

UGANDA BUREAU OF STATISTICS  
2009 UGANDA MALARIA INDICATOR SURVEY  
HOUSEHOLD QUESTIONNAIRE - ENGLISH

**SECTION 1A: IDENTIFICATION**

1. REGION _____ 2. DISTRICT _____ 3. COUNTY _____ 4. SUBCOUNTY/TOWN _____ 5. PARISH/LC2 NAME _____ 6. EA NAME _____ 7. UMIS NUMBER ..... 8. URBAN=1, PERI URBAN=2, RURAL=3 ..... 9. NAME OF HEAD OF HOUSEHOLD _____ 10. HOUSEHOLD NUMBER ..... 11. HOUSEHOLD SAMPLE NUMBER .....	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																																																

**SECTION 1B: INTERVIEWER VISITS**

	1	2	3	FINAL VISIT							
1. DATE	_____	_____	_____	1. DAY <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> 2. MONTH <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> 3. YEAR <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>							
2. INTERVIEWER'S NAME	_____	_____	_____	4. INT. NUMBER <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>							
3. RESULT*	_____	_____	_____	5. RESULT <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>							
4. NEXT VISIT: DATE	_____	_____		6. TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>							
5. TIME	_____	_____									
<b>*RESULT CODES:</b> 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				7. TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>							
6. LANGUAGE OF THE QUESTIONNAIRE ..... <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>						10. LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>					
7. LANGUAGE USED IN THE INTERVIEW ..... <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>											
8. NATIVE LANGUAGE OF RESPONDENT ..... <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>											
9. TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3) ..... <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>											
LANGUAGE USED:    1 ATESO-KARAMOJONG    4 LUO    7 ENGLISH 2 LUGANDA                            5 RUNYANKORE-RUKIGA    8 OTHER 3 LUGBARA                            6 RUNYORO-RUTORO											

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	_____	_____
DATE _____	DATE _____	_____	_____

## INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_. I am working with UBOS in collaboration with MOH. 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. As part of the survey we would first like to ask some questions about your household. 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  
↓

START TIME:     HOURS

END TIME:     HOURS

**SECTION 2: HOUSEHOLD SCHEDULE**

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY	
				Does (NAME) usually live here?	Did (NAME) stay here last night?		How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 YEARS
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.  AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.  THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-7 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household?  SEE CODES BELOW.	Is (NAME) male or female?					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	08	08

**CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD**

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

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY	
				Does (NAME) usually live here?	Did (NAME) stay here last night?		CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 YEARS	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-4 YEARS (0-59 MONTHS)
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.  AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.  THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-7 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household?  SEE CODES BELOW.	Is (NAME) male or female?			How old is (NAME)?		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
09		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	10	10
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	16	16

