

Malaria Indicator Survey

Women's Questionnaire

**ORC Macro
Calverton, Maryland**

April 2005

MALARIA INDICATOR SURVEY
MODEL WOMEN'S QUESTIONNAIRE

[NAME OF COUNTRY]
[NAME OF ORGANIZATION]

IDENTIFICATION ¹																						
PLACE NAME _____	<table border="1" style="border-collapse: collapse; margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><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><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><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><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><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><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																					
NAME OF HOUSEHOLD HEAD _____																						
CLUSTER NUMBER																						
HOUSEHOLD NUMBER																						
REGION																						
URBAN/RURAL (URBAN=1, RURAL=2)																						
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE ²																						
(LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)																						
NAME AND LINE NUMBER OF WOMAN _____																						

INTERVIEWER VISITS											
	1	2	3	FINAL VISIT							
DATE	_____	_____	_____	DAY <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> MONTH <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> YEAR <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><td style="width: 20px; height: 20px;"></td></tr></table>							
INTERVIEWER'S NAME	_____	_____	_____	NAME <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><td style="width: 20px; height: 20px;"></td></tr></table>							
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>							
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>							
TIME	_____	_____									
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 3 POSTPONED 6 INCAPACITATED 7 OTHER _____ (SPECIFY)											

COUNTRY-SPECIFIC INFORMATION: LANGUAGE OF QUESTIONNAIRE, LANGUAGE OF INTERVIEW, NATIVE LANGUAGE OF RESPONDENT, AND WHETHER TRANSLATOR USED

SUPERVISOR	OFFICE EDITOR	KEYED BY						
NAME _____ <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>			_____ <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>			_____ <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>		
DATE _____ <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>			_____ <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>			_____ <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>		

¹ This section should be adapted for country-specific survey design.

² The following guidelines should be used to categorize urban sample points: "Large cities" are national capitals and places with over 1 million population; "small cities" are places with between 50,000 and 1 million population; and the remaining urban sample points are "towns".

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

<p>INFORMED CONSENT</p> <p>Hello. My name is _____ and I am working with (NAME OF ORGANIZATION). We are conducting a national survey about malaria. We would very much appreciate your participation in this survey. The information you provide will help the government to plan health services. The survey usually takes between 10 and 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.</p> <p>Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.</p> <p>At this time, do you want to ask me anything about the survey? May I begin the interview now?</p> <p>Signature of interviewer: _____ Date: _____</p> <p>RESPONDENT AGREES TO BE INTERVIEWED..... 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 —<END ↓</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES 1 NO 2	<108
105	What is the highest level of school you attended: primary, secondary, or higher? ¹	PRIMARY 1 SECONDARY 2 HIGHER 3	
106	What is the highest (grade/form/year) you completed at that level? ¹	GRADE <input type="text"/> <input type="text"/>	
107	CHECK 105: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/> ↓		<109

¹ Revise according to the local education system.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	<p>Now I would like you to read this sentence to me.</p> <p>SHOW CARD TO RESPONDENT.¹</p> <p>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?</p>	<p>CANNOT READ AT ALL 1</p> <p>ABLE TO READ ONLY PARTS OF SENTENCE 2</p> <p>ABLE TO READ WHOLE SENTENCE 3</p> <p>NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE)</p> <p>BLIND/VISUALLY IMPAIRED..... 5</p>	
109	COUNTRY-SPECIFIC QUESTION ON RELIGION.		
110	COUNTRY-SPECIFIC QUESTION ON ETHNICITY.		

¹Each card should have four simple sentences appropriate to the country (e.g., “Parents love their children”, “Farming is hard work”, “The child is reading a book”, “Children work hard at school”). Cards should be prepared for every language in which respondents are likely to be literate.

