

CONFIDENTIAL

NIGERIA MALARIA INDICATOR SURVEY WOMAN'S QUESTIONNAIRE

NATIONAL MALARIA ELIMINATION PROGRAM
NATIONAL POPULATION COMMISSION
NATIONAL BUREAU OF STATISTICS

National Health Research Ethics Committee
Assigned Number NHREC/01/01/2007-30/06/2015

IDENTIFICATION							
STATE _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>						
LOCAL GOVT. AREA _____							
LOCALITY _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>						
ENUMERATION AREA _____							
URBAN/RURAL (URBAN=1, RURAL=2) _____							
CLUSTER NUMBER _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td></tr> </table>						
BUILDING NUMBER _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td></tr> </table>						
HOUSEHOLD HEAD NAME / HOUSEHOLD NUMBER _____							
NAME AND LINE NUMBER OF WOMAN _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td></tr> </table>						

INTERVIEWER VISITS																
	1	2	3	FINAL VISIT												
DATE _____	_____	_____	_____	DAY <table border="1" style="width: 20px; height: 20px; float: right;"> <tr><td></td><td></td></tr> </table>												
INTERVIEWER NAME _____				MONTH <table border="1" style="width: 20px; height: 20px; float: right;"> <tr><td></td><td></td></tr> </table>												
RESULT* _____				YEAR <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td>2</td><td>0</td><td>1</td><td>5</td></tr> </table>	2	0	1	5								
2	0	1	5													
NEXT VISIT: DATE _____				INT NO. <table border="1" style="width: 20px; height: 20px; float: right;"> <tr><td></td><td></td><td></td><td></td></tr> </table>												
TIME _____				RESULT* <table border="1" style="width: 20px; height: 20px; float: right;"> <tr><td></td></tr> </table>												
				TOTAL NUMBER OF VISITS <table border="1" style="width: 20px; height: 20px; float: right;"> <tr><td></td></tr> </table>												
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY) _____																
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: 20px; height: 40px;"> <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 _____ <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td></td><td></td><td></td><td></td></tr> </table> DATE _____ <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td></td><td></td><td></td><td></td></tr> </table> (NUMBER)											OFFICE EDITOR <table border="1" style="width: 40px; height: 20px;"> <tr><td></td><td></td></tr> </table>			KEYED BY <table border="1" style="width: 40px; height: 20px;"> <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 (NPopC) and the National Malaria Elimination Program (NMEP). 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 (NHREC), assigned number NHREC/01/01/2007-11/05/2015, for the data collection period of September 2015 to November 2015. 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 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):

NMEP Contact Person: Dr. Nnenna Ezeigwe, National Coordinator;
Email: drninaezeigwe@gmail.com; **Phone:** 08033000296

NPC CONTACT PERSON: Mr. Bolaji Akinsulie, Project Director;
Email: bolajiakinsulie@yahoo.com; **Phone:** 08023307806

NHREC Contact Person(s): Secretary, NHREC; **Email:** secretary@nhrec.net; **Phone:** 095238367
 Desk Officer, NHREC; **Email:** deskofficer@nhrec.net; **Phone:** ----

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 LESSD THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	CLASS/FORM/YEAR <input type="text"/> <input type="text"/>	
107	CHECK 105: PRIMARY OR SECONDARY <input type="checkbox"/> 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>_____ <table border="1" data-bbox="1144 552 1279 604"> <tr> <td></td> <td></td> <td></td> </tr> </table></p>				

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" data-bbox="1247 359 1352 474" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME <table border="1" data-bbox="1247 422 1352 537" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" data-bbox="1247 632 1352 747" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE <table border="1" data-bbox="1247 695 1352 810" 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	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" data-bbox="1247 989 1352 1104" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" data-bbox="1247 1052 1352 1167" 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" data-bbox="1247 1178 1352 1241" 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? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
209A	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/>	NO BIRTHS <input type="checkbox"/>	→ 224								
210	Now I'd like to ask you about your more recent births. How many births have you had in the last 6 years? RECORD ALL BIRTHS IN 2010 OR LATER IF NONE, CIRCLE '00'.	TOTAL IN THE LAST 6 YEARS <table border="1" data-bbox="1247 1661 1352 1724" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> NONE 00			→ 224						

211 Now I would like to record the names of all your births **in the last six years**, whether still alive or not, starting with the most recent one you had.
 RECORD NAMES OF ALL THE BIRTHS IN 210 OR LATER IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. IF THERE ARE MORE THAN 5 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE STARTING WITH THE SECOND ROW.