TICK HERE IF CONTINUATION SHEET USED

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

YES  → ADD TO TABLE NO

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

YES  → ADD TO TABLE NO

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

YES  → ADD TO TABLE NO

**CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD**

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**SECTION 3: HOUSEHOLD CHARACTERISTICS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																										
101	What is the main source of drinking water for members of your household?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED INTO YARD/COMPOUND ... 12 PUBLIC TAP ..... 13 <b>WATER FROM OPEN WELL</b> OPEN WELL IN YARD/COMPOUND. . 21 OPEN PUBLIC WELL ..... 22 <b>WATER FROM COVERED WELL OR BOREHOLE</b> PROTECTED WELL IN YARD/COMPOUND ..... 31 PROTECTED PUBLIC WELL ..... 32 BOREHOLE. .... 33 <b>SURFACE WATER</b> PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42 RIVER/STREAM ..... 43 POND/LAKE ..... 44 DAM ..... 45 RAINWATER ..... 51 WATER TRUCK ..... 61 BOTTLED WATER ..... 71 OTHER ..... 96 _____ (SPECIFY)																																											
102	What kind of toilet facility do members of your household usually use?	FLUSH TOILET..... 01 VIP LATRINE ..... 02 COVERED PIT LATRINE NO SLAB .... 03 COVERED PIT LATRINE W/ SLAB .... 04 UNCOVERED PIT LATRINE NO SLAB .. 05 UNCOVERED PIT LATRINE W/ SLAB .. 06 COMPOSTING TOILET ..... 07 NO FACILITY/BUSH/FIELD ..... 08 OTHER ..... 96 _____ (SPECIFY)																																											
104	Does your household have: a) Electricity? b) A radio? c) A cassette player? d) A television? e) A mobile phone? f) A fixed phone? g) A refrigerator? h) A table? i) A chair? j) A sofa set? k) A bed? l) A cupboard? m) A clock?	<table border="0"> <thead> <tr> <th></th> <th align="center"><u>YES</u></th> <th align="center"><u>NO</u></th> </tr> </thead> <tbody> <tr><td>ELECTRICITY .....</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>RADIO .....</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>CASSETTE PLAYER .....</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>TELEVISION .....</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>MOBILE PHONE .....</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>FIXED PHONE .....</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>REFRIGERATOR .....</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>TABLE .....</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>CHAIRS .....</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>SOFA SET .....</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>BED .....</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>CUPBOARD .....</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>CLOCK .....</td><td align="center">1</td><td align="center">2</td></tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	ELECTRICITY .....	1	2	RADIO .....	1	2	CASSETTE PLAYER .....	1	2	TELEVISION .....	1	2	MOBILE PHONE .....	1	2	FIXED PHONE .....	1	2	REFRIGERATOR .....	1	2	TABLE .....	1	2	CHAIRS .....	1	2	SOFA SET .....	1	2	BED .....	1	2	CUPBOARD .....	1	2	CLOCK .....	1	2	
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CLOCK .....	1	2																																											
105	What type of fuel does your household mainly use for cooking?	ELECTRICITY ..... 01 LPG/NATURAL GAS ..... 02 BIOGAS ..... 03 PARAFFIN / KEROSENE ..... 04 CHARCOAL ..... 05 FIREWOOD..... 06 STRAW/SHRUBS/GRASS..... 07 ANIMAL DUNG ..... 08 NO FOOD COOKED IN HOUSEHOLD. . 95 OTHER ..... 96 _____ (SPECIFY)																																											

