UGANDA BUREAU OF STATISTICS UGANDA MALARIA INDICATOR SURVEY 2009 WOMAN'S QUESTIONNAIRE - ENGLISH

SECTION 1A: IDENTIFICATION					
2. DISTRICT 3. COUNTY 4. SUBCOUNTY/TOWN 5. PARISH/LC2 NAME	R				
	SEC	TION 1B: INTERVIEV	VER VISITS		
	1	2	3	F	INAL VISIT
DATE INTERVIEWER'S NAME RESULT*				DAY MONTH YEAR INT. NUM RESULT	BER
NEXT VISIT: DATE				TOTAL NU	
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 8 OTHER 3 POSTPONED 6 INCAPACITATED (SPECIFY) LANGUAGE OF THE QUESTIONNAIRE NATIVE LANGUAGE OF RESPONDENT TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3; LANGUAGE USED: 1 ATESO-KARAMOJONG 4 LUO 7 ENGLISH 2 LUGANDA 5 RUNYANKOLE-RUKIGA 8 OTHER 3 LUGBARA 6 RUNYORO-RUTORO					
SUPERV NAME		FIELD ED	DITOR	OFFICE EDITOR	KEYED BY

INTRODUCTION AND CONSENT

Hello.	My name is		I am working with	h the MOH and UBOS. We	
are co	onducting a national su	rvey about malaria	and would very much a	ppreciate your participation in t	his survey.
This in	nformation will help the	government to pla	n health services. These	e questions will take about 15 r	ninutes
to con	nplete. Whatever infor	mation you provide	will be kept strictly confi	idential and will not be shared v	with
anyon	e other than members	of our survey team			
Partic	ipation in this survey is	voluntary, and if w	e should come to any qu	uestion you don't want to answ	er,
just le	et me know and I will g	o on to the next que	estion; or you can stop t	he interview at any time. Howe	ver,
we ho	pe you will participate	in the survey since	your views are importan	nt.	
At this	s time, do you want to a	ask me anything ab	out the survey? May I be	egin the interview now?	
Signa	ture of interviewer:			Date:	
RESPO	NDENT AGREES TO BE II	NTERVIEWED 1	RESPONDENT DOES NOT	T AGREE TO BE INTERVIEWED	2 → END

SECTION 1 - RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR	
		MORNING 1 AFTERNOON 2 EVENING/NIGHT 3	
102	In what month and year were you born?	MONTH	
		DON'T KNOW MONTH98	
		YEAR	
		DON'T KNOW YEAR9998	
103	How old are you? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS	
104	Have you ever attended school?	YES	→ 107
105	What is the highest level of school you attended: primary, '0' level, 'A' level, or university or tertiary?	PRIMARY 1 'O' LEVEL 2 'A' LEVEL 3 UNIVERSITY/TERTIARY 4	
106	What is the highest (class/year) you completed at that level?	CLASS/YEAR	
	IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.		
107	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY	
108	Do you listen to the radio almost every day, at least once week, less than once a week or not at all?	ALMOST EVERY DAY	
109	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY	
110	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES	→ 113
111	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation or any other such reason?	YES	→ 113

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	Have you done any work in the last 12 months?	YES	→ 115
113	Are (were) you paid in cash or kind for this work or are (were) you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN-KIND ONLY 3 NOT PAID 4	
114	What is your occupation, that is, what kind of work do you mainly do? INTERVIEWER: PROBE TO OBTAIN DETAILED INFORMATION ON THE KIND OF WORK RESPONDENT DOES.		→ 116
115	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING 01 LOOKING FOR WORK 02 RETIRED	
116	What is your ethnic group?	BAGANDA. 01 BANYANKORE. 02 ITESO. 03 LUGBARA/MADI. 04 BASOGA. 05 LANGI. 06 BAKIGA. 07 KARIMOJONG. 08 ACHOLI. 09 BAGISU/SABINY. 10 ALUR/JOPADHOLA. 11 BANYORO. 12 BATORO. 13 OTHER 96	

