

MALARIA INDICATOR SURVEY
 MODEL WOMAN'S QUESTIONNAIRE

[NAME OF COUNTRY]
 [NAME OF ORGANIZATION]

IDENTIFICATION (1)												
PLACE NAME _____												
NAME OF HOUSEHOLD HEAD _____												
CLUSTER NUMBER	<table border="1" style="display: inline-table;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>											
HOUSEHOLD NUMBER	<table border="1" style="display: inline-table;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>											
NAME AND LINE NUMBER OF WOMAN _____												
INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>								
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>								
				YEAR <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>								
RESULT*	_____	_____	_____	INT. NO. <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>								
	_____	_____	_____	RESULT* <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>								
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>								
TIME	_____	_____										
<p>*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ SPECIFY 3 POSTPONED 6 INCAPACITATED</p>												
LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="display: inline-table; width: 30px; height: 20px;">0</table> <table border="1" style="display: inline-table; width: 30px; height: 20px;">1</table>	LANGUAGE OF INTERVIEW**	<table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>	NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>								
LANGUAGE OF QUESTIONNAIRE**	ENGLISH _____											
	<p>**LANGUAGE CODES:</p> 01 ENGLISH 03 LANGUAGE 3 05 LANGUAGE 5 02 LANGUAGE 2 04 LANGUAGE 4 06 LANGUAGE 6											
TEAM	TEAM SUPERVISOR		CAPI SUPERVISOR (2)									
<table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> NUMBER	_____ NAME	<table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> NUMBER	_____ NAME	<table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> NUMBER								

(1) This section should be adapted for country-specific survey design.
 (2) Remove the section for recording the name and ID number of the CAPI supervisor if the survey does not have CAPI supervisors who are separate from the team supervisors.
 Note: Brackets [] indicate items that should be adapted on a country-specific basis.

INTRODUCTION AND CONSENT

(1)

Hello. My name is _____. I am working with [NAME OF ORGANIZATION]. We are conducting a survey about malaria all over [NAME OF COUNTRY]. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 10 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you 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.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED .. 1
↓

RESPONDENT DOES NOT AGREE
TO BE INTERVIEWED .. 2 → END

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS <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"/> DONT KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DONT 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 (2)	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	
106 (2)	What is the highest [GRADE/FORM/YEAR] you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	[GRADE/FORM/YEAR] <input type="text"/> <input type="text"/>	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	<p>CHECK 105:</p> <p align="center">PRIMARY OR <input type="checkbox"/> SECONDARY ↓</p>	<p>HIGHER <input type="checkbox"/> → 110</p>	→ 110
108 (3)	<p>Now I would like you to read this sentence to me.</p> <p>SHOW CARD TO RESPONDENT.</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 PART OF THE 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	<p>CHECK 108:</p> <p align="center">CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED ↓</p>	<p>CODE '1' OR '5' <input type="checkbox"/> → 111</p>	→ 111
110	<p>Do you read a newspaper or magazine at least once a week, less than once a week or not at all?</p>	<p>AT LEAST ONCE A WEEK 1</p> <p>LESS THAN ONCE A WEEK 2</p> <p>NOT AT ALL 3</p>	
111	<p>Do you listen to the radio at least once a week, less than once a week or not at all?</p>	<p>AT LEAST ONCE A WEEK 1</p> <p>LESS THAN ONCE A WEEK 2</p> <p>NOT AT ALL 3</p>	
112	<p>Do you watch television at least once a week, less than once a week or not at all?</p>	<p>AT LEAST ONCE A WEEK 1</p> <p>LESS THAN ONCE A WEEK 2</p> <p>NOT AT ALL 3</p>	
113	<p>Do you own a mobile phone?</p>	<p>YES 1</p> <p>NO 2</p>	→ 115
114	<p>Is your mobile phone a smart phone?</p>	<p>YES 1</p> <p>NO 2</p>	
115	<p>Have you ever used the Internet from any location on any device?</p>	<p>YES 1</p> <p>NO 2</p>	→ 118
116	<p>In the last 12 months, have you used the Internet?</p> <p>IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.</p>	<p>YES 1</p> <p>NO 2</p>	→ 118
117	<p>During the last one month, how often did you use the Internet: almost every day, at least once a week, less than once a week, or not at all?</p>	<p>ALMOST EVERY DAY 1</p> <p>AT LEAST ONCE A WEEK 2</p> <p>LESS THAN ONCE A WEEK 3</p> <p>NOT AT ALL 4</p>	
118	<p>What is your religion?</p>	<p>[RELIGION] 01</p> <p>[RELIGION] 02</p> <p>[RELIGION] 03</p> <p>OTHER _____ 96 (SPECIFY)</p>	
119	<p>What is your ethnic group?</p>	<p>[ETHNIC GROUP] 01</p> <p>[ETHNIC GROUP] 02</p> <p>[ETHNIC GROUP] 03</p> <p>OTHER _____ 96 (SPECIFY)</p>	

(1) Increase the time reported to the respondent if modules are added to the questionnaire.

