

2014 UGANDA MALARIA INDICATOR SURVEY
HOUSEHOLD QUESTIONNAIRE

UGANDA
IDRC/MOH/UBOS

FORMATTING DATE: 20 November 2014
LANGUAGE DATE: 19 November 2014

IDENTIFICATION (1)																																																							
REGION _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																						
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URBAN=1, PERI URBAN=2, RURAL=3																																																							
NAME OF HEAD OF HOUSEHOLD _____																																																							
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INTERVIEWER VISITS																
	1	2	3	FINAL VISIT												
DATE	_____	_____	_____	DAY <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table> MONTH <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table> YEAR <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table>												
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table>												
RESULT*	_____	_____	_____	RESULT <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;"></td></tr></table>												
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;"></td></tr></table>												
TIME	_____	_____														
*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 _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table> TOTAL ELIGIBLE WOMEN <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table> TOTAL ELIGIBLE CHILDREN <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table>												

LANGUAGE OF THE QUESTIONNAIRE	7	LANGUAGE USED:	
LANGUAGE USED IN THE INTERVIEW	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;"></td></tr></table>		1 ATESO-KARAMOJONG
NATIVE LANGUAGE OF RESPONDENT	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;"></td></tr></table>		2 LUGANDA
TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;"></td></tr></table>		3 LUGBARA
LANGUAGE OF THE QUESTIONNAIRE	English	4 LUO	
		5 RUNYANKORE-RUKIGA	
		6 RUNYORO-RUTORO	
		7 ENGLISH	
		8 OTHER _____ (SPECIFY)	

SUPERVISOR NAME _____	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table>				OFFICE EDITOR _____	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table>			KEYED BY _____	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table>		

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INFORMED CONSENT

Hello. My name is _____. I am working with the Ministry of Health. We are conducting a survey about malaria all over Uganda. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 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 this card.

GIVE CARD WITH CONTACT INFORMATION

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



START TIME:

HOURS	<table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				
MINUTES	<table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	WOMEN AGE 15-49	CHILDREN AGE 0-5
1	2	3	4	5	6	7	8	9
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-9 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME)?</p> <p>IF 95 OR MORE, RECORD '95'.</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	10	10

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- | | |
|------------------------------------|-------------------------------|
| 01 = HEAD | 08 = BROTHER OR SISTER |
| 02 = WIFE OR HUSBAND | 09 = OTHER RELATIVE |
| 03 = SON OR DAUGHTER | 10 = ADOPTED/FOSTER/STEPCHILD |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 11 = NOT RELATED |
| 05 = GRANDCHILD | 98 = DON'T KNOW |
| 06 = PARENT | |
| 07 = PARENT-IN-LAW | |

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	WOMEN AGE 15-49	CHILDREN AGE 0-5
1	2	3	4	5	6	7	8	9
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-9 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME)?</p> <p>IF 95 OR MORE, RECORD '95'.</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	20	20

TICK HERE IF CONTINUATION SHEET USED

CODES FOR Q.3: RELATIONSHIP TO HEAD OF HOUSEHOLD

2A) Just to make sure that I have a complete listing: are there any other persons such as small children or infants that we have not listed?

YES → TABLE NO

2B) 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 → TABLE NO

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?