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106	What is the main source of energy for lighting in the household?	ELECTRICITY ..... 01 SOLAR ..... 02 GAS ..... 03 PARAFFIN-HURRICANE LAMP ... 04 PARAFFIN-PRESSURE LAMP ..... 05 PARAFFIN-WICK LAMP ..... 06 FIREWOOD ..... 07 CANDLES ..... 08 OTHER _____ 96 (SPECIFY)	
107	MAIN MATERIAL OF THE FLOOR  RECORD OBSERVATION.  MARK ONLY ONE.	<b>NATURAL FLOOR</b> EARTH/SAND ..... 11 EARTH AND DUNG ..... 12 <b>FINISHED FLOOR</b> PARQUET OR POLISHED WOOD ..... 31 MOSAIC OR TILES ..... 33 BRICKS ..... 34 CEMENT ..... 35 STONES ..... 36 OTHER _____ 96 (SPECIFY)	
108	MAIN MATERIAL OF THE ROOF.  RECORD OBSERVATION.  MARK ONLY ONE.	<b>NATURAL ROOFING</b> THATCHED .....11 MUD .....12 <b>FINISHED ROOFING</b> WOOD/PLANKS ..... 21 IRON SHEETS ..... 22 ASBESTOS .....23 TILES ..... 24 TIN ..... 25 CEMENT .....26 OTHER _____ 96 (SPECIFY)	
109	MAIN MATERIAL OF THE EXTERIOR WALLS.  RECORD OBSERVATION.  MARK ONLY ONE.	<b>NATURAL WALLS</b> THATCHED/STRAW ..... 11 <b>RUDIMENTARY WALLS</b> MUD AND POLES ..... 21 UN-BURNT BRICKS ..... 22 UN-BURNT BRICKS WITH PLASTER 23 BURNT BRICKS WITH MUD ..... 24 <b>FINISHED WALLS</b> CEMENT BLOCKS ..... 31 STONE .....32 TIMBER .....33 BURNT BRICKS WITH CEMENT .... 34 OTHER _____ 96 (SPECIFY)	
110	How many rooms in your household are used for sleeping?  (INCLUDING ROOMS OUTSIDE THE MAIN DWELLING)	ROOMS ..... <input type="text"/> <input type="text"/>	
111	How many sleeping spaces like mats, mattresses, or beds are available in your household?	NUMBER OF SLEEPING SPACES . . <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
112	Does any member of your household own or have: a) A watch? b) A bicycle? c) A motorcycle or motor scooter? d) An animal-drawn cart? e) A car or truck? f) A boat with a motor g) A boat without a motor e) A bank account?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;"><u>YES</u></th> <th style="width: 10%; text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>WATCH .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BICYCLE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ANIMAL-DRAWN CART .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR/TRUCK .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BOAT WITH MOTOR .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BOAT WITH NO MOTOR ....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BANK ACCOUNT .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	WATCH .....	1	2	BICYCLE .....	1	2	MOTORCYCLE/SCOOTER ...	1	2	ANIMAL-DRAWN CART .....	1	2	CAR/TRUCK .....	1	2	BOAT WITH MOTOR .....	1	2	BOAT WITH NO MOTOR ....	1	2	BANK ACCOUNT .....	1	2	
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BOAT WITH NO MOTOR ....	1	2																												
BANK ACCOUNT .....	1	2																												
113	How many acres of agricultural land do members of this household own?	ACRES. .... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>  9995 OR MORE ACRES. .... 9995.0 DON'T KNOW. .... 9999.8																												
114	How many of the following animals/birds does this household own? IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'. a) Local Cattle? b) Exotic/Cross Cattle? c) Goats? d) Sheep? e) Pigs? f) Chickens?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">LOCAL CATTLE .....</td> <td style="width: 10%; text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> <td style="width: 10%; text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> </tr> <tr> <td>EXOTIC/CROSS CATTLE ....</td> <td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> </tr> <tr> <td>GOATS .....</td> <td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> </tr> <tr> <td>SHEEP .....</td> <td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> </tr> <tr> <td>PIGS .....</td> <td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> </tr> <tr> <td>CHICKENS .....</td> <td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> </tr> </tbody> </table>	LOCAL CATTLE .....	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	EXOTIC/CROSS CATTLE ....	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	GOATS .....	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	SHEEP .....	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	PIGS .....	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	CHICKENS .....	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>										
