

**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; border-collapse: collapse;"> <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>									
HOUSEHOLD NUMBER	<table border="1" style="display: inline-table; border-collapse: collapse;"> <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>									
NAME AND LINE NUMBER OF WOMAN _____										

INTERVIEWER VISITS										
	1	2	3	FINAL VISIT						
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; border-collapse: collapse;"> <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; border-collapse: collapse;"> <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; border-collapse: collapse;"> <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	_____	_____		INT. NUMBER <table border="1" style="display: inline-table; border-collapse: collapse;"> <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>						
TIME	_____	_____		RESULT <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>						
				TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>						

*RESULT CODES:

- | | | |
|---------------|--------------------|-------------------------|
| 1 COMPLETED | 4 REFUSED | |
| 2 NOT AT HOME | 5 PARTLY COMPLETED | 7 OTHER _____ (SPECIFY) |
| 3 POSTPONED | 6 INCAPACITATED | |

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

SUPERVISOR	OFFICE EDITOR	KEYED BY							
NAME _____ <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>		

(1) This section should be adapted to country-specific survey design.

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____. I am working with (NAME OF ORGANIZATION). We are conducting a survey about health 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 10-20 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



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> MINUTES <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
102	In what month and year were you born?	MONTH <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW MONTH 98 YEAR <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
104	Have you ever attended school?	YES 1 NO 2	→ 108
105	What is the highest level of school you attended: primary, secondary, or higher? (1)	PRIMARY 1 SECONDARY 2 HIGHER 3	
106	What is the highest (grade/form/year) you completed at that level? (1) IF COMPLETED LESS THAN 1 YEAR AT THAT LEVEL, RECORD '00'.	GRADE/FORM/YEAR <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
107	CHECK 105: PRIMARY <input style="width: 20px; height: 20px;" type="checkbox"/> SECONDARY OR HIGHER <input style="width: 20px; height: 20px;" type="checkbox"/>		→ 109

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	<p>Now I would like you to read this sentence to me.</p> <p>SHOW CARD TO RESPONDENT. (2)</p> <p>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?</p>	<p>CANNOT READ AT ALL 1</p> <p>ABLE TO READ ONLY PARTS OF SENTENCE 2</p> <p>ABLE TO READ WHOLE SENTENCE 3</p> <p>NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE)</p> <p>BLIND/VISUALLY IMPAIRED 5</p>	
109	COUNTRY-SPECIFIC QUESTION ON RELIGION, IF APPROPRIATE.		
110	COUNTRY-SPECIFIC QUESTION ON ETHNICITY, IF APPROPRIATE.		
111	In the past 6 months, have you seen or heard any messages about malaria?	<p>YES 1</p> <p>NO 2</p>	→ 201
112	<p>Have your seen or heard these messages:</p> <p>On the radio?</p> <p>On the television?</p> <p>On a poster or billboard?</p> <p>From a community health worker?</p> <p>At a community event?</p> <p>RECORD ALL MENTIONED</p>	<p>RADIO A</p> <p>TELEVISION B</p> <p>POSTER OR BILLBOARD C</p> <p>COMMUNITY HEALTH WORKER D</p> <p>COMMUNITY EVENT E</p> <p>OTHER _____ X (SPECIFY)</p>	

(1) Revise according to the local education system.

(2) 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	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" data-bbox="1226 367 1328 483" 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" data-bbox="1226 420 1328 535" 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" data-bbox="1226 651 1328 766" 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" data-bbox="1226 703 1328 819" 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" data-bbox="1226 1018 1328 1134" 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" data-bbox="1226 1071 1328 1186" 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, 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS <table border="1" data-bbox="1226 1218 1328 1270" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> NONE00									
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"/> ↓ Was this child born in the last 6 years? IF NO CIRCLE '00'. TWO OR MORE BIRTHS <input type="checkbox"/> ↓ How many of these children were born in the last 6 years?	TOTAL IN THE LAST 6 YEARS <table border="1" data-bbox="1226 1617 1328 1669" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> NONE00			→ 224						

211 Now I would like to record the names of all your births in the last 6 years, whether still alive or not, starting with the most recent one you had.

RECORD NAMES OF ALL THE BIRTHS IN THE LAST 6 YEARS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS.

212	213	214	215	216	217	218	219	220
What name was given to your (most recent/previous) baby? RECORD NAME. BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: When 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), including any children who died after birth?
01	BOY 1 GIRL 2	SING. 1 MULT. 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 (NEXT BIRTH) ↓	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	
02	BOY 1 GIRL 2	SING. 1 MULT. 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 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH
03	BOY 1 GIRL 2	SING. 1 MULT. 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 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH
04	BOY 1 GIRL 2	SING. 1 MULT. 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 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH
05	BOY 1 GIRL 2	SING. 1 MULT. 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 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH
06	BOY 1 GIRL 2	SING. 1 MULT. 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 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH
07	BOY 1 GIRL 2	SING. 1 MULT. 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 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 ADD ↙ BIRTH 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 TABLE.	YES 1 NO 2	
222	COMPARE 210 WITH THE NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE.)		
223	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2008 OR LATER.	NUMBER OF BIRTHS <input type="text"/> NONE 0	
224	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 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 2008 (1) OR LATER <input type="checkbox"/> NO BIRTHS IN 2008 (1) OR LATER OR IS BLANK <input type="checkbox"/>		→ 426

(1) Year of fieldwork is assumed to be 2013. For fieldwork beginning in 2014 or 2015, the year should be 2009 or 2010, respectively.

SECTION 4. FEVER IN CHILDREN

401	<p>CHECK 215: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2008 (1) OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL QUESTIONNAIRES).</p> <p>Now I would like to ask some questions about the health of your children born since January 2008. (We will talk about each separately.)</p>			
402	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	<p align="center">LAST BIRTH</p> <p>BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></p>	<p align="center">NEXT-TO-LAST BIRTH</p> <p>BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></p>	<p align="center">SECOND-FROM-LAST BIRTH</p> <p>BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></p>
403	FROM 212 AND 216	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p align="center">(GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 426)</p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p align="center">(GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 426)</p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p align="center">(GO TO 403 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR, IF NO MORE BIRTHS, GO TO 426)</p>
404	Has (NAME) been ill with a fever at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p align="center">(GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 426)</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 426)</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(GO TO 403 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 426)</p> <p>DON'T KNOW 8</p>
405	Did you seek advice or treatment for the illness from any source?	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 410)</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 410)</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 410)</p>
406	<p>Where did you seek advice or treatment? (2)</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. HEALTH POST C</p> <p>MOBILE CLINIC D</p> <p>FIELDWORKER E</p> <p>OTHER PUBLIC SECTOR _____ F</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/ CLINIC G</p> <p>PHARMACY ... H</p> <p>PVT. DOCTOR ... I</p> <p>MOBILE CLINIC J</p> <p>FIELDWORKER K</p> <p>OTHER PRIVATE MED. SECTOR _____ L</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>TRADITIONAL PRACTITIONER N</p> <p>MARKET O</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. HEALTH POST C</p> <p>MOBILE CLINIC D</p> <p>FIELDWORKER E</p> <p>OTHER PUBLIC SECTOR _____ F</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/ CLINIC G</p> <p>PHARMACY ... H</p> <p>PVT. DOCTOR ... I</p> <p>MOBILE CLINIC J</p> <p>FIELDWORKER K</p> <p>OTHER PRIVATE MED. SECTOR _____ L</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>TRADITIONAL PRACTITIONER N</p> <p>MARKET O</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. HEALTH POST C</p> <p>MOBILE CLINIC D</p> <p>FIELDWORKER E</p> <p>OTHER PUBLIC SECTOR _____ F</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/ CLINIC G</p> <p>PHARMACY ... H</p> <p>PVT. DOCTOR ... I</p> <p>MOBILE CLINIC J</p> <p>FIELDWORKER K</p> <p>OTHER PRIVATE MED. SECTOR _____ L</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>TRADITIONAL PRACTITIONER N</p> <p>MARKET O</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
407	CHECK 406:	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED (SKIP TO 409)	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED (SKIP TO 409)	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED (SKIP TO 409)
408	Where did you first seek advice or treatment? USE LETTER CODE FROM 406.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
409	At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
410	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 426) DON'T KNOW 8	YES 1 NO 2 (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 426) DON'T KNOW 8	YES 1 NO 2 (GO TO 403 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 426) DON'T KNOW 8
411	What drugs did (NAME) take? (3) Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE B AMODIAQUINE C QUININE D COMBINATION WITH ARTEMISININ E OTHER ANTI- MALARIAL _____ F (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... G INJECTION ... H OTHER DRUGS ASPIRIN I ACETA- MINOPHEN ... J IBUPROFEN ... K OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE . B AMODIAQUINE C QUININE D COMBINATION WITH ARTEMISININ E OTHER ANTI- MALARIAL _____ F (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... G INJECTION ... H OTHER DRUGS ASPIRIN I ACETA- MINOPHEN ... J IBUPROFEN ... K OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE B AMODIAQUINE C QUININE D COMBINATION WITH ARTEMISININ E OTHER ANTI- MALARIAL _____ F (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... G INJECTION ... H OTHER DRUGS ASPIRIN I ACETA- MINOPHEN ... J IBUPROFEN ... K OTHER _____ X (SPECIFY) DON'T KNOW Z
412	CHECK 411: ANY CODE A-F CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 426)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 426)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 403 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 426)

