

CONFIDENTIAL

NIGERIA MALARIA INDICATOR SURVEY HOUSEHOLD QUESTIONNAIRE

NATIONAL POPULATION COMMISSION
NATIONAL MALARIA CONTROL PROGRAM

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

IDENTIFICATION									
STATE _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
LOCAL GOVT. AREA _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
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BUILDING NUMBER	<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
HOUSEHOLD HEAD NAME/NUMBER _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								

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></table> MONTH <table border="1" style="width: 40px; height: 20px; float: right;"><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="width: 80px; height: 20px; float: right;"><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="width: 40px; height: 20px; float: right;"><tr><td> </td><td> </td></tr></table>								
RESULT*	_____	_____	_____	RESULT <table border="1" style="width: 40px; height: 20px; float: right;"><tr><td> </td><td> </td></tr></table>								
NEXT VISIT: DATE	_____	_____	_____	TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"><tr><td> </td><td> </td></tr></table>								
TIME	_____	_____	_____									
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="width: 40px; height: 20px; float: right;"><tr><td> </td><td> </td></tr></table> TOTAL ELIGIBLE WOMEN <table border="1" style="width: 40px; height: 20px; float: right;"><tr><td> </td><td> </td></tr></table> TOTAL ELIGIBLE CHILDREN AGE 0-5 YEARS <table border="1" style="width: 40px; height: 20px; float: right;"><tr><td> </td><td> </td></tr></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="width: 40px; height: 20px; float: right;"><tr><td> </td><td> </td></tr></table>								
LANGUAGE OF QUESTIONNAIRE** ENGLISH LANGUAGE OF INTERVIEW** NATIVE LANGUAGE OF RESPONDENT** TRANSLATOR USED (1=NOT AT ALL; 2=SOMETIME; 3=ALL THE TIME)				<table border="1" style="width: 40px; height: 80px;"> <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 CODES: 1 HAUSA 3 IGBO 6 OTHER _____ 2 YORUBA 4 ENGLISH (SPECIFY)												
SUPERVISOR/EDITOR NAME _____ DATE _____ <table border="1" style="width: 40px; height: 20px; float: right;"><tr><td> </td><td> </td></tr></table>					OFFICE EDITOR <table border="1" style="width: 40px; height: 20px; float: right;"><tr><td> </td><td> </td></tr></table>			KEYED BY <table border="1" style="width: 40px; height: 20px; float: right;"><tr><td> </td><td> </td></tr></table>				

Introduction and Consent

Greetings. My name is _____ and I am working with National Population Commission. We are conducting a national survey that asks women and men about various health issues. 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. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes between 20 and 30 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

As part of the survey we would first like to ask some questions about your household. All of the answers you give will be confidential. As part of this survey, we are asking that children all over the country take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or disease. This survey will help the government to develop programs to prevent and treat anemia. As part of this survey, we are asking that children all over the country take a test to see if they have malaria. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. If the malaria test is positive, treatment will be offered. This survey will help the government to develop programs to prevent malaria. Participation in the survey is completely voluntary. 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 you will participate in the 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

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP	SEX	RESIDENCE		AGE	WOMEN AGE 15-49		CHILDREN 0-5
				Does (NAME) usually live here?	Did (NAME) stay here last night?		CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 YEARS	Is (NAME) currently pregnant?	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
			M F 1 2	YES NO 1 2	YES NO 1 2	IN YEARS [][]	01	YES NO/DK 1 2	01
01		[][]	1 2	1 2	1 2	[][]	01	1 2	01
02		[][]	1 2	1 2	1 2	[][]	02	1 2	02
03		[][]	1 2	1 2	1 2	[][]	03	1 2	03
04		[][]	1 2	1 2	1 2	[][]	04	1 2	04
05		[][]	1 2	1 2	1 2	[][]	05	1 2	05
06		[][]	1 2	1 2	1 2	[][]	06	1 2	06
07		[][]	1 2	1 2	1 2	[][]	07	1 2	07
08		[][]	1 2	1 2	1 2	[][]	08	1 2	08
09		[][]	1 2	1 2	1 2	[][]	09	1 2	09
10		[][]	1 2	1 2	1 2	[][]	10	1 2	10

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

YES ENTER EACH IN TABLE NO

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

YES ENTER EACH IN TABLE NO

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

YES ENTER EACH IN TABLE NO

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- 01 = HEAD
- 02 = WIFE OR HUSBAND
- 03 = SON OR DAUGHTER
- 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
- 05 = GRANDCHILD
- 06 = PARENT
- 07 = PARENT-IN-LAW
- 08 = BROTHER OR SISTER
- 09 = NIECE/NEPHEW BY BLOOD
- 10 = NIECE/NEPHEW BY MARRIAGE
- 11 = OTHER RELATIVE
- 12 = ADOPTED/FOSTER/STEPCHILD
- 13 = NOT RELATED
- 98 = DONT KNOW

LINE NO.	IF AGE 5 YEARS OR OLDER		FOR EVERYONE FEVER AND TREATMENT			
	EVER ATTENDED SCHOOL		In the last 2 weeks, has (NAME) been sick with a fever at any time?	Did (NAME) get any treatment for the fever in the last 2 weeks?	Where did (NAME) first seek treatment? USE CODES BELOW.	How much did the treatment cost? INCLUDE COST OF DOCTOR, NURSE, DRUGS, TESTS. IF > 99990, WRITE '99990'. IF FREE, CIRCLE CODE '99995'.
(10A)	(10B)	(11)				
	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.				
	Y N 1 2 ↓ GO TO 11	CLASS/ LEVEL YEAR [] []	Y N DK 1 2 8 ↓ NEXT LINE NO.	Y N DK 1 2 8 ↓ NEXT LINE NO.	[] []	NAIRA [] [] [] [] [] FREE 99995
01	1 2 ↓ GO TO 11	[] []	1 2 8 ↓ NEXT LINE NO.	1 2 8 ↓ NEXT LINE NO.	[] []	[] [] [] [] [] FREE 99995
02	1 2 ↓ GO TO 11	[] []	1 2 8 ↓ NEXT LINE NO.	1 2 8 ↓ NEXT LINE NO.	[] []	[] [] [] [] [] FREE 99995
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04	1 2 ↓ GO TO 11	[] []	1 2 8 ↓ NEXT LINE NO.	1 2 8 ↓ NEXT LINE NO.	[] []	[] [] [] [] [] FREE 99995
05	1 2 ↓ GO TO 11	[] []	1 2 8 ↓ NEXT LINE NO.	1 2 8 ↓ NEXT LINE NO.	[] []	[] [] [] [] [] FREE 99995
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10	1 2 ↓ GO TO 11	[] []	1 2 8 ↓ NEXT LINE NO.	1 2 8 ↓ NEXT LINE NO.	[] []	[] [] [] [] [] FREE 99995