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115	How far is it to the nearest market place? WRITE '00' IF LESS THAN ONE KILOMETRE IF MORE THAN 95 KM, WRITE 95 CIRCLE '98' IF DON'T KNOW	KILOMETRES ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>  DON'T KNOW ..... 98																												
116	Now I would like to ask you about the food your household eats. How many meals does your household usually have per day?	MEALS ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>																												
117	In the past week, on how many days did the household eat meat?	DAYS ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>																												
118	How often in the last year did you have problems in satisfying the food needs of the household?	NEVER ..... 1 SELDOM ..... 2 SOMETIMES ..... 3 OFTEN ..... 4 ALWAYS ..... 5																												
119	How far is it to the nearest health facility? WRITE '00' IF LESS THAN ONE KILOMETRE IF MORE THAN 95 KM, WRITE 95 CIRCLE '98' IF DON'T KNOW	KILOMETRES ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>  DON'T KNOW ..... 98																												
120	If you were to go to this facility, how would you <i>most likely</i> go there?	CAR/MOTORCYCLE ..... 1 PUBLIC TRANSPORT (BUS, TAXI) ... 2 ANIMAL/ANIMAL CART ..... 3 WALKING ..... 4 BICYCLE ..... 5 OTHER ..... 6 _____ (SPECIFY)																												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
121	At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 121D
121A	How many months ago was the dwelling last sprayed? IF LESS THAN ONE MONTH, RECORD '00' MONTHS AGO.	MONTHS AGO ..... <input type="text"/> <input type="text"/>	
121B	Who sprayed the dwelling?	GOVERNMENT WORKER/PROGRAM ..... 1 PRIVATE COMPANY ..... 2 NGO ..... 3 OTHER _____ 6 (SPECIFY) (SPECIFY) DON'T KNOW ..... 8	
121C	Did you pay for your dwelling to be sprayed?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
121D	Is there a community worker or community medicine distributor (CMD) who distributes malaria medicines in your village or community?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 122
121E	Does the community health worker currently have malaria medicines available?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
122	Does your household have any mosquito nets that can be used while sleeping?	YES ..... 1 NO ..... 2	→ 201
123	How many mosquito nets does your household have?	NUMBER OF NETS ..... <input type="text"/> <input type="text"/>	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
		NET # 1	NET # 2	NET # 3	
124	May I have a look at (all) the net(s) to establish the brand?	OBSERVED ... 1 NOT OBSERVED 2	OBSERVED ... 1 NOT OBSERVED 2	OBSERVED ... 1 NOT OBSERVED 2	
125	How many months ago did your household obtain the mosquito net?  IF LESS THAN ONE MONTH, WRITE '00'.	MONTHS AGO <input type="text"/> <input type="text"/>  MORE THAN 36 MONTHS AGO... 95  NOT SURE ..... 98	MONTHS AGO <input type="text"/> <input type="text"/>  MORE THAN 36 MONTHS AGO... 95  NOT SURE ..... 98	MONTHS AGO <input type="text"/> <input type="text"/>  MORE THAN 36 MONTHS AGO... 95  NOT SURE ..... 98	
126	Where did you get the mosquito net from?	PUBLIC SECTOR GOV'T HOSPITAL .. 01 GOV'T HEALTH CENTER ..... 02  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC ..... 03 PHARMACY ..... 04  OTHER SOURCE SHOP ..... 05 OPEN MARKET ... 06 HAWKER ..... 07 PROJECT/NGO ... 08 CAMPAIGN ..... 09 CHURCH ..... 10  OTHER ..... 96 DOES NOT KNOW 98	PUBLIC SECTOR GOV'T HOSPITAL .. 01 GOV'T HEALTH CENTER ..... 02  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC ..... 03 PHARMACY ..... 04  OTHER SOURCE SHOP ..... 05 OPEN MARKET ... 06 HAWKER ..... 07 PROJECT/NGO ... 08 CAMPAIGN ..... 09 CHURCH ..... 10  OTHER ..... 96 DOES NOT KNOW 98	PUBLIC SECTOR GOV'T HOSPITAL .. 01 GOV'T HEALTH CENTER ..... 02  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC ..... 03 PHARMACY ..... 04  OTHER SOURCE SHOP ..... 05 OPEN MARKET ... 06 HAWKER ..... 07 PROJECT/NGO ... 08 CAMPAIGN ..... 09 CHURCH ..... 10  OTHER ..... 96 DOES NOT KNOW 98	
