

2016 SIERRA LEONE MALARIA INDICATOR SURVEY
 WOMAN'S QUESTIONNAIRE

SIERRA LEONE
 MINISTRY OF HEALTH AND SANITATION, NATIONAL MALARIA CONTROL PROGRAMME
 STATISTICS SIERRA LEONE
 CATHOLIC RELIEF SERVICES

IDENTIFICATION				
LOCALITY NAME _____				
NAME OF HOUSEHOLD HEAD _____				
CLUSTER NUMBER				
HOUSEHOLD NUMBER				
NAME AND LINE NUMBER OF WOMAN _____				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY _____
				MONTH _____
				YEAR 2 0 1 6
INTERVIEWER'S NAME	_____	_____	_____	INT. NO. _____
RESULT*	_____	_____	_____	RESULT* _____
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS _____
TIME	_____	_____		
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ SPECIFY 3 POSTPONED 6 INCAPACITATED				
LANGUAGE OF QUESTIONNAIRE**	0 1	LANGUAGE OF INTERVIEW**	_____	NATIVE LANGUAGE OF RESPONDENT**
				TRANSLATOR USED (YES = 1, NO = 2) _____
LANGUAGE OF QUESTIONNAIRE**	ENGLISH			
	**LANGUAGE CODES: 01 ENGLISH 05 MADINGO 09 KISSI 13 KRIM 96 OTHER 02 KRIO 06 LOKO 10 KONO 14 YALUNKA 03 MENDE 07 SHERBRO 11 SUSU 15 KORANKO 04 TEMNE 08 LIMBA 12 FULLAH 16 VAI			
SUPERVISOR				
NAME	_____			
NUMBER	_____	_____	_____	_____

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the Ministry of Health and Sanitations (MoHS). We are conducting a survey about malaria all over Sierra Leone. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

2016 SLMIS Principle Investigator: Dr. Foday Sahr; +232 76 480288; Email: fodaysahr1@gmail.com
Chairman of Ethics Committee: Professor Hector G. Morgan; +232 76 629251; Email: hmorg2007@yahoo.com
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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. At this time, do you want to ask me anything about the survey? May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED .. 1
↓

RESPONDENT DOES NOT AGREE
TO BE INTERVIEWED .. 2 → END

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES 1 NO 2	→ 108
105	What is the highest level of school you attended: primary, junior secondary, senior secondary, vocational, commercial, nursing, technical, teaching or higher?	PRIMARY 1 JUNIOR SECONDARY 2 SENIOR SECONDARY 3 VOCATIONAL/COMMERCIAL/NURSING/ TECHNICAL/TEACHING 4 HIGHER 5	
106	What is the highest [GRADE/FORM/YEAR] you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE/FORM/YEAR <input type="text"/> <input type="text"/>	
107	CHECK 105: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		→ 109
108	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PART OF THE SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	What is your religion?	CHRISTIAN 1 MUSLIM 2 TRADITIONAL 3 NONE 4 OTHER _____ 96 (SPECIFY)	
110	What is your ethnicity?	KRIO 01 MENDE 02 TEMNE 03 MADINGO 04 LOKO 05 SHERBRO 06 LIMBA 07 KISSI 08 KONO 09 SUSU 10 FULLAH 11 KRIM 12 YALUNKA 13 KORANKO 14 VAI 15 OTHER _____ 96 (SPECIFY)	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES 1 NO 2	→ 208								
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>YES</p> <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> <p>NO</p> <input type="checkbox"/> PROBE AND CORRECT 201-208 AS NECESSARY. ← </div> </div>										
210	CHECK 208: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>ONE OR MORE BIRTHS</p> <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> <p>NO BIRTHS</p> <input type="checkbox"/> → </div> </div>		→ 225								
211	Now I'd like to ask you about your most recent births. How many births have you had in 2011-2016? RECORD NUMBER OF LIVE BIRTHS 2011-2016	TOTAL IN 2011-2016 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> NONE 00			→ 225						

SECTION 2. REPRODUCTION

212 Now I would like to record the names of all your births in 2011-2016, whether still alive or not, starting with the most recent one you had.
 RECORD NAMES OF ALL THE BIRTHS BORN IN 2011-2016 IN 213. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS.
 IF THERE ARE MORE THAN 5 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE STARTING WITH THE SECOND ROW.

