

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

SECTION 1A: IDENTIFICATION																																	
1. REGION _____	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr> <tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr> <tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr> <tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr> <tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr> <tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr> <tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr> <tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr> </table>																																
2. DISTRICT _____																																	
3. COUNTY _____																																	
4. SUBCOUNTY/TOWN _____																																	
5. PARISH/LC2 NAME _____																																	
6. EA NAME _____																																	
7. HOUSEHOLD NUMBER .....																																	
8. NAME AND LINE NUMBER OF WOMAN _____																																	

SECTION 1B: INTERVIEWER VISITS											
	1	2	3	FINAL VISIT							
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>							
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>							
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 15px; height: 15px;"></td></tr></table>							
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 15px; height: 15px;"></td></tr></table>							
TIME	_____	_____									
*RESULT CODES: 1 COMPLETED      4 REFUSED 2 NOT AT HOME      5 PARTLY COMPLETED      8 OTHER _____ 3 POSTPONED      6 INCAPACITATED      (SPECIFY) _____											
LANGUAGE OF THE QUESTIONNAIRE .....	7										
LANGUAGE USED IN THE INTERVIEW .....	7										
NATIVE LANGUAGE OF RESPONDENT .....	7										
TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3).....	7										
LANGUAGE USED:    1 ATESO-KARAMOJONG    4 LUO    7 ENGLISH 2 LUGANDA                    5 RUNYANKOLE-RUKIGA    8 OTHER 3 LUGBARA                    6 RUNYORO-RUTORO											

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY								
NAME _____	NAME _____										
DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>			DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>		

## INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_. I am working with the MOH and UBOS. We are conducting a national survey about malaria and would very much appreciate your participation in this survey. This information will help the government to plan health services. These questions will take about 15 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shared with anyone other than members of our survey team.

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 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: \_\_\_\_\_

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.	HOUR ..... <input type="text"/> <input type="text"/> MINUTES ..... <input type="text"/> <input type="text"/> MORNING ..... 1 AFTERNOON ..... 2 EVENING/NIGHT ..... 3	
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 are you?  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	→ 107
105	What is the highest level of school you attended: primary, 'O' 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?  IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	CLASS/YEAR ..... <input type="text"/> <input type="text"/>	
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 ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4 CANNOT READ ..... 8	
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 ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
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 ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
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 ..... 1 NO ..... 2	→ 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 ..... 1 NO ..... 2	→ 113

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP			
112	Have you done any work in the last 12 months?	YES ..... 1 NO ..... 2	→ 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.	_____ _____ _____  <table border="1" data-bbox="1101 541 1237 604" style="margin-left: auto; margin-right: auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				→ 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 ..... 03 TOO ILL TO WORK ..... 04 HANDICAPPED, CANNOT WORK ... 05 HOUSEWORK/CHILD CARE ..... 06  OTHER _____ 96 (SPECIFY)				
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 (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	How many sons live with you?  And how many daughters live with you?  IF NONE, RECORD '00'.	SONS AT HOME ..... <table border="1" style="display: inline-table; vertical-align: middle;"><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> DAUGHTERS AT HOME ..... <table border="1" style="display: inline-table; vertical-align: middle;"><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>									
204	Do you have any sons or daughters to whom you have 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" style="display: inline-table; vertical-align: middle;"><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> DAUGHTERS ELSEWHERE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><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>									
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 or showed signs of life but did not survive?	YES ..... 1 NO ..... 2	→ 208								
207	How many boys have died?  And how many girls have died?  IF NONE, RECORD '00'.	BOYS DEAD ..... <table border="1" style="display: inline-table; vertical-align: middle;"><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> GIRLS DEAD ..... <table border="1" style="display: inline-table; vertical-align: middle;"><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>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
209	CHECK 208:  Just to make sure 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.										
210	Are you pregnant now?	YES ..... 1 NO ..... 2 UNSURE ..... 8									
211	CHECK 208:  ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS Q.208 IS '00' <input type="checkbox"/> → 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	214	215	216	217	218	219	220	221	222
What name was given to your (first/next) baby?  (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born?  PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died?  IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 221	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO .... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS ... 1 MONTHS 2 YEARS ... 3	
02	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 221	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO .... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 222)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH
03	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 221	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO .... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 222)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH
04	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 221	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO .... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 222)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH
05	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 221	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO .... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 222)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH
06	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 221	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO .... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 222)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH
07	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 221	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO .... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 222)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ↙ BIRTH NO ... 2 NEXT ↙ BIRTH