127	OBSERVE OR ASK THE BRAND OR TYPE OF MOSQUITO NET.	'LONGLASTING' NET PERMANET ..... 11 DURANET ..... 12 INTERCEPTOR... 13 NETPROTECT..... 14 OLYSET..... 15 DAWANET..... 16 ICONLIFE..... 17 (SKIP TO 131)←  FACTORY NET WITH INSECTICIDE KIT KO NET ..... 21 KOOPER NET ... 22 ICONET ..... 23 SAFI NET ..... 24  FACTORY NET WITH NO INSECTICIDE B52 ..... 31 BAMBOO HUT ... 32 CENTURY ..... 33 LUCKY NET ..... 34 VICTORIA ..... 35  HOMEMADE NET .. 41  OTHER ..... 96 (SPECIFY) DK BRAND ..... 98	'LONGLASTING' NET PERMANET ..... 11 DURANET ..... 12 INTERCEPTOR... 13 NETPROTECT..... 14 OLYSET..... 15 DAWANET..... 16 ICONLIFE..... 17 (SKIP TO 131)←  FACTORY NET WITH INSECTICIDE KIT KO NET ..... 21 KOOPER NET ... 22 ICONET ..... 23 SAFI NET ..... 24  FACTORY NET WITH NO INSECTICIDE B52 ..... 31 BAMBOO HUT ... 32 CENTURY ..... 33 LUCKY NET ..... 34 VICTORIA ..... 35  HOMEMADE NET .. 41  OTHER ..... 96 (SPECIFY) DK BRAND ..... 98	'LONGLASTING' NET PERMANET ..... 11 DURANET ..... 12 INTERCEPTOR... 13 NETPROTECT..... 14 OLYSET..... 15 DAWANET..... 16 ICONLIFE..... 17 (SKIP TO 131)←  FACTORY NET WITH INSECTICIDE KIT KO NET ..... 21 KOOPER NET ... 22 ICONET ..... 23 SAFI NET ..... 24  FACTORY NET WITH NO INSECTICIDE B52 ..... 31 BAMBOO HUT ... 32 CENTURY ..... 33 LUCKY NET ..... 34 VICTORIA ..... 35  HOMEMADE NET .. 41  OTHER ..... 96 (SPECIFY) DK BRAND ..... 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
129	Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitoes or bugs?	YES ..... 1 NO ..... 2 (SKIP TO 131) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 131) ← NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 131) ← NOT SURE ..... 8	
130	How many months ago was the net last soaked or dipped?  IF LESS THAN 1 MONTH, RECORD '00'.  25 OR MORE MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS AGO ... <input type="text"/>  25 OR MORE MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS AGO ... <input type="text"/>  25 OR MORE MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS AGO ... <input type="text"/>  25 OR MORE MONTHS AGO ... 95  NOT SURE ..... 98	
131	Did anyone sleep under this mosquito net last night?	YES ..... 1 (SKIP TO 132) ← NO ..... 2 NOT SURE ..... 8 (SKIP TO 133) ←	YES ..... 1 (SKIP TO 132) ← NO ..... 2 NOT SURE ..... 8 (SKIP TO 133) ←	YES ..... 1 (SKIP TO 132) ← NO ..... 2 NOT SURE ..... 8 (SKIP TO 133) ←	
131A	What are some of the reasons why this net was not used?	TOO HOT ..... A DON'T LIKE SMELL B NO MOSQUITOES C NET TOO OLD/TOO MANY HOLES .. D NET NOT HANG .... E OTHER _____ X (SPECIFY) DON'T KNOW ..... Z (ALL SKIP TO 133) ←	TOO HOT ..... A DON'T LIKE SMELL B NO MOSQUITOES C NET TOO OLD/TOO MANY HOLES .. D NET NOT HANG .... E OTHER _____ X (SPECIFY) DON'T KNOW ..... Z (ALL SKIP TO 133) ←	TOO HOT ..... A DON'T LIKE SMELL B NO MOSQUITOES C NET TOO OLD/TOO MANY HOLES .. D NET NOT HANG .... E OTHER _____ X (SPECIFY) DON'T KNOW ..... Z (ALL SKIP TO 133) ←	
132	Who slept under this mosquito net last night?  RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE	NAME _____ LINE NUMBER <input type="text"/>  NAME _____ LINE NUMBER <input type="text"/>  NAME _____ LINE NUMBER <input type="text"/>  NAME _____ LINE NUMBER <input type="text"/>  NAME _____ LINE NUMBER <input type="text"/>	NAME _____ LINE NUMBER <input type="text"/>  NAME _____ LINE NUMBER <input type="text"/>  NAME _____ LINE NUMBER <input type="text"/>  NAME _____ LINE NUMBER <input type="text"/>  NAME _____ LINE NUMBER <input type="text"/>	NAME _____ LINE NUMBER <input type="text"/>  NAME _____ LINE NUMBER <input type="text"/>  NAME _____ LINE NUMBER <input type="text"/>  NAME _____ LINE NUMBER <input type="text"/>  NAME _____ LINE NUMBER <input type="text"/>	
133		GO BACK TO 124 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO BACK TO 124 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO BACK TO 124 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
		NET # 4	NET # 5	NET # 6	
124	May I have a look at (all) the net(s) to establish the brand?	OBSERVED ... 1 NOT OBSERVED 2	OBSERVED ... 1 NOT OBSERVED 2	OBSERVED ... 1 NOT OBSERVED 2	
125	How many months ago did your household obtain the mosquito net?  IF LESS THAN ONE MONTH, WRITE '00'.	MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO... 95 NOT SURE ..... 98	MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO... 95 NOT SURE ..... 98	MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO... 95 NOT SURE ..... 98	
126	Where did you get the mosquito net from?	PUBLIC SECTOR GOV'T HOSPITAL .. 01 GOV'T HEALTH CENTER ..... 02  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC ..... 03 PHARMACY ..... 04  OTHER SOURCE SHOP ..... 05 OPEN MARKET ... 06 HAWKER ..... 07 PROJECT/NGO ... 08 CAMPAIGN ..... 09 CHURCH ..... 10  OTHER _____ 96 DOES NOT KNOW 98	PUBLIC SECTOR GOV'T HOSPITAL .. 01 GOV'T HEALTH CENTER ..... 02  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC ..... 03 PHARMACY ..... 04  OTHER SOURCE SHOP ..... 05 OPEN MARKET ... 06 HAWKER ..... 07 PROJECT/NGO ... 08 CAMPAIGN ..... 09 CHURCH ..... 10  OTHER _____ 96 DOES NOT KNOW 98	PUBLIC SECTOR GOV'T HOSPITAL .. 01 GOV'T HEALTH CENTER ..... 02  PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC ..... 03 PHARMACY ..... 04  OTHER SOURCE SHOP ..... 05 OPEN MARKET ... 06 HAWKER ..... 07 PROJECT/NGO ... 08 CAMPAIGN ..... 09 CHURCH ..... 10  OTHER _____ 96 DOES NOT KNOW 98	