YES → TABLE NO

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER/SISTER
09 = OTHER RELATIVE
10 = ADOPTED/FOSTER/STEPCHILD
11 = NOT RELATED
98 = DON'T KNOW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
111	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 THATCHED/STRAW 12 DIRT 13 RUDIMENTARY WALLS MUD AND POLES 21 STONE WITH MUD 22 REUSED WOOD 26 UNBURNT BRICKS 27 UNBURNT BRICKS WITH PLASTER ... 28 UNBURNT BRICKS WITH MUD 29 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BURNT BRICKS WITH CEMENT 33 CEMENT BLOCKS 34 WOOD PLANKS/SHINGLES 36 OTHER _____ 96 (SPECIFY)																									
112	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>																									
113	Does any member of this household own: a) A watch? b) A bicycle? c) A motorcycle or motor scooter? d) An animal-drawn cart? e) A car or truck? f) A boat with a motor? g) A boat without a motor?	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>a) WATCH</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) BICYCLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) MOTORCYCLE/SCOOTER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) ANIMAL-DRAWN CART</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) CAR/TRUCK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f) BOAT WITH MOTOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g) BOAT WITH NO MOTOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	a) WATCH	1	2	b) BICYCLE	1	2	c) MOTORCYCLE/SCOOTER	1	2	d) ANIMAL-DRAWN CART	1	2	e) CAR/TRUCK	1	2	f) BOAT WITH MOTOR	1	2	g) BOAT WITH NO MOTOR	1	2	
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e) CAR/TRUCK	1	2																									
f) BOAT WITH MOTOR	1	2																									
g) BOAT WITH NO MOTOR	1	2																									
114	Does any member of this household own any agricultural land?	YES 1 NO 2	→ 116																								
115	How many acres of agricultural land do members of this household own? IF 95 OR MORE, CIRCLE '950'. (1 DECIMAL = 00.1 ACRES)	ACRES <input type="text"/> <input type="text"/> <input type="text"/> 95 OR MORE ACRES 950 DON'T KNOW 998																									
116	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 118																								
117	How many of the following animals does this household own? IF NONE, ENTER '00'. IF 95 OR MORE, ENTER '95'. IF UNKNOWN, ENTER '98'. a) Cattle? b) Milk cows or bulls? c) Horses, donkeys, or mules? d) Goats? e) Sheep? f) Chickens? g) Pigs?	<table border="0"> <tr> <td>a) CATTLE</td> <td rowspan="7" style="text-align: center; vertical-align: middle;"> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/> </td> </tr> <tr> <td>b) COWS/BULLS</td> </tr> <tr> <td>c) HORSES/DONKEYS/MULES</td> </tr> <tr> <td>d) GOATS</td> </tr> <tr> <td>e) SHEEP</td> </tr> <tr> <td>f) CHICKENS</td> </tr> <tr> <td>g) PIGS</td> </tr> </table>	a) CATTLE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	b) COWS/BULLS	c) HORSES/DONKEYS/MULES	d) GOATS	e) SHEEP	f) CHICKENS	g) PIGS																	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
118	Does any member of this household have a bank account?	YES 1 NO 2	
119	At any time in the past 6 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?	YES 1 NO 2 DON'T KNOW 8	→ 120B
119A	How many months ago was the dwelling last sprayed? IF LESS THAN ONE MONTH, RECORD '0' MONTHS AGO.	MONTHS AGO <input type="text"/>	
120	Who sprayed the dwelling?	GOVERNMENT WORKER/PROGRAM A PRIVATE COMPANY B NONGOVERNMENTAL ORGANIZATION (NGO) C OTHER _____ X (SPECIFY) DON'T KNOW Z	
120A	Did you pay for your dwelling to be sprayed?	YES 1 NO 2 DON'T KNOW 8	
120B	Is there a community worker or community medicine distributor (CMD) who distributes malaria medicines in your village or community?	YES 1 NO 2 DON'T KNOW 8	→ 121
120C	Does the community health worker currently have malaria medicines available?	YES 1 NO 2 DON'T KNOW 8	
121	Does your household have any mosquito nets that can be used while sleeping?	YES 1 NO 2	→ 201
122	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS <input type="text"/>	

		NET #1	NET #2	NET #3
123	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED 1 NOT OBSERVED ... 2	OBSERVED 1 NOT OBSERVED ... 2	OBSERVED 1 NOT OBSERVED ... 2
124	How many months ago did your household get the mosquito net? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98
124A	Where did you get the mosquito net from?	PUBLIC SECTOR (GOV'T) GOV'T HOSPITAL .. 01 GOV'T HEALTH CENTER 02 PUBLIC SECTOR(PNFP/NGO) HOSPITAL 03 HEALTH CENTER . 04 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC 05 PHARMACY 06 OTHER SOURCE SHOP 07 OPEN MARKET ... 08 HAWKER 09 CAMPAIGN 10 CHURCH 11 OTHER 96 DOES NOT KNOW ... 98	PUBLIC SECTOR (GOV'T) GOV'T HOSPITAL .. 01 GOV'T HEALTH CENTER 02 PUBLIC SECTOR(PNFP/NGO) HOSPITAL 03 HEALTH CENTER . 04 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC 05 PHARMACY 06 OTHER SOURCE SHOP 07 OPEN MARKET ... 08 HAWKER 09 CAMPAIGN 10 CHURCH 11 OTHER 96 DOES NOT KNOW ... 98	PUBLIC SECTOR (GOV'T) GOV'T HOSPITAL .. 01 GOV'T HEALTH CENTER 02 PUBLIC SECTOR(PNFP/NGO) HOSPITAL 03 HEALTH CENTER . 04 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC 05 PHARMACY 06 OTHER SOURCE SHOP 07 OPEN MARKET ... 08 HAWKER 09 CAMPAIGN 10 CHURCH 11 OTHER 96 DOES NOT KNOW ... 98
124B	CHECK 124A. THE NET WAS OBTAINED THROUGH THE CAMPAIGN?	CODE '10' CIRCLED <input type="checkbox"/> CODE '10' NOT CIRCLED <input type="checkbox"/> (SKIP TO 125) ←	CODE '10' CIRCLED <input type="checkbox"/> CODE '10' NOT CIRCLED <input type="checkbox"/> (SKIP TO 125) ←	CODE '10' CIRCLED <input type="checkbox"/> CODE '10' NOT CIRCLED <input type="checkbox"/> (SKIP TO 125) ←
124C	What is the campaign's date?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 98	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 98	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 98

