	YES ..... 1 NO ..... 2 (SKIP TO 323) ←	YES ..... 1 NO ..... 2 (SKIP TO 323) ←
322	What drugs did (NAME) take?  Any other drugs?  RECORD ALL MENTIONED.  ASK TO SEE DRUG(S) IF TYPE OF DRUG IS NOT KNOWN. IF TYPE OF DRUG IS STILL NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	<b>ANTIMALARIAL DRUGS</b> SP/FANSIDAR/ AMALAR/ MALOXINE ... A CHLOROQUINE . B AMODIAQUINE . C QUININE ..... D ARTEMISININ COMBINATION THERAPY (ACT) . E OTHER ANTI- MALARIAL _____ ... F (SPECIFY)  <b>ANTIBIOTIC DRUGS</b> PILL/SYRUP ... G INJECTION ... H  <b>OTHER DRUGS</b> PARACETAMOL . I ASPIRIN ..... J ACETA- MINOPHEN ... K IBUPROFEN ... L  <b>OTHER</b> _____ X (SPECIFY) <b>DON'T KNOW</b> ..... Z	<b>ANTIMALARIAL DRUGS</b> SP/FANSIDAR/ AMALAR/ MALOXINE ... A CHLOROQUINE . B AMODIAQUINE . C QUININE ..... D ARTEMISININ COMBINATION THERAPY (ACT) . E OTHER ANTI- MALARIAL _____ ... F (SPECIFY)  <b>ANTIBIOTIC DRUGS</b> PILL/SYRUP ... G INJECTION ... H  <b>OTHER DRUGS</b> PARACETAMOL . I ASPIRIN ..... J ACETA- MINOPHEN ... K IBUPROFEN ... L  <b>OTHER</b> _____ X (SPECIFY) <b>DON'T KNOW</b> ..... Z	<b>ANTIMALARIAL DRUGS</b> SP/FANSIDAR/ AMALAR/ MALOXINE ... A CHLOROQUINE . B AMODIAQUINE . C QUININE ..... D ARTEMISININ COMBINATION THERAPY (ACT) . E OTHER ANTI- MALARIAL _____ ... F (SPECIFY)  <b>ANTIBIOTIC DRUGS</b> PILL/SYRUP ... G INJECTION ... H  <b>OTHER DRUGS</b> PARACETAMOL . I ASPIRIN ..... J ACETA- MINOPHEN ... K IBUPROFEN ... L  <b>OTHER</b> _____ X (SPECIFY) <b>DON'T KNOW</b> ..... Z
323	CHECK 322: ANY CODE A-F CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (GO BACK TO 315 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 401)	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (GO BACK TO 315 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 401)	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (GO TO 315 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 401)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
324	CHECK 322: SP/FANSIDAR ('A') GIVEN	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 327) ←	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 327) ←	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 327) ←
325	How long after the fever started did (NAME) first take SP/Fansidar?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8
326	For how many days did (NAME) take the SP/Fansidar? IF 7 DAYS OR MORE, WRITE '7'.	DAYS ..... <input type="checkbox"/> DON'T KNOW ... 8	DAYS ..... <input type="checkbox"/> DON'T KNOW ... 8	DAYS ..... <input type="checkbox"/> DON'T KNOW ... 8
327	CHECK 322: CHLOROQUINE ('B') GIVEN	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 330) ←	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 330) ←	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 330) ←
328	How long after the fever started did (NAME) first take chloroquine?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8
329	For how many days did (NAME) take the chloroquine? IF 7 DAYS OR MORE, WRITE '7'.	DAYS ..... <input type="checkbox"/> DON'T KNOW ... 8	DAYS ..... <input type="checkbox"/> DON'T KNOW ... 8	DAYS ..... <input type="checkbox"/> DON'T KNOW ... 8
330	CHECK 322: AMODIAQUINE ('C') GIVEN	CODE 'C' CIRCLED <input type="checkbox"/> CODE 'C' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 333) ←	CODE 'C' CIRCLED <input type="checkbox"/> CODE 'C' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 333) ←	CODE 'C' CIRCLED <input type="checkbox"/> CODE 'C' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 333) ←
331	How long after the fever started did (NAME) first take amodiaquine?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW ... 8
332	For how many days did (NAME) take the amodiaquine? IF 7 DAYS OR MORE, WRITE '7'.	DAYS ..... <input type="checkbox"/> DON'T KNOW ... 8	DAYS ..... <input type="checkbox"/> DON'T KNOW ... 8	DAYS ..... <input type="checkbox"/> DON'T KNOW ... 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