213	214	215	216	217	218	219	220	221	222	
What name was given to your next baby?  (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born?  PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died?  IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?	
08	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 221	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO .... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 222)	DAYS ... 1 MONTHS 2 YEARS .. 3	YES .... 1 ADD ← BIRTH NO ..... 2 NEXT ↓ BIRTH	
09	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 221	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO .... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 222)	DAYS ... 1 MONTHS 2 YEARS .. 3	YES .... 1 ADD ← BIRTH NO ..... 2 NEXT ↓ BIRTH	
10	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 221	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO .... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 222)	DAYS ... 1 MONTHS 2 YEARS .. 3	YES .... 1 ADD ← BIRTH NO ..... 2 NEXT ↓ BIRTH	
11	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 221	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO .... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 222)	DAYS ... 1 MONTHS 2 YEARS .. 3	YES .... 1 ADD ← BIRTH NO ..... 2 NEXT ↓ BIRTH	
12	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 221	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO .... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 222)	DAYS ... 1 MONTHS 2 YEARS .. 3	YES .... 1 ADD ← BIRTH NO ..... 2 NEXT ↓ BIRTH	
223	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTHS IN TABLE.					YES ..... 1 NO ..... 2				
224	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH BIRTH: MONTH AND YEAR OF BIRTH IS RECORDED.</p> <p>FOR EACH BIRTH SINCE OCTOBER 2004: MONTH AND YEAR OF BIRTH ARE RECORDED.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p>									
225	CHECK 216 AND ENTER THE NUMBER OF BIRTHS IN 2004 OR LATER. IF NONE, RECORD '0'.									





309	<p>What drugs did you take?</p> <p>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.</p>	<p>SP/FANSIDAR ..... A          CHLOROQUINE ..... B          OTHER _____ X          (SPECIFY)          DON'T KNOW ..... Z</p>	
310	<p>CHECK 309. SP/FANSIDAR TAKEN FOR MALARIA PREVENTION?</p> <p>CODE 'A' <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/></p> <p>↓</p>		→ 316
311	<p>How many times did you take SP/FANSIDAR during this pregnancy?</p>	<p>NUMBER OF TIMES ..... <input type="text"/></p>	
312	<p>CHECK 311. NUMBER OF TIMES SP/FANSIDAR TAKEN DURING THIS PREGNANCY.</p> <p>ONE TIME <input type="checkbox"/> TWO OR MORE TIMES <input type="checkbox"/></p> <p>↓</p>		→ 315
313	<p>Can you tell me why you took or received SP/FANSIDAR only one time?</p>	<p>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</p>	
314	<p>CHECK 304. ANTENATAL CARE FROM HEALTH PERSONNEL DURING PREGNANCY.</p> <p>CODE 'A', 'B', 'C', 'D' E' OR 'X' CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>↓</p>		→ 316
315	<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>ANTENATAL CARE VISIT..... 1          ANOTHER FACILITY VISIT..... 2          OTHER SOURCE..... 6</p>	
316	<p>CHECK 216 AND 225 :</p> <p>ONE OR MORE BIRTHS IN 2004 OR LATER <input type="checkbox"/> NO BIRTHS/ NO BIRTH IN 2004 OR LATER <input type="checkbox"/></p> <p>↓</p>		→ 350
317	<p>CHECK 216 AND ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2004 OR LATER. ASK QUESTIONS ABOUT THE BIRTHS AS APPROPRIATE. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES.</p> <p>Now I would like to ask you some questions about the health of all your children born in the last five years. We will talk about each separately.</p>		

317A	LINE NUMBER FROM 213	LAST BIRTH LINE NO. <input type="text"/>	NEXT-TO-LAST BIRTH LINE NO. <input type="text"/>	SECOND-FROM-LAST BIRTH LINE NO. <input type="text"/>
317B	FROM 213 AND 217	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
317C	Did you ever breastfeed (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO 317G) ←	YES ..... 1 NO ..... 2 (SKIP TO 317G) ←	YES ..... 1 NO ..... 2 (SKIP TO 317G) ←
317D	CHECK 317B: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 317F) ←		
317E	Are you still breastfeeding (NAME)?	YES ..... 1 (SKIP TO 318) ← NO ..... 2		
317F	For how many months did you breastfeed (NAME)?	MONTHS ..... <input type="text"/> DON'T KNOW ... 98	MONTHS ..... <input type="text"/> STILL BF ..... 95 DON'T KNOW ... 98	MONTHS ..... <input type="text"/> STILL BF ..... 95 DON'T KNOW ... 98
317G	CHECK 317B: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 349) ←	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 349) ←	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 349) ←
318	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO 349) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 349) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 349) ← DON'T KNOW ..... 8
NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH 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 . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW ..... 8
321	Did you seek advice or treatment for the illness from any source?	YES ..... 1 (SKIP TO 322) ← NO ..... 2	YES ..... 1 (SKIP TO 322) ← NO ..... 2	YES ..... 1 (SKIP TO 322) ← NO ..... 2
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 326 ←	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 326 ←	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 326 ←