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	→ 206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES	→ 204
203	How many sons live with you?	SONS AT HOME	
	And how many daughters live with you?	DAUGHTERS AT HOME	
	IF NONE, RECORD '00'.		
204	Do you have any sons or daughters to whom you have birth who are alive but do not live with you?	YES	→ 206
205	How many sons are alive but do not live with you?	SONS ELSEWHERE	
	And how many daughters are alive but do not live with you?	DAUGHTERS ELSEWHERE .	
	IF NONE, RECORD '00'.		
206	Have you ever given birth to a boy or girl who was born alive but later died?	YES 1	
	IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	NO	→ 208
207	How many boys have died?	BOYS DEAD	
	And how many girls have died?	GIRLS DEAD	
	IF NONE, RECORD '00'.		
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL	
209	CHECK 208:		
	Just to make sure I have this right: you have had in		
	TOTALbirths during your life. Is that correct? PROBE AND		
	YES NO CORRECT 201-208 AS NECESSARY.		
210	Are you pregnant now?	YES	
211	CHECK 208:		
	ONE OR MORE NO BIRTHS Q.208 IS '00'		→ 224

212 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 213. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW). 213 215 216 217 218 219 220 221 222 214 IF ALIVE: IF ALIVE: IF ALIVE: IF DEAD: How old was Is (NAME) RECORD How old was (NAME) What name Were In what month Were there (NAME) HOUSEwas given to any of and year was (NAME) (NAME) at living with when he/she died? any other (NAME) born? HOLD LINE vour these a boy or still his/her last you? live births (first/next) births a girl? alive? birthday? NUMBER OF IF '1 YR', PROBE: between CHILD (NAME OF baby? twins? PROBE: How many months old What is his/her RECORD (RECORD '00' was (NAME)? **PREVIOUS** birthday? IF CHILD NOT RECORD DAYS IF BIRTH) and AGE IN COMPLETED LISTED IN LESS THAN 1 (NAME), YEARS. HOUSEHOLD) MONTH; MONTHS IF including LESS THAN TWO any children YEARS; OR YEARS. who died (NAME) after birth? MONTH AGE IN LINE NUMBER DAYS ... 1 SING BOY YES .. 1 **YEARS** YES ... 1 MONTHS 2 YEAR NO 2 2 GIRL 2 NO . . . 2 MULT (NEXT BIRTH) YEARS..3 221 MONTH AGE IN LINE NUMBER 02 YES 1 DAYS ... 1 SING BOY YES .. 1 YEARS YES . . . 1 ADD **◄** 1 MONTHS 2 **BIRTH** YEAR MULT GIRL 2 NO . . . 2 NO 2 NO 2 NEXT♣ (GO TO 222) YEARS .. 3 BIRTH 221 03 MONTH AGE IN LINE NUMBER DAYS ... 1 YES ADD**→** BOY **YEARS** SING YES . . 1 YES . . . 1 YFAR BIRTH MONTHS 2 MULT 2 GIRL 2 NO . . . 2 NO 2 NO 2 NEXT◀ (GO TO 222) YEARS .. 3 221 BIRTH 04 MONTH AGE IN LINE NUMBER YES 1 DAYS ... 1 SING BOY YES . . 1 **YEARS** YES ... 1 ADD **◄** 1 YEAR MONTHS 2 BIRTH MULT 2 GIRL 2 NO NO 2 NO 2 NEXT◀ (GO TO 222) YEARS..3 221 BIRTH 05 MONTH AGE IN LINE NUMBER DAYS ... 1 YES 1 ADD ◀ SING BOY YES .. 1 **YEARS** YES . . . 1 MONTHS 2 BIRTH GIRL 2 MULT 2 NO . . . 2 NO 2 NO 2 NEXT◀ (GO TO 222) YEARS..3 221 **BIRTH** 06 MONTH AGE IN LINE NUMBER DAYS ... 1 YES 1 YES . . 1 SING BOY YEARS YES ... 1 ADD **⁴** MONTHS 2 BIRTH MULT 2 GIRL 2 NO . . . 2 NO 2 NO 2 (GO TO 222) NEXT◀ YEARS..3 221 BIRTH LINE NUMBER 07 AGE IN YES MONTH DAYS . . . 1 YES .. 1 YEARS YES . . . 1 ADD **◄** SING BOY YEAR MONTHS 2 BIRTH MULT 2 GIRL NO . . . 2 NO 2 NO 2 NEXT◀ (GO TO 222) YEARS..3 221 BIRTH