CODES FOR Q. 10B: EDUCATION

EDUCATION LEVEL:

0=PRE-PRIMARY/KINDERGARTEN
1 = PRIMARY
2 = SECONDARY
3 = HIGHER
8 = DON'T KNOW

EDUCATION YEAR:

01 - 03 = YEARS AT PRE-PRIMARY/KINDERGARTEN LEVEL
01 - 06 = YEARS 1 - 6 AT PRIMARY LEVEL
01 - 06 = YEARS 1 - 6 AT SECONDARY LEVEL
01 - TOTAL NUMBER OF YEARS AT HIGHER LEVEL*
00 = LESS THAN 1 YEAR COMPLETED
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*FOR "HIGHER", TOTAL THE NUMBER OF YEARS AT THE POST-SECONDARY LEVEL

CODES FOR Q. 13: PLACE OF TREATMENT

01 = GOVERNMENT HOSPITAL
02 = GOVERNMENT HEALTH CENTER
03 = GOVERNMENT HEALTH CLINIC
04 = PRIVATE HOSPITAL/CLINIC
05 = PHARMACY
06 = PRIVATE DOCTOR
07 = MOBILE CLINIC
08 = CHEMIST/PMV
09 = SHOP
10 = TRADITIONAL PRACTITIONER
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12 = DRUG HAWKER
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13		[][]	1 2	1 2	1 2	[][]	13	1 2	13
14		[][]	1 2	1 2	1 2	[][]	14	1 2	14
15		[][]	1 2	1 2	1 2	[][]	15	1 2	15
16		[][]	1 2	1 2	1 2	[][]	16	1 2	16
17		[][]	1 2	1 2	1 2	[][]	17	1 2	17
18		[][]	1 2	1 2	1 2	[][]	18	1 2	18
19		[][]	1 2	1 2	1 2	[][]	19	1 2	19
20		[][]	1 2	1 2	1 2	[][]	20	1 2	20