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> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	←206								
205	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> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried 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> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL.	NONE.....00 TOTAL..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			←345						
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE BIRTH <input type="checkbox"/> TWO OR MORE BIRTHS <input type="checkbox"/> Was this child born in the last six years? IF NO, CIRCLE '00'. How many of these children were born in the last six years?	NONE.....00 TOTAL IN LAST SIX YEARS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			←345						

211 Now I would like to record the names of all your births in the last six years, whether still alive or not, starting with the most recent one you had. RECORD NAMES OF ALL BIRTHS IN THE LAST 6 YEARS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.								
212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220
What name was given to your (most recent/previous) birth? (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).	Were there any other live births between (NAME) and (NAME OF BIRTH ON PREVIOUS LINE)?
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 ↓ (NEXT BIRTH)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	
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 ↓ (GO TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 NO 2
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 ↓ (GO TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 NO 2
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 ↓ (GO TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 NO 2
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 ↓ (GO TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 NO 2
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 ↓ (GO TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 NO 2
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 ↓ (GO TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 NO 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
221	Have you had any live births since the birth of (NAME OF MOST RECENT BIRTH)? IF YES, RECORD BIRTH(S) IN BIRTH TABLE.	YES.....1 NO.....2	
222	COMPARE 210 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> < (PROBE AND RECONCILE) CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.		<input type="checkbox"/> <input type="checkbox"/>
223	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2000 ¹ OR LATER. IF NONE, RECORD '0'.		<input type="checkbox"/>
224	Are you pregnant now?	YES.....1 NO.....2 UNSURE.....8	<input type="checkbox"/> <226
225	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS..... <input type="text"/> <input type="text"/>	
226	CHECK 223: ONE OR MORE BIRTHS IN 2000 ¹ OR LATER <input type="checkbox"/> NO BIRTHS IN 2000 OR LATER <input type="checkbox"/>		<input type="checkbox"/> <345

¹For fieldwork beginning in 2006, 2007, or 2008, the year should be 2001, 2002, or 2003, respectively.

Section 3A. PREGNANCY AND INTERMITTENT PREVENTIVE TREATMENT

301	ENTER IN 302 THE NAME AND SURVIVAL STATUS OF THE MOST RECENT BIRTH. Now I would like to ask you some questions about your last pregnancy that ended in a live birth, in the last 6 years.		
302	FROM QUESTIONS 212 AND 216 (LINE 01)	LAST BIRTH	
		NAME _____	
		LIVING	DEAD
		<input type="checkbox"/>	<input type="checkbox"/>
303	When you were pregnant with (NAME), did you see anyone for antenatal care? ¹ IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B AUXILIARY MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D OTHER _____ X (SPECIFY) NO ONE Y	
304	During this pregnancy, did you take any drugs in order to prevent you from getting malaria?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> →310
305	Which drugs did you take to prevent malaria? ² RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP/FANSIDAR A CHLOROQUINE B OTHER _____ X (SPECIFY) DON'T KNOW Z	
306	CHECK 305: DRUGS TAKEN FOR MALARIA PREVENTION	CODE 'A' CIRCLED	CODE 'A' NOT CIRCLED <input type="checkbox"/> →310
307	How many times did you take SP/Fansidar during this pregnancy?	TIMES <input type="text"/>	

¹Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained. Include all drugs or drug combinations that are commonly given as separate categories.

² Add response categories for additional drugs used to prevent malaria during pregnancy, if any. Repeat Questions 306-309 for any other recommended IPT drugs.

		LAST BIRTH	
		NAME _____	
308	CHECK 303: ANTENATAL CARE FROM A HEALTH PROFESSIONAL RECEIVED DURING THIS PREGNANCY?	CODE 'A', 'B', OR 'C' CIRCLED <input type="checkbox"/> <input type="checkbox"/> _____	OTHER ←310
309	Did you get the SP/Fansidar during an antenatal visit, during another visit to a health facility, or from some other source?	ANTENATAL VISIT 1 ANOTHER FACILITY VISIT 2 OTHER SOURCE _____ 6 (SPECIFY)	
310	CHECK 215 AND 216: ONE OR MORE LIVING CHILDREN BORN IN 2000 ¹ OR LATER <input type="checkbox"/>	NO LIVING CHILDREN BORN IN 2000 ¹ OR LATER <input type="checkbox"/> _____	←345

¹ For fieldwork beginning in 2006, 2007, or 2008, the year should be 2001, 2002, or 2003, respectively.