213	214	215	216	217	218 IF ALIVE:	219 IF ALIVE:	220 IF ALIVE:	221
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?	On 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"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 ↓ (NEXT BIRTH)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> ↓ (NEXT BIRTH)	
02	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO 221)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/>	YES 1 (ADD BIRTH) ↙ NO 2 (NEXT BIRTH) ↙
03	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO 221)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/>	YES 1 (ADD BIRTH) ↙ NO 2 (NEXT BIRTH) ↙
04	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO 221)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/>	YES 1 (ADD BIRTH) ↙ NO 2 (NEXT BIRTH) ↙
05	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO 221)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/>	YES 1 (ADD BIRTH) ↙ NO 2 (NEXT BIRTH) ↙

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES 1 (RECORD BIRTH(S) IN TABLE) ← NO 2	
223	COMPARE 211 WITH NUMBER OF BIRTHS IN BIRTH HISTORY NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) ←		
224	CHECK 216: ENTER THE NUMBER OF BIRTHS IN 2011-2016	NUMBER OF BIRTHS <input type="text"/> NONE 0	
225	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 227
226	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
227	CHECK 224: ONE OR MORE BIRTHS IN 2011-2016 <input type="checkbox"/> (GO TO 301) ←	NO BIRTHS IN 2011-2016 <input type="checkbox"/> → 501 Q. 224 IS BLANK <input type="checkbox"/> → 501	

SECTION 3. PREGNANCY AND INTERMITTENT PREVENTIVE TREATMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	RECORD THE NAME AND SURVIVAL STATUS OF THE MOST RECENT BIRTH FROM 213 AND 217,	<p align="center">MOST RECENT BIRTH</p> <p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p>	
302	<p>Now I would like to ask you some questions about your last pregnancy that resulted in a live birth.</p> <p>When you got pregnant with (NAME), did you see anyone for antenatal care for this pregnancy?</p>	<p>YES 1</p> <p>NO 2</p>	→ 304
303	<p>Whom did you see?</p> <p>Anyone else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR A</p> <p>NURSE/MIDWIFE B</p> <p>MCH AIDE C</p> <p>COMMUNITY HEALTH OFFICER D</p> <p>COMMUNITY HEALTH ASSISTANT E</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT F</p> <p>COMMUNITY HEALTH WORKER G</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	
304	<p>During this pregnancy, did you take SP/Fansidar to keep you from getting malaria?</p> <p>PROBE AND SHOW PHOTOS.</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 307
305	How many times did you take SP/Fansidar during this pregnancy?	TIMES <input type="text"/> <input type="text"/>	
306	<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>TRADITIONAL BIRTH ATTENDANT 3</p> <p>COMMUNITY HEALTH WORKER 4</p> <p>OTHER SOURCE 6</p>	
307	<p>CHECK 216 AND 217:</p> <p>ONE OR MORE LIVING CHILDREN BORN IN 2011-2016 <input type="checkbox"/></p> <p align="right">(GO TO 401) ←</p>	<p>NO LIVING CHILDREN BORN IN 2011-2016 <input type="checkbox"/></p>	→ 501

