

Malaria Indicator Survey

Rationale

**ORC Macro
Calverton, Maryland**

April 2005

RATIONALE PURPOSE

The purpose of this Rationale is to understand why the questions are important to the MIS. The Rationale is divided into two sections corresponding to the Household and Woman's Questionnaires.

It is best to print this document double-sided so that the text of the rationale faces the corresponding questions of the questionnaire.

HOUSEHOLD QUESTIONNAIRE

Introduction and Consent

The Household Questionnaire begins with the interviewer's introduction and a request for the respondent's participation in the survey.

Household Listing and Eligibility for the Women’s Questionnaire (1–9)

All usual household members are listed, as well as all individuals who stayed in the household as guests the night preceding the interview (2). For all listed individuals, information is collected on their relationship to the head of the household, sex, residence status, and age (3–7). An important use of this information is to identify women who are eligible for the Women’s Questionnaire (8). The pregnancy status of the woman is determined to allow calculation of the denominator of the indicator on pregnant women sleeping under a mosquito net (9).

The data on the relationship of each household member to the head of the household provide a picture of the structure and composition of the household. The data on age and sex can be used to assess the degree to which the sample represents the population.

[NAME OF COUNTRY]
[NAME OF ORGANIZATION]

IDENTIFICATION ¹																			
PLACE NAME _____	<table border="1" style="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> </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)																			

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> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>						
INTERVIEWER'S NAME	_____	_____	_____	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> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>						
RESULT*	_____	_____	_____	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> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>						
NEXT VISIT: DATE	_____	_____		NAME						
TIME	_____	_____		RESULT						
*RESULT CODES: 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 _____ <div style="text-align: right;">(SPECIFY)</div>				TOTAL NO. OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>						
				TOTAL PERSONS IN HOUSEHOLD <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>						
				TOTAL ELIGIBLE WOMEN <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>						
				LINE NUMBER OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <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>						

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

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; the remaining urban sample points are "towns."

HOUSEHOLD LISTING

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		RESIDENCE		AGE	ELIGIBLE WOMEN	CURRENTLY PREGNANT?	
			Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	FOR ELIGIBLE WOMEN, ASK: Is (NAME) currently pregnant?			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)		
			M F	YES NO	YES NO	IN YEARS		YES	NO/DK	
01		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	01	1	2	
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	02	1	2	
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	03	1	2	
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	04	1	2	
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	05	1	2	

* CODES FOR Q.3
 RELATIONSHIP TO HEAD OF HOUSEHOLD:
 01 = HEAD
 02 = WIFE/HUSBAND
 03 = SON OR DAUGHTER
 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
 05 = GRANDCHILD
 06 = PARENT
 07 = PARENT-IN-LAW
 08 = BROTHER OR SISTER
 09 = OTHER RELATIVE
 10 = ADOPTED/FOSTER/STEPCHILD
 11 = NOT RELATED
 98 = DON'T KNOW

TICK HERE IF CONTINUATION SHEET USED <input type="checkbox"/>			
Just to make sure that I have a complete listing:			
1) Are there any other persons such as small children or infants that we have not listed?	YES <input type="checkbox"/>	ENTER EACH IN TABLE	NO <input type="checkbox"/>
2) In addition, 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 <input type="checkbox"/>	ENTER EACH IN TABLE	NO <input type="checkbox"/>
3) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?	YES <input type="checkbox"/>	ENTER EACH IN TABLE	NO <input type="checkbox"/>

Water and Toilet Facilities (10–11)

These questions contribute to the calculation of the wealth index, which can be analysed in relation to the malaria indicators. The major headings for source of drinking water (10) and for type of toilet facilities (11) should be included in country-specific versions of the Household Questionnaire. Specific response categories under each major heading may be as detailed as necessary for each survey.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
10	What is the main source of drinking water for members of your household? ¹	PIPED WATER PIPED INTO DWELLING 11 PIPED INTO YARD/PLOT..... 12 PUBLIC TAP/STANDPIPE..... 13 TUBE WELL OR BOREHOLE.....21 DUG WELL PROTECTED WELL31 UNPROTECTED WELL32 WATER FROM SPRING PROTECTED SPRING41 UNPROTECTED SPRING42 RAINWATER..... 51 TANKER TRUCK61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL 81 BOTTLED WATER.....91 OTHER _____ 96 (SPECIFY)	
11	What kind of toilet facilities does your household use? ¹	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM..... 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE (VIP)21 PIT LATRINE WITH SLAB22 PIT LATRINE WITHOUT SLAB/ OPEN PIT.....23 COMPOSTING TOILET 31 BUCKET TOILET41 HANGING TOILET/HANGING LATRINE51 NO FACILITY/BUSH/FIELD 61 OTHER _____ 96 (SPECIFY)	