		NET #1	NET #2	NET #3
125	OBSERVE OR ASK THE BRAND/ TYPE OF MOSQUITO NET. IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS	LONG-LASTING INSECTICIDE- TREATED NET (LLIN) PERMANET 11 DURANET 12 INTERCEPTOR ..13 NETPROTECT ..14 OLYSET 15 DAWNET 16 ICONLIFE 17 YORKOOL 18 DK BRAND 19 OTHER_____ 20 (SPECIFY) (SKIP TO 128) ←	LONG-LASTING INSECTICIDE- TREATED NET (LLIN) PERMANET 11 DURANET 12 INTERCEPTOR ..13 NETPROTECT ..14 OLYSET 15 DAWNET 16 ICONLIFE 17 YORKOOL 18 DK BRAND 19 OTHER_____ 20 (SPECIFY) (SKIP TO 128) ←	LONG-LASTING INSECTICIDE- TREATED NET (LLIN) PERMANET 11 DURANET 12 INTERCEPTOR ..13 NETPROTECT ..14 OLYSET 15 DAWNET 16 ICONLIFE 17 YORKOOL 18 DK BRAND 19 OTHER_____ 20 (SPECIFY) (SKIP TO 128) ←
126	Since you got the net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes?	YES 1 NO 2 (SKIP TO 128) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 128) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 128) ← NOT SURE 8
127	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS <input type="text"/> <input type="text"/> AGO ... MORE THAN 24 MONTHS AGO... 95 NOT SURE 98	MONTHS <input type="text"/> <input type="text"/> AGO ... MORE THAN 24 MONTHS AGO... 95 NOT SURE 98	MONTHS <input type="text"/> <input type="text"/> AGO ... MORE THAN 24 MONTHS AGO... 95 NOT SURE 98
128	Did anyone sleep under this mosquito net last night?	YES 1 (SKIP TO 129) ← NO 2 NOT SURE 8 (SKIP TO 130) ←	YES 1 (SKIP TO 129) ← NO 2 NOT SURE 8 (SKIP TO 130) ←	YES 1 (SKIP TO 129) ← NO 2 NOT SURE 8 (SKIP TO 130) ←
128A	What are some of the reasons why this net was not used?	TOO HOT A DONT LIKE SMELL.. B NO MOSQUITOES.. C NET TOO OLD/TOO MANY HOLES .. D NET NOT HUNG .. E OTHER_____ X (SPECIFY) DONT KNOW Z (ALL SKIP TO 130) ←	TOO HOT A DONT LIKE SMELL.. B NO MOSQUITOES.. C NET TOO OLD/TOO MANY HOLES .. D NET NOT HUNG .. E OTHER_____ X (SPECIFY) DONT KNOW Z (ALL SKIP TO 130) ←	TOO HOT A DONT LIKE SMELL.. B NO MOSQUITOES.. C NET TOO OLD/TOO MANY HOLES .. D NET NOT HUNG .. E OTHER_____ X (SPECIFY) DONT KNOW Z (ALL SKIP TO 130) ←