SECTION 4. FEVER IN CHILDREN

401	<p>CHECK 213: RECORD THE BIRTH HISTORY NUMBER IN 402 AND THE NAME AND SURVIVAL STATUS IN 403 FOR EACH BIRTH IN 2011-2016. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 2 BIRTHS, USE ADDITIONAL QUESTIONNAIRE(S).</p> <p>Now I would like to ask some questions about the health of your children born from 2011-2016. (We will talk about each separately.)</p>		
402	BIRTH HISTORY NUMBER FROM 213 IN BIRTH HISTORY.	<p>LAST BIRTH</p> <p>BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></p>	<p>NEXT-TO-LAST BIRTH</p> <p>BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></p>
403	FROM 213 AND 217:	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(SKIP TO 430) ←</p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(SKIP TO 430) ←</p>
404	Has (NAME) been ill with a fever at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 430) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 430) ←</p> <p>DON'T KNOW 8</p>
405	At any time during the illness, did (NAME) have blood taken from (NAME)'s finger or heel for testing?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
406	Did you seek advice or treatment for the illness from any source?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 411) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 411) ←</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(S).</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A</p> <p>GOVT HEALTH CENTER .. B</p> <p>MOBILE CLINIC C</p> <p>COMMUNITY HEALTH WORKER D</p> <p>OTHER PUBLIC SECTOR E</p> <p>_____ (SPECIFY) .. E</p> <p>PRIVATE SECTOR</p> <p>PVT HOSPITAL F</p> <p>PVT CLINIC G</p> <p>MISSION/FAITH-BASED HOSPITAL H</p> <p>MISSION/FAITH-BASED CLINIC I</p> <p>PHARMACY J</p> <p>MOBILE CLINIC K</p> <p>OTHER PRIVATE MED. SECTOR L</p> <p>_____ (SPECIFY) .. L</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>TRADITIONAL HEALER N</p> <p>DRUG PEDDLER 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>MOBILE CLINIC C</p> <p>COMMUNITY HEALTH WORKER D</p> <p>OTHER PUBLIC SECTOR E</p> <p>_____ (SPECIFY) .. E</p> <p>PRIVATE SECTOR</p> <p>PVT HOSPITAL F</p> <p>PVT CLINIC G</p> <p>MISSION/FAITH-BASED HOSPITAL H</p> <p>MISSION/FAITH-BASED CLINIC I</p> <p>PHARMACY J</p> <p>MOBILE CLINIC K</p> <p>OTHER PRIVATE MED. SECTOR L</p> <p>_____ (SPECIFY) .. L</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>TRADITIONAL HEALER N</p> <p>DRUG PEDDLER O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>

SECTION 4. FEVER IN CHILDREN

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
408	CHECK 407:	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 410) ←	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 410) ←
409	Where did you first seek advice or treatment? USE LETTER CODE FROM 407	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>
410	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
411	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (SKIP TO 430) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 430) ← DON'T KNOW 8
412	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS ARTESUNATE + AMODIAQUINE (ASAQ) (ACT) .. A ARTEMETHER+ LUMEFANTRINE (AL)(ACT)..... B SP/FANSIDAR C CHLOROQUINE D AMODIAQUINE E QUININE F ARTESUNATE G OTHER ANTI-MALARIAL _____ SPECIFY H ANTIBIOTIC DRUGS AMPICILLIN I AMOXICILLIN J SEPTRIN K INJECTION, CRYSTALLINE PENACILLIN L OTHER ANTIBIOTIC _____ SPECIFY M ANTIPYRETIC ASPIRIN N PARACETAMOL/ PANADOL O NOVALGINE P IBUPROFEN Q OTHER _____ .. X SPECIFY DON'T KNOW Z	ANTIMALARIAL DRUGS ARTESUNATE + AMODIAQUINE (ASAQ) (ACT) .. A ARTEMETHER+ LUMEFANTRINE (AL) (ACT)..... B SP/FANSIDAR C CHLOROQUINE D AMODIAQUINE E QUININE F ARTESUNATE G OTHER ANTI-MALARIAL _____ SPECIFY H ANTIBIOTIC DRUGS AMPICILLIN I AMOXICILLIN J SEPTRIN K INJECTION, CRYSTALLINE PENACILLIN L OTHER ANTIBIOTIC _____ SPECIFY M ANTIPYRETIC ASPIRIN N PARACETAMOL/ PANADOL O NOVALGINE P IBUPROFEN Q OTHER _____ .. X SPECIFY DON'T KNOW Z
413	CHECK 412: ANY CODE A-H CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 430) ←	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 430) ←