Dwelling Characteristics and Household Possessions (12–15)

Questions as to whether the household has electricity, a radio, a television, a telephone, a refrigerator, a bicycle, a motorcycle, and a car or a truck are included primarily to provide additional components of the wealth index. The main material of the floor and the type of cooking fuel used are additional components of the index. Such information is thought to be reported more reliably and thus to be more useful than a simple question on household income.

12	Does your household have: ² Electricity? A radio? A television? A telephone? A refrigerator?	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>ELECTRICITY</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>RADIO</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>TELEPHONE.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	ELECTRICITY	1	2	RADIO	1	2	TELEVISION	1	2	TELEPHONE.....	1	2	REFRIGERATOR.....	1	2			
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RADIO	1	2																					
TELEVISION	1	2																					
TELEPHONE.....	1	2																					
REFRIGERATOR.....	1	2																					
13	What type of fuel does your household mainly use for cooking?	<table style="width: 100%; border: none;"> <tr> <td>ELECTRICITY</td> <td style="text-align: right;">01</td> </tr> <tr> <td>LPG/NATURAL GAS</td> <td style="text-align: right;">02</td> </tr> <tr> <td>BIOGAS.....</td> <td style="text-align: right;">03</td> </tr> <tr> <td>KEROSENE</td> <td style="text-align: right;">04</td> </tr> <tr> <td>COAL/LIGNITE.....</td> <td style="text-align: right;">05</td> </tr> <tr> <td>CHARCOAL</td> <td style="text-align: right;">06</td> </tr> <tr> <td>FIREWOOD/STRAW.....</td> <td style="text-align: right;">07</td> </tr> <tr> <td>DUNG.....</td> <td style="text-align: right;">08</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: right;">96</td> </tr> <tr> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> </table>	ELECTRICITY	01	LPG/NATURAL GAS	02	BIOGAS.....	03	KEROSENE	04	COAL/LIGNITE.....	05	CHARCOAL	06	FIREWOOD/STRAW.....	07	DUNG.....	08	OTHER _____	96	(SPECIFY)		
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¹ Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.

² Additional indicators of socioeconomic status should be added, especially to distinguish among lower socioeconomic classes.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
14	MAIN MATERIAL OF THE FLOOR. ¹ RECORD OBSERVATION.	<table style="width: 100%; border: none;"> <tr> <td colspan="2">NATURAL FLOOR</td> </tr> <tr> <td>EARTH/SAND</td> <td style="text-align: right;">11</td> </tr> <tr> <td>DUNG.....</td> <td style="text-align: right;">12</td> </tr> <tr> <td colspan="2">RUDIMENTARY FLOOR</td> </tr> <tr> <td>WOOD PLANKS.....</td> <td style="text-align: right;">21</td> </tr> <tr> <td>PALM/BAMBOO.....</td> <td style="text-align: right;">22</td> </tr> <tr> <td colspan="2">FINISHED FLOOR</td> </tr> <tr> <td>PARQUET OR POLISHED WOOD....</td> <td style="text-align: right;">31</td> </tr> <tr> <td>VINYL OR ASPHALT STRIPS.....</td> <td style="text-align: right;">32</td> </tr> <tr> <td>CERAMIC TILES.....</td> <td style="text-align: right;">33</td> </tr> <tr> <td>CEMENT.....</td> <td style="text-align: right;">34</td> </tr> <tr> <td>CARPET.....</td> <td style="text-align: right;">35</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: right;">96</td> </tr> <tr> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> </table>	NATURAL FLOOR		EARTH/SAND	11	DUNG.....	12	RUDIMENTARY FLOOR		WOOD PLANKS.....	21	PALM/BAMBOO.....	22	FINISHED FLOOR		PARQUET OR POLISHED WOOD....	31	VINYL OR ASPHALT STRIPS.....	32	CERAMIC TILES.....	33	CEMENT.....	34	CARPET.....	35	OTHER _____	96	(SPECIFY)		
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OTHER _____	96																														
(SPECIFY)																															
15	Does any member of your household own: A bicycle? A motorcycle or motor scooter? A car or truck?	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>BICYCLE</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>CAR/TRUCK</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	BICYCLE	1	2	MOTORCYCLE/SCOOTER.....	1	2	CAR/TRUCK	1	2																	
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Indoor Residual Spraying (IRS) (15A–15C)