TICK HERE IF CONTINUATION SHEET USED

- 2A) Just to make sure that I have a complete listing, are there any other persons such as small children or infants that we have not listed? YES ENTER EACH IN TABLE NO
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HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																							
15	What is the main source of drinking water for members of your household?	<p>PIPED WATER</p> <p>PIPED INTO DWELLING 11</p> <p>PIPED TO YARD/PLOT 12</p> <p>PUBLIC TAP/STANDPIPE 13</p> <p>TUBE WELL OR BOREHOLE 21</p> <p>DUG WELL</p> <p>HAND PUMP, PROTECTED WELL ... 31</p> <p>UNPROTECTED WELL 32</p> <p>WATER FROM SPRING</p> <p>PROTECTED SPRING 41</p> <p>UNPROTECTED SPRING 42</p> <p>RAINWATER 51</p> <p>TANKER TRUCK 61</p> <p>CART WITH SMALL TANK 71</p> <p>SURFACE WATER/RIVER/LAKE/STREAM 81</p> <p>BOTTLED WATER 91</p> <p>WATER SACHETS (PURE WATER)..... 92</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>																																								
16	What kind of toilet facility do members of your household usually use?	<p>FLUSH OR POUR FLUSH TOILET</p> <p>FLUSH TO PIPED SEWER SYSTEM . 11</p> <p>FLUSH TO SEPTIC TANK 12</p> <p>FLUSH TO PIT LATRINE 13</p> <p>FLUSH TO SOMEWHERE ELSE 14</p> <p>FLUSH, DON'T KNOW WHERE 15</p> <p>PIT LATRINE</p> <p>VENTILATED IMPROVED PIT LATRINE 21</p> <p>PIT LATRINE WITH SLAB 22</p> <p>PIT LATRINE WITHOUT SLAB/OPEN PIT 23</p> <p>COMPOSTING TOILET..... 31</p> <p>BUCKET TOILET 41</p> <p>HANGING TOILET/HANGING LATRINE . 51</p> <p>NO FACILITY/BUSH/FIELD 61</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>																																								
17	Does your household have the following items which are in good working order:	<table border="0"> <thead> <tr> <th></th> <th align="center"><u>YES</u></th> <th align="center"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>RADIO</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>TELEVISION</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>MOBILE TELEPHONE</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>NON-MOBILE TELEPHONE .</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>REFRIGERATOR</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>CABLE TV</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>GENERATING SET</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>AIR CONDITIONER</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>COMPUTER</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>ELECTRIC IRON</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>FAN</td> <td align="center">1</td> <td align="center">2</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	ELECTRICITY	1	2	RADIO	1	2	TELEVISION	1	2	MOBILE TELEPHONE	1	2	NON-MOBILE TELEPHONE .	1	2	REFRIGERATOR	1	2	CABLE TV	1	2	GENERATING SET	1	2	AIR CONDITIONER	1	2	COMPUTER	1	2	ELECTRIC IRON	1	2	FAN	1	2	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
18	<p>What type of fuel does your household mainly use for cooking?</p>	<p>ELECTRICITY 01 LPG/COOKING GAS 02 NATURAL GAS 03 BIOGAS 04 KEROSENE 05 COAL, LIGNITE 06 CHARCOAL 07 WOOD 08 STRAW/SHRUBS/GRASS 09 AGRICULTURAL CROP 10 ANIMAL DUNG 11</p> <p>NO FOOD COOKED IN HOUSEHOLD 95</p> <p>OTHER _____ 96 (SPECIFY)</p>	
19	<p>MAIN MATERIAL OF THE FLOOR OF THE HOUSEHOLD.</p> <p>RECORD OBSERVATION.</p> <p>IF DIFFERENT ROOMS HAVE DIFFERENT FLOOR MATERIAL, CIRCLE THE CODE FOR THE MOST COMMON, i.e., WHAT COVERS THE LARGEST AREA.</p>	<p>NATURAL FLOOR EARTH/SAND/MUD 11</p> <p>RUDIMENTARY FLOOR WOOD PLANKS 21</p> <p>FINISHED FLOOR PARQUET OR POLISHED WOOD ... 31 FLOOR MAT, LINOLEUM, VINYL 32 CERAMIC TILES 33 CONCRETE, CEMENT 34 CARPET 35</p> <p>OTHER _____ 96 (SPECIFY)</p>	
20	<p>MAIN MATERIAL OF THE ROOF OF THE HOUSEHOLD.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL ROOFING THATCH/PALM LEAF 11</p> <p>RUDIMENTARY ROOFING PALM/BAMBOO/MATS 21 WOOD PLANKS 22 TARPAULIN, PLASTIC 23</p> <p>FINISHED ROOFING ZINC, METAL 31 WOOD 32 CERAMIC TILES 34 CONCRETE, CEMENT 35 ASBESTOS SHEETS, SHINGLES ... 36</p> <p>OTHER _____ 96 (SPECIFY)</p>	
21	<p>MAIN MATERIAL OF THE OUTSIDE WALLS OF THE HOUSEHOLD.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL WALLS MUD AND STICKS 11 CANE/PALM/TRUNKS 12 STRAW, THATCH MATS 13</p> <p>RUDIMENTARY WALLS MUD BRICKS 21 PLYWOOD, REUSED WOOD 22 CARDBOARD, PLASTIC 23</p> <p>FINISHED WALLS CEMENT OR STONE BLOCKS 31 BRICKS 32 WOOD PLANKS/SHINGLES 33</p> <p>OTHER _____ 96 (SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
21A	How many rooms in total are in your household, including rooms for sleeping and all other rooms? INCLUDE ALL STRUCTURES BELONGING TO THE HOUSEHOLD DWELLING.	ROOMS (TOTAL) <input type="text"/> <input type="text"/>																						
21B	How many rooms are used for sleeping in your household?	NUMBER OF ROOMS (SLEEPING) <input type="text"/> <input type="text"/>																						
21C	How many sleeping facilities are currently in use in this household, including any beds, mattresses, mats, or rugs? ASK FOR BOTH INSIDE AND OUTSIDE OF DWELLING.	NUMBER OF SLEEPING FACILITIES <input type="text"/> <input type="text"/>																						
22	Does any member of this household own: A canoe? A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A boat with a motor?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>YES</u></th> <th style="text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>CANOE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BICYCLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ANIMAL-DRAWN CART ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR/TRUCK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BOAT WITH MOTOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	CANOE	1	2	BICYCLE	1	2	MOTORCYCLE/SCOOTER .	1	2	ANIMAL-DRAWN CART ...	1	2	CAR/TRUCK	1	2	BOAT WITH MOTOR	1	2	
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ANIMAL-DRAWN CART ...	1	2																						
CAR/TRUCK	1	2																						
BOAT WITH MOTOR	1	2																						
23	At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>	YES	1	NO	2	DON'T KNOW	8	→ 25															
YES	1																							
NO	2																							
DON'T KNOW	8																							
24	Who sprayed the dwelling?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>GOVERNMENT WORKER/PROGRAM</td> <td style="text-align: center;">1</td> </tr> <tr> <td>PRIVATE COMPANY</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;">SPECIFY</td> <td></td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>	GOVERNMENT WORKER/PROGRAM	1	PRIVATE COMPANY	2	OTHER _____	6	SPECIFY		DON'T KNOW	8												
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SPECIFY																								
DON'T KNOW	8																							
25	Does your household have any mosquito nets that can be used while sleeping?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>	YES	1	NO	2	→ 27																	
YES	1																							
NO	2																							
26	Why doesn't your household have any mosquito nets? CIRCLE ALL MENTIONED.	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>NO MOSQUITOES</td> <td style="text-align: center;">A</td> </tr> <tr> <td>NOT AVAILABLE</td> <td style="text-align: center;">B</td> </tr> <tr> <td>DON'T LIKE TO USE NETS</td> <td style="text-align: center;">C</td> </tr> <tr> <td>TOO EXPENSIVE</td> <td style="text-align: center;">D</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: center;">X</td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> </tr> </tbody> </table>	NO MOSQUITOES	A	NOT AVAILABLE	B	DON'T LIKE TO USE NETS	C	TOO EXPENSIVE	D	OTHER _____	X	(SPECIFY)		→ 40									
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NOT AVAILABLE	B																							
DON'T LIKE TO USE NETS	C																							
TOO EXPENSIVE	D																							
OTHER _____	X																							
(SPECIFY)																								
27	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS <input type="text"/>																						