127	OBSERVE OR ASK THE BRAND OR TYPE OF MOSQUITO NET.	'LONGLASTING' NET PERMANET ..... 11 DURANET ..... 12 INTERCEPTOR... 13 NETPROTECT.... 14 OLYSET..... 15 DAWANET..... 16 ICONLIFE..... 17 (SKIP TO 131)←  FACTORY NET WITH INSECTICIDE KIT KO NET ..... 21 KOOPER NET ... 22 ICONET ..... 23 SAFI NET ..... 24  FACTORY NET WITH NO INSECTICIDE B52 ..... 31 BAMBOO HUT ... 32 CENTURY ..... 33 LUCKY NET .... 34 VICTORIA ..... 35  HOMEMADE NET .. 41  OTHER _____ 96 (SPECIFY) DK BRAND ..... 98	'LONGLASTING' NET PERMANET ..... 11 DURANET ..... 12 INTERCEPTOR... 13 NETPROTECT.... 14 OLYSET..... 15 DAWANET..... 16 ICONLIFE..... 17 (SKIP TO 131)←  FACTORY NET WITH INSECTICIDE KIT KO NET ..... 21 KOOPER NET ... 22 ICONET ..... 23 SAFI NET ..... 24  FACTORY NET WITH NO INSECTICIDE B52 ..... 31 BAMBOO HUT ... 32 CENTURY ..... 33 LUCKY NET .... 34 VICTORIA ..... 35  HOMEMADE NET .. 41  OTHER _____ 96 (SPECIFY) DK BRAND ..... 98	'LONGLASTING' NET PERMANET ..... 11 DURANET ..... 12 INTERCEPTOR... 13 NETPROTECT.... 14 OLYSET..... 15 DAWANET..... 16 ICONLIFE..... 17 (SKIP TO 131)←  FACTORY NET WITH INSECTICIDE KIT KO NET ..... 21 KOOPER NET ... 22 ICONET ..... 23 SAFI NET ..... 24  FACTORY NET WITH NO INSECTICIDE B52 ..... 31 BAMBOO HUT ... 32 CENTURY ..... 33 LUCKY NET .... 34 VICTORIA ..... 35  HOMEMADE NET .. 41  OTHER _____ 96 (SPECIFY) DK BRAND ..... 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
129	Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitoes or bugs?	YES ..... 1 NO ..... 2 (SKIP TO 131) ←   NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 131) ←   NOT SURE ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 131) ←   NOT SURE ..... 8	
130	How many months ago was the net last soaked or dipped?  IF LESS THAN 1 MONTH, RECORD '00'.	MONTHS <input type="text"/> <input type="text"/> AGO ...  25 OR MORE MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS <input type="text"/> <input type="text"/> AGO ...  25 OR MORE MONTHS AGO ... 95  NOT SURE ..... 98	MONTHS <input type="text"/> <input type="text"/> AGO ...  25 OR MORE MONTHS AGO ... 95  NOT SURE ..... 98	
131	Did anyone sleep under this mosquito net last night?	YES ..... 1 (SKIP TO 132) ←   NO ..... 2 NOT SURE ..... 8 (SKIP TO 133) ←	YES ..... 1 (SKIP TO 132) ←   NO ..... 2 NOT SURE ..... 8 (SKIP TO 133) ←	YES ..... 1 (SKIP TO 132) ←   NO ..... 2 NOT SURE ..... 8 (SKIP TO 133) ←	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
		NET # 4	NET # 5	NET # 6	
131A	What are some of the reasons why this net was not used?	TOO HOT ..... A DON'T LIKE SMELL B NO MOSQUITOES C NET TOO OLD/TOO MANY HOLES .. D NET NOT HANG .... E OTHER ..... X (SPECIFY) DON'T KNOW ..... Z (ALL SKIP TO 133) ←	TOO HOT ..... A DON'T LIKE SMELL B NO MOSQUITOES C NET TOO OLD/TOO MANY HOLES .. D NET NOT HANG .... E OTHER ..... X (SPECIFY) DON'T KNOW ..... Z (ALL SKIP TO 133) ←	TOO HOT ..... A DON'T LIKE SMELL B NO MOSQUITOES C NET TOO OLD/TOO MANY HOLES .. D NET NOT HANG .... E OTHER ..... X (SPECIFY) DON'T KNOW ..... Z (ALL SKIP TO 133) ←	
132	Who slept under this mosquito net last night?  RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>  NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>  NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>  NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>  NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>  NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>  NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>  NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>  NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>  NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>  NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>  NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>  NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>  NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>  NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>  NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
133		GO BACK TO 124 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO BACK TO 124 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO TO 124 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 201.	