				1	ı	1			
213	214	215	216	217	218 IF ALIVE:	219 IF ALIVE:	220 IF ALIVE:	221 IF DEAD:	222
What name was given to your next baby?	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COM- PLETED YEARS.	Is (NAME) living with you?	RECORD HOUSE- HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE- HOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
08	SING 1	BOY 1	MONTH	YES 1	AGE IN YEARS	YES 1	LINE NUMBER	DAYS 1	YES1 ADD◀
	MULT 2	GIRL 2	YEAR	NO 2		NO 2	(GO TO 222)	MONTHS 2 YEARS 3	BIRTH NO 2 NEXT BIRTH
09	SING 1	BOY 1	MONTH	YES 1	AGE IN YEARS	YES 1	LINE NUMBER	DAYS 1	YES1 ADD √
	MULT 2	GIRL 2	YEAR	NO 2		NO 2		MONTHS 2	BIRTH NO 2
				221			(GO TO 222)	YEARS 3	NEXT √ BIRTH
10	SING 1	BOY 1	MONTH	YES 1	AGE IN YEARS	YES 1	LINE NUMBER	DAYS 1	YES1 ADD √
	MULT 2	GIRL 2	YEAR	NO 2		NO 2		MONTHS 2	BIRTH NO 2
		S 2		221			(GO TO 222)	YEARS 3	NEXT √ BIRTH
11	SING 1	BOY 1	MONTH	YES 1	AGE IN YEARS	YES 1	LINE NUMBER	DAYS 1	YES1 ADD◀
	MULT 2	GIRL 2	YEAR	NO 2		NO 2		MONTHS 2	BIRTH NO 2
				221			(GO TO 222)	YEARS 3	NEXT √ BIRTH
12	SING 1	BOY 1	MONTH	YES 1	AGE IN YEARS	YES 1	LINE NUMBER	DAYS 1	YES1 ADD ❖
	MULT 2	GIRL 2	YEAR	NO 2		NO 2		MONTHS 2	BIRTH NO 2
				221			(GO TO 222)	YEARS 3	NEXT ∢ BIRTH
			births since the birth, RECORD BIRTHS						
224	COMPARE	208 WITH	NUMBER OF BIRTH	HS IN HIST	ORY ABOVE A	AND MARK:			
	NUME ARE S	-	NUMBERS A DIFFERE	I	l (PROB	E AND REC	ONCILE)		
	СН	ECK: FC	OR EACH BIRTH: M	ONTH AND	YEAR OF BIR	TH IS RECO	ORDED.		
		FC	OR EACH BIRTH SI	NCE OCTO	DBER 2004: MC	NTH AND Y	EAR OF BIRTH	ARE RECORDED.	H
		FC	OR EACH LIVING CI	HILD: CUR	RENT AGE IS	RECORDED			H
		FC	OR EACH DEAD CH	ILD: AGE /	AT DEATH IS R	ECORDED.			
			OR AGE AT DEATH JMBER OF MONTH		IS OR 1 YEAR	: PROBE TO	DETERMINE E	XACT	
-	CHECK 216 IF NONE, RI		ER THE NUMBER (OF BIRTHS	IN 2004 OR L	ATER.			
	II HORE, RECORD V.								

SECTION 3. ANTENATAL CARE AND CHILDREN'S FEVER TREATMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP			
301	CHECK 216 AND 225 : ONE OR MORE BIRTHS IN 2004 NO BIRTH IN 20					
	OR LATER VOR LATE	ER L.L.	→350			
302	CHECK 216 AND ENTER IN 303 THE NAME AND LINE NUMBER OF THE EVEN IF THE CHILD IS NO LONGER ALIVE.	MOST RECENT BIRTH SINCE 2004				
	Now I would like to ask you some questions about your last pregnancy that e	nded in a live birth.				
303	NAME AND LINE NUMBER FROM 213	NAME OF LAST BIRTH				
		LINE NUMBER				
304	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED	HEALTH PERSONNEL				
305	5 CHECK 304. SAW NO ONE FOR ANTENATAL CARE					
	CODE 'Y' CIRCLED CODE 'A', 'B', 'C', 'D' E' OR 'X' CIRCLED		→ 307			
306	What was the main reason why you did not see anyone for antenatal care?	CLINIC TOO FAR 1— HAD NO MONEY 2— HAD NO TIME 3— NOT AWARE HAD TO ATTEND 4— DID NOT WANT TO ATTEND 5— OTHER 6— (SPECIFY) DON'T KNOW 8 7— (ALL SKIP TO 308)				
307	Where did you receive antenatal care for this pregnancy? Anywhere else? RECORD ALL MENTIONED. IF UNABLE TO DETERMINE IF A HEALTH FACILITY IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE (NAME OF PLACE)	HOME YOUR HOME YOUR HOME TBA'S HOME OTHER HOME C PUBLIC SECTOR GOVERNMENT HOSPITAL GOVERNMENT HEALTH CENTER GOVERNMENT HEALTH POST F OTHER PUBLIC (SPECIFY) PRIVATE MED. SECTOR PRIVATE HOSPITAL/CLINIC H OTHER PRIVATE MEDICAL (SPECIFY) OTHER X (SPECIFY)				
308	During this pregnancy, did you take any drugs to keep you from getting malaria?	YES	316			

309	What drugs did you take? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW HER THE TYPICAL ANTIMALARIAL DRUGS. TREATMENT WITH SP/FANSIDAR USUALLY CONSISTS OF TAKING 3 BIG WHITE TABLETS AT THE HEALTH FACILITY.	SP/FANSIDAR A CHLOROQUINE B OTHER X (SPECIFY) DON'T KNOW Z	
310	CHECK 309. SP/FANSIDAR TAKEN FOR MALARIA PREVENTION?		
	CODE 'A' CIRCLED NOT CIRCLED		→ 316
311	How many times did you take SP/FANSIDAR during this pregnancy?	NUMBER OF TIMES	
312	CHECK 311. NUMBER OF TIMES SP/FANSIDAR TAKEN DURING THIS F	PREGNANCY.	
	ONE TIME TWO OR MORE TIMES		→ 315
313	Can you tell me why you took or received SP/FANSIDAR only one time?	NOT OFFERED AT CLINIC, UNKNOWN REASON. 1 TOO LATE IN PREGNANCY. 2 REACTED TO FIRST DOSE. 3 DID NOT WANT TO TAKE. 4 OTHER 6 (SPECIFY) DON'T KNOW 8	
314	CHECK 304. ANTENATAL CARE FROM HEALTH PERSONNEL DURING	PREGNANCY.	
	CODE 'A', 'B', 'C', 'D' E' OR 'X' CIRCLED		→ 316
315	Did you get the SP/FANSIDAR during any antenatal care visit, during another visit to a health facility or from another source?	ANTENATAL CARE VISIT	
316	CHECK 216 AND 225 : ONE OR MORE BIRTHS IN 2004 OR LATER OR LATE	04 🗀	→ 350
317	CHECK 216 AND ENTER IN THE TABLE THE LINE NUMBER, NAME, AND BIRTH IN 2004 OR LATER. ASK QUESTIONS ABOUT THE BIRTHS AS AP IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDI'Now I would like to ask you some questions about the health of all your childr We will talk about each separately.	PPROPRIATE. BEGIN WITH THE LAST BIRTH. TIONAL QUESTIONNAIRES.	

317A		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
	LINE NUMBER FROM 213	LINE NO.	LINE NO.	LINE NO.
317B		NAME	NAME	NAME
	FROM 213 AND 217	LIVING DEAD	LIVING DEAD	LIVING DEAD
317C	Did you ever breastfeed (NAME)?	YES	YES	YES
317D	CHECK 317B:	LIVING DEAD		
	IS CHILD LIVING?	(SKIP TO 317F) ←		
317E	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 318) ←		
317F	For how many months did you breastfeed (NAME)?	MONTHS	MONTHS	MONTHS
		DON'T KNOW 98	STILL BF 95 DON'T KNOW 98	STILL BF 95 DON'T KNOW 98
317G	CHECK 317B:	LIVING DEAD	LIVING DEAD	LIVING DEAD
	IS CHILD LIVING?	(SKIP TO 349) ←	(SKIP TO 349) ←	(SKIP TO 349) ←
318	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES	YES	YES
		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	NAME	NAME
319	Now I would like to know how much (NAME) was given to drink (including breast milk) during the illness with a fever. Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
320	When (NAME) had a fever, was he/she given less than usual to eat, about the same amount, more than usual or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 4 STOPPED FOOD 5 NEVER GAVE FOOD . 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS
321	Did you seek advice or treatment for the illness from any source?	YES	YES	YES
321A	Why have you not sought advice or treatment from any source?	CHILD JUST FELL ILL A— CHILD NOT VERY ILL B— CLINIC TOO FAR C— HAVE NO MONEY D— WAITING FOR CHILD'S FATHER E— DON'T KNOW WHAT TO DO F— ALREADY HAD MEDICINE AT HOME G— OTHER X— (SPECIFY) SKIP TO 3264—	CHILD NOT VERY ILL B — CLINIC TOO FAR C — HAVE NO MONEY D — WAITING FOR CHILD'S FATHER E — DON'T KNOW WHAT TO DO F — ALREADY HAD MEDICINE AT HOME G —	DON'T KNOW WHAT TO DO F — ALREADY HAD