		NET #1	NET #2	NET #3
28	ASK RESPONDENT TO SHOW YOU THE NETS. IF MORE THAN 3, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED, BUT HAS HOLES 1 OBSERVED, DOES NOT HAVE HOLES 2 NOT OBSERVED 3	OBSERVED, BUT HAS HOLES 1 OBSERVED, DOES NOT HAVE HOLES 2 NOT OBSERVED 3	OBSERVED, BUT HAS HOLES 1 OBSERVED, DOES NOT HAVE HOLES 2 NOT OBSERVED 3
28A	OBSERVER OR ASK IF NET IS HANGING.	OBSERVED HANGING 1 NOT HANGING 2 NOT OBSERVED HANGING 3 NOT HANGING 4	OBSERVED HANGING 1 NOT HANGING 2 NOT OBSERVED HANGING 3 NOT HANGING 4	OBSERVED HANGING 1 NOT HANGING 2 NOT OBSERVED HANGING 3 NOT HANGING 4
29	How many months ago did your household obtain the mosquito net? IF LESS THAN ONE MONTH, WRITE '00'.	MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO 95 NOT SURE 98	MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO 95 NOT SURE 98	MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO 95 NOT SURE 98
29A	Where did you obtain this mosquito net?	NET DISTRIBUTION CAMPAIGN 01 PRIMARY HEALTH CENTER/ HEALTH POST 02 GOVERNMENT HOSPITAL 03 PRIVATE HOSPITAL 04 NGO/MISSION CLINIC ... 05 MOSQUE/CHURCH 06 PHARMACY 07 PATENT MEDICINE STORE 08 SHOP/SUPERMARKET . 09 OPEN MARKET 10 HAWKER 11 DON'T KNOW 96 OTHER _____ 98 (SPECIFY)	NET DISTRIBUTION CAMPAIGN 01 PRIMARY HEALTH CENTER/ HEALTH POST 02 GOVERNMENT HOSPITAL 03 PRIVATE HOSPITAL ... 04 NGO/MISSION CLINIC ... 05 MOSQUE/CHURCH 06 PHARMACY 07 PATENT MEDICINE STORE 08 SHOP/SUPERMARKET . 09 OPEN MARKET 10 HAWKER 11 DON'T KNOW 96 OTHER _____ 98 (SPECIFY)	NET DISTRIBUTION CAMPAIGN 01 PRIMARY HEALTH CENTER/ HEALTH POST 02 GOVERNMENT HOSPITAL 03 PRIVATE HOSPITAL ... 04 NGO/MISSION CLINIC ... 05 MOSQUE/CHURCH 06 PHARMACY 07 PATENT MEDICINE STORE 08 SHOP/SUPERMARKET . 09 OPEN MARKET 10 HAWKER 11 DON'T KNOW 96 OTHER _____ 98 (SPECIFY)
30	Did you buy the net or was it given to you free?	BOUGHT 1 FREE 2 (SKIP TO 32) ← DONT KNOW 8	BOUGHT 1 FREE 2 (SKIP TO 32) ← DONT KNOW 8	BOUGHT 1 FREE 2 (SKIP TO 32) ← DONT KNOW 8
31	How much did you pay for the net? IF DK, WRITE '99998'.	COST IN NAIRA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	COST IN NAIRA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	COST IN NAIRA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
32	OBSERVE OR ASK THE TYPE AND BRAND OF MOSQUITO NET. IF BRAND IS UNKNOWN, AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	LONG-LASTING INSECTICIDE TREATED NET (LLIN) PERMANET 11 OLYSET 12 ICONLIFE 13 DURANET 14 NETPROTECT 15 BASF INTERCEPTOR . 16 OTHER/DK BRAND . 17 (SKIP TO 36) ← RETREATABLE NET ... 21 (SKIP TO 34) ← UNTREATED NET 31 (SKIP TO 34) ← OTHER _____ 96 (SPECIFY) DON'T KNOW 98	LONG-LASTING INSECTICIDE TREATED NET (LLIN) PERMANET 11 OLYSET 12 ICONLIFE 13 DURANET 14 NETPROTECT 15 BASF INTERCEPTOR . 16 OTHER/DK BRAND . 17 (SKIP TO 36) ← RETREATABLE NET ... 21 (SKIP TO 34) ← UNTREATED NET 31 (SKIP TO 34) ← OTHER _____ 96 (SPECIFY) DON'T KNOW 98	LONG-LASTING INSECTICIDE TREATED NET (LLIN) PERMANET 11 OLYSET 12 ICONLIFE 13 DURANET 14 NETPROTECT 15 BASF INTERCEPTOR . 16 OTHER/DK BRAND . 17 (SKIP TO 36) ← RETREATABLE NET ... 21 (SKIP TO 34) ← UNTREATED NET 31 (SKIP TO 34) ← OTHER _____ 96 (SPECIFY) DON'T KNOW 98
33	When you got the net, was it already factory-treated with an insecticide to kill or repel mosquitos?	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8
34	Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill or repel mosquitos?	YES 1 NO 2 (SKIP TO 36) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 36) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 36) ← NOT SURE 8
35	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH, RECORD 00' MONTHS. IF LESS THAN 2 YEARS AGO, RECORD MONTHS AGO. IF '12 MONTHS AGO' OR '1 YEAR AGO,' PROBE FOR EXACT NUMBER OF MONTHS.	MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO 95 NOT SURE 98	MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO 95 NOT SURE 98	MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO 95 NOT SURE 98

		NET #1	NET #2	NET #3
36	Did anyone sleep under this mosquito net last night?	YES 1 (SKIP TO 38) ←	YES 1 (SKIP TO 38) ←	YES 1 (SKIP TO 38) ←
		NO 2	NO 2	NO 2
		NOT SURE 8 (SKIP TO 39) ←	NOT SURE 8 (SKIP TO 39) ←	NOT SURE 8 (SKIP TO 39) ←
37	Why didn't anyone sleep under this net?	NO MOSQUITOES 01 NO MALARIA 02 TOO HOT 03 DIFFICULT TO HANG 04 DON'T LIKE SMELL 05 FEEL 'CLOSED IN' OR CONSTRAINED 06 NET TOO OLD OR TORN 07 NET TOO DIRTY 08 NET NOT AVAILABLE LAST NIGHT (WASHING) 09 FEEL ITN CHEMICALS ARE UNSAFE 10 ITN PROVOKES COUGHING 11 USUAL USER(S) DID NOT SLEEP HERE LAST NIGHT 12 NET NOT NEEDED LAST NIGHT 13 OTHER 96 SPECIFY DON'T KNOW 98 (SKIP TO 39) ←	NO MOSQUITOES 01 NO MALARIA 02 TOO HOT 03 DIFFICULT TO HANG 04 DON'T LIKE SMELL 05 FEEL 'CLOSED IN' OR CONSTRAINED 06 NET TOO OLD OR TORN 07 NET TOO DIRTY 08 NET NOT AVAILABLE LAST NIGHT (WASHING) 09 FEEL ITN CHEMICALS ARE UNSAFE 10 ITN PROVOKES COUGHING 11 USUAL USER(S) DID NOT SLEEP HERE LAST NIGHT 12 NET NOT NEEDED LAST NIGHT 13 OTHER 96 SPECIFY DON'T KNOW 98 (SKIP TO 39) ←	NO MOSQUITOES 01 NO MALARIA 02 TOO HOT 03 DIFFICULT TO HANG 04 DON'T LIKE SMELL 05 FEEL 'CLOSED IN' OR CONSTRAINED 06 NET TOO OLD OR TORN 07 NET TOO DIRTY 08 NET NOT AVAILABLE LAST NIGHT (WASHING) 09 FEEL ITN CHEMICALS ARE UNSAFE 10 ITN PROVOKES COUGHING 11 USUAL USER(S) DID NOT SLEEP HERE LAST NIGHT 12 NET NOT NEEDED LAST NIGHT 13 OTHER 96 SPECIFY DON'T KNOW 98 (SKIP TO 39) ←
38	Who slept under this mosquito net last night? RECORD THE PERSON'S LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>
		NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>
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		NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>
39		GO BACK TO 28 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 40.	GO BACK TO 28 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 40.	GO BACK TO 28 IN THE FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 40.