These questions should be retained in the questionnaire only in countries that have IRS programmes. The questions focus on spraying of the interior walls that took place in the 12 months preceding the survey. The question on who sprayed the house is included primarily to determine whether the spraying was done as part of a government programme. Spraying done by a household member would not normally be considered as IRS in any tabulations.

15A	At any time in the past 12 months, has anyone sprayed the interior walls of your dwelling against mosquitoes? ²	YES.....1 NO.....2 DON'T KNOW.....8	16
15B	How many months ago was the house sprayed? ² IF LESS THAN ONE MONTH, RECORD '00' MONTHS AGO.	MONTHS AGO..... <input type="text"/> <input type="text"/>	
15C	Who sprayed the house? ²	GOVERNMENT WORKER/ PROGRAMME..... 1 PRIVATE COMPANY 2 HOUSEHOLD MEMBER 3 OTHER _____ 6 (SPECIFY) DON'T KNOW..... 8	

Use of Mosquito Nets by Children Under Age 5 and Pregnant Women (16–25)

Questions 16 to 25 are designed to capture information on the ownership of mosquito nets, whether the nets are treated with insecticides, and the use of the mosquito nets by children under age 5 and pregnant women who stayed in the household the night preceding the interview.

Continuous use of insecticide-treated nets (ITNs) decreases malaria-related morbidity and mortality in children under age 5 and pregnant women. ITNs provide protection both to the individuals sleeping under them by deterring mosquito bites and to other community members by interrupting transmission of malaria parasites. For pregnant women, ITNs have been shown to be efficacious in reducing maternal anaemia, placental infection, and low birth weight. For young children, ITN use is associated with a reduction of anaemia, lower infant and child mortality, and fewer episodes of uncomplicated malaria.

ITNs are simple, safe, and cost-effective. A net treated with insecticide is effective in repelling or killing mosquitoes before they have the chance to bite. Three types of nets can be obtained (permanent nets, nonpermanent nets that are pretreated, and nonpermanent nets that are not pretreated). Insecticide is permanently embedded in ‘permanent’ nets. Permanent nets are also known as long-lasting insecticidal nets (LLINs). LLINs are ready-to-use nets that are pretreated at a factory and require no further treatment for 4 to 5 years. Efforts are being made to scale up the production capacity of factories that produce LLINs. Other types of nets require treatment with an insecticide every 6 to 12 months. These nonpermanent nets can be purchased already pretreated with an insecticide or untreated.

The price of an ITN can be a barrier to ownership, as the price of a net represents a large proportion of the income of a poor household. There is a growing recognition that surveys of coverage of health interventions should describe how equitably interventions are implemented among different economic groups. Answers to questions 16 to 25, when paired with the wealth index, can indicate how ownership of ITNs is associated with poverty.

The following limitations should be noted. First, because of issues of recall, this indicator may not provide reliable estimates of net retreatment status. Second, it may be difficult to interpret the findings at the national level, as malaria transmission is most often localized; if the survey is limited to malarious areas, however, the interpretation will be clear. Third, the indicator may be biased by the seasonality of survey data collection, if the survey is done during the dry season, when reported net ownership and use may be lower. However, it is preferable to conduct a Malaria Indicator Survey during the high-transmission season. In addition, the questionnaire does not ask whether the insecticide used to treat the net is an ‘approved’ insecticide. There are no questions about whether the net was washed after treatment, which can reduce its effectiveness.

16	Does your household have any mosquito nets that can be used while sleeping?	YES..... 1 NO 2	→ 27
17	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS..... <input type="text"/>	

¹ Categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained. In some countries, it may be desirable to ask an additional question on the material of walls or ceilings.

² This question should be deleted in countries that do not have an indoor residual spraying programme for mosquitoes.

18	ASK RESPONDENT TO SHOW YOU THE NET(S) IN THE HOUSEHOLD. IF MORE THAN THREE NETS, USE ADDITIONAL QUESTIONNAIRE(S).	NET # 1	NET #2	NET #3
		OBSERVED.....1 NOT OBSERVED..... 2	OBSERVED.....1 NOT OBSERVED.....2	OBSERVED.....1 NOT OBSERVED..... 2
19	How long ago did your household obtain the mosquito net?	MOS AGO <input type="text"/> MORE THAN 3 YEARS AGO 95	MOS AGO <input type="text"/> MORE THAN 3 YEARS AGO.....95	MOS AGO <input type="text"/> MORE THAN 3 YEARS AGO 95
20	OBSERVE OR ASK THE BRAND OF MOSQUITO NET. IF BRAND IS UNKNOWN, AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	'PERMANENT' NET ¹ BRAND A.....11 BRAND B.....12 (SKIP TO 24)= 'PRETREATED' NET ² BRAND C.....21 BRAND D.....22 (SKIP TO 22)= OTHER.....31 DON'T KNOW BRAND.....98	'PERMANENT' NET ¹ BRAND A.....11 BRAND B..... 12 (SKIP TO 24)= 'PRETREATED' NET ² BRAND C 21 BRAND D 22 (SKIP TO 22)= OTHER.....31 DON'T KNOW BRAND.....98	'PERMANENT' NET ¹ BRAND A.....11 BRAND B.....12 (SKIP TO 24)= 'PRETREATED' NET ² BRAND C.....21 BRAND D.....22 (SKIP TO 22)= OTHER.....31 DON'T KNOW BRAND.....98
21	When you got the net, was it already factory-treated with an insecticide to kill or repel mosquitos?	YES.....1 NO.....2 NOT SURE.....8	YES 1 NO 2 NOT SURE..... 8	YES.....1 NO.....2 NOT SURE..... 8
22	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 24)= NOT SURE.....8	YES 1 NO 2 (SKIP TO 24)= NOT SURE..... 8	YES.....1 NO.....2 (SKIP TO 24)= NOT SURE..... 8

23	How long ago was the net last soaked or dipped? IF LESS THAN 1 MONTH AGO, RECORD '>00' MONTHS. IF LESS THAN 2 YEARS AGO, RECORD MONTHS AGO. IF '12 MONTHS AGO' OR '1 YEAR AGO,' PROBE FOR EXACT NUMBER OF MONTHS.	MOS AGO <input type="text"/> MORE THAN 2 YEARS AGO95 NOT SURE..... 98	MOS AGO <input type="text"/> MORE THAN 2 YEARS AGO95 NOT SURE98	MOS AGO <input type="text"/> MORE THAN 2 YEARS AGO95 NOT SURE..... 98
24	Did anyone sleep under this mosquito net last night?	YES.....1 NO.....2 (SKIP TO 26) =—— NOT SURE.....8	YES1 NO2 (SKIP TO 26) =—— NOT SURE8	YES.....1 NO.....2 (SKIP TO 26) =—— NOT SURE.....8
25	Who slept under this mosquito net last night? RECORD THE RESPECTIVE LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____ LINE NO <input type="text"/> NAME _____ LINE NO <input type="text"/> NAME _____ LINE NO <input type="text"/> NAME _____ LINE NO <input type="text"/> NAME _____ LINE NO <input type="text"/> NAME _____ LINE NO <input type="text"/>	NAME _____ LINE NO <input type="text"/> NAME _____ LINE NO <input type="text"/> NAME _____ LINE NO <input type="text"/> NAME _____ LINE NO <input type="text"/> NAME _____ LINE NO <input type="text"/> NAME _____ LINE NO <input type="text"/>	NAME _____ LINE NO <input type="text"/> NAME _____ LINE NO <input type="text"/> NAME _____ LINE NO <input type="text"/> NAME _____ LINE NO <input type="text"/> NAME _____ LINE NO <input type="text"/> NAME _____ LINE NO <input type="text"/>
26		GO BACK TO 18 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 27.	GO BACK TO 18 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 27.	GO BACK TO 18 IN THE FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 27.
¹ "Permanent" is a factory treated net that does not require any further treatment. ² "Pretreated" is a net that has been pretreated, but requires further treatment after 6-12 months.				