SECTION 3B. FEVER IN CHILDREN

311	ENTER IN THE TABLE THE LINE NUMBER AND NAME OF EACH LIVING CHILD BORN IN 2000 ¹ OR LATER. (IF THERE ARE MORE THAN 2 LIVING CHILDREN BORN IN 2000 ¹ OR LATER, USE ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children less than 5 years old. (We will talk about each one separately.)		
312	NAME AND LINE NUMBER FROM 212	<p align="center">YOUNGEST CHILD</p> LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	<p align="center">NEXT-TO-YOUNGEST CHILD</p> LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
313	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES..... 1 NO..... 2 (GO TO 313 FOR NEXT CHILD OR, IF NO MORE CHILDREN, SKIP TO 345) _____ DON'T KNOW..... 8	YES..... 1 NO..... 2 (GO BACK TO 313 FOR NEXT CHILD OR, IF NO MORE CHILDREN, SKIP TO 345) _____ DON'T KNOW..... 8
314	How many days ago did the fever start? IF LESS THAN ONE DAY, RECORD '00'.	DAYS AGO <input type="text"/> <input type="text"/> DON'T KNOW..... 98	DAYS AGO <input type="text"/> <input type="text"/> DON'T KNOW..... 98
315	Did you seek advice or treatment for the fever from any source?	YES..... 1 NO..... 2 (SKIP TO 317) = _____	YES..... 1 NO..... 2 (SKIP TO 317) = _____
316	Where did you seek advice or treatment? ² Anywhere else? RECORD ALL SOURCES MENTIONED.	<p>PUBLIC SECTOR</p> GOVT. HOSPITAL.....A GOVT. HEALTH CENTER.....B GOVT. HEALTH POST.....C MOBILE CLINIC.....D FIELD WORKER.....E OTHER PUBLIC _____ F (SPECIFY)	<p>PUBLIC SECTOR</p> GOVT. HOSPITAL.....A GOVT. HEALTH CENTER.....B GOVT. HEALTH POST.....C MOBILE CLINIC.....D FIELD WORKER.....E OTHER PUBLIC _____ F (SPECIFY)
		<p>PRIVATE MEDICAL SECTOR</p> PVT. HOSPITAL/CLINIC.....G PHARMACY.....H PRIVATE DOCTOR.....I MOBILE CLINIC.....J FIELD WORKER.....K OTHER PVT. MEDICAL _____ L (SPECIFY)	<p>PRIVATE MEDICAL SECTOR</p> PVT. HOSPITAL/CLINIC.....G PHARMACY.....H PRIVATE DOCTOR.....I MOBILE CLINIC.....J FIELD WORKER.....K OTHER PVT. MEDICAL _____ L (SPECIFY)
		<p>OTHER SOURCE</p> SHOP.....M TRAD. PRACTITIONER.....N OTHER _____ X (SPECIFY)	<p>OTHER SOURCE</p> SHOP.....M TRAD. PRACTITIONER.....N OTHER _____ X (SPECIFY)
316 A	How many days after the fever began did you first seek treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
¹ For fieldwork beginning in 2006, 2007, or 2008, the year should be 2001, 2002, or 2003, respectively. ² Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.			

		YOUNGEST CHILD	NEXT-TO-YOUNGEST CHILD
		NAME _____	NAME _____
317	Is (NAME) still sick with a fever?	YES..... 1 NO..... 2 DON'T KNOW..... 8	YES..... 1 NO..... 2 DON'T KNOW..... 8
318	At any time during the illness, did (NAME) take any drugs for the fever?	YES..... 1 NO..... 2 DON'T KNOW..... 8 (SKIP 344) =—	YES..... 1 NO..... 2 DON'T KNOW..... 8 (SKIP 344) =—
319	What drugs did (NAME) take? ¹ Any other drugs? RECORD ALL MENTIONED. ASK TO SEE DRUG(S) IF TYPE OF DRUG IS NOT KNOWN. IF TYPE OF DRUG IS STILL NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	ANTIMALARIAL SP/FANSIDAR..... A CHLOROQUINE..... B AMODIAQUINE..... C QUININE..... D ACT..... E OTHER ANTIMALARIAL..... F (SPECIFY) OTHER DRUGS ASPIRIN..... G ACETAMINOPHEN/ PARACETAMOL..... H IBUPROFEN..... I OTHER..... X (SPECIFY) DON'T KNOW..... Z	ANTIMALARIAL SP/FANSIDAR..... A CHLOROQUINE..... B AMODIAQUINE..... C QUININE..... D ACT..... E OTHER ANTIMALARIAL..... F (SPECIFY) OTHER DRUGS ASPIRIN..... G ACETAMINOPHEN/ PARACETAMOL..... H IBUPROFEN..... I OTHER..... X (SPECIFY) DON'T KNOW..... Z
320	CHECK 319: ANY CODE A-F CIRCLED?	YES NO (GO BACK TO 317 IN NEXT COLUMN; OR IF NO MORE BIRTHS, SKIP TO 344)	YES NO (GO BACK TO 317 IN NEXT COLUMN; OR IF NO MORE BIRTHS, SKIP TO 344)
320A	CHECK 319: SP/FANSIDAR ('A') GIVEN?	CODE 'A' CIRCLED CODE 'A' NOT CIRCLED ↓ ↓ (SKIP TO 324)	CODE 'A' CIRCLED CODE 'A' NOT CIRCLED ↓ ↓ (SKIP TO 324)
321	How long after the fever started did (NAME) first take SP/Fansidar?	SAME DAY..... 0 NEXT DAY..... 1 TWO DAYS AFTER THE FEVER..... 2 THREE DAYS AFTER THE FEVER..... 3 FOUR OR MORE DAYS AFTER THE FEVER..... 4 DON'T KNOW..... 8	SAME DAY..... 0 NEXT DAY..... 1 TWO DAYS AFTER THE FEVER..... 2 THREE DAYS AFTER THE FEVER..... 3 FOUR OR MORE DAYS AFTER THE FEVER..... 4 DON'T KNOW..... 8
<p>¹ Revise list of drugs as appropriate; however, the broad categories must be maintained. Include all drugs or drug combinations that are commonly given as separate categories.</p>			

		YOUNGEST CHILD NAME _____	NEXT-TO-YOUNGEST CHILD NAME _____
322	For how many days did (NAME) take the SP/Fansidar? IF 7 OR MORE DAYS, RECORD '7'.	DAYS <input type="text"/> DON'T KNOW 8	DAYS..... <input type="text"/> DON'T KNOW 8
323	Did you have the SP/Fansidar at home or did you get it from somewhere else? IF SOMEWHERE ELSE, PROBE FOR SOURCE. IF MORE THAN ONE SOURCE MENTIONED, ASK: Where did you get the SP/Fansidar first?	AT HOME 1 GOVERNMENT HEALTH FACILITY/WORKER 2 PRIVATE HEALTH FACILITY/WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	AT HOME 1 GOVERNMENT HEALTH FACILITY/WORKER 2 PRIVATE HEALTH FACILITY/WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8
324	CHECK 319: WHICH MEDICINES?	CODE 'B' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 328)	CODE 'B' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 328)
325	How long after the fever started did (NAME) first take chloroquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE DAYS AFTER THE FEVER 3 FOUR OR MORE DAYS AFTER THE FEVER 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE DAYS AFTER THE FEVER 3 FOUR OR MORE DAYS AFTER THE FEVER 4 DON'T KNOW 8
326	For how many days did (NAME) take chloroquine? IF 7 OR MORE DAYS, RECORD '7'.	DAYS <input type="text"/> DON'T KNOW 8	DAYS..... <input type="text"/> DON'T KNOW 8
327	Did you have the chloroquine at home or did you get it from somewhere else? IF SOMEWHERE ELSE, PROBE FOR SOURCE. IF MORE THAN ONE SOURCE MENTIONED, ASK: Where did you get the chloroquine first?	AT HOME 1 GOVERNMENT HEALTH FACILITY/WORKER 2 PRIVATE HEALTH FACILITY/WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	AT HOME 1 GOVERNMENT HEALTH FACILITY/WORKER 2 PRIVATE HEALTH FACILITY/WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8
328	CHECK 319: WHICH MEDICINES?	CODE 'C' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 332)	CODE 'C' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 332)
329	How long after the fever started did (NAME) first take Amodiaquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE DAYS AFTER THE FEVER 3 FOUR OR MORE DAYS AFTER THE FEVER 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE DAYS AFTER THE FEVER 3 FOUR OR MORE DAYS AFTER THE FEVER 4 DON'T KNOW 8