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
		NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____
413	CHECK 411: SP/FANSIDAR ('A') GIVEN	CODE 'A' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 415)	CODE 'A' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 415)	CODE 'A' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 415)	CODE 'A' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 415)	CODE 'A' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 415)	CODE 'A' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 415)
414	How long after the fever started did (NAME) first take (SP/Fansidar)?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8
415	CHECK 411: CHLOROQUINE ('B') GIVEN	CODE 'B' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 417)	CODE 'B' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 417)	CODE 'B' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 417)	CODE 'B' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 417)	CODE 'B' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 417)	CODE 'B' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 417)
416	How long after the fever started did (NAME) first take chloroquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8
417	CHECK 411: AMODIAQUINE ('C') GIVEN	CODE 'C' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 419)	CODE 'C' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 419)	CODE 'C' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 419)	CODE 'C' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 419)	CODE 'C' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 419)	CODE 'C' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 419)
418	How long after the fever started did (NAME) first take amodiaquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8
419	CHECK 411: QUININE ('D') GIVEN	CODE 'D' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 421)	CODE 'D' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 421)	CODE 'D' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 421)	CODE 'D' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 421)	CODE 'D' CIRCLED <input type="checkbox"/> ↓ (SKIP TO 421)	CODE 'D' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 421)
420	How long after the fever started did (NAME) first take quinine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____								
421	CHECK 411: COMBINATION WITH ARTEMISININ ('E') GIVEN	CODE 'E' CIRCLED <input type="checkbox"/> CODE 'E' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 423) ←	CODE 'E' CIRCLED <input type="checkbox"/> CODE 'E' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 423) ←	CODE 'E' CIRCLED <input type="checkbox"/> CODE 'E' NOT CIRCLED <input type="checkbox"/> ↓ (SKIP TO 423) ←								
422	How long after the fever started did (NAME) first take (COMBINATION WITH ARTEMISININ)?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8								
423	CHECK 411: OTHER ANTIMALARIAL ('F') GIVEN	CODE 'F' CIRCLED <input type="checkbox"/> CODE 'F' NOT CIRCLED <input type="checkbox"/> ↓ (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 426)	CODE 'F' CIRCLED <input type="checkbox"/> CODE 'F' NOT CIRCLED <input type="checkbox"/> ↓ (GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 426)	CODE 'F' CIRCLED <input type="checkbox"/> CODE 'F' NOT CIRCLED <input type="checkbox"/> ↓ (GO TO 403 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 426)								
424	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW ... 8								
425		GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 426.	GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 426.	GO TO 403 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 426.								
426	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><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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										

- (1) Year of fieldwork is assumed to be 2012. For fieldwork beginning in 2013 or 2014, the year should be 2008 or 2009, respectively.
- (2) Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.
- (3) 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 drugs, such as Bayer, Tylenol, or Paracetamol, 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 RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____