333	CHECK 322:  QUININE ('D') GIVEN	CODE 'D'      CODE 'D' CIRCLED      NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (SKIP TO 336) ←	CODE 'D'      CODE 'D' CIRCLED      NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (SKIP TO 336) ←	CODE 'D'      CODE 'D' CIRCLED      NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (SKIP TO 336) ←
334	How long after the fever started did (NAME) first take quinine?	SAME DAY      . . . . . 0 NEXT DAY      . . . . . 1 TWO DAYS AFTER FEVER      . . . . . 2 THREE DAYS AFTER FEVER      . . . . . 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW    . . . 8	SAME DAY      . . . . . 0 NEXT DAY      . . . . . 1 TWO DAYS AFTER FEVER      . . . . . 2 THREE DAYS AFTER FEVER      . . . . . 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW    . . . 8	SAME DAY      . . . . . 0 NEXT DAY      . . . . . 1 TWO DAYS AFTER FEVER      . . . . . 2 THREE DAYS AFTER FEVER      . . . . . 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW    . . . 8
335	For how many days did (NAME) take the quinine?  IF 7 DAYS OR MORE, WRITE '7'.	DAYS      . . . . . <input type="checkbox"/>  DON'T KNOW    . . . 8	DAYS      . . . . . <input type="checkbox"/>  DON'T KNOW    . . . 8	DAYS      . . . . . <input type="checkbox"/>  DON'T KNOW    . . . 8
336	CHECK 322:  ACT ('E') GIVEN	CODE 'E'      CODE 'E' CIRCLED      NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (SKIP TO 339) ←	CODE 'E'      CODE 'E' CIRCLED      NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (SKIP TO 339) ←	CODE 'E'      CODE 'E' CIRCLED      NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (SKIP TO 339) ←
337	How long after the fever started did (NAME) first take ACT?	SAME DAY      . . . . . 0 NEXT DAY      . . . . . 1 TWO DAYS AFTER FEVER      . . . . . 2 THREE DAYS AFTER FEVER      . . . . . 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW    . . . 8	SAME DAY      . . . . . 0 NEXT DAY      . . . . . 1 TWO DAYS AFTER FEVER      . . . . . 2 THREE DAYS AFTER FEVER      . . . . . 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW    . . . 8	SAME DAY      . . . . . 0 NEXT DAY      . . . . . 1 TWO DAYS AFTER FEVER      . . . . . 2 THREE DAYS AFTER FEVER      . . . . . 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW    . . . 8
338	For how many days did (NAME) take the ACT?  IF 7 DAYS OR MORE, WRITE '7'.	DAYS      . . . . . <input type="checkbox"/>  DON'T KNOW    . . . 8	DAYS      . . . . . <input type="checkbox"/>  DON'T KNOW    . . . 8	DAYS      . . . . . <input type="checkbox"/>  DON'T KNOW    . . . 8
339	CHECK 322:  OTHER ANTIMALARIAL ('F') GIVEN	CODE 'F'      CODE 'F' CIRCLED      NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (SKIP TO 342) ←	CODE 'F'      CODE 'F' CIRCLED      NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (SKIP TO 342) ←	CODE 'F'      CODE 'F' CIRCLED      NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓                                      ↓ (SKIP TO 342) ←
340	How long after the fever started did (NAME) first take the (OTHER ANTIMALARIAL)?	SAME DAY      . . . . . 0 NEXT DAY      . . . . . 1 TWO DAYS AFTER FEVER      . . . . . 2 THREE DAYS AFTER FEVER      . . . . . 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW    . . . 8	SAME DAY      . . . . . 0 NEXT DAY      . . . . . 1 TWO DAYS AFTER FEVER      . . . . . 2 THREE DAYS AFTER FEVER      . . . . . 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW    . . . 8	SAME DAY      . . . . . 0 NEXT DAY      . . . . . 1 TWO DAYS AFTER FEVER      . . . . . 2 THREE DAYS AFTER FEVER      . . . . . 3 FOUR OR MORE DAYS AFTER FEVER .. 4 DON'T KNOW    . . . 8
341	For how many days did (NAME) take the (OTHER ANTIMALARIAL)?  IF 7 DAYS OR MORE, WRITE '7'.	DAYS      . . . . . <input type="checkbox"/>  DON'T KNOW    . . . 8	DAYS      . . . . . <input type="checkbox"/>  DON'T KNOW    . . . 8	DAYS      . . . . . <input type="checkbox"/>  DON'T KNOW    . . . 8
342		GO BACK TO 315 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 401.	GO BACK TO 315 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 401.	GO TO 315 IN 1st COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, TO 401.