(2) Revise according to the local education system.

(3) Each 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	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME <input type="text"/> <input type="text"/> b) DAUGHTERS AT HOME <input type="text"/> <input type="text"/>	
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	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE <input type="text"/> <input type="text"/> b) DAUGHTERS ELSEWHERE <input type="text"/> <input type="text"/>	
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, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES 1 NO 2	→ 208
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD <input type="text"/> <input type="text"/> b) GIRLS DEAD <input type="text"/> <input type="text"/>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL LIVE BIRTHS <input type="text"/> <input type="text"/>	
209	<p>CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct?</p> <p align="center"> YES <input type="checkbox"/> ↓ NO <input type="checkbox"/> </p> <p align="center"> PROBE AND CORRECT 201-208 AS NECESSARY. ← </p>		
210	<p>CHECK 208:</p> <p align="center"> ONE OR MORE BIRTHS <input type="checkbox"/> ↓ NO BIRTHS <input type="checkbox"/> → 224 </p>		
211	Now I'd like to ask you about your more recent births. How many births have you had in 2015-2020? RECORD NUMBER OF LIVE BIRTHS IN 2015-2020.	TOTAL IN 2015-2020 <input type="text"/> <input type="text"/> NONE 00	→ 224

SECTION 2. REPRODUCTION

212 Now I would like to record the names of all your births in 2015-2020, whether still alive or not, starting with the most recent one you had.
 RECORD IN 213 THE NAMES OF ALL THE BIRTHS BORN IN 2015-2020. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. IF THERE ARE MORE THAN 5 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE STARTING WITH THE SECOND ROW.

213	214	215	216	217	218	219	220	221
What name was given to your (most recent/ previous) baby? RECORD NAME. BIRTH HISTORY NUMBER.	Is (NAME) a boy or a girl?	Was that a single or multiple pregnancy ?	On what day, month, and year was (NAME) born?	Is (NAME) still alive?	How old was (NAME) at (NAME)'s 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 PREVIOUS BIRTH), including any children who died after birth?
01	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (NEXT BIRTH)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (NEXT BIRTH)	
02	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 221)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/>	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
03	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 221)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/>	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
04	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 221)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/>	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
05	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 221)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/>	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	Have you had any live births since the birth of (NAME OF MOST RECENT BIRTH)?"	YES 1 (RECORD BIRTH(S) IN TABLE) ← NO 2	
223	COMPARE 211 WITH NUMBER OF BIRTHS IN BIRTH HISTORY NUMBERS ARE THE SAME <input type="checkbox"/> ↓ NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) ←		
224	Are you pregnant now?	YES 1 NO 2 UNSURE 8	<input type="checkbox"/> → 301
225	How many weeks or months pregnant are you? RECORD NUMBER OF COMPLETED WEEKS OR MONTHS.	WEEKS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/>	

SECTION 3. PREGNANCY AND INTERMITTENT PREVENTIVE TREATMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	CHECK 216 AND 218: ONE OR MORE BIRTHS 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	NO BIRTHS 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	→ 401
302	RECORD THE NAME OF THE MOST RECENT BIRTH FROM 213, LINE 01:	MOST RECENT BIRTH NAME _____	
303	Now I would like to ask you some questions about your last pregnancy that resulted in a live birth. While you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2	→ 308
304 (1)	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B AUXILIARY MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D COMMUNITY HEALTH WORKER/ FIELD WORKER E OTHER _____ X (SPECIFY)	
305 (1)	Where did you receive antenatal care for this pregnancy? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	HOME HER HOME A OTHER HOME B PUBLIC SECTOR GOVERNMENT HOSPITAL C GOVERNMENT HEALTH CENTER D GOVERNMENT HEALTH POST E OTHER PUBLIC SECTOR _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL G PRIVATE CLINIC H OTHER PRIVATE MEDICAL SECTOR _____ I (SPECIFY) NGO MEDICAL SECTOR NGO HOSPITAL J NGO CLINIC K OTHER NGO MEDICAL SECTOR _____ L (SPECIFY) OTHER _____ X (SPECIFY)	

SECTION 3. PREGNANCY AND INTERMITTENT PREVENTIVE TREATMENT

NO.	NAME OF CHILD _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	
306	How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?	WEEKS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	
307	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98	
308 (2)	During this pregnancy, did you take SP/Fansidar to keep you from getting malaria?	YES 1 NO 2 DON'T KNOW 8	→ 401
309 (2)	How many times did you take SP/Fansidar during this pregnancy?	TIMES <input type="text"/> <input type="text"/>	
310 (2)	Did you get the SP/Fansidar during any antenatal care visit, during another visit to a health facility or from another source? IF MORE THAN ONE SOURCE, RECORD THE HIGHEST SOURCE ON THE LIST.	ANTENATAL VISIT 1 ANOTHER FACILITY VISIT 2 OTHER SOURCE 6	

(1) Coding categories to be developed locally; however, the broad categories must be maintained.