SECTION 4. FEVER IN CHILDREN

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____	NAME _____	NAME _____	NAME _____
414	CHECK 412: ARTESUNATE + AMODIAQUINE ('A') GIVEN	CODE 'A' CIRCLED <input type="checkbox"/> ↓	CODE 'A' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 416) ←	CODE 'A' CIRCLED <input type="checkbox"/> ↓	CODE 'A' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 416) ←
415	How long after the fever started did (NAME) first take artesunate + amodiaquine ?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
416	CHECK 412: ARTEMETHER + LUMEFANTRINE ('B') GIVEN	CODE 'B' CIRCLED <input type="checkbox"/> ↓	CODE 'B' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 418) ←	CODE 'B' CIRCLED <input type="checkbox"/> ↓	CODE 'B' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 418) ←
417	How long after the fever started did (NAME) first take artemether lumefantrine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
418	CHECK 412: SP/FANSIDAR ('C') GIVEN	CODE 'C' CIRCLED <input type="checkbox"/> ↓	CODE 'C' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 420) ←	CODE 'C' CIRCLED <input type="checkbox"/> ↓	CODE 'C' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 420) ←
419	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	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
420	CHECK 412: CHLOROQUINE ('D') GIVEN	CODE 'D' CIRCLED <input type="checkbox"/> ↓	CODE 'D' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 422) ←	CODE 'D' CIRCLED <input type="checkbox"/> ↓	CODE 'D' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 422) ←
421	How long after the fever started did (NAME) first take chloroquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8

SECTION 4. FEVER IN CHILDREN

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____	NAME _____	NAME _____	NAME _____
422	CHECK 412: AMODIAQUINE ('E') GIVEN	CODE 'E' CIRCLED <input type="checkbox"/> ↓	CODE 'E' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 424) ←	CODE 'E' CIRCLED <input type="checkbox"/> ↓	CODE 'E' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 424) ←
423	How long after the fever started did (NAME) first take amodiaquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
424	CHECK 412: QUININE ('F') GIVEN	CODE 'F' CIRCLED <input type="checkbox"/> ↓	CODE 'F' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 426) ←	CODE 'F' CIRCLED <input type="checkbox"/> ↓	CODE 'F' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 426) ←
425	How long after the fever started did (NAME) first take quinine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
426	CHECK 412: ARTESUNATE ('G') GIVEN	CODE 'G' CIRCLED <input type="checkbox"/> ↓	CODE 'G' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 428) ←	CODE 'G' CIRCLED <input type="checkbox"/> ↓	CODE 'G' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 428) ←
427	How long after the fever started did (NAME) first take artesunate?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
428	CHECK 412: OTHER ANTIMALARIAL ('H') GIVEN	CODE 'H' CIRCLED <input type="checkbox"/> ↓	CODE 'H' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 430) ←	CODE 'H' CIRCLED <input type="checkbox"/> ↓	CODE 'H' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 430) ←
429	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	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
430		GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO TO 403 IN FIRST 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? USE LOCAL NAME FOR MALARIA.	YES 1 NO 2	→ 510
502	In your opinion, what causes malaria? CIRCLE ALL MENTIONED. PROBE: Anything else?	MOSQUITO BITES A EATING IMMATURE SUGARCANE ... B EATING COLD FOOD C EATING DIRTY FOOD D DRINKING BEER/PALM WINE E DRINKING DIRTY WATER F GETTING SOAKED WITH RAIN G COLD OR CHANGING WEATHER ... H WITCHCRAFT I INJECTIONS/DRUGS J EATING ORANGES OR MANGOS ... K EATING PLENTY OIL L SHARING RAZORS/BLADES M BED BUGS N DIRTY SURROUNDINGS O OTHER _____ X (SPECIFY) DON'T KNOW Z	
503	Can you tell me any symptoms of malaria? CIRCLE ALL MENTIONED. PROBE: Anything else?	FEVER A EXCESSIVE SWEATING B FEELING COLD C HEADACHE D NAUSEA AND VOMITING E DIARRHEA F DIZZINESS G LOSS OF APPETITE H BODY ACHE OR JOINT PAIN I PALE EYES J BODY WEAKNESS K REFUSING TO EAT OR DRINK L JAUNDICE M DARK URINE N LOW BLOOD (ANEMIA) O OTHER _____ X (SPECIFY) DON'T KNOW Z	
504	Can you tell me any danger symptoms for severe malaria? CIRCLE ALL MENTIONED. PROBE: Anything else?	SHIVERING/SHAKING/CONVULSIONS A VOMITING EVERYTHING B CONFUSION C LOW BLOOD (ANAEMIA) D DIFFICULTY BREATHING E DIZZINESS F JAUNDICE G OTHER _____ X (SPECIFY) DON'T KNOW Z	