Anaemia Testing (27–36)

Anaemia is a common manifestation of malaria. A significant proportion of anaemia in children under age 5 in endemic areas is due to malaria. Severe anaemia is a major cause of morbidity and mortality in malaria endemic areas. Malaria-related anaemia is associated with worsening of preexisting anaemia and infant deaths.

In malaria, the development, the rate of progression, and the degree of anaemia depend on the severity and duration of the presence of the malaria parasite in the blood. Malaria causes anaemia when the malaria parasite enters into the red blood cell and the malaria-infected red blood cell is then broken down (haemolysed). Malaria infection can also cause red blood cell production to slow down. If the breakdown of red blood cells is faster than the production of new cells, anaemia results.

Demonstrated reductions in severe anaemia among children under age 5 in malaria intervention trials support the use of anaemia prevalence in young children as an indicator of malaria burden and the impact of malaria interventions in stable transmission settings. Therefore, the Roll Back Malaria (RBM) Monitoring and Evaluation Reference Group (MERG) has recommended that anaemia testing of children under age 5 should be included in all Malaria Indicator Surveys conducted in areas of stable malaria transmission. The current recommended procedure is to measure haemoglobin levels using the HemoCue instrument on blood collected from a finger prick. For children under 6 months of age, blood should be collected from the heel. The recommended procedures for conducting anaemia testing are described in the separate Demographic and Health Surveys anaemia-testing manual (Anemia Testing in Population-Based Surveys, MEASURE DHS, ORC Macro, Calverton, Maryland, USA).

Questions 35 and 36 are designed to get permission for a medical referral for the assessment and treatment of severe anaemia.

WOMEN'S QUESTIONNAIRE

Section 1. Respondent's Background

Introduction and Consent

The Women's Questionnaire begins with the interviewer's introduction and an informed consent statement requesting the respondent's participation in the survey.

Time of Interview (101)

Time, recorded in 101 and 339, is used to determine the length of the interview.

Date of Birth and Age of Woman (102–103)

Both the month and year of birth and the age at last birthday are asked. The interviewer is instructed to reconcile the birth date and age, if possible. Reconciliation in the field is preferable to leaving inconsistencies that plague the editing process and must eventually be resolved by the analyst.

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

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.

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.

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
↓

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR..... MINUTES	
102	In what month and year were you born?	MONTH..... DON'T KNOW MONTH..... 98 YEAR..... 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.	

Education and Literacy (104–108)

Education is one of the main factors influencing morbidity, mortality, health-care-seeking behaviour, and health-related preventive behaviour.

Religion and Ethnicity (109–110)

These questions are relevant in countries with religious and/or ethnic diversity. There is considerable evidence that health-related behaviour is influenced by normative attitudes associated with religious values and ethnic identity. This information is of potential programmatic value in identifying groups that have special needs.

Section 2. Reproduction

Lifetime Fertility (201–210)

Questions 201 to 210, on lifetime fertility, are standard preliminary questions aimed at determining the total number of births the woman has had, and they set the stage for the detailed birth history in questions 211 to 220.

Experience has indicated that certain types of events are underreported in reproductive histories; this is the reason for distinguishing between children living at home, those living away, and those who have died. Children who die in early infancy are particularly likely to be underreported, and for that reason, a specific probe is included to assist in capturing those events. The collection of the lifetime fertility data by sex also improves reporting.

Question 210 is used to determine whether any of the births took place in the six years preceding the survey. This will be used to calculate denominators for the estimation of malaria programme activity indicators.

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						

Recent Birth History (211–223)

A detailed birth history is obtained for the six years preceding the survey and provides the data that will be the basis of Sections 3A and 3B.

The interviewer is required to probe and convert all dates of births to calendar form (215). These probes may be time-consuming, but they are critical to obtaining high-quality data.

The recent birth history includes the line number of children from the Household Questionnaire (219). This facilitates linkage of the data in the Household Questionnaire to particular births.

Question 222 is present to make sure that the history information has been collected correctly.