(2) Fansidar is a brand name for the malaria medicine SP. There are also many other brand names for SP. If Fansidar is not a commonly known brand in the country, change "Fansidar" to the most commonly known brand name for SP, like this "SP/[NEW BRAND NAME]". Or you can simply delete "/Fansidar" and leave "SP" on its own.

SECTION 4. FEVER IN CHILDREN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	<p>CHECK 216, 217, AND 218 IN THE BIRTH HISTORY: ANY SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY?</p> <p align="center"> ONE OR MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/> </p>	<p align="center"> NO SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/> </p>	→ 417
402	<p>Now I would like to ask some questions about the health of your children born in the last 5 years. (We will talk about each separately, starting with the youngest.)</p>		
403	<p>RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 213 OF THE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE.</p> <p>NAME OF CHILD _____ BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></p>		
404	<p>Has (NAME) been ill with a fever at any time in the last 2 weeks?</p>	<p>YES 1 NO 2 DONT KNOW 8</p>	→ 416
405	<p>At any time during the illness, did (NAME) have blood taken from (NAME)'s finger or heel for testing?</p>	<p>YES 1 NO 2 DONT KNOW 8</p>	
406	<p>Were you told by a healthcare provider that (NAME) had malaria?</p>	<p>YES 1 NO 2 DONT KNOW 8</p>	
407	<p>Did you seek advice or treatment for the illness from any source?</p>	<p>YES 1 NO 2</p>	→ 412

SECTION 4. FEVER IN CHILDREN

NO.	NAME OF CHILD _____	BIRTH HISTORY NUMBER			
408 (1)	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVERNMENT HEALTH CENTER B GOVERNMENT HEALTH POST C MOBILE CLINIC D COMMUNITY HEALTH WORKER/ FIELDWORKER E OTHER PUBLIC SECTOR SECTOR _____ F (SPECIFY)	PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL G PRIVATE CLINIC H PHARMACY I PRIVATE DOCTOR J MOBILE CLINIC K COMMUNITY HEALTH WORKER/ FIELDWORKER L OTHER PRIVATE MEDICAL SECTOR _____ M (SPECIFY)	NGO MEDICAL SECTOR NGO HOSPITAL N NGO CLINIC O OTHER NGO MEDICAL SECTOR _____ P (SPECIFY)	OTHER SOURCE SHOP Q TRADITIONAL PRACTITIONER R MARKET S ITINERANT DRUG SELLER T OTHER _____ X (SPECIFY)
409	CHECK 408:	TWO OR MORE CODES CIRCLED <input type="checkbox"/>	ONLY ONE CODE CIRCLED <input type="checkbox"/>	→ 411	
410	Where did you first seek advice or treatment? USE LETTER CODE FROM 408.	FIRST PLACE <input type="checkbox"/>			
411	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS <input type="checkbox"/> <input type="checkbox"/>			
412	At any time during the illness, did (NAME) take any medicine for the illness?	YES 1 NO 2 DONT KNOW 8	→ 416		

SECTION 4. FEVER IN CHILDREN

NO.	NAME OF CHILD _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	
413 (2)	What medicine did (NAME) take? Any other medicine? RECORD ALL MENTIONED. IF MEDICINE NOT KNOWN, ASK TO SEE THE PACKAGE OR PRESCRIPTION.	ANTIMALARIAL MEDICINE ARTEMISININ COMBINATION THERAPY (ACT) A SP/FANSIDAR B CHLOROQUINE C AMODIAQUINE D QUININE PILLS E INJECTION/IV F ARTESUNATE RECTAL G INJECTION/IV H OTHER ANTIMALARIAL _____ I (SPECIFY) ANTIBIOTIC MEDICINE AMOXICILLIN J COTRIMOXAZOLE K OTHER PILL/SYRUP L OTHER INJECTION/IV M OTHER MEDICINE ASPIRIN N PARACETAMOL/PANADOL/ ACETAMINOPHEN O IBUPROFEN P OTHER _____ X (SPECIFY) DON'T KNOW Z	
414	CHECK 413: ARTEMISININ COMBINATION THERAPY ('A') GIVEN <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> CODE 'A' CIRCLED <input type="checkbox"/> </div> <div style="text-align: center;"> CODE 'A' NOT CIRCLED <input type="checkbox"/> </div> </div>		<div style="text-align: center;"> → 416 </div>
415	How long after the fever started did (NAME) first take an artemisinin combination therapy?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	
416	CHECK 216 AND 217 IN BIRTH HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY? <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> NO MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/> </div> <div style="text-align: center;"> MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/> </div> </div>		<div style="text-align: center;"> → 403 </div>
417	RECORD THE TIME.	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	

(1) Coding categories to be developed locally; however, the broad categories must be maintained.

(2) Coding categories to be developed locally and revised based on the pretest. All antimalarials commonly used in the country should be included in the response categories. Common brand names of medicine, such as Bayer or Tylenol, should be added to the response categories for aspirin, acetaminophen, or ibuprofen as appropriate.

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS
