MALARIA INDICATOR SURVEY
MODEL WOMAN'S QUESTIONNAIRE

[NAME OF COUNTRY]
[NAME OF ORGANIZATION]

IDENTIFICATION (1)

PLACE NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . .

HOUSEHOLD NUMBER . . . .

NAME AND LINE NUMBER OF WOMAN _____

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY
				MONTH
				YEAR
INTERVIEWER'S NAME	_____	_____	_____	INT. NO.
RESULT*	_____	_____	_____	RESULT*
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS
TIME	_____	_____		

*RESULT CODES: 1 COMPLETED   4 REFUSED
2 NOT AT HOME   5 PARTLY COMPLETED   7 OTHER _____
3 POSTPONED   6 INCAPACITATED   SPECIFY

LANGUAGE OF QUESTIONNAIRE** **0** **1**
LANGUAGE OF INTERVIEW**
NATIVE LANGUAGE OF RESPONDENT**
TRANSLATOR USED (YES = 1, NO = 2)

LANGUAGE OF QUESTIONNAIRE** **ENGLISH**

**LANGUAGE CODES:
01 ENGLISH   03 LANGUAGE 3   05 LANGUAGE 5
02 LANGUAGE 2   04 LANGUAGE 4   06 LANGUAGE 6

TEAM	TEAM SUPERVISOR	CAPI SUPERVISOR (2)
NUMBER	NAME NUMBER	NAME 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.

<u>INTRODUCTION AND CONSENT</u>

(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

<u>SECTION 1. RESPONDENT'S BACKGROUND</u>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS . . . . □□ 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 . . . . □□	
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] . . . . □□	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	CHECK 105: PRIMARY OR ☐ HIGHER ☐ SECONDARY ↓		→ 110

108 (3)	Now I would like you to read this sentence to me.
	
	SHOW CARD TO RESPONDENT.
	
	IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:
	Can you read any part of the sentence to me?
		CANNOT READ AT ALL 1
		ABLE TO READ ONLY PART OF
		   THE SENTENCE 2
		ABLE TO READ WHOLE SENTENCE 3
		NO CARD WITH REQUIRED
		   LANGUAGE _____ 4
		          (SPECIFY LANGUAGE)
		BLIND/VISUALLY IMPAIRED 5	

109	CHECK 108: CODE '2', '3' ☐ CODE '1' OR '5' ☐ OR '4' CIRCLED CIRCLED ↓		→ 111
110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	
112	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	
113	Do you own a mobile phone?	YES . . . . 1 NO 2	→ 115
114	Is your mobile phone a smart phone?	YES . . . . 1 NO 2	
115	Have you ever used the Internet from any location on any device?	YES . . . . 1 NO 2	→ 118
116	In the last 12 months, have you used the Internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES . . . . 1 NO 2	→ 118
117	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?	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 LESS THAN ONCE A WEEK . . . . 3 NOT AT ALL 4	
118	What is your religion?	[RELIGION] . . . . 01 [RELIGION] . . . . 02 [RELIGION] . . . . 03 OTHER _____ 96 (SPECIFY)	
119	What is your ethnic group?	[ETHINIC GROUP] . . . . 01 [ETHINIC GROUP] . . . . 02 [ETHINIC GROUP] . . . . 03 OTHER _____ 96 (SPECIFY)	

(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.

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 . . . . ▢▢ b) DAUGHTERS AT HOME . . . . ▢▢	
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 . . . . ▢▢ b) DAUGHTERS ELSEWHERE . . . . ▢▢	
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 . . . . ▢▢ b) GIRLS DEAD . . . . ▢▢	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL LIVE BIRTHS . . . . ▢▢	

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 NO ▢
	
	         ⌐| |⌐
	          ↓ PROBE AND
	                   CORRECT 201-208 ←
	                   AS NECESSARY.		

210	CHECK 208:
	
	   ONE OR MORE ▢ NO BIRTHS ▢ ――――――――――→
	      BIRTHS
	         ↓
			→ 224

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 . . . . ▢▢ NONE 00	→ 224

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 3 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE.

213	214	215	216	217	218	219 IF ALIVE:	220 IF ALIVE:	221 IF ALIVE:
What name was given to your (most recent/ previous) baby? RECORD NAME. BIRTH HISTORY NUMBER.	Is (NAME) a boy or a girl?	Was (NAME) a single birth, a twin, or a triplet? IF MULTIPLE PREGNANCY: COPY VALUE FOR 215 IN NEXT ROW(S).	On what day, month, and year was (NAME) born?	FOR ROW 01, ASK: Have you had any live births since the birth of (NAME OF MOST RECENT BIRTH), including any children who died after birth? AFTER ROW 01: IF 215=1 OR THIS IS THE LAST BIRTH OF A MULTIPLE PREGNANCY, ASK: Were there any other live births between (NAME) and (NAME OF FOLLOWING BIRTH), including any children who died after birth? IF 215 > 1 AND THIS IS NOT THE LAST BIRTH OF THE PREGNANCY, SKIP TO 213 IN NEXT ROW.	Is (NAME) still alive?	How old was (NAME) at (his/her) last birthday? RECORD AGE IN COMP-LETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.
01	BOY 1 GIRL 2	SING 1 TWINS 2 TRIP 3 NO. OF OUT-COME ☐	DAY ☐☐ MONTH ☐☐ YEAR ☐☐☐☐	YES . . . . 1 (ADD BIRTH) ↵ NO . . . . 2 (GO TO 213 ↵ IN NEXT ROW)	YES 1 NO 2 ↓ (NEXT BIRTH)	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐
02	BOY 1 GIRL 2	SING 1 TWINS 2 TRIP 3 NO. OF OUT-COME ☐	DAY ☐☐ MONTH ☐☐ YEAR ☐☐☐☐	YES . . . . 1 (ADD BIRTH) ↵ NO . . . . 2 (GO TO 213 ↵ IN NEXT ROW)	YES 1 NO 2 ↓ (NEXT BIRTH)	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐
03	BOY 1 GIRL 2	SING 1 TWINS 2 TRIP 3 NO. OF OUT-COME ☐	DAY ☐☐ MONTH ☐☐ YEAR ☐☐☐☐	YES . . . . 1 (ADD BIRTH) ↵ NO . . . . 2 (GO TO 213 ↵ IN NEXT ROW)	YES 1 NO 2 ↓ (NEXT BIRTH)	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐

217A	Did you have any other live births before the birth of (NAME) and during or after January 2015?	YES . . . . 1 → ADD TO TABLE NO 2	
217B	READ THE LIST OF LIVE BIRTHS IN ORDER TO THE RESPONDENT, STARTING FROM THE MOST RECENT BIRTH, AND ASK IF THEY ARE ALL THAT SHE HAS HAD IN OR SINCE JANUARY 2015, AND IF THEY ARE LISTED IN ORDER. DOES THE RESPONDENT AGREE? IF NOT, PROBE FOR THE CORRECT INFORMATION AND REVISE THE PREGNANCY HISTORY ACCORDINGLY. IF YES, PROCEED TO 218 ROW 1.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
223	COMPARE 211 WITH NUMBER OF BIRTHS IN BIRTH HISTORY NUMBERS ARE THE SAME ☐ NUMBERS ARE DIFFERENT ☐ ↓ (PROBE AND RECONCILE) ←		
224	Are you pregnant now?	YES . . . . 1 NO . . . . 2 UNSURE 8	→301
225	How many weeks or months pregnant are you? RECORD NUMBER OF COMPLETED WEEKS OR MONTHS.	WEEKS . . . . 1 ☐☐ MONTHS . . . . 2 ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	CHECK 216 AND 218: ONE OR MORE BIRTHS 0-35 MONTHS BEFORE THE SURVEY ↓	NO BIRTHS 0-35 MONTHS BEFORE THE SURVEY	→ 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)	

NO.	NAME OF CHILD _____ BIRTH HISTORY NUMBER		
306	How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?	WEEKS .... 1 MONTHS .... 2 DON'T KNOW 998	
307	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES .... 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	
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.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	CHECK 216, 217, AND 218 IN THE BIRTH HISTORY: ANY SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY? ONE OR MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY □ NO SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY □		→ 417
402	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.)		
403	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. NAME OF CHILD _____ BIRTH HISTORY NUMBER .... □□		
404	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES .... 1 NO .... 2 DON'T KNOW 8	→ 416
405	At any time during the illness, did (NAME) have blood taken from (NAME)'s finger or heel for testing?	YES .... 1 NO .... 2 DON'T KNOW 8	
406	Were you told by a healthcare provider that (NAME) had malaria?	YES .... 1 NO .... 2 DON'T KNOW 8	
407	Did you seek advice or treatment for the illness from any source?	YES .... 1 NO 2	→ 412

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 ☐ ↓   ONLY ONE CODE CIRCLED ☐ | | → 411 |

| 410 | Where did you first seek advice or treatment?

USE LETTER CODE FROM 408. | FIRST PLACE .... ☐ | |

| 411 | How many days after the illness began did you first seek advice or treatment for (NAME)?

IF THE SAME DAY RECORD '00'. | DAYS .... ☐☐ | |

| 412 | At any time during the illness, did (NAME) take any medicine for the illness? | YES 1
NO 2
DON'T KNOW .... 8 | → 416 |

NO.	NAME OF CHILD _____	BIRTH HISTORY NUMBER .... ☐☐	

| 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

    CODE 'A' ☐   CODE 'A' ☐
    CIRCLED ↓   NOT → 416
                 CIRCLED | | |

| 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?

  NO MORE SURVIVING   MORE SURVIVING ☐
  CHILDREN BORN 0-59 ☐   CHILDREN BORN → 403
  MONTHS BEFORE THE   0-59 MONTHS BEFORE
        SURVEY ↓   THE SURVEY | | |

| 417 | RECORD THE TIME. | HOURS .... ☐☐

MINUTES...................... ☐☐ | |

(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.

<u>INTERVIEWER'S OBSERVATIONS</u>

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

_____

_____

_____

_____

_____

_____

COMMENTS ON SPECIFIC QUESTIONS:

_____

_____

_____

_____

_____

_____

ANY OTHER COMMENTS:

_____

_____

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<u>SUPERVISOR'S OBSERVATIONS</u>

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