**SECTION 4: ANEMIA AND MALARIA TESTING FOR CHILDREN AGE 0-4 (0-59 MONTHS)**

201	CHECK COLUMN 9. WRITE THE LINE NUMBER AND NAME FOR ALL CHILDREN 0-4 YEARS IN Q. 202 IN ORDER BY LINE NUMBER. IF MORE THAN 6 CHILDREN, USE ADDITIONAL QUESTIONNAIRES. <b>BE SURE TO FILL Qs. 209 AND 211.</b>			
		<b>CHILD 1</b>	<b>CHILD 2</b>	<b>CHILD 3</b>
202	LINE NUMBER FROM COLUMN 9  NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____
203	IF MOTHER INTERVIEWED, COPY CHILD'S MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK:  What is (NAME'S) birth date?	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	CHECK 203: CHILD BORN IN OCTOBER 2004 OR LATER?	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)
206	LINE NUMBER OF PARENT OR ADULT RESPONSIBLE FOR CHILD. RECORD '00' IF NOT LISTED.	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>
207	READ <b>ANEMIA</b> CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2
208	READ <b>MALARIA</b> CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2
<b>CONDUCT TESTS FOR WHICH CONSENT IS GRANTED AND CONTINUE TO 209</b>				
209	RECORD RESULT CODE OF <b>ANEMIA</b> TEST.	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 211) ←	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 211) ←	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 211) ←
210	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
211	RECORD RESULT CODE OF <b>MALARIA</b> TEST	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 215) ←	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 215) ←	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 215) ←
212	BAR CODE LABEL  PASTE BAR CODE HERE AND ON SLIDE AND ON TRANSMITTAL FORM.			
213	RESULT OF <b>MALARIA</b> TEST	POSITIVE ..... 1 NEGATIVE ..... 2 (SKIP TO 215) ← OTHER ..... 6	POSITIVE ..... 1 NEGATIVE ..... 2 (SKIP TO 215) ← OTHER ..... 6	POSITIVE ..... 1 NEGATIVE ..... 2 (SKIP TO 215) ← OTHER ..... 6
214	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD. ASK ABOUT ANY TREATMENT THE CHILD HAS ALREADY RECEIVED.	ACCEPTED MEDICINE ..... 1 _____ (SIGN) ← REFUSED ..... 2 ALREADY HAS ACT ..... 3 NOT ELIGIBLE ..... 4 OTHER ..... 6	ACCEPTED MEDICINE ..... 1 _____ (SIGN) ← REFUSED ..... 2 ALREADY HAS ACT ..... 3 NOT ELIGIBLE ..... 4 OTHER ..... 6	ACCEPTED MEDICINE ..... 1 _____ (SIGN) ← REFUSED ..... 2 ALREADY HAS ACT ..... 3 NOT ELIGIBLE ..... 4 OTHER ..... 6
215		GO BACK TO 203 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, END INTERVIEW.		