ANEMIA AND MALARIA TESTING FOR CHILDREN AGE 6-59 MONTHS

40	CHECK COLUMN 10. WRITE THE LINE NUMBER AND NAME FOR ALL CHILDREN 0-5 YEARS IN Q. 41 IN ORDER BY LINE NUMBER. IF MORE THAN 6 CHILDREN, USE ADDITIONAL QUESTIONNAIRES. BE SURE TO FILL Qs. 50 AND 52. IF NO CHILDREN AGE 0-5 YEARS IN HOUSEHOLD, END HOUSEHOLD QUESTIONNAIRE AND START WOMEN'S QUESTIONNAIRE.			
		CHILD 1	CHILD 2	CHILD 3
41	LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____
42	IF MOTHER INTERVIEWED, COPY CHILD'S MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>
43	CHECK 42: CHILD BORN IN JANUARY 2005 OR LATER?	YES 1 NO 2 (GO TO 42 FOR NEXT CHILD OR, IF NO MORE, GO TO 56) ←	YES 1 NO 2 (GO TO 42 FOR NEXT CHILD OR, IF NO MORE, GO TO 56) ←	YES 1 NO 2 (GO TO 42 FOR NEXT CHILD OR, IF NO MORE, GO TO 56) ←
44	CHECK 42: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS 1 (GO TO 42 FOR NEXT CHILD OR, IF NO MORE, GO TO 56) OLDER 2	0-5 MONTHS 1 (GO TO 42 FOR NEXT CHILD OR, IF NO MORE, GO TO 56) OLDER 2	0-5 MONTHS 1 (GO TO 42 FOR NEXT CHILD OR, IF NO MORE, GO TO 56) OLDER 2
45	LINE NUMBER OF PARENT OR ADULT RESPONSIBLE FOR CHILD. RECORD '00' IF NOT LISTED.	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>
LAB SCIENTIST COMPLETE THIS SECTION				
46	READ ANEMIA CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR CHILD.	CONSENT STATEMENT FOR ANEMIA TEST		
		<p>As part of this survey, we are asking that children all over the country take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or disease. This survey will help the government to develop programs to prevent and treat anemia.</p> <p>We request that all children born in 2005 or later participate in the anemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately and the result will be told to you right away. The result will be kept confidential.</p> <p>Do you have any questions about the anemia test?</p> <p>You can say yes to the test or you can say no. It is up to you to decide.</p> <p>Will you allow (NAME(S) OF CHILD(REN) to participate in the anemia test?</p>		
47	LAB SCIENTIST SIGNATURE VERIFYING INTERVIEWER READ ANEMIA CONSENT TO THE RESPONDENT. CIRCLE THE APPROPRIATE CODE.	<hr/> LAB SCIENTIST SIGNATURE GRANTED TEST 1 GRANTED TEST, REFUSED SIGNATURE THUMB PRINT 2 REFUSED TEST 3 OTHER 6 (SKIP TO 48) ←	<hr/> LAB SCIENTIST SIGNATURE GRANTED TEST 1 GRANTED TEST, REFUSED SIGNATURE THUMB PRINT 2 REFUSED TEST 3 OTHER 6 (SKIP TO 48) ←	<hr/> LAB SCIENTIST SIGNATURE GRANTED TEST 1 GRANTED TEST, REFUSED SIGNATURE THUMB PRINT 2 REFUSED TEST 3 OTHER 6 (SKIP TO 48) ←
47A	RESPONDENT SIGNATURE/ THUMB PRINT IF RESPONDENT GRANTS TEST, HAVE RESPONDENT SIGN OR PLACE THUMB PRINT ON THE LINE.	<hr/> SIGNATURE/THUMB PRINT	<hr/> SIGNATURE/THUMB PRINT	<hr/> SIGNATURE/THUMB PRINT

		CHILD 1	CHILD 2	CHILD 3
48	READ MALARIA CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR CHILD.	<p align="center">CONSENT STATEMENT FOR MALARIA TEST</p> <p>As part of this survey, we are asking that children all over the country take a test to see if they have malaria. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will help the government to develop programs to prevent malaria.</p> <p>We request that all children born in 2005 or later participate in the malaria testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test. (We will use blood from the same finger prick made for the anemia test).</p> <p>The blood will be tested for malaria immediately and the result will be told to you right away. The result will be kept confidential.</p> <p>We will also take (NAME'S) temperature to see if s/he has a fever.</p> <p>Do you have any questions about the malaria test?</p> <p>Will you allow me to take (NAME'S) temperature?</p> <p>You can say yes to the test or you can say no. It is up to you to decide.</p> <p>Will you allow (NAME(S) OF CHILD(REN) to participate in the malaria test?</p>		
49	LAB SCIENTIST SIGNATURE VERIFYING INTERVIEWER READ MALARIA CONSENT TO THE RESPONDENT. CIRCLE THE APPROPRIATE CODE.	LAB SCIENTIST SIGNATURE GRANTED TEST 1 GRANTED TEST, REFUSED SIGNATURE THUMB PRINT 2 REFUSED 3 OTHER 6 (SKIP TO 50) ←	LAB SCIENTIST SIGNATURE GRANTED TEST 1 GRANTED TEST, REFUSED SIGNATURE THUMB PRINT 2 REFUSED 3 OTHER 6 (SKIP TO 50) ←	LAB SCIENTIST SIGNATURE GRANTED TEST 1 GRANTED TEST, REFUSED SIGNATURE THUMB PRINT 2 REFUSED 3 OTHER 6 (SKIP TO 50) ←
49A	RESPONDENT SIGNATURE/ THUMB PRINT IF RESPONDENT GRANTS TEST, HAVE RESPONDENT SIGN OR PLACE THUMB PRINT ON THE LINE.	SIGNATURE/THUMB PRINT	SIGNATURE/THUMB PRINT	SIGNATURE/THUMB PRINT
CONDUCT TESTS FOR WHICH CONSENT IS GRANTED AND CONTINUE TO 50				
50	RECORD RESULT CODE OF ANEMIA TEST.	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 52) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 52) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 52) ←
51	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> <input type="text"/>	G/DL <input type="text"/> <input type="text"/> <input type="text"/>	G/DL <input type="text"/> <input type="text"/> <input type="text"/>
52	RECORD RESULT CODE OF MALARIA TEST	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 56) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 56) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 215) ←
53	BAR CODE LABEL	PUT THE 1ST BAR CODE LABEL HERE. <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 24px; font-weight: bold;">BARCODE</div> PUT THE 2ND BAR CODE LABEL ON THE THICK BLOOD SMEAR SLIDE, THE 3RD ON THE THIN BLOOD SMEAR SLIDE, THE 4TH ON THE PARACHECK, AND THE 5TH ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 24px; font-weight: bold;">BARCODE</div> PUT THE 2ND BAR CODE LABEL ON THE THICK BLOOD SMEAR SLIDE, THE 3RD ON THE THIN BLOOD SMEAR SLIDE, THE 4TH ON THE PARACHECK, AND THE 5TH ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 24px; font-weight: bold;">BARCODE</div> PUT THE 2ND BAR CODE LABEL ON THE THICK BLOOD SMEAR SLIDE, THE 3RD ON THE THIN BLOOD SMEAR SLIDE, THE 4TH ON THE PARACHECK, AND THE 5TH ON THE TRANSMITTAL FORM.

		CHILD 1	CHILD 2	CHILD 3
54	RESULT OF MALARIA TEST	POSITIVE 1 NEGATIVE 2 (SKIP TO 56) ← OTHER 6	POSITIVE 1 NEGATIVE 2 (SKIP TO 56) ← OTHER 6	POSITIVE 1 NEGATIVE 2 (SKIP TO 56) ← OTHER 6
54A	CIRCLE CODE IN FRONT OF BOXES TO RECORD WHETHER CHILD HAS A FEVER AND RECORD TEMPERATURE. IF TEMPERATURE IS 37.5°C OR HIGHER, RECORD TEMPERATURE UNDER CODE 2, HAS FEVER.	NO FEVER (°C) 1 [] [] . [] HAS FEVER (°C) 2 [] [] . []	NO FEVER (°C) 1 [] [] . [] HAS FEVER (°C) 2 [] [] . []	NO FEVER (°C) 1 [] [] . [] HAS FEVER (°C) 2 [] [] . []
54B	RESULT OF TEMPERATURE MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
NURSE COMPLETE THIS SECTION				
54C	IF MALARIA TEST IS POSITIVE: READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD. ASK ABOUT ANY TREATMENT THE CHILD HAS ALREADY RECEIVED.	CONSENT STATEMENT FOR MALARIA TREATMENT The malaria test shows that (NAME) has malaria. We can give you free medicine. The medicine is called ACT. ACT is very effective and in a few days it should get rid of the malaria and other symptoms. You do not have to give (NAME) the medicine. This is up to you. Please tell me whether you accept the medicine or not. BEFORE PROVIDING ACT, FIRST ASK: Is (NAME) already taking any other drugs or medicine to treat malaria? IF YES, ASK TO SEE THE MEDICINE. IF CHILD IS ALREADY TAKING ACT, CHECK ON THE DOSE ALREADY AVAILABLE. BE CAREFUL NOT TO OVERTREAT THE CHILD.		
55	NURSE SIGNATURE VERIFYING INTERVIEWER READ TREATMENT CONSENT TO THE RESPONDENT. CIRCLE THE APPROPRIATE CODE.	_____ NURSE SIGNATURE ACCEPTED MEDICINE . 1 ACCEPTED MEDICINE, REFUSED SIGNATURE THUMB PRINT 2 REFUSED 3 ALREADY HAS ACT . 4 NOT ELIGIBLE 5 OTHER 6 (SKIP TO 56) ←	_____ NURSE SIGNATURE ACCEPTED MEDICINE . 1 ACCEPTED MEDICINE, REFUSED SIGNATURE THUMB PRINT 2 REFUSED 3 ALREADY HAS ACT . 4 NOT ELIGIBLE 5 OTHER 6 (SKIP TO 56) ←	_____ NURSE SIGNATURE ACCEPTED MEDICINE . 1 ACCEPTED MEDICINE, REFUSED SIGNATURE THUMB PRINT 2 REFUSED 3 ALREADY HAS ACT . 4 NOT ELIGIBLE 5 OTHER 6 (SKIP TO 56) ←
55A	RESPONDENT SIGNATURE/ THUMB PRINT IF RESPONDENT ACCEPTS MEDICINE, HAVE RESPONDENT SIGN OR PLACE THUMB PRINT ON THE LINE.	_____ SIGNATURE/THUMB PRINT	_____ SIGNATURE/THUMB PRINT	_____ SIGNATURE/THUMB PRINT
55B	RECORD CHILD'S WEIGHT IN KILOGRAMS	KG. ... [] [] . []	KG. ... [] [] . []	KG. ... [] [] . []
55C	RESULT OF WEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
56		GO BACK TO 42 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, END INTERVIEW.		
TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS				
TREATMENT WITH ACT				
Weight (in kg)	Age	Artemether-Lumefantrine		
Less than 5 kgs	Nothing	Nothing		
5-14 kgs	6 months - 3 years	1 tablet twice a day for 3 days		
15-25 kgs	4 - 8 years	2 tablets twice a day for 3 days		
IF CHILD WEIGHS LESS THAN 5 KGS, DO NOT LEAVE DRUGS. TELL PARENT TO TAKE CHILD TO HEALTH FACILITY.				