505	How can someone protect themselves against malaria? CIRCLE ALL MENTIONED. PROBE: Anything else?	SLEEP UNDER A TREATED NET ... A USE MOSQUITO REPELLENT B AVOID MOSQUITO BITES C TAKE PREVENTIVE MEDICATION ... D INDOOR RESIDUAL SPRAY (IRS) ... E USE MOSQUITO COILS F CUT GRASS AROUND HOUSE G ELIMINATE STAGNANT WATER H KEEP SURROUNDINGS CLEAN I BURN LEAVES J CUT THE GRASS K DON'T DRINK DIRTY WATER L DON'T EAT BAD FOOD (IMMATURE SUGARCANE/LEFTOVER FOOD) . M USE MOSQUITO SCREENS ON WINDOWS N DON'T GET SOAKED IN RAIN O STORE BOUGHT INSECT KILLER ... P OTHER _____ X (SPECIFY) DON'T KNOW Z	
505A	Is it better to sleep under an untreated or treated net?	UNTREATED 1 TREATED 2 DON'T KNOW 8	
506	In your opinion, which people are most at risk of getting malaria? CIRCLE ALL MENTIONED. PROBE: Anything else?	CHILDREN A ADULTS B PREGNANT WOMEN C OLDER ADULTS D ANYONE E OTHER _____ X (SPECIFY) OTHER _____ Y (SPECIFY) DON'T KNOW Z	
507	What medicines are used to treat malaria ? CIRCLE ALL MENTIONED. PROBE: Anything else?	ACT (AS+AQ and AL) A CHLOROQUINE B SP/FANSIDAR C QUININE D ASPIRIN, PANADOL, PARACETAMOL E TRADITIONAL MEDICINE/HERBS F OTHER _____ X (SPECIFY) DON'T KNOW Z	
507A	Do you have a mosquito net?	YES 1 NO 2	→ 510
508	Did you sleep under a mosquito net last night?	YES 1 NO 2	→ 510
509	What are the reasons you did not sleep under a mosquito net last night? Any other reason?	DO NOT LIKE SMELL OF NET A DO NOT LIKE SHAPE B DO NOT LIKE SIZE C PREFER A DIFFERENT COLOf D NET IS ITCHY/IRRITATING E NET IS NOT LARGE ENOUGH/ FEEL CLOSTROPHOBIC F IT IS HOT SLEEPING UNDER NET ... G OTHER _____ X (SPECIFY) DON'T KNOW Z	
510	In the past six months, have you seen or heard any messages about malaria?	YES 1 NO 2	→ 512

511	Have you seen or heard these messages from : a) Government clinic/hospital? b) Community health worker? c) Community health club? d) School health club e) In your home? f) Drama groups? g) Peer educators? h) Community meeting? i) Town crier? j) Posters or billboards? k) On tv? l) On the radio? m) In the newspaper? n) Faith/religious leader? o) Friends or family? p) Anywhere else?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr><td>GOVT CLINIC/HOSPITAL</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>COMMUNITY HEALTH WORKER</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>COMMUNITY HEALTH CLUB</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>SCHOOL HEALTH CLUB</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>AT HOME</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>DRAMA GROUPS</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>PEER EDUCATORS</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>COMMUNITY MEETING</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>TOWN CRIER</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>POSTERS/BILLBOARDS</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>TV</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>RADIO</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>NEWSPAPER</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>FAITH/RELIGIOUS LEADER</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>FRIENDS/FAMILY</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>OTHER _____</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">(SPECIFY)</td><td></td><td></td></tr> </tbody> </table>		YES	NO	GOVT CLINIC/HOSPITAL	1	2	COMMUNITY HEALTH WORKER	1	2	COMMUNITY HEALTH CLUB	1	2	SCHOOL HEALTH CLUB	1	2	AT HOME	1	2	DRAMA GROUPS	1	2	PEER EDUCATORS	1	2	COMMUNITY MEETING	1	2	TOWN CRIER	1	2	POSTERS/BILLBOARDS	1	2	TV	1	2	RADIO	1	2	NEWSPAPER	1	2	FAITH/RELIGIOUS LEADER	1	2	FRIENDS/FAMILY	1	2	OTHER _____	1	2	(SPECIFY)		
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TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS