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220
What name was given to your (most recent/previous) baby? RECORD NAME. BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what day, month, and year was (NAME) born?	Is (NAME) still alive?	How old was (NAME) at (NAME)'s last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	Were there any other live births between (NAME) and (NAME OF PREVIOUS BIRTH), including any children who died after birth?
01	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 (NEXT BIRTH) ↙	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	
02	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES ... 1 ADD BIRTH ↙ NO ... 2 NEXT BIRTH ↙
03	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES ... 1 ADD BIRTH ↙ NO ... 2 NEXT BIRTH ↙
04	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES ... 1 ADD BIRTH ↙ NO ... 2 NEXT BIRTH ↙
05	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES ... 1 ADD BIRTH ↙ NO ... 2 NEXT BIRTH ↙

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
221	Have you had any live births since the birth of (NAME OF MOST RECENT BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.	YES 1 NO 2	
222	COMPARE 210 WITH NUMBER OF BIRTHS IN HISTORY: NUMBERS ARE SAME <input type="checkbox"/> ↓ NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE.)		
223	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2010 OR LATER	NUMBER OF BIRTHS <input type="checkbox"/> NONE 0	
224	Are you pregnant now?	YES 1 NO 2 UNSURE 8	<input type="checkbox"/> → 226
225	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/>	
226	CHECK 223: ONE OR MORE BIRTHS IN 2010 OR LATER <input type="checkbox"/> ↓ GO TO 300	NO BIRTHS IN 2010 OR LATER <input type="checkbox"/> → 501 Q. 223 IS BLANK <input type="checkbox"/> → 501	

SECTION 3. PREGNANCY AND INTERMITTENT PREVENTIVE TREATMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
300	<p>CHECK 215: ENTER IN THE TABLE THE NAME AND SURVIVAL STATUS OF THE MOST RECENT BIRTH.</p> <p>Now I would like to ask some questions about your last pregnancy that resulted in a live birth.</p>		
301	<p>FROM 212 AND 216, LINE 01:</p>	<p align="center">MOST RECENT BIRTH</p> <p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p style="text-align: center;">↓ ↓</p>	
302	<p>When you were 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>HEALTH PERSONNEL</p> <p>DOCTOR A</p> <p>NURSE/MIDWIFE B</p> <p>AUXILIARY MIDWIFE C</p> <p>COMMUNITY HEALTH EXTENSION WORKER (CHEW) . D</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT E</p> <p>VILLAGE HEALTH WORKER(VHW) .. F</p> <p>RURAL MODEL CAREGIVER(RMC) .. G</p> <p>COMMUNITY DIRECTED DISTRIBUTOR (CDD) H</p> <p>OTHER _____ X</p> <p style="text-align: center;">(SPECIFY)</p>	
304	<p>During this pregnancy, did you take SP/Fansidar to keep you from getting malaria?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	↓ → 311
307	<p>How many times did you take SP/Fansidar during this pregnancy?</p>	<p>TIMES <input type="text"/> <input type="text"/></p>	
308	<p>CHECK 303:</p> <p>ANTENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY</p> <p>CODE 'A', 'B', 'C', OR 'D' CIRCLED <input type="checkbox"/></p> <p style="text-align: center;">↓</p>	<p>OTHER <input type="checkbox"/></p> <p style="text-align: center;">→</p>	→ 311
309	<p>Did you get the SP/Fansidar 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>COMMUNITY HEALTH EXTENSION WORKER 3</p> <p>OTHER SOURCE 6</p>	
310	<p>Did you receive a mosquito net during an antenatal care visit?</p>	<p>YES 1</p> <p>NO 2</p>	
311	<p>CHECK 215 AND 216:</p> <p>ONE OR MORE LIVING CHILDREN BORN IN 2010 OR LATER <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>GO TO 401</p>	<p>NO LIVING CHILDREN BORN IN 2010 OR LATER <input type="checkbox"/></p> <p style="text-align: center;">→</p>	→ 501