**SECTION 4. KNOWLEDGE OF MALARIA**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Have you ever heard of an illness called malaria?	YES ..... 1 NO ..... 2	→ 414
402	What are some things that can happen to you when you have malaria?  CIRCLE ALL MENTIONED.	FEVER ..... A CHILLS/SHIVERING ..... B HEADACHE ..... C JOINT PAIN ..... D POOR APPETITE ..... E VOMITTING ..... F CONVULSION ..... G  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
403	Who is most likely to get a serious case of malaria?  CIRCLE ALL MENTIONED.	CHILDREN ..... A PREGNANT WOMEN ..... B ADULTS ..... C ELDERLY ..... D EVERYONE ..... E DON'T KNOW ..... Z	
404	What causes malaria?  CIRCLE ALL MENTIONED.	MOSQUITOES ..... A STAGNANT WATER ..... B DIRTY SURROUNDINGS ..... C BEER ..... D CERTAIN FOODS ..... E  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
405	Are there ways to avoid getting malaria?	YES ..... 1 NO ..... 2	→ 408
406	What are the ways to avoid getting malaria?  CIRCLE ALL MENTIONED.	SLEEP UNDER MOSQUITO NET ..... A SLEEP UNDER AN ITN/LLIN ..... B USE INSECTICIDE SPRAY ..... C USE MOSQUITO COILS ..... D KEEP DOORS AND WINDOWS CLOSED ..... E USE INSECT REPELLANT ..... F KEEP SURROUNDINGS CLEAN ..... G CUT THE GRASS ..... H ELILMINATE STAGNANT WATER AROUND LIVING AREA ..... I  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
407	What can a pregnant woman do to prevent malaria?  CIRCLE ALL MENTIONED.	SLEEP UNDER MOSQUITO NET ..... A SLEEP UNDER AN ITN/LLIN ..... B KEEP ENVIRONMENT CLEAN ..... C TAKE SP/FANSIDAR GIVEN DURING ANTENATAL CARE ..... D TAKE DARAPRIM TABLETS (SUNDAY- SUNDAY MEDICINE) ..... E  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
408	Can malaria be treated?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 411
409	What drugs are used to treat adults with malaria ?  CIRCLE ALL MENTIONED.	SP/FANSIDAR ..... A CHLOROQUINE ..... B QUININE ..... C ACT ..... D ASPIRIN, PANADOL, PARACETAMOL ..... E  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	

410	What drugs are used to treat children with malaria?  CIRCLE ALL MENTIONED.	SP/FANSIDAR ..... A CHLOROQUINE ..... B QUININE ..... C ACT ..... D ASPIRIN/PANADOL/PARACETAMOL . . E  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z					
411	In the past 4 weeks, have you seen or heard any messages about malaria?	YES ..... 1 NO ..... 2	→ 414				
412	What messages about malaria have you seen or heard?  CIRCLE ALL MENTIONED.	<b>BILLBOARDS</b> MOSQUITO BACKING BABY ..... A MAN PLAYING DRAFTS WITH MOSQUITO ..... B MOSQUITO APPEARS IN FAMILY PICTURE ..... C WOMAN WEARING MOQUITO NET AS CLOTHES GOING TO MARKET ... D  <b>TELEVISION</b> FRIENDS PLAYING DRAFTS, WHERE SMALL FRIEND SLAPS THE BIG FRIEND (MR. CALYPSO) ..... E MOSQUITO TAKES CHILD AWAY WHILE FAMILY IS SLEEPING ..... F WOMAN WEARING MOQUITO NET AS CLOTHES GOING TO MARKET ... G WOMAN TELLS HER HUSBAND "YOU DON BECOME DOCTOR AND YOU SABI BELLE PASS ME...I PITY MALARIA" ..... H THE KING GETS SLAPPED ..... I LONART VERSUS MALARIA ..... J  <b>RADIO</b> ..... K  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z					
413	Where did you hear or see these messages?  CIRCLE ALL MENTIONED.	RADIO ..... A TELEVISION ..... B COMMUNITY HEALTH EXTENSION WORKER (CHEW) ..... C COMMUNITY ORIENTED RESOURCE PERSON (CORP) ..... D ROLE MODEL CAREGIVER/ COMMUNITY WORKER ..... E MOSQUE/CHURCH ..... F TOWN ANNOUNCER ..... G COMMUNITY EVENT ..... H BILLBOARD ..... I POSTER ..... J T-SHIRT ..... K LEAFLET/FACT SHEET/ BROCHURE . L RELATIVE/FRIEND/NEIGHBOUR SCHOOL ..... M  OTHER _____ X (SPECIFY)					
414	RECORD THE TIME.	HOUR ..... MINUTES .....	<table border="1" style="width: 100px; height: 40px; margin-left: auto;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table>				