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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
323	CHECK 322:	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 325)	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 325)	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 325)
324	Where did you first seek advice or treatment? USE LETTER CODE FROM 322.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
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 ..... <input type="text"/>	DAYS ..... <input type="text"/>	DAYS ..... <input type="text"/>
325A	At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?	YES ..... 1 NO ..... 2 DON'T KNOW ... 8	YES ..... 1 NO ..... 2 DON'T KNOW ... 8	YES ..... 1 NO ..... 2 DON'T KNOW ... 8
326	Is (NAME) still sick with a fever?	YES ..... 1 NO ..... 2 DON'T KNOW ... 8	YES ..... 1 NO ..... 2 DON'T KNOW ... 8	YES ..... 1 NO ..... 2 DON'T KNOW ... 8
327	At any time during the illness, did (NAME) take any drugs for the illness?	YES ..... 1 NO ..... 2 (GO BACK TO 317A IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 350) DON'T KNOW ... 8	YES ..... 1 NO ..... 2 (GO BACK TO 317A IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 350) DON'T KNOW ... 8	YES ..... 1 NO ..... 2 (GO TO 317A IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 350) DON'T KNOW ... 8
328	What drugs did (NAME) take?  Any other drugs?  RECORD ALL MENTIONED.	<b>ANTIMALARIAL DRUGS</b> SP/FANSIDAR ... A CHLOROQUINE . B CHLOROQUINE WITH FANSIDAR ... C HOMAPAK RED ..... D GREEN ..... E COARTEM/ACT .. F OTHER ANTI-MALARIAL _____ ... G (SPECIFY) <b>ANTIBIOTIC DRUGS</b> PILL/SYRUP ... H INJECTION ... I <b>OTHER DRUGS</b> PANADOL ..... J ASPRIN ..... K IBUPROFEN ... L OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	<b>ANTIMALARIAL DRUGS</b> SP/FANSIDAR ... A CHLOROQUINE . B CHLOROQUINE WITH FANSIDAR ... C HOMAPAK RED ..... D GREEN ..... E COARTEM/ACT .. F OTHER ANTI-MALARIAL _____ ... G (SPECIFY) <b>ANTIBIOTIC DRUGS</b> PILL/SYRUP ... H INJECTION ... I <b>OTHER DRUGS</b> PANADOL ..... J ASPRIN ..... K IBUPROFEN ... L OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	<b>ANTIMALARIAL DRUGS</b> SP/FANSIDAR ... A CHLOROQUINE . B CHLOROQUINE WITH FANSIDAR ... C HOMAPAK RED ..... D GREEN ..... E COARTEM/ACT .. F OTHER ANTI-MALARIAL _____ ... G (SPECIFY) <b>ANTIBIOTIC DRUGS</b> PILL/SYRUP ... H INJECTION ... I <b>OTHER DRUGS</b> PANADOL ..... J ASPRIN ..... K IBUPROFEN ... L OTHER _____ X (SPECIFY) DON'T KNOW ..... Z

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
329	CHECK 328: ANY CODE A-G CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO BACK TO 317A IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 348A)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO BACK TO 317A IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 348A)	YES <input type="checkbox"/> NO <input type="checkbox"/> (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' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO <input type="checkbox"/> 334) ←	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO <input type="checkbox"/> 334) ←	CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO <input type="checkbox"/> 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?  IF 7 DAYS OR MORE, WRITE 7.	DAYS . . . . . <input type="checkbox"/> DON'T KNOW . . . 8	DAYS . . . . . <input type="checkbox"/> DON'T KNOW . . . 8	DAYS . . . . . <input type="checkbox"/> DON'T KNOW . . . 8
334	CHECK 328: CHLOROQUINE ('B') GIVEN	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO <input type="checkbox"/> 337) ←	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO <input type="checkbox"/> 337) ←	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO <input type="checkbox"/> 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 . . . . . <input type="checkbox"/> DON'T KNOW . . . 8	DAYS . . . . . <input type="checkbox"/> DON'T KNOW . . . 8	DAYS . . . . . <input type="checkbox"/> DON'T KNOW . . . 8
337	CHECK 328: CHLOROQUINE WITH FANISIDAR ('C') GIVEN	CODE 'C' CIRCLED <input type="checkbox"/> CODE 'C' NOT CIRCLED <input type="checkbox"/> (SKIP TO <input type="checkbox"/> 340) ←	CODE 'C' CIRCLED <input type="checkbox"/> CODE 'C' NOT CIRCLED <input type="checkbox"/> (SKIP TO <input type="checkbox"/> 340) ←	CODE 'C' CIRCLED <input type="checkbox"/> CODE 'C' NOT CIRCLED <input type="checkbox"/> (SKIP TO <input type="checkbox"/> 340) ←



NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
345	For how many days did (NAME) take the green Homapak? IF 7 DAYS OR MORE, WRITE 7.	DAYS ..... <input type="text"/> DON'T KNOW ... 8	DAYS ..... <input type="text"/> DON'T KNOW ... 8	DAYS ..... <input type="text"/> DON'T KNOW ... 8
345A	CHECK 328: COARTEM/ACT ('F') GIVEN	CODE 'F' CIRCLED <input type="checkbox"/> CODE 'F' NOT CIRCLED <input type="checkbox"/> (SKIP TO <input type="checkbox"/> 346) ←	CODE 'F' CIRCLED <input type="checkbox"/> CODE 'F' NOT CIRCLED <input type="checkbox"/> (SKIP TO <input type="checkbox"/> 346) ←	CODE 'F' CIRCLED <input type="checkbox"/> CODE 'F' NOT CIRCLED <input type="checkbox"/> (SKIP TO <input type="checkbox"/> 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 ..... <input type="text"/> DON'T KNOW ... 8	DAYS ..... <input type="text"/> DON'T KNOW ... 8	DAYS ..... <input type="text"/> DON'T KNOW ... 8
346	CHECK 328: OTHER ANTIMALARIAL ('G') GIVEN	CODE 'G' CIRCLED <input type="checkbox"/> CODE 'G' NOT CIRCLED <input type="checkbox"/> (GO BACK TO 303 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 348A)	CODE 'G' CIRCLED <input type="checkbox"/> CODE 'G' NOT CIRCLED <input type="checkbox"/> (GO BACK TO 303 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 348A)	CODE 'G' CIRCLED <input type="checkbox"/> CODE 'G' NOT CIRCLED <input type="checkbox"/> (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)? IF 7 DAYS OR MORE, WRITE 7.	DAYS ..... <input type="text"/> DON'T KNOW ... 8	DAYS ..... <input type="text"/> DON'T KNOW ... 8	DAYS ..... <input type="text"/> DON'T KNOW ... 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
348A	CHECK 322 ANY CODE A-N CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> 348D ←	YES <input type="checkbox"/> NO <input type="checkbox"/> 348D ←	YES <input type="checkbox"/> NO <input type="checkbox"/> 348D ←
348B	Did you pay any money when you sought advice or treatment for [NAME] from any source during this episode of fever?	YES ..... 1 NO ..... 2 348D ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 348D ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 348D ← DON'T KNOW ..... 8
348C	How much did you pay? IF GOODS OR SERVICES USED AS PAYMENT, ASK FOR AN ESTIMATE IN LOCAL CURRENCY.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....99998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....99998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....99998
348D	CHECK 328 ANY CODES A-X CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> 348G ←	YES <input type="checkbox"/> NO <input type="checkbox"/> 348G ←	YES <input type="checkbox"/> NO <input type="checkbox"/> 348G ←
348E	Did you pay any money for any of the medicines [NAME] took during this episode of fever?	YES ..... 1 NO ..... 2 348G ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 348G ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 348G ← DON'T KNOW ..... 8
348F	How much did you pay? IF GOODS OR SERVICES USED AS PAYMENT, ASK FOR AN ESTIMATE IN LOCAL CURRENCY.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....99998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....99998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....99998
348G	Was [NAME] admitted or hospitalized during this episode of fever?	YES ..... 1 NO ..... 2 (348K) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (348K) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (348K) ← DON'T KNOW ..... 8
348H	For how many days was [NAME] admitted or hospitalized? IF DISCHARGED SAME DAY RECORD "00"	# OF DAYS <input type="text"/> <input type="text"/>	# OF DAYS <input type="text"/> <input type="text"/>	# OF DAYS <input type="text"/> <input type="text"/>
348I	Did you pay any money for the admission?	YES ..... 1 NO ..... 2 (348K) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (348K) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (348K) ← DON'T KNOW ..... 8
348J	How much did you pay for [NAME'S] admission? IF GOODS OR SERVICES USED AS PAYMENT, ASK FOR AN ESTIMATE IN LOCAL CURRENCY.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....99998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....99998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....99998
348K	CHECK 321 CODE "1" CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (348N) ←	YES <input type="checkbox"/> NO <input type="checkbox"/> (348N) ←	YES <input type="checkbox"/> NO <input type="checkbox"/> (348N) ←
348L	While seeking advice or treatment for [NAME] during this episode of fever, did you spend any money on transportation?	YES ..... 1 NO ..... 2 (348N) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (348N) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (348N) ← DON'T KNOW ..... 8
348M	How much did you spend on transportation?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....99998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....99998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....99998



NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
348N	Did you or other members of your household have to borrow money in order to pay for these costs?	YES ..... 1 NO ..... 2 NO COST DURING EPISODE ..... 3 (348P) ←   DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 NO COST DURING EPISODE ..... 3 (348P) ←   DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 NO COST DURING EPISODE ..... 3 (348P) ←   DON'T KNOW ..... 8
348O	Did you or other members of your household have to sell things that you own in order to pay for these costs?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
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 ..... 1 NO ..... 2 (349) ←   DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (349) ←   DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (349) ←   DON'T KNOW ..... 8
348Q	How many days did you or other household members have to take off?	# OF DAYS <input type="text"/> <input type="text"/>	# OF DAYS <input type="text"/> <input type="text"/>	# OF DAYS <input type="text"/> <input type="text"/>
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.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
350	I would like to ask you a few questions about fever in children.  When a child is sick with fever, how long after the fever begins should the child be taken for treatment?	SAME DAY ..... 01 NEXT DAY ..... 02 TWO DAYS AFTER ONSET OF FEVER ..... 03 THREE OR MORE DAYS AFTER ONSET OF FEVER ..... 04 FEVER IS NORMAL IN CHILDREN, NO TREATMENT NECESSARY ..... 05 DEPENDS ON HOW SERIOUS THE FEVER IS ..... 06 OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98	
351	In your opinion, what causes malaria?  PROBE: ANYTHING ELSE?  RECORD ALL MENTIONED	MOSQUITO BITES ..... A EATING MAIZE ..... B EATING MANGOES ..... C EATING DIRTY FOOD ..... D DRINKING UNBOILED WATER ..... E GETTING SOAKED WITH RAIN ..... F COLD/CHANGING WEATHER ..... G WITCHCRAFT ..... H CONTACT WITH INFECTED PERSON .. I OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
351A	Are there ways to avoid getting malaria?	YES ..... 1 NO ..... 2	→ 353A
352	What are the ways to avoid getting malaria?  PROBE: ANYTHING ELSE?  RECORD ALL MENTIONED	SLEEP UNDER MOSQUITO NET ..... A SLEEP UNDER AN INSECTICIDE TREATED NET ..... B TAKING PREVENTIVE MEDICATION ..... C USE MOSQUITO REPELLANT ..... D SPRAYING HOUSE WITH INSECTICIDE ..... E USING MOSQUITO COILS ..... F DESTROY MOSQUITO BREEDING SITES ..... G OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
353	What medicine may be given to a pregnant woman to help them avoid getting malaria?  RECORD ALL MENTIONED	SP/FANSIDAR ..... A CHLOROQUINE ..... B CHLOROQUINE W/ FANSIDAR ..... C COARTEM/ACT ..... D OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
353A	CHECK 353 SP/FANSIDAR MENTIONED CODE 'A' <input type="checkbox"/> CIRCLED ↓ CODE 'A' NOT <input type="checkbox"/> CIRCLED		→ 355
354	How many times does a woman need to take SP/FANSIDAR during her pregnancy to avoid getting malaria?	NUMBER OF TIMES ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
355	During the past 12 months, have you seen or heard any messages about malaria?	YES ..... 1 NO ..... 2	→ END
356	Where did you hear or see message(s)?  PROBE: ANYWHERE ELSE?  RECORD ALL MENTIONED	RADIO ..... A TV ..... B NEWSPAPER/LEAFLET ..... C HEALTH WORKER/CMD ..... D NEIGHBOR ..... E COMMUNITY LEADER ..... F OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
357	RECORD THE END TIME.	HOUR ..... <input type="text"/> <input type="text"/> MINUTES ..... <input type="text"/> <input type="text"/>	

**INTERVIEWER'S OBSERVATIONS**

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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**SUPERVISOR'S OBSERVATIONS**

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NAME OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_