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"/>	YES1 NO2	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"/>	YES1 NO2	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"/>	YES1 NO2	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"/>	YES1 NO2	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	<p>COMPARE 210 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: YEAR OF BIRTH IS RECORDED. FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p>	<input type="text"/> <input type="text"/>
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223	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2000 ¹ OR LATER. IF NONE, RECORD '0'.	<input type="text"/>
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Pregnancy Status (224–226)

The information on current pregnancy status may be inconsistent with the information provided by the household respondent to the Household Questionnaire. However, there is no need to force these answers to be consistent. In the tabulations, the woman’s report of her own pregnancy status in the Women’s Questionnaire will be used for all women who are interviewed. Otherwise, the pregnancy status from the Household Questionnaire will be used.

Question 226 eliminates women who have not had a live birth in the past 5 years.

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	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 (IPT) of Malaria

Antenatal Care and Preventive Treatment (301–310)

The questions in this section refer to the pregnancy for the most recent birth (whether now living or not) within the six years preceding the survey. Malaria infections can cause several pregnancy-related complications. The clinical picture of malaria infection during pregnancy may range from asymptomatic to severe, life-threatening illness, depending on the mother's natural immunity to malaria, the number of pregnancies she has had, the climate, and the level of transmission in the area (endemic or epidemic). Maternal death may result either directly from severe malaria or indirectly from malaria-related severe anaemia. In addition, malaria may result in a range of adverse pregnancy outcomes, including low birth weight, spontaneous abortion, and neonatal death. Interventions to reduce the risks of related malaria pregnancy complications include the use of ITNs (questions 16 to 25) and antimalarial drugs.

Antimalarial drugs, such as chloroquine and sulfadoxine-pyrimethamine (SP)/Fansidar, can be used to prevent infection or treat a presumed infection in pregnant women. Although chloroquine remains the most widely used antimalarial for prevention in many countries, the increasing number of countries with widespread chloroquine-resistant malaria parasites and the poor compliance with the weekly doses make chloroquine a poor candidate for preventive therapy. The current RBM recommendation is to provide all pregnant women in areas with stable malaria transmission with at least two preventive treatment doses of an effective antimalarial drug (usually SP/Fansidar) during routine antenatal clinic visits. Administration of two doses of SP/Fansidar during pregnancy has been shown to reduce the prevalence of deliveries of low birth weight babies, as well as malaria-related morbidity in pregnant women.

Information on whether SP/Fansidar (or any other country-specific drug for IPT) was given during an antenatal visit or another visit to a health facility is collected to determine whether RBM recommendations are being followed.

The following limitations should be noted. Retrospective questions about IPT given during a previous pregnancy may be subject to recall bias. It is difficult to determine at what stage during pregnancy IPT was given. IPT use may be misleading at the national level as malaria transmission is most often localized and local malaria transmission may affect adherence to national IPT guidelines. Estimates on the type of antimalarial drug taken may be unreliable because of poor recall.

		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. Health and Prompt and Effective Treatment for Children with Fever

Fever and Treatment of Fever (311–343)

The questions in this section refer to all of the woman's living children born since January of the fifth calendar year before the survey fieldwork. The clinical presentation of malaria is variable, but the single most common symptom is fever. Fever in children is also common with other infections and is, therefore, not specific for malaria. The concern about high fever may prompt caretakers to seek treatment for a perceived life-threatening illness in young children. However, since many health facilities are not able to perform diagnostic tests to confirm a malaria infection or detect a different infection, RBM recommends that children under age 5 with fever receive prompt and effective treatment for malaria. This means that a complete treatment dose of a recognized first-line or second-line antimalarial medicine should start within 24 hours of the onset of fever. With prompt and effective treatment, it is hoped that progression (often rapid) to severe malaria and death will be prevented. In this survey, treatment received the same day as the onset of symptoms (fever) or the next day is taken as prompt treatment.

Community-level interventions to strengthen home management of children with fever are gaining importance as part of efforts to improve access to prompt treatment, particularly in isolated areas. Therefore, for each type of drug given for fever, a question is asked about whether the woman already had the drug at home or obtained it from somewhere else (e.g., public sector, private medical sector, shop, other source).

There are many barriers to receiving prompt and effective treatment, including lack of knowledge, low education, and poverty. Some of these issues can be explored using information from other parts of the survey.