		NET #1	NET #2	NET #3
129	Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____	NAME _____	NAME _____
		LINE NO. <input type="text"/> <input type="text"/>	LINE NO. <input type="text"/> <input type="text"/>	LINE NO. <input type="text"/> <input type="text"/>
		NAME _____	NAME _____	NAME _____
		LINE NO. <input type="text"/> <input type="text"/>	LINE NO. <input type="text"/> <input type="text"/>	LINE NO. <input type="text"/> <input type="text"/>
		NAME _____	NAME _____	NAME _____
		LINE NO. <input type="text"/> <input type="text"/>	LINE NO. <input type="text"/> <input type="text"/>	LINE NO. <input type="text"/> <input type="text"/>
		NAME _____	NAME _____	NAME _____
		LINE NO. <input type="text"/> <input type="text"/>	LINE NO. <input type="text"/> <input type="text"/>	LINE NO. <input type="text"/> <input type="text"/>
130		GO BACK TO 123 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 131.	GO BACK TO 123 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 131.	GO TO 123 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 131.
131	RECORD THE TIME	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>		

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5

201	CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
202	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 2009 OR LATER?	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW)
206	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER <input type="text"/>	LINE NUMBER <input type="text"/>	LINE NUMBER <input type="text"/>
207	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking children all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children born in 2009 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?</p>		
208	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT 5 OTHER 6	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT 5 OTHER 6	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT 5 OTHER 6

		CHILD 1	CHILD 2	CHILD 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
209	ASK CONSENT FOR MALARIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking that children all over the country take a test to see if they have malaria. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will help the government to develop programs to prevent malaria.</p> <p>We ask that all children born in 2009 or later take part in malaria testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. (We will use blood from the same finger or heel prick made for the anemia test). One blood drop will be tested for malaria immediately, and the result will be told to you right away. A few blood drops will be collected on a slide(s) and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the malaria testing?</p>		
210	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ ← (SIGN) REFUSED 2 NOT PRESENT 5 OTHER 6	GRANTED 1 _____ ← (SIGN) REFUSED 2 NOT PRESENT 5 OTHER 6	GRANTED 1 _____ ← (SIGN) REFUSED 2 NOT PRESENT 5 OTHER 6
211	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
212	BAR CODE LABEL FOR MALARIA TEST	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 PUT THE 2ND BAR CODE ON THE RDT, THE 3RD ON THE THICK SMEAR SLIDE, THE 4TH ON THE THIN SMEAR SLIDE AND THE 5TH ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 PUT THE 2ND BAR CODE ON THE RDT, THE 3RD ON THE THICK SMEAR SLIDE, THE 4TH ON THE THIN SMEAR SLIDE AND THE 5TH ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 PUT THE 2ND BAR CODE ON THE RDT, THE 3RD ON THE THICK SMEAR SLIDE, THE 4TH ON THE THIN SMEAR SLIDE AND THE 5TH ON THE TRANSMITTAL FORM.
213	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA AND MALARIA BROCHURE.	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996
214	RECORD RESULT CODE OF THE MALARIA RDT.	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 216) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 216) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 216) ←
215	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE ANEMIA AND MALARIA BROCHURE.	POSITIVE 1 (SKIP TO 218) ← NEGATIVE 2 OTHER 6	POSITIVE 1 (SKIP TO 218) ← NEGATIVE 2 OTHER 6	POSITIVE 1 (SKIP TO 218) ← NEGATIVE 2 OTHER 6
216	CHECK 213: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 229) ←	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 229) ←	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 229) ←

		CHILD 1	CHILD 2	CHILD 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
217	<u>SEVERE ANEMIA REFERRAL STATEMENT</u>	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately. SKIP TO 229		
218	Does (NAME) suffer from the any of following illnesses or symptoms: a) Extreme weakness? b) Heart problems? c) Loss of consciousness? d) Rapid or difficult breathing? e) Seizures? f) Abnormal bleeding? g) Jaundice or yellow skin? h) Dark urine? IF NONE OF THE ABOVE SYMPTOMS, CIRCLE CODE Y	EXTREME WEAKNESS . A HEART PROBLEMS . . . B LOSS OF CONSCIOUSNESS . . C RAPID BREATHING . . . D SEIZURES E BLEEDING F JAUNDICE G DARK URINE H NONE OF ABOVE SYMPTOMS Y	EXTREME WEAKNESS . A HEART PROBLEMS . . . B LOSS OF CONSCIOUSNESS . . C RAPID BREATHING . . . D SEIZURES E BLEEDING F JAUNDICE G DARK URINE H NONE OF ABOVE SYMPTOMS Y	EXTREME WEAKNESS . A HEART PROBLEMS . . . B LOSS OF CONSCIOUSNESS . . C RAPID BREATHING . . . D SEIZURES E BLEEDING F JAUNDICE G DARK URINE H NONE OF ABOVE SYMPTOMS Y
219	CHECK 218: ANY CODE A-H CIRCLED?	ONLY CODE Y CIRCLED 1 ANY CODE A-H CIRCLED 2 (SKIP TO 222) ↙	ONLY CODE Y CIRCLED 1 ANY CODE A-H CIRCLED 2 (SKIP TO 222) ↙	ONLY CODE Y CIRCLED 1 ANY CODE A-H CIRCLED 2 (SKIP TO 222) ↙
220	CHECK 213: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 222) ↙ 8.0 G/DL OR ABOVE . . 2 NOT PRESENT 4 REFUSED 5 OTHER 6	BELOW 8.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 222) ↙ 8.0 G/DL OR ABOVE . . 2 NOT PRESENT 4 REFUSED 5 OTHER 6	BELOW 8.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 222) ↙ 8.0 G/DL OR ABOVE . . 2 NOT PRESENT 4 REFUSED 5 OTHER 6
221	In the past two weeks has (NAME) taken or is taking COARTEM/ACT given by a doctor or health center to treat the malaria? VERIFY BY ASKING TO SEE TREATMENT.	YES 1 (SKIP TO 223) ↙ NO 2 (SKIP TO 223A) ↙	YES 1 (SKIP TO 223) ↙ NO 2 (SKIP TO 223A) ↙	YES 1 (SKIP TO 223) ↙ NO 2 (SKIP TO 223A) ↙
222	<u>SEVERE MALARIA REFERRAL STATEMENT</u>	The malaria test shows that (NAME OF CHILD) has malaria. Your child also has symptoms of severe malaria. The malaria treatment I have will not help your child, and I cannot give you the medication. Your child is very ill and must be taken to a health facility right away. SKIP TO 228		
223	<u>ALREADY TAKING [FIRST LINE MEDICATION] REFERRAL STATEMENT</u>	You have told me that (NAME OF CHILD) has already received COARTEM/ACT for malaria. Therefore, I cannot give you additional COARTEM/ACT. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of COARTEM/ACT, you should take the child to the nearest health facility for further examination. SKIP TO 228		

		CHILD 1	CHILD 2	CHILD 3										
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____										
223A	CHECK 203: IS CHILD AGE 0-3 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR THREE PREVIOUS MONTHS?	0-3 MONTHS 1 OLDER 2 SKIP TO 224 ←	0-3 MONTHS 1 OLDER 2 SKIP TO 224 ←	0-3 MONTHS 1 OLDER 2 SKIP TO 224 ←										
223B	<u>UNDER 4 MONTHS MALARIA REFERRAL STATEMENT</u>	The malaria test shows that (NAME OF CHILD) has malaria. Your child is also younger than 4 months old and therefore requires special treatment from a health facility. Your child is ill and must be taken to a health facility right away. SKIP TO 228												
224	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD.	The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called COARTEM/ACT. COARTEM/ACT is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.												
225	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE .. 1 _____ (SIGN) ← REFUSED 2 OTHER 6	ACCEPTED MEDICINE .. 1 _____ (SIGN) ← REFUSED 2 OTHER 6	ACCEPTED MEDICINE .. 1 _____ (SIGN) ← REFUSED 2 OTHER 6										
226	CHECK 225: MEDICATION ACCEPTED	ACCEPTED MEDICINE .. 1 REFUSED 2 OTHER 6 (SKIP TO 228) ←	ACCEPTED MEDICINE .. 1 REFUSED 2 OTHER 6 (SKIP TO 228) ←	ACCEPTED MEDICINE .. 1 REFUSED 2 OTHER 6 (SKIP TO 228) ←										
227	TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS	<table border="1"> <thead> <tr> <th colspan="2">TREATMENT WITH COARTEM/ACT</th> </tr> <tr> <th>Weight (in Kg) – Approximate age</th> <th>Dosage *</th> </tr> </thead> <tbody> <tr> <td>Under 4 months</td> <td>Refer to health facility</td> </tr> <tr> <td>5 kgs. to 14 kgs. (from 4 months up to 3 years)</td> <td>1 tablet twice daily for 3 days</td> </tr> <tr> <td>15 kgs. to 24 kgs. (from 3 years up to 7 years)</td> <td>2 tablets twice daily for 3 days</td> </tr> </tbody> </table> <p>* Co-formulated tablets containing 20 mg Artemether and 120 mg Lumefantrine per tablet</p> <p>First day starts by taking first dose followed by the second one 8 hours later; on subsequent days the recommendation is simply “morning” and “evening” (usually around 12 hours apart). Take the medicine (crushed for smaller children) with high fat food or drinks like milk.</p> <p>Make sure that the FULL 3 days treatment is taken at the recommended times, otherwise the infection may return. If your child vomits within an hour of taking the medicine, you will need to get additional tablets and repeat the dose.</p> <p>ALSO TELL THE PARENT/ADULT RESPONSIBLE FOR THE CHILD: If [NAME] has a high fever, fast or difficult breathing, is not able to drink or breastfeed, gets sicker or does not get better in two days, you should take him/her to a health professional for treatment right away.</p>			TREATMENT WITH COARTEM/ACT		Weight (in Kg) – Approximate age	Dosage *	Under 4 months	Refer to health facility	5 kgs. to 14 kgs. (from 4 months up to 3 years)	1 tablet twice daily for 3 days	15 kgs. to 24 kgs. (from 3 years up to 7 years)	2 tablets twice daily for 3 days
TREATMENT WITH COARTEM/ACT														
Weight (in Kg) – Approximate age	Dosage *													
Under 4 months	Refer to health facility													
5 kgs. to 14 kgs. (from 4 months up to 3 years)	1 tablet twice daily for 3 days													
15 kgs. to 24 kgs. (from 3 years up to 7 years)	2 tablets twice daily for 3 days													
228	RECORD THE RESULT CODE OF <u>MALARIA TREATMENT OR REFERRAL.</u>	MEDICATION GIVEN ... 1 MEDS REFUSED 2 SEVERE MALARIA REFERRAL 3 ALREADY TAKING ACTS REFERRAL 4 UNDER 4 MONTHS REFERRAL 5 OTHER 6	MEDICATION GIVEN ... 1 MEDS REFUSED 2 SEVERE MALARIA REFERRAL 3 ALREADY TAKING ACTS REFERRAL 4 UNDER 4 MONTHS REFERRAL 5 OTHER 6	MEDICATION GIVEN ... 1 MEDS REFUSED 2 SEVERE MALARIA REFERRAL 3 ALREADY TAKING ACTS REFERRAL 4 UNDER 4 MONTHS REFERRAL 5 OTHER 6										
229	GO BACK TO 202 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, END INTERVIEW.													

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5

201	CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 2009 OR LATER?	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW)
206	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER <input type="text"/>	LINE NUMBER <input type="text"/>	LINE NUMBER <input type="text"/>
207	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking children all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children born in 2009 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?</p>		
208	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT 5 OTHER 6	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT 5 OTHER 6	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT 5 OTHER 6

		CHILD 4	CHILD 5	CHILD 6
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
209	ASK CONSENT FOR MALARIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking that children all over the country take a test to see if they have malaria. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will help the government to develop programs to prevent malaria.</p> <p>We ask that all children born in 2009 or later take part in malaria testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. (We will use blood from the same finger or heel prick made for the anemia test). One blood drop will be tested for malaria immediately, and the result will be told to you right away. A few blood drops will be collected on a slide(s) and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the malaria testing?</p>		
210	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ ← (SIGN) REFUSED 2 NOT PRESENT 5 OTHER 6	GRANTED 1 _____ ← (SIGN) REFUSED 2 NOT PRESENT 5 OTHER 6	GRANTED 1 _____ ← (SIGN) REFUSED 2 NOT PRESENT 5 OTHER 6
211	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
212	BAR CODE LABEL FOR MALARIA TEST	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 PUT THE 2ND BAR CODE ON THE RDT, THE 3RD ON THE THICK SMEAR SLIDE, THE 4TH ON THE THIN SMEAR SLIDE AND THE 5TH ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 PUT THE 2ND BAR CODE ON THE RDT, THE 3RD ON THE THICK SMEAR SLIDE, THE 4TH ON THE THIN SMEAR SLIDE AND THE 5TH ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 PUT THE 2ND BAR CODE ON THE RDT, THE 3RD ON THE THICK SMEAR SLIDE, THE 4TH ON THE THIN SMEAR SLIDE AND THE 5TH ON THE TRANSMITTAL FORM.
213	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA AND MALARIA BROCHURE.	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996
214	RECORD RESULT CODE OF THE MALARIA RDT.	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 216) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 216) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 216) ←
215	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE ANEMIA AND MALARIA BROCHURE.	POSITIVE 1 (SKIP TO 218) ← NEGATIVE 2 OTHER 6	POSITIVE 1 (SKIP TO 218) ← NEGATIVE 2 OTHER 6	POSITIVE 1 (SKIP TO 218) ← NEGATIVE 2 OTHER 6
216	CHECK 213: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 229) ←	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 229) ←	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 229) ←