		CHILD 4	CHILD 5	CHILD 6
41	LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> NAME _____
42	IF MOTHER INTERVIEWED, COPY CHILD'S MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>
43	CHECK 42: CHILD BORN IN JANUARY 2005 OR LATER?	YES 1 NO 2 (GO TO 42 FOR NEXT CHILD OR, IF NO MORE, GO TO 56)	YES 1 NO 2 (GO TO 42 FOR NEXT CHILD OR, IF NO MORE, GO TO 56)	YES 1 NO 2 (GO TO 42 FOR NEXT CHILD OR, IF NO MORE, GO TO 56)
44	CHECK 42: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS 1 (GO TO 42 FOR NEXT CHILD OR, IF NO MORE, GO TO 56) OLDER 2	0-5 MONTHS 1 (GO TO 42 FOR NEXT CHILD OR, IF NO MORE, GO TO 56) OLDER 2	0-5 MONTHS 1 (GO TO 42 FOR NEXT CHILD OR, IF NO MORE, GO TO 56) OLDER 2
45	LINE NUMBER OF PARENT OR ADULT RESPONSIBLE FOR CHILD. RECORD '00' IF NOT LISTED.	LINE NUMBER ... <input type="text"/>	LINE NUMBER ... <input type="text"/>	LINE NUMBER ... <input type="text"/>
LAB SCIENTIST COMPLETE THIS SECTION				
46	READ ANEMIA CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR CHILD.	CONSENT STATEMENT FOR ANEMIA TEST		
		<p>As part of this survey, we are asking that children all over the country take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or disease. This survey will help the government to develop programs to prevent and treat anemia.</p> <p>We request that all children born in 2005 or later participate in the anemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately and the result will be told to you right away. The result will be kept confidential.</p> <p>Do you have any questions about the anemia test?</p> <p>You can say yes to the test or you can say no. It is up to you to decide.</p> <p>Will you allow (NAME(S) OF CHILD(REN) to participate in the anemia test?</p>		
47	LAB SCIENTIST SIGNATURE VERIFYING INTERVIEWER READ ANEMIA CONSENT TO THE RESPONDENT. CIRCLE THE APPROPRIATE CODE.	LAB SCIENTIST SIGNATURE _____ GRANTED TEST 1 GRANTED TEST, REFUSED SIGNATURE THUMB PRINT 2 REFUSED TEST 3 OTHER 6 (SKIP TO 48) ←	LAB SCIENTIST SIGNATURE _____ GRANTED TEST 1 GRANTED TEST, REFUSED SIGNATURE THUMB PRINT 2 REFUSED TEST 3 OTHER 6 (SKIP TO 48) ←	LAB SCIENTIST SIGNATURE _____ GRANTED TEST 1 GRANTED TEST, REFUSED SIGNATURE THUMB PRINT 2 REFUSED TEST 3 OTHER 6 (SKIP TO 48) ←
47A	RESPONDENT SIGNATURE/ THUMB PRINT IF RESPONDENT GRANTS TEST, HAVE RESPONDENT SIGN OR PLACE THUMB PRINT ON THE LINE.	SIGNATURE/THUMB PRINT _____	SIGNATURE/THUMB PRINT _____	SIGNATURE/THUMB PRINT _____

		CHILD 4	CHILD 5	CHILD 6
48	READ MALARIA CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR CHILD.	CONSENT STATEMENT FOR MALARIA TEST		
		<p>As part of this survey, we are asking that children all over the country take a test to see if they have malaria. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will help the government to develop programs to prevent malaria.</p> <p>We request that all children born in 2005 or later participate in the malaria testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test. We will use blood from the same finger prick made for the anemia test.</p> <p>The blood will be tested for malaria immediately and the result will be told to you right away. The result will be kept confidential.</p> <p>We will also take (NAME'S) temperature to see if s/he has a fever.</p> <p>Do you have any questions about the malaria test?</p> <p>Will you allow me to take (NAME'S) temperature?</p> <p>You can say yes to the test or you can say no. It is up to you to decide.</p> <p>Will you allow (NAME(S) OF CHILD(REN) to participate in the malaria test?</p>		
49	LAB SCIENTIST SIGNATURE VERIFYING INTERVIEWER READ MALARIA CONSENT TO THE RESPONDENT. CIRCLE THE APPROPRIATE CODE.	LAB SCIENTIST SIGNATURE _____ GRANTED TEST 1 GRANTED TEST, REFUSED SIGNATURE THUMB PRINT 2 REFUSED 3 OTHER 6 (SKIP TO 50) ←	LAB SCIENTIST SIGNATURE _____ GRANTED TEST 1 GRANTED TEST, REFUSED SIGNATURE THUMB PRINT 2 REFUSED 3 OTHER 6 (SKIP TO 50) ←	LAB SCIENTIST SIGNATURE _____ GRANTED TEST 1 GRANTED TEST, REFUSED SIGNATURE THUMB PRINT 2 REFUSED 3 OTHER 6 (SKIP TO 50) ←
49A	RESPONDENT SIGNATURE/ THUMB PRINT IF RESPONDENT GRANTS TEST, HAVE RESPONDENT SIGN OR PLACE THUMB PRINT ON THE LINE.	SIGNATURE/THUMB PRINT _____	SIGNATURE/THUMB PRINT _____	SIGNATURE/THUMB PRINT _____
CONDUCT TESTS FOR WHICH CONSENT IS GRANTED AND CONTINUE TO 50				
50	RECORD RESULT CODE OF ANEMIA TEST.	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 52) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 52) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 52) ←
51	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> <input type="text"/>	G/DL <input type="text"/> <input type="text"/> <input type="text"/>	G/DL <input type="text"/> <input type="text"/> <input type="text"/>
52	RECORD RESULT CODE OF MALARIA TEST	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 56) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 56) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 215) ←
53	BAR CODE LABEL	PUT THE 1ST BAR CODE LABEL HERE. <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 24px; width: 100px; margin: 0 auto;">BARCODE</div> PUT THE 2ND BAR CODE LABEL ON THE THICK BLOOD SMEAR SLIDE, THE 3RD ON THE THIN BLOOD SMEAR SLIDE, THE 4TH ON THE PARACHECK, AND THE 5TH ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 24px; width: 100px; margin: 0 auto;">BARCODE</div> PUT THE 2ND BAR CODE LABEL ON THE THICK BLOOD SMEAR SLIDE, THE 3RD ON THE THIN BLOOD SMEAR SLIDE, THE 4TH ON THE PARACHECK, AND THE 5TH ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 24px; width: 100px; margin: 0 auto;">BARCODE</div> PUT THE 2ND BAR CODE LABEL ON THE THICK BLOOD SMEAR SLIDE, THE 3RD ON THE THIN BLOOD SMEAR SLIDE, THE 4TH ON THE PARACHECK, AND THE 5TH ON THE TRANSMITTAL FORM.