The following limitations should be noted while considering responses to questions 311 to 343 as a proxy measure for the national level of the use of prompt and effective treatment of children who are under age 5 and at risk of malaria. First, because of issues of recall, the indicator may not provide reliable estimates of episodes of fever within the previous two weeks, the length of time after onset of fever before an antimalarial drug was given, or the identity of which specific drug was given. Second, the fever may not have been due to malaria infection. Third, there is no way of knowing whether antimalarial treatments were administered correctly. Fourth, the questionnaire only asks about the woman's biological children and may, therefore, miss fostered children or others whose mothers are not in the household. Last, it may be difficult to make comparisons between countries that have different antimalarial drug policies.

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	YOUNGEST CHILD LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	NEXT-TO-YOUNGEST CHILD 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) = <input type="text"/>	YES 1 NO 2 (SKIP TO 317) = <input type="text"/>
316	Where did you seek advice or treatment? ² Anywhere else? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B GOVT. HEALTH POST C MOBILE CLINIC D FIELD WORKER E OTHER PUBLIC _____ F (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B GOVT. HEALTH POST C MOBILE CLINIC D FIELD WORKER E OTHER PUBLIC _____ F (SPECIFY)
		PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY H PRIVATE DOCTOR I MOBILE CLINIC J FIELD WORKER K OTHER PVT. MEDICAL _____ L (SPECIFY)	PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY H PRIVATE DOCTOR I MOBILE CLINIC J FIELD WORKER K OTHER PVT. MEDICAL _____ L (SPECIFY)
		OTHER SOURCE SHOP M TRAD. PRACTITIONER N OTHER _____ X (SPECIFY)	OTHER SOURCE 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 NAME _____	NEXT-TO-YOUNGEST CHILD 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/FANSIDARA CHLOROQUINE.....B AMODIAQUINE.....C QUININED ACTE OTHER ANTIMALARIAL.....F (SPECIFY) OTHER DRUGS ASPIRING ACETAMINOPHEN/ PARACETAMOLH IBUPROFENI OTHERX (SPECIFY) DON'T KNOWZ	ANTIMALARIAL SP/FANSIDARA CHLOROQUINE.....B AMODIAQUINE.....C QUININED ACTE OTHER ANTIMALARIAL.....F (SPECIFY) OTHER DRUGS ASPIRING ACETAMINOPHEN/ PARACETAMOLH IBUPROFENI OTHERX (SPECIFY) DON'T KNOWZ
320	CHECK 319: ANY CODE A-F CIRCLED?	YES NO (GO BACK TO 317 <input type="checkbox"/> <input type="checkbox"/> IN NEXT COLUMN; ↓ ↓ OR IF NO MORE BIRTHS, SKIP TO 344)	YES NO (GO BACK TO 317 <input type="checkbox"/> <input type="checkbox"/> IN NEXT COLUMN; ↓ ↓ OR IF NO MORE BIRTHS, SKIP TO 344)
320A	CHECK 319: SP/FANSIDAR ('A') GIVEN?	CODE 'A' CIRCLED CODE 'A' NOT <input type="checkbox"/> <input type="checkbox"/> CIRCLED ↓ ↓ (SKIP TO 324)	CODE 'A' CIRCLED CODE 'A' NOT <input type="checkbox"/> <input type="checkbox"/> CIRCLED ↓ ↓ (SKIP TO 324)
321	How long after the fever started did (NAME) first take SP/Fansidar?	SAME DAY.....0 NEXT DAY1 TWO DAYS AFTER THE FEVER.....2 THREE DAYS AFTER THE FEVER . 3 FOUR OR MORE DAYS AFTER THE FEVER4 DON'T KNOW8	SAME DAY.....0 NEXT DAY1 TWO DAYS AFTER THE FEVER.....2 THREE DAYS AFTER THE FEVER 3 FOUR OR MORE DAYS AFTER THE FEVER4 DON'T KNOW8

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.

		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="checkbox"/>	DAYS..... <input type="checkbox"/>	DAYS..... <input type="checkbox"/>	DAYS..... <input type="checkbox"/>
		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="checkbox"/>	DAYS..... <input type="checkbox"/>	DAYS..... <input type="checkbox"/>	DAYS..... <input type="checkbox"/>
		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>							