		YOUNGEST CHILD		NEXT-TO-YOUNGEST CHILD	
		NAME _____		NAME _____	
330	For how many days did (NAME) take Amodiaquine? IF 7 OR MORE DAYS, RECORD '7'.	DAYS <input type="text"/>	DAYS..... <input type="text"/>	DAYS..... <input type="text"/>	DAYS..... <input type="text"/>
		DON'T KNOW 8	DON'T KNOW 8	DON'T KNOW 8	DON'T KNOW 8
331	Did you have the Amodiaquine at home or did you get it from somewhere else? IF SOMEWHERE ELSE, PROBE FOR SOURCE. IF MORE THAN ONE SOURCE MENTIONED, ASK: Where did you get the Amodiaquine first?	AT HOME 1 GOVERNMENT HEALTH FACILITY/WORKER 2 PRIVATE HEALTH FACILITY/WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	AT HOME 1 GOVERNMENT HEALTH FACILITY/WORKER 2 PRIVATE HEALTH FACILITY/WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	AT HOME 1 GOVERNMENT HEALTH FACILITY/WORKER 2 PRIVATE HEALTH FACILITY/WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	AT HOME 1 GOVERNMENT HEALTH FACILITY/WORKER 2 PRIVATE HEALTH FACILITY/WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8
332	CHECK 319: WHICH MEDICINES?	CODE 'D' CIRCLED <input type="checkbox"/>	CODE 'D' NOT CIRCLED <input type="checkbox"/> (SKIP TO 336)	CODE 'D' CIRCLED <input type="checkbox"/>	CODE 'D' NOT CIRCLED <input type="checkbox"/> (SKIP TO 336)
333	How long after the fever started did (NAME) first take Quinine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE DAYS AFTER THE FEVER 3 FOUR OR MORE DAYS AFTER THE FEVER 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE DAYS AFTER THE FEVER 3 FOUR OR MORE DAYS AFTER THE FEVER 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE DAYS AFTER THE FEVER 3 FOUR OR MORE DAYS AFTER THE FEVER 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE DAYS AFTER THE FEVER 3 FOUR OR MORE DAYS AFTER THE FEVER 4 DON'T KNOW 8
334	For how many days did (NAME) take Quinine? IF 7 OR MORE DAYS, RECORD '7'.	DAYS <input type="text"/>	DAYS..... <input type="text"/>	DAYS..... <input type="text"/>	DAYS..... <input type="text"/>
		DON'T KNOW 8	DON'T KNOW 8	DON'T KNOW 8	DON'T KNOW 8
335	Did you have the Quinine at home or did you get it from somewhere else? IF SOMEWHERE ELSE, PROBE FOR SOURCE. IF MORE THAN ONE SOURCE MENTIONED, ASK: Where did you get the Quinine first?	AT HOME 1 GOVERNMENT HEALTH FACILITY/WORKER 2 PRIVATE HEALTH FACILITY/WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	AT HOME 1 GOVERNMENT HEALTH FACILITY/WORKER 2 PRIVATE HEALTH FACILITY/WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	AT HOME 1 GOVERNMENT HEALTH FACILITY/WORKER 2 PRIVATE HEALTH FACILITY/WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	AT HOME 1 GOVERNMENT HEALTH FACILITY/WORKER 2 PRIVATE HEALTH FACILITY/WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8
336	CHECK 319: WHICH MEDICINES?	CODE 'E' CIRCLED <input type="checkbox"/>	CODE 'E' NOT CIRCLED <input type="checkbox"/> (SKIP TO 340)	CODE 'E' CIRCLED <input type="checkbox"/>	CODE 'E' NOT CIRCLED <input type="checkbox"/> (SKIP TO 340)
337	How long after the fever started did (NAME) first take ACT?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE DAYS AFTER THE FEVER 3 FOUR OR MORE DAYS AFTER THE FEVER 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE DAYS AFTER THE FEVER 3 FOUR OR MORE DAYS AFTER THE FEVER 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE DAYS AFTER THE FEVER 3 FOUR OR MORE DAYS AFTER THE FEVER 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE DAYS AFTER THE FEVER 3 FOUR OR MORE DAYS AFTER THE FEVER 4 DON'T KNOW 8

		YOUNGEST CHILD		NEXT-TO-YOUNGEST CHILD					
		NAME _____		NAME _____					
338	For how many days did (NAME) take ACT? IF 7 OR MORE DAYS, RECORD '7'.	DAYS <input type="text"/>	DAYS..... <input type="text"/>	DAYS..... <input type="text"/>	DAYS..... <input type="text"/>				
		DON'T KNOW 8	DON'T KNOW 8	DON'T KNOW 8	DON'T KNOW 8				
339	Did you have the ACT at home or did you get it from somewhere else? IF SOMEWHERE ELSE, PROBE FOR SOURCE. IF MORE THAN ONE SOURCE MENTIONED, ASK: Where did you get the ACT first?	AT HOME 1 GOVERNMENT HEALTH FACILITY/WORKER 2 PRIVATE HEALTH FACILITY/WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	AT HOME 1 GOVERNMENT HEALTH FACILITY/WORKER 2 PRIVATE HEALTH FACILITY/WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	AT HOME 1 GOVERNMENT HEALTH FACILITY/WORKER 2 PRIVATE HEALTH FACILITY/WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	AT HOME 1 GOVERNMENT HEALTH FACILITY/WORKER 2 PRIVATE HEALTH FACILITY/WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8				
340	CHECK 319: WHICH MEDICINES?	CODE 'F' CIRCLED <input type="checkbox"/>	CODE 'F' NOT CIRCLED <input type="checkbox"/> (SKIP TO 344)	CODE 'F' CIRCLED <input type="checkbox"/>	CODE 'F' NOT CIRCLED <input type="checkbox"/> (SKIP TO 344)				
341	How long after the fever started did (NAME) first take (NAME OF OTHER ANTIMALARIAL)?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE DAYS AFTER THE FEVER . 3 FOUR OR MORE DAYS AFTER THE FEVER 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE DAYS AFTER THE FEVER . 3 FOUR OR MORE DAYS AFTER THE FEVER 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE DAYS AFTER THE FEVER . 3 FOUR OR MORE DAYS AFTER THE FEVER 4 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE DAYS AFTER THE FEVER . 3 FOUR OR MORE DAYS AFTER THE FEVER 4 DON'T KNOW 8				
342	For how many days did (NAME) take (NAME OF OTHER ANTIMALARIAL)? IF 7 OR MORE DAYS, RECORD '7'.	DAYS <input type="text"/>	DAYS..... <input type="text"/>	DAYS..... <input type="text"/>	DAYS..... <input type="text"/>				
		DON'T KNOW 8	DON'T KNOW 8	DON'T KNOW 8	DON'T KNOW 8				
343	Did you have the (NAME OF OTHER ANTIMALARIAL) at home or did you get it from somewhere else? IF SOMEWHERE ELSE, PROBE FOR SOURCE. IF MORE THAN ONE SOURCE MENTIONED, ASK: Where did you get the (NAME OF OTHER ANTIMALARIAL) first?	AT HOME 1 GOVERNMENT HEALTH FACILITY/WORKER 2 PRIVATE HEALTH FACILITY/WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	AT HOME 1 GOVERNMENT HEALTH FACILITY/WORKER 2 PRIVATE HEALTH FACILITY/WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	AT HOME 1 GOVERNMENT HEALTH FACILITY/WORKER 2 PRIVATE HEALTH FACILITY/WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8	AT HOME 1 GOVERNMENT HEALTH FACILITY/WORKER 2 PRIVATE HEALTH FACILITY/WORKER 3 SHOP 4 OTHER 6 (SPECIFY) DON'T KNOW 8				
344		GO BACK TO 313 IN NEXT COLUMN, OR, IF NO MORE CHILDREN, GO TO 345.		GO BACK TO 313 IN FIRST COLUMN OF NEW QUESTIONNAIRE, OR, IF NO MORE CHILDREN, GO TO 345.					
345	RECORD THE TIME.	HOUR <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> MINUTES..... <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>							

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____