		1 .		1
		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	NAME	NAME
322	Where did you seek advice or	PUBLIC SECTOR	PUBLIC SECTOR	PUBLIC SECTOR
	treatment?	GOVT HOSPITAL . A	GOVT HOSPITAL . A	GOVT HOSPITAL . A
		GOVT. HEALTH	GOVT. HEALTH	GOVT. HEALTH
	Anywhere else?	CENTERB	CENTERB	CENTER B
		GOVT. HEALTH	GOVT. HEALTH	GOVT. HEALTH
	RECORD ALL MENTIONED.	POST C	POSTC	POSTC
		CLINIC/OUTREACH	CLINIC/OUTREACH	CLINIC/OUTREACH
		SERVICES D	SERVICES D	SERVICES D
		COMMUNITY HEALTH	COMMUNITY HEALTH	COMMUNITY HEALTH
		WORKER/CMD E	WORKER/CMD E	WORKER/CMD E
	IF UNABLE TO DETERMINE IF A	OTHER PUBLIC	OTHER PUBLIC	OTHER PUBLIC
	HEALTH FACILITY IS PUBLIC OR	F	F	F
	PRIVATE MEDICAL, WRITE THE	(SPECIFY)	(SPECIFY)	(SPECIFY)
	THE NAME OF THE PLACE.	PRIVATE MEDICAL	PRIVATE MEDICAL	PRIVATE MEDICAL
		SECTOR	SECTOR	SECTOR
		PVT. HOSPITAL/	PVT. HOSPITAL/	PVT. HOSPITAL/
	(NAME OF PLACE(S))	CLINIC G	CLINIC G	CLINIC G
		PHARMACY/	PHARMACY/	PHARMACY/
		DRUG SHOP . H	DRUG SHOP . H	DRUG SHOP . H
		PVT DOCTOR I	PVT DOCTOR I	PVT DOCTOR I
		CLINIC/OUTREACH	CLINIC/OUTREACH	CLINIC/OUTREACH
		SERVICES J	SERVICES J	SERVICES J
		COMMUNITY HEALTH	COMMUNITY HEALTH	COMMUNITY HEALTH
		WORKER/CMD K	WORKER/CMD K	WORKER/CMD K
		OTHER PRIVATE	OTHER PRIVATE	OTHER PRIVATE
		MED. L	MED. L	MEDL
		(SPECIFY) OTHER SOURCE	(SPECIFY) OTHER SOURCE	(SPECIFY) OTHER SOURCE
		SHOP M	SHOP M	SHOP M
		TRADITIONAL	TRADITIONAL	TRADITIONAL
			PRACTITIONAL PRACTITIONER N	PRACTITIONER N
		PRACTITIONER N OTHER X	OTHER X	OTHER X
		(SPECIFY)	(SPECIFY)	(SPECIFY)
		(SPECIFY)	(SPECIFY)	(SPECIFY)

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	NAME	NAME
323	CHECK 322:	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 325)	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 325)	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 325)
324	Where did you first seek advice or treatment? USE LETTER CODE FROM 322.	FIRST PLACE	FIRST PLACE	FIRST PLACE
324A	How far did you travel for this advice or treatment?	LESS THAN 1KM 1 BETWEEN 1-4 KM 2 MORE THAN 5KM 3 DON'T KNOW 8	LESS THAN 1KM 1 BETWEEN 1-4 KM 2 MORE THAN 5KM 3 DON'T KNOW 8	LESS THAN 1KM 1 BETWEEN 1-4 KM 2 MORE THAN 5KM 3 DON'T KNOW 8
325	How many days after the fever began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'	DAYS	DAYS	DAYS
325A	At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?	YES	YES	YES
326	Is (NAME) still sick with a fever?	YES	YES	YES
327	At any time during the illness, did (NAME) take any drugs for the illness?	YES	YES	YES
328	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS SP/FANSIDAR A CHLOROQUINE B CHLOROQUINE WITH FANSIDAR C HOMAPAK RED D GREEN E COARTEW/ACT F OTHER ANTI- MALARIAL (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP H INJECTION I OTHER DRUGS PANADOL J ASPRIM. K	ANTIMALARIAL DRUGS SP/FANSIDAR A CHLOROQUINE B CHLOROQUINE WITH FANSIDAR C HOMAPAK RED	ANTIMALARIAL DRUGS SP/FANSIDAR A CHLOROQUINE B CHLOROQUINE WITH FANSIDAR C HOMAPAK RED
		ASPRIN K IBUPROFEN L OTHER X (SPECIFY) DON'T KNOW Z	ASPRIN K IBUPROFEN L OTHER	ASPRIN K IBUPROFEN L OTHER X (SPECIFY) DON'T KNOW Z