		CHILD 4	CHILD 5	CHILD 6
54	RESULT OF MALARIA TEST	POSITIVE 1 NEGATIVE 2 (SKIP TO 56) ← OTHER 6	POSITIVE 1 NEGATIVE 2 (SKIP TO 56) ← OTHER 6	POSITIVE 1 NEGATIVE 2 (SKIP TO 56) ← OTHER 6
54A	CIRCLE CODE IN FRONT OF BOXES TO RECORD WHETHER CHILD HAS A FEVER AND RECORD TEMPERATURE. IF TEMPERATURE IS 37.5°C OR HIGHER, RECORD TEMPERATURE UNDER CODE 2, HAS FEVER.	NO FEVER (°C) 1 <input type="text"/> <input type="text"/> <input type="text"/> HAS FEVER (°C) 2 <input type="text"/> <input type="text"/> <input type="text"/>	NO FEVER (°C) 1 <input type="text"/> <input type="text"/> <input type="text"/> HAS FEVER (°C) 2 <input type="text"/> <input type="text"/> <input type="text"/>	NO FEVER (°C) 1 <input type="text"/> <input type="text"/> <input type="text"/> HAS FEVER (°C) 2 <input type="text"/> <input type="text"/> <input type="text"/>
54B	RESULT OF TEMPERATURE MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
NURSE COMPLETE THIS SECTION				
54C	IF MALARIA TEST IS POSITIVE: READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD. ASK ABOUT ANY TREATMENT THE CHILD HAS ALREADY RECEIVED.	<u>CONSENT STATEMENT FOR MALARIA TREATMENT</u> The malaria test shows that (NAME) has malaria. We can give you free medicine. The medicine is called ACT. ACT is very effective and in a few days it should get rid of the malaria and other symptoms. You do not have to give (NAME) the medicine. This is up to you. Please tell me whether you accept the medicine or not. BEFORE PROVIDING ACT, FIRST ASK: Is (NAME) already taking any other drugs or medicine to treat malaria? IF YES, ASK TO SEE THE MEDICINE. IF CHILD IS ALREADY TAKING ACT, CHECK ON THE DOSE ALREADY AVAILABLE. BE CAREFUL NOT TO OVERTREAT THE CHILD.		
55	NURSE SIGNATURE VERIFYING INTERVIEWER READ TREATMENT CONSENT TO THE RESPONDENT. CIRCLE THE APPROPRIATE CODE.	NURSE SIGNATURE ACCEPTED MEDICINE . 1 ACCEPTED MEDICINE REFUSED SIGNATURE THUMB PRINT 2 REFUSED 3 ALREADY HAS ACT . 4 NOT ELIGIBLE 5 OTHER 6 (SKIP TO 56) ←	NURSE SIGNATURE ACCEPTED MEDICINE . 1 ACCEPTED MEDICINE REFUSED SIGNATURE THUMB PRINT 2 REFUSED 3 ALREADY HAS ACT . 4 NOT ELIGIBLE 5 OTHER 6 (SKIP TO 56) ←	NURSE SIGNATURE ACCEPTED MEDICINE . 1 ACCEPTED MEDICINE REFUSED SIGNATURE THUMB PRINT 2 REFUSED 3 ALREADY HAS ACT . 4 NOT ELIGIBLE 5 OTHER 6 (SKIP TO 56) ←
55A	RESPONDENT SIGNATURE/ THUMB PRINT IF RESPONDENT ACCEPTS MEDICINE, HAVE RESPONDENT SIGN OR PLACE THUMB PRINT ON THE LINE.	SIGNATURE/THUMB PRINT	SIGNATURE/THUMB PRINT	SIGNATURE/THUMB PRINT
55B	RECORD CHILD'S WEIGHT IN KILOGRAMS	KG. ... <input type="text"/> <input type="text"/> <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> <input type="text"/>
55C	RESULT OF WEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
56		GO BACK TO 42 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, END INTERVIEW.		
TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS				
TREATMENT WITH ACT				
Weight (in kg)	Age	Artemether-Lumefantrine		
Less than 5 kgs	Nothing	Nothing		
5-14 kgs	6 months - 3 years	1 tablet twice a day for 3 days		
15-25 kgs	4 - 8 years	2 tablets twice a day for 3 days		
IF CHILD WEIGHS LESS THAN 5 KGS, DO NOT LEAVE DRUGS. TELL PARENT TO TAKE CHILD TO HEALTH FACILITY.				