		CHILD 4	CHILD 5	CHILD 6
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
217	<u>SEVERE ANEMIA REFERRAL STATEMENT</u>	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately. SKIP TO 229		
218	Does (NAME) suffer from the any of following illnesses or symptoms: a) Extreme weakness? b) Heart problems? c) Loss of consciousness? d) Rapid or difficult breathing? e) Seizures? f) Abnormal bleeding? g) Jaundice or yellow skin? h) Dark urine? IF NONE OF THE ABOVE SYMPTOMS, CIRCLE CODE Y	EXTREME WEAKNESS . A HEART PROBLEMS . . . B LOSS OF CONSCIOUSNESS . . . C RAPID BREATHING . . . D SEIZURES E BLEEDING F JAUNDICE G DARK URINE H NONE OF ABOVE SYMPTOMS Y	EXTREME WEAKNESS . A HEART PROBLEMS . . . B LOSS OF CONSCIOUSNESS . . . C RAPID BREATHING . . . D SEIZURES E BLEEDING F JAUNDICE G DARK URINE H NONE OF ABOVE SYMPTOMS Y	EXTREME WEAKNESS . A HEART PROBLEMS . . . B LOSS OF CONSCIOUSNESS . . . C RAPID BREATHING . . . D SEIZURES E BLEEDING F JAUNDICE G DARK URINE H NONE OF ABOVE SYMPTOMS Y
219	CHECK 218: ANY CODE A-H CIRCLED?	ONLY CODE Y CIRCLED 1 ANY CODE A-H CIRCLED 2 (SKIP TO 222) ↙	ONLY CODE Y CIRCLED 1 ANY CODE A-H CIRCLED 2 (SKIP TO 222) ↙	ONLY CODE Y CIRCLED 1 ANY CODE A-H CIRCLED 2 (SKIP TO 222) ↙
220	CHECK 213: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA . . . 1 (SKIP TO 222) ↙ 8.0 G/DL OR ABOVE . . . 2 NOT PRESENT 4 REFUSED 5 OTHER 6	BELOW 8.0 G/DL, SEVERE ANEMIA . . . 1 (SKIP TO 222) ↙ 8.0 G/DL OR ABOVE . . . 2 NOT PRESENT 4 REFUSED 5 OTHER 6	BELOW 8.0 G/DL, SEVERE ANEMIA . . . 1 (SKIP TO 222) ↙ 8.0 G/DL OR ABOVE . . . 2 NOT PRESENT 4 REFUSED 5 OTHER 6
221	In the past two weeks has (NAME) taken or is taking COARTEM/ACT given by a doctor or health center to treat the malaria? VERIFY BY ASKING TO SEE TREATMENT.	YES 1 (SKIP TO 223) ↙ NO 2 (SKIP TO 223A) ↙	YES 1 (SKIP TO 223) ↙ NO 2 (SKIP TO 223A) ↙	YES 1 (SKIP TO 223) ↙ NO 2 (SKIP TO 223A) ↙
222	<u>SEVERE MALARIA REFERRAL STATEMENT</u>	The malaria test shows that (NAME OF CHILD) has malaria. Your child also has symptoms of severe malaria. The malaria treatment I have will not help your child, and I cannot give you the medication. Your child is very ill and must be taken to a health facility right away. SKIP TO 228		
223	<u>ALREADY TAKING [FIRST LINE MEDICATION] REFERRAL STATEMENT</u>	You have told me that (NAME OF CHILD) has already received COARTEM/ACT for malaria. Therefore, I cannot give you additional COARTEM/ACT. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of COARTEM/ACT, you should take the child to the nearest health facility for further examination. SKIP TO 228		

		CHILD 4	CHILD 5	CHILD 6								
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____								
223A	CHECK 203: IS CHILD AGE 0-3 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR THREE PREVIOUS MONTHS?	0-3 MONTHS 1 OLDER 2 SKIP TO 224 ←	0-3 MONTHS 1 OLDER 2 SKIP TO 224 ←	0-3 MONTHS 1 OLDER 2 SKIP TO 224 ←								
223B	<u>UNDER 4 MONTHS MALARIA REFERRAL STATEMENT</u>	The malaria test shows that (NAME OF CHILD) has malaria. Your child is also younger than 4 months old and therefore requires special treatment from a health facility. Your child is ill and must be taken to a health facility right away. SKIP TO 228										
224	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD.	The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called COARTEM/ACT. COARTEM/ACT is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.										
225	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE .. 1 _____ (SIGN) ← REFUSED 2 OTHER 6	ACCEPTED MEDICINE .. 1 _____ (SIGN) ← REFUSED 2 OTHER 6	ACCEPTED MEDICINE .. 1 _____ (SIGN) ← REFUSED 2 OTHER 6								
226	CHECK 225: MEDICATION ACCEPTED	ACCEPTED MEDICINE .. 1 REFUSED 2 OTHER 6 (SKIP TO 228) ←	ACCEPTED MEDICINE .. 1 REFUSED 2 OTHER 6 (SKIP TO 228) ←	ACCEPTED MEDICINE .. 1 REFUSED 2 OTHER 6 (SKIP TO 228) ←								
227	TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS	<p style="text-align: center;">TREATMENT WITH COARTEM/ACT</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Weight (in Kg) – Approximate age</th> <th style="text-align: left;">Dosage *</th> </tr> </thead> <tbody> <tr> <td>Under 4 months</td> <td>Refer to health facility</td> </tr> <tr> <td>5 kgs. to 14 kgs. (from 4 month up to 3 years)</td> <td>1 tablet twice daily for 3 days</td> </tr> <tr> <td>15 kgs. to 24 kgs. (from 3 years up to 7 years)</td> <td>2 tablets twice daily for 3 days</td> </tr> </tbody> </table> <p>* Co-formulated tablets containing 20 mg Artemether and 120 mg Lumefantrine per tablet</p> <p>First day starts by taking first dose followed by the second one 8 hours later; on subsequent days the recommendation is simply “morning” and “evening” (usually around 12 hours apart). Take the medicine (crushed for smaller children) with high fat food or drinks like milk.</p> <p>Make sure that the FULL 3 days treatment is taken at the recommended times, otherwise the infection may return. If your child vomits within an hour of taking the medicine, you will need to get additional tablets and repeat the dose.</p> <p>ALSO TELL THE PARENT/ADULT RESPONSIBLE FOR THE CHILD: If [NAME] has a high fever, fast or difficult breathing, is not able to drink or breastfeed, gets sicker or does not get better in two days, you should take him/her to a health professional for treatment right away.</p>			Weight (in Kg) – Approximate age	Dosage *	Under 4 months	Refer to health facility	5 kgs. to 14 kgs. (from 4 month up to 3 years)	1 tablet twice daily for 3 days	15 kgs. to 24 kgs. (from 3 years up to 7 years)	2 tablets twice daily for 3 days
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228	RECORD THE RESULT CODE OF <u>MALARIA TREATMENT OR REFERRAL.</u>	MEDICATION GIVEN ... 1 MEDS REFUSED 2 SEVERE MALARIA REFERRAL 3 ALREADY TAKING ACTS REFERRAL 4 UNDER 4 MONTHS REFERRAL 5 OTHER 6	MEDICATION GIVEN ... 1 MEDS REFUSED 2 SEVERE MALARIA REFERRAL 3 ALREADY TAKING ACTS REFERRAL 4 UNDER 4 MONTHS REFERRAL 5 OTHER 6	MEDICATION GIVEN ... 1 MEDS REFUSED 2 SEVERE MALARIA REFERRAL 3 ALREADY TAKING ACTS REFERRAL 4 UNDER 4 MONTHS REFERRAL 5 OTHER 6								
229	GO BACK TO 202 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, END INTERVIEW.											