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	NAME	NAME
329	CHECK 328: ANY CODE A-G CIRCLED?	YES NO (GO BACK TO 317A IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 348A)	YES NO (GO BACK TO 317A IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 348A)	YES NO (GO TO 317A IN NEXT- TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 348A)
331	CHECK 328: SP/FANSIDAR ('A') GIVEN	CODE 'A' CODE 'A' CIRCLED NOT CIRCLED (SKIP TO 334)	CODE 'A' CODE 'A' CIRCLED NOT CIRCLED (SKIP TO 334)	CODE 'A' CODE 'A' CIRCLED NOT CIRCLED (SKIP TO 334)
332	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
333	For how many days did (NAME) take the SP/Fansidar?	DAYS	DAYS	DAYS
	IF 7 DAYS OR MORE, WRITE 7.	DON'T KNOW 8	DON'T KNOW 8	DON'T KNOW 8
334	CHECK 328: CHLOROQUINE ('B') GIVEN	CODE 'B' CODE 'B' CIRCLED NOT CIRCLED (SKIP TO 337)	CODE 'B' CODE 'B' CIRCLED NOT CIRCLED (SKIP TO 337)	CODE 'B' CIRCLED NOT CIRCLED (SKIP TO 337)
335	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
336	For how many days did (NAME) take the chloroquine? IF 7 DAYS OR MORE, WRITE 7.	DAYS B	DAYS	DAYS B
337	CHECK 328: CHLOROQUINE WITH FANISIDAR ('C') GIVEN	CODE 'C' CODE 'C' CIRCLED NOT CIRCLED (SKIP TO 340)	CODE 'C' CODE 'C' CIRCLED NOT CIRCLED (SKIP TO (340)	CODE 'C' CODE 'C' CIRCLED NOT CIRCLED (SKIP TO 340)

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	NAME	NAME
338	How long after the fever started did (NAME) first take Chloroquine with 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
339	For how many days did (NAME) take the Chloroquine with Fansidar? IF 7 DAYS OR MORE, WRITE 7.	DAYS B	DAYS B	DAYS B
340	CHECK 328: HOMAPAK - RED ('D') GIVEN	CODE 'D' CIRCLED NOT CIRCLED (SKIP TO 343)	CODE 'D' CODE 'D' CIRCLED NOT CIRCLED (SKIP TO 343)	CODE 'D' CODE 'D' CIRCLED NOT CIRCLED (SKIP TO 343)
341	How long after the fever started did (NAME) first take red Homapak?	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
342	For how many days did (NAME) take the red Homapak? IF 7 DAYS OR MORE, WRITE 7.	DAYS B	DAYS B	DAYS B
343	CHECK 328: HOMAPAK-GREEN ('E') GIVEN	CODE 'E' CODE 'E' CIRCLED NOT CIRCLED (SKIP TO 345A)	CODE 'E' CODE 'E' CIRCLED NOT CIRCLED (SKIP TO 345A)	CODE 'E' CODE 'E' CIRCLED NOT CIRCLED (SKIP TO 345A)
344	How long after the fever started did (NAME) first take the green Homapak?	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