SECTION 4. FEVER IN CHILDREN

401	<p>CHECK 212: RECORD THE BIRTH HISTORY NUMBER IN 402 AND THE NAME AND SURVIVAL STATUS IN 403 FOR EACH BIRTH IN 2010-2015. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH.</p> <p>Now I would like to ask some questions about the health of your children born since January 2010. (We will talk about each separately.)</p>			
402	<p>BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY</p>	<p>MOST RECENT BIRTH</p> <p>BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></p>	<p>SECOND MOST RECENT BIRTH</p> <p>BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></p>	<p>THIRD MOST RECENT BIRTH</p> <p>BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></p>
403	<p>FROM 212 AND 216</p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 425)</p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 425)</p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(GO TO 403 IN MOST RECENT COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 425)</p>
404	<p>Has (NAME) been ill with a fever at any time in the last 2 weeks?</p>	<p>YES 1 NO 2</p> <p>(GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 425)</p> <p>DON'T KNOW 8</p>	<p>YES 1 NO 2</p> <p>(GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 425)</p> <p>DON'T KNOW 8</p>	<p>YES 1 NO 2</p> <p>(GO TO 403 IN MOST RECENT COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 425)</p> <p>DON'T KNOW 8</p>
404A	<p>Did you suspect that (NAME) had malaria?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>
405	<p>At any time during the illness, did (NAME) have blood taken from (NAME)'s finger or heel for testing?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>
405A	<p>Was (NAME) tested for malaria?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p> <p>(SKIP TO 406) ←</p>	<p>YES 1 NO 2 DON'T KNOW 8</p> <p>(SKIP TO 406) ←</p>	<p>YES 1 NO 2 DON'T KNOW 8</p> <p>(SKIP TO 406) ←</p>
405B	<p>What was the result of the malaria test?</p>	<p>POSITIVE 1 NEGATIVE 2 DON'T KNOW 8</p>	<p>POSITIVE 1 NEGATIVE 2 DON'T KNOW 8</p>	<p>POSITIVE 1 NEGATIVE 2 DON'T KNOW 8</p>
406	<p>Did you seek advice or treatment for the illness from any source?</p>	<p>YES 1 NO 2</p> <p>(SKIP TO 410) ←</p>	<p>YES 1 NO 2</p> <p>(SKIP TO 410) ←</p>	<p>YES 1 NO 2</p> <p>(SKIP TO 410) ←</p>

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.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A</p> <p>GOVT HEALTH CENTER B</p> <p>GOVT HEALTH POST C</p> <p>FREE MOBILE CLINIC D</p> <p>ROLE MODEL CAREGIVER/ COMMUNITY WORKER ... E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/ CLINIC G</p> <p>PHARMACY ... H</p> <p>CHEMIST/PMV ... I</p> <p>PVT DOCTOR ... J</p> <p>PVT MOBILE CLINIC K</p> <p>OTHER PRIVATE _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>TRADITIONAL PRACTITIONER N</p> <p>DRUG HAWKER . O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A</p> <p>GOVT HEALTH CENTER B</p> <p>GOVT HEALTH POST C</p> <p>FREE MOBILE CLINIC D</p> <p>ROLE MODEL CAREGIVER/ COMMUNITY WORKER ... E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/ CLINIC G</p> <p>PHARMACY ... H</p> <p>CHEMIST/PMV ... I</p> <p>PVT DOCTOR ... J</p> <p>PVT MOBILE CLINIC K</p> <p>OTHER PRIVATE _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>TRADITIONAL PRACTITIONER N</p> <p>DRUG HAWKER . O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A</p> <p>GOVT HEALTH CENTER B</p> <p>GOVT HEALTH POST C</p> <p>FREE MOBILE CLINIC D</p> <p>ROLE MODEL CAREGIVER/ COMMUNITY WORKER ... E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/ CLINIC G</p> <p>PHARMACY ... H</p> <p>CHEMIST/PMV ... I</p> <p>PVT DOCTOR ... J</p> <p>PVT MOBILE CLINIC K</p> <p>OTHER PRIVATE _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>TRADITIONAL PRACTITIONER N</p> <p>DRUG HAWKER . O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>
NO.	QUESTIONS AND FILTERS	MOST RECENT BIRTH NAME _____	SECOND MOST RECENT BIRTH NAME _____	THIRD MOST RECENT BIRTH NAME _____
408	CHECK 407:	<p>TWO OR MORE OTHER</p> <p><input type="checkbox"/> CODES <input type="checkbox"/></p> <p>CIRCLED</p> <p>↓ (SKIP TO 409A) ←</p>	<p>TWO OR MORE OTHER</p> <p><input type="checkbox"/> CODES <input type="checkbox"/></p> <p>CIRCLED</p> <p>↓ (SKIP TO 409A) ←</p>	<p>TWO OR MORE OTHER</p> <p><input type="checkbox"/> CODES <input type="checkbox"/></p> <p>CIRCLED</p> <p>↓ (SKIP TO 409A) ←</p>
409	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 407.</p>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
409A	<p>How many days after the illness began did you first seek advice or treatment for (NAME)?</p> <p>IF THE SAME DAY RECORD '00'</p>	DAYS <input type="text"/>	DAYS <input type="text"/>	DAYS <input type="text"/>
410	<p>At any time during the illness, did (NAME) take any medicine for the illness?</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 425)</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 425)</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO TO 403 IN MOST RECENT COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 425)</p> <p>DON'T KNOW 8</p>