		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____
203	IF MOTHER INTERVIEWED, COPY CHILD'S MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 2004 OR LATER?	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)	YES ..... 1 NO ..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)
206	LINE NUMBER OF PARENT OR ADULT RESPONSIBLE FOR CHILD. RECORD '00' IF NOT LISTED.	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>
207	READ <b>ANEMIA</b> CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2
208	READ <b>MALARIA</b> CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2	GRANTED ..... 1 _____ (SIGN) ←   REFUSED ..... 2
<b>CONDUCT TESTS FOR WHICH CONSENT IS GRANTED AND CONTINUE TO 209</b>				
209	RECORD RESULT CODE OF <b>ANEMIA</b> TEST.	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 211) ←	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 211) ←	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 211) ←
210	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
211	RECORD RESULT CODE OF <b>MALARIA</b> TEST	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 215) ←	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 215) ←	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 215) ←
212	BAR CODE LABEL  PASTE BAR CODE HERE AND ON SLIDE AND ON TRANSMITTAL FORM.			
213	RESULT OF <b>MALARIA</b> TEST	POSITIVE ..... 1 NEGATIVE ..... 2 (SKIP TO 215) ←   OTHER ..... 6	POSITIVE ..... 1 NEGATIVE ..... 2 (SKIP TO 215) ←   OTHER ..... 6	POSITIVE ..... 1 NEGATIVE ..... 2 (SKIP TO 215) ←   OTHER ..... 6
214	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD. ASK ABOUT ANY TREATMENT THE CHILD HAS ALREADY RECEIVED.	ACCEPTED MEDICINE ..... 1 _____ (SIGN) ←   REFUSED ..... 2 ALREADY HAS ACT ..... 3 NOT ELIGIBLE ..... 4 OTHER ..... 6	ACCEPTED MEDICINE ..... 1 _____ (SIGN) ←   REFUSED ..... 2 ALREADY HAS ACT ..... 3 NOT ELIGIBLE ..... 4 OTHER ..... 6	ACCEPTED MEDICINE ..... 1 _____ (SIGN) ←   REFUSED ..... 2 ALREADY HAS ACT ..... 3 NOT ELIGIBLE ..... 4 OTHER ..... 6
215		GO BACK TO 203 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, END INTERVIEW.		

**CONSENT STATEMENT FOR ANEMIA TEST**

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.

We request that all children under 5 years participate in the anemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

The blood will be tested for anemia immediately and the result will be told to you right away. The result will be kept confidential.

Do you have any questions about the anemia test?

You can say yes to the test or you can say no. It is up to you to decide.

Will you allow [NAME(S) OF CHILD(REN)] to participate in the **anemia** test?

**CONSENT STATEMENT FOR MALARIA TEST**

As part of this survey, we are asking that children all over the country take a test to see if they have **malaria**. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will help the government to develop programs to prevent malaria.

We request that all children under 5 years participate in the malaria testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test. (We will use blood from the same finger prick made for the anemia test).

The blood will be tested for malaria immediately and the result will be told to you right away. The result will be kept confidential.

Do you have any questions about the malaria test?

You can say yes to the test or you can say no. It is up to you to decide.

Will you allow [NAME(S) OF CHILD(REN)] to participate in the **malaria** test?

**TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS**

**IF MALARIA TEST IS POSITIVE:** The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called COARTEM/ACT. COARTEM/ACT is very effective and in a few days it should get rid of the fever and other symptoms.

**BEFORE PROVIDING COARTEM/ACT, FIRST ASK IF THE CHILD IS ALREADY TAKING OTHER MEDICINES AND IF SO, ASK TO SEE THEM. IF CHILD IS ALREADY TAKING COARTEM/ACT, CHECK ON THE DOSE ALREADY AVAILABLE. FOLLOW THE NATIONAL TREATMENT GUIDELINE FOR MALARIA. BE CAREFUL NOT TO OVERTREAT.**

You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.

<b>TREATMENT WITH COARTEM/ACT</b>	
<b>Weight (in Kg) – Approximate age</b>	<b>Dosage *</b>
5 kgs. to less than 15 kgs. (under 3 years)	1 tablet twice daily for 3 days
15 kgs. to less than 25 kgs. (3 -8 years)	2 tablets twice daily for 3 days

First day starts by taking first dose followed by the second one 8 hours later; on subsequent days the recommendation is simply "morning" and "evening" (usually around 12 hours apart). Take the medicine (crushed for smaller children) with high fat food or drinks like milk.

**Make sure that the FULL 3 days treatment is taken at the recommended times, otherwise the infection may return.**  
If your child vomits within an hour of taking the medicine, you will need to get additional tablets and repeat the dose.

**ALSO TELL THE PARENT/CARE TAKER:**

If [NAME] has any of the following symptoms, you should take him/her to a health professional for treatment immediately:

- High fever
- Fast or difficult breathing
- Not able to drink or breastfeed
- Gets sicker or does not get better in 2 days



**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 THE SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_