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	NAME	NAME
345	For how many days did (NAME) take the green Homapak? IF 7 DAYS OR MORE, WRITE 7.	DAYS B	DAYS	DAYS B
345A	CHECK 328: COARTEM/ACT ('F') GIVEN	CODE 'F' CODE 'F' CIRCLED NOT CIRCLED (SKIP TO 346)	CODE 'F' CODE 'F' CIRCLED NOT CIRCLED (SKIP TO 346)	CODE 'F' CODE 'F' CIRCLED NOT CIRCLED (SKIP TO 346)
345B	How long after the fever started did (NAME) first take COARTEM/ACT?	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
345C	For how many days did (NAME) take the COARTEM/ACT? IF 7 DAYS OR MORE, WRITE 7.	DAYS B	DAYS	DAYS B
346	CHECK 328: OTHER ANTIMALARIAL ('G') GIVEN	CODE 'G' CIRCLED NOT CIRCLED (GO BACK TO 303 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 348A)	CODE 'G' CODE 'G' CIRCLED NOT CIRCLED (GO BACK TO 303 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 348A)	CODE 'G' CODE 'G' CIRCLED NOT CIRCLED (GO TO 303 IN NEXT- TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 348A)
347	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
348	For how many days did (NAME) take the (OTHER ANTIMALARIAL)?	DAYS	DAYS	DAYS

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	NAME	NAME
348A	CHECK 322 ANY CODE A-N CIRCLED?	YES NO	YES NO 348D ←	YES NO 348D ←
348B	Did you pay any money when you sought advice or treatment for [NAME] from any source during this episode of fever?	YES	YES	YES
348C	How much did you pay? IF GOODS OR SERVICES USED AS PAYMENT, ASK FOR AN ESTIMATE IN LOCAL CURRENCY.	DON'T KNOW99998	DON'T KNOW99998	DON'T KNOW99998
348D	CHECK 328 ANY CODES A-X CIRCLED?	YES NO	YES NO ☐ 348G ←	YES NO 348G ←
348E	Did you pay any money for any of the medicines [NAME] took during this episode of fever?	YES	YES	YES
348F	How much did you pay? IF GOODS OR SERVICES USED AS PAYMENT, ASK FOR AN ESTIMATE IN LOCAL CURRENCY.	DON'T KNOW99998	DON'T KNOW99998	DON'T KNOW99998
348G	Was [NAME] admitted or hospitalized during this episode of fever?	YES	YES	YES
348H	For how many days was [NAME] admitted or hospitalized? IF DISCHARGED SAME DAY RECORD "00"	# OF DAYS	# OF DAYS	# OF DAYS
3481	Did you pay any money for the admission?	YES	YES	YES
348J	How much did you pay for [NAME'S] admission? IF GOODS OR SERVICES USED AS PAYMENT, ASK FOR AN ESTIMATE IN LOCAL CURRENCY.	DON'T KNOW99998	DON'T KNOW99998	DON'T KNOW99998
348K	CHECK 321 CODE "1" CIRCLED?	YES NO (348N) ←	YES NO (348N) ←	YES NO (348N) ←
348L	While seeking advice or treatment for [NAME] during this episode of fever, did you spend any money on transportation?	YES	YES	YES
348M	How much did you spend on transportation?	DON'T KNOW99998	DON'T KNOW99998	DON'T KNOW99998

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
NO.	QUESTIONS AND FILTERS	NAME	NAME	NAME
348N	Did you or other members of your household have to borrow money in order to pay for these costs?	YES	YES	YES
3480	Did you or other members of your household have to sell things that you own in order to pay for these costs?	YES	YES	YES
348P	Did you or any other member of your household have to take time off from your normal duties to care for [NAME] during this episode of fever?	YES	YES	YES
348Q	How many days did you or other household members have to take off?	# OF DAYS	# OF DAYS	# OF DAYS
349		GO BACK TO 317A IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 350.	GO BACK TO 317A IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 350.	GO TO 317A IN NEXT-TO- LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 350.

Solid Invalid like to ask you a few questions about fever in children, when a child is sick with flover, how bog after the fever begins should the child be taken for treatment?	NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
When a child is sick with fever, how long after the fever begins should the child be taken for treatment? TWO DAYS AFTER ONSET 03 THREE OR MORE DAYS AFTER 04 THREE OR MORE DAYS AFTER 05 THREE OR MORE DAYS AFTER 06 THREE 06 THREE	350	I would like to ask you a few questions about fever in children.		
THREE OR MORE DAYS AFTER		_	TWO DAYS AFTER ONSET	
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PROBE: ANYTHING ELSE?				
PROBE: ANYTHING ELSE?	351	In your opinion, what causes malaria?		
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PROBE: ANYTHING ELSE? TREATED NET	352	What are the ways to avoid getting malaria?		
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INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:		
COMMENTS ON SPECIFIC QUESTIONS:		
ANY OTHER COMMENTS:		
	SUPERVISOR'S OBSERVATIONS	
NAME OF SUPERVISOR:	DATE:	