NO.	QUESTIONS AND FILTERS	MOST RECENT BIRTH NAME _____	SECOND MOST RECENT BIRTH NAME _____	THIRD MOST RECENT BIRTH NAME _____
411	<p>What medicine did (NAME) take?</p> <p>Any other medicine?</p> <p>RECORD ALL MENTIONED.</p>	<p>ANTIMALARIAL DRUGS SP/FANSIDAR/ AMALAR/ MALOXINE ... A CHLOROQUINE . B AMODIAQUINE . C ARTESUNATE RECTAL D INJECTION/IV . E QUININE PILLS F INJECTION/IV . G ARTEMISININ COMBINATION THERAPY (ACT) . H OTHER ANTI- MALARIAL _____ . I (SPECIFY)</p> <p>ANTIBIOTIC DRUGS PILL/SYRUP ... J INJECTION ... K</p> <p>OTHER DRUGS PARACETAMOL . L ASPIRIN M ACETA- MINOPHEN ... N IBUPROFEN ... O</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	<p>ANTIMALARIAL DRUGS SP/FANSIDAR/ AMALAR/ MALOXINE ... A CHLOROQUINE . B AMODIAQUINE . C ARTESUNATE RECTAL D INJECTION/IV . E QUININE PILLS F INJECTION/IV . G ARTEMISININ COMBINATION THERAPY (ACT) . H OTHER ANTI- MALARIAL _____ . I (SPECIFY)</p> <p>ANTIBIOTIC DRUGS PILL/SYRUP ... J INJECTION ... K</p> <p>OTHER DRUGS PARACETAMOL . L ASPIRIN M ACETA- MINOPHEN ... N IBUPROFEN ... O</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	<p>ANTIMALARIAL DRUGS SP/FANSIDAR/ AMALAR/ MALOXINE ... A CHLOROQUINE . B AMODIAQUINE . C ARTESUNATE RECTAL D INJECTION/IV . E QUININE PILLS F INJECTION/IV . G ARTEMISININ COMBINATION THERAPY (ACT) . H OTHER ANTI- MALARIAL _____ . I (SPECIFY)</p> <p>ANTIBIOTIC DRUGS PILL/SYRUP ... J INJECTION ... K</p> <p>OTHER DRUGS PARACETAMOL . L ASPIRIN M ACETA- MINOPHEN ... N IBUPROFEN ... O</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>
412	CHECK 411: ANY CODE A-I CIRCLED?	YES NO <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 425) ↓	YES NO <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 425) ↓	YES NO <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (GO TO 403 IN MOST RECENT COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 425) ↓
413	CHECK 411: SP/FANSIDAR/AMALAR/ MALOXINE ('A') GIVEN	CODE 'A' CODE 'A' CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 415) ←	CODE 'A' CODE 'A' CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 415) ←	CODE 'A' CODE 'A' CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 415) ←
414	How long after the fever started did (NAME) first take (SP/Fansidar)?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8

NO.	QUESTIONS AND FILTERS	MOST RECENT BIRTH NAME _____	SECOND MOST RECENT BIRTH NAME _____	THIRD MOST RECENT BIRTH NAME _____
421	CHECK 411: ARTEMISININ COMBINATION THERAPY ('H') GIVEN	CODE 'H' CODE 'H' CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> CIRCLED CIRCLED ↓ ↓ (SKIP TO 423) ←	CODE 'H' CODE 'H' CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> CIRCLED CIRCLED ↓ ↓ (SKIP TO 423) ←	CODE 'H' CODE 'H' CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> CIRCLED CIRCLED ↓ ↓ (SKIP TO 423) ←
422	How long after the fever started did (NAME) first take (ARTEMISININ COMBINATION THERAPY)?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8
423	CHECK 411: OTHER ANTIMALARIAL ('I') GIVEN	CODE 'I' CODE 'I' CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> CIRCLED CIRCLED ↓ ↓ (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 425)	CODE 'I' CODE 'I' CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> CIRCLED CIRCLED ↓ ↓ (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 425)	CODE 'I' CODE 'I' CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> CIRCLED CIRCLED ↓ ↓ (GO TO 403 IN MOST RECENT COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 425)
424	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8
425		GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO TO 403 IN MOST RECENT COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

SECTION 5. KNOWLEDGE OF MALARIA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Have you ever heard of an illness called malaria?	YES 1 NO 2	→ 516
502	How can you tell if you have malaria? CIRCLE ALL MENTIONED.	FEVER A CHILLS/SHIVERING B HEADACHE C JOINT PAIN D POOR APPETITE E VOMITTING F CONVULSION G COUGH H CATARRH/NASAL CONGESTION ... I OTHER _____ X (SPECIFY) DON'T KNOW Z	
503	Who are most at risk to get malaria? CIRCLE ALL MENTIONED.	CHILDREN A PREGNANT WOMEN B ADULTS C ELDERLY D EVERYONE E DON'T KNOW Z	
504	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	
505	Are there ways to avoid getting malaria?	YES 1 NO 2	→ 509
506	What are the ways to avoid getting malaria? CIRCLE ALL MENTIONED.	SLEEP INSIDE MOSQUITO NET A SLEEP INSIDE 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	
507	What can you do to prevent yourself from getting malaria? CIRCLE ALL MENTIONED.	SLEEP INSIDE MOSQUITO NET A SLEEP INSIDE AN ITN/LLIN B USE HOME 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 SHUT DOORS/WINDOWS J OTHER _____ X (SPECIFY) DON'T KNOW Z	

508	<p>What can a pregnant woman do to prevent malaria?</p> <p>CIRCLE ALL MENTIONED.</p>	<p>SLEEP INSIDE MOSQUITO NET A SLEEP INSIDE 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) DONT KNOW Z</p>	
509	<p>Can malaria be treated?</p>	<p>YES 1 NO 2 DONT KNOW 8</p>	<p>→ 512</p>
510	<p>What medicines are used to treat malaria ?</p> <p>CIRCLE ALL MENTIONED.</p>	<p>SP/FANSIDAR A CHLOROQUINE B ARTESUNATE C QUININE D ACT E ASPIRIN/PANADOL/PARACETAMOL . F ANTIMALARIAL (UNKNOWN COMPONENTS) G OTHER _____ X (SPECIFY) DONT KNOW Z</p>	
511	<p>What medicines are used to treat children with malaria?</p> <p>CIRCLE ALL MENTIONED.</p>	<p>SP/FANSIDAR A CHLOROQUINE B ARTESUNATE C QUININE D ACT E ASPIRIN/PANADOL/PARACETAMOL . F ANTIMALARIAL (UNKNOWN COMPONENTS) G OTHER _____ X (SPECIFY) DONT KNOW Z</p>	
512	<p>In the past 6 months, have you seen or heard any messages about malaria?</p>	<p>YES 1 NO 2</p>	<p>→ 515</p>
513	<p>What messages about malaria have you seen or heard?</p> <p>CIRCLE ALL MENTIONED.</p>	<p>MALARIA IS DANGEROUS A MALARIA CAN KILL B MOSQUITOES SPREAD MALARIA ... C SLEEPING INSIDE A MOSQUITO NET IS IMPORTANT D WHO SHOULD SLEEP INSIDE A MOSQUITO NET E SEEK TREATMENT FOR FEVER F SEEK TREATMENT FOR FEVER PROMPTLY (WITHIN 24 HOURS) . G IMPORTANCE OF HOUSE SPRAYING ... H ENVIRONMENTAL SANITATION ACTIVITIES I SEEK TESTING BEFORE TREATMENT FOR MALARIA J EARLY REGISTRATION FOR ANC ... K PREGNANT WOMEN SHOULD TAKE SP/FANSIDAR L OTHER _____ X (SPECIFY) DONT KNOW Z</p>	

514	<p>Where did you hear or see these messages?</p> <p>CIRCLE ALL MENTIONED.</p>	RADIO A TELEVISION B COMMUNITY HEALTH EXTENSION WORKER (CHEW) C VILLAGE HEALTH WORKER(VHW) . . . ROLE MODEL CAREGIVER (RMC) ... E COMMUNITY DIRECTED DISTRIBUTOR (DCC) F MOSQUE/CHURCH G TOWN ANNOUNCER H COMMUNITY EVENT I BILLBOARD J POSTER K T-SHIRT L LEAFLET/FACT SHEET/ BROCHURE . M RELATIVE/FRIEND/NEIGHBOUR SCHOOL N SOCIAL MEDIA (FACEBOOK, TWITTER, ETC) O ANTENATAL CARE VISIT P HEALTH CTR OR HOSPITAL Q OTHER _____ X (SPECIFY)	
515	<p>I am going to ask you about your opinion of malaria. Please tell me whether you agree or disagree with the following statements:</p> <p>A. My chances of getting malaria are the same whether or not I sleep inside a treated mosquito net.</p> <p>B. The medicine given to pregnant women to prevent malaria works well to keep the mother healthy.</p> <p>C. The malaria tests are a good way to know if someone really has malaria or not.</p> <p>D. ACTs work quickly to treat malaria.</p>	<p style="text-align: center;"><u>AGREE</u> <u>DISAGREE</u> <u>DONT KNOW</u></p> <p>A. 1 2 8</p> <p>B. 1 2 8</p> <p>C. 1 2 8</p> <p>D. 1 2 8</p>	
515A	<p>Did you sleep inside a mosquito net last night?</p>	YES 1 NO 2	→ 517
516	<p>What would encourage you to sleep inside a mosquito net?</p>	IF NET DID NOT SMELL A HAD A DIFFERENT SHAPE/SIZE B HAD A DIFFERENT COLOR C IF NET WERE NOT ITCHY/IRRITATING . D IF NET WERE BIGGER/ NOT CLOSTROPHOBIC F OTHER _____ G (SPECIFY) DONT KNOW X	

516A	If you have a choice, what color of mosquito net do you prefer?	GREEN 01 DARK BLUE 02 LIGHT BLUE 03 RED 04 BLACK 05 WHITE 06 OTHER _____ 96 (SPECIFY) DK/NO PREFERENCE 98					
516B	If you have a choice, what shape of mosquito net do you prefer?	CONICAL 1 RECTANGLE 2 OTHER _____ 6 (SPECIFY) DK/NO PREFERENCE 8					
516C	If you have a choice, what size of mosquito net do you prefer?	COT/CRIB 1 SINGLE 2 DOUBLE 3 TRIPLE 4 OTHER _____ 6 (SPECIFY) DK/NO PREFERENCE 8					
516D	If you have a choice, what brand of mosquito net do you prefer?	PERMANET 01 OLYSET 02 ICONLIFE 03 DURANET 04 NETPROTECT 05 BASF INTERCEPTOR 06 OTHER _____ 96 (SPECIFY) DK/NO PREFERENCE 98					
517	RECORD THE TIME.	HOUR MINUTES	<table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				

