

**MALARIA INDICATOR SURVEY
MODEL HOUSEHOLD QUESTIONNAIRE**

[NAME OF COUNTRY]
[NAME OF ORGANIZATION]

IDENTIFICATION (1)							
PLACE NAME _____	<table border="1" style="margin: auto;"> <tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr> <tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr> </table>						
NAME OF HOUSEHOLD HEAD _____							
CLUSTER NUMBER							
HOUSEHOLD NUMBER							

INTERVIEWER VISITS										
	1	2	3	FINAL VISIT						
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr> </table>						
				MONTH <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr> </table>						
				YEAR <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr> </table>						
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr> </table>						
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr> </table>						
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></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 _____ <div style="text-align: right;">(SPECIFY)</div>				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr> </table> TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr> </table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr> </table>						

SUPERVISOR	OFFICE EDITOR	KEYED BY							
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INTRODUCTION AND CONSENT

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. 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

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
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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								

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

ADD TO
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

ADD TO
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

ADD TO
TABLE NO

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD
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08 = BROTHER OR SISTER
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STEPCHILD
11 = NOT RELATED
98 = DON'T KNOW

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 OTHER _____ 96 (SPECIFY)	<div style="text-align: right;">→ 104</div> <div style="text-align: right;">→ 104</div>
102	Where is that water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	→ 104
103	How long does it take to go there, get water, and come back?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
104	What kind of toilet facility do members of your household usually use? (2)	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER _____ 96 (SPECIFY)	→ 107
105	Do you share this toilet facility with other households?	YES 1 NO 2	→ 107
106	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text"/> <input type="text"/> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
111	<p>MAIN MATERIAL OF THE EXTERIOR WALLS. (2)</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL WALLS</p> <p>NO WALLS 11</p> <p>CANE/PALM/TRUNKS 12</p> <p>DIRT 13</p> <p>RUDIMENTARY WALLS</p> <p>BAMBOO WITH MUD 21</p> <p>STONE WITH MUD 22</p> <p>UNCOVERED ADOBE 23</p> <p>PLYWOOD 24</p> <p>CARDBOARD 25</p> <p>REUSED WOOD 26</p> <p>FINISHED WALLS</p> <p>CEMENT 31</p> <p>STONE WITH LIME/CEMENT 32</p> <p>BRICKS 33</p> <p>CEMENT BLOCKS 34</p> <p>COVERED ADOBE 35</p> <p>WOOD PLANKS/SHINGLES 36</p> <p>OTHER 96</p> <p>(SPECIFY)</p>																						
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:	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>A watch?</td><td>WATCH 1</td><td>2</td></tr> <tr> <td>A bicycle?</td><td>BICYCLE 1</td><td>2</td></tr> <tr> <td>A motorcycle or motor scooter?</td><td>MOTORCYCLE/SCOOTER 1</td><td>2</td></tr> <tr> <td>An animal-drawn cart?</td><td>ANIMAL-DRAWN CART 1</td><td>2</td></tr> <tr> <td>A car or truck?</td><td>CAR/TRUCK 1</td><td>2</td></tr> <tr> <td>A boat with a motor?</td><td>BOAT WITH MOTOR 1</td><td>2</td></tr> </tbody> </table>		YES	NO	A watch?	WATCH 1	2	A bicycle?	BICYCLE 1	2	A motorcycle or motor scooter?	MOTORCYCLE/SCOOTER 1	2	An animal-drawn cart?	ANIMAL-DRAWN CART 1	2	A car or truck?	CAR/TRUCK 1	2	A boat with a motor?	BOAT WITH MOTOR 1	2	
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A car or truck?	CAR/TRUCK 1	2																						
A boat with a motor?	BOAT WITH MOTOR 1	2																						
114	Does any member of this household own any agricultural land?	<p>YES 1</p> <p>NO 2</p>	→ 116																					
115	<p>How many hectares of agricultural land do members of this household own?</p> <p>IF 95 OR MORE, CIRCLE '950'.</p>	<p>HECTARES <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>95 OR MORE HECTARES 950</p> <p>DON'T KNOW 998</p>																						
116	Does this household own any livestock, herds, other farm animals, or poultry?	<p>YES 1</p> <p>NO 2</p>	→ 118																					
117	<p>How many of the following animals does this household own? (4)</p> <p>IF NONE, ENTER '00'.</p> <p>IF 95 OR MORE, ENTER '95'.</p> <p>IF UNKNOWN, ENTER '98'.</p> <p>Cattle?</p> <p>Milk cows or bulls?</p> <p>Horses, donkeys, or mules?</p> <p>Goats?</p> <p>Sheep?</p> <p>Chickens?</p>	<table border="0"> <tbody> <tr> <td>CATTLE</td> <td><input type="text"/></td><td><input type="text"/></td></tr> <tr> <td>COWS/BULLS</td> <td><input type="text"/></td><td><input type="text"/></td></tr> <tr> <td>HORSES/DONKEYS/MULES</td> <td><input type="text"/></td><td><input type="text"/></td></tr> <tr> <td>GOATS</td> <td><input type="text"/></td><td><input type="text"/></td></tr> <tr> <td>SHEEP</td> <td><input type="text"/></td><td><input type="text"/></td></tr> <tr> <td>CHICKENS</td> <td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>	CATTLE	<input type="text"/>	<input type="text"/>	COWS/BULLS	<input type="text"/>	<input type="text"/>	HORSES/DONKEYS/MULES	<input type="text"/>	<input type="text"/>	GOATS	<input type="text"/>	<input type="text"/>	SHEEP	<input type="text"/>	<input type="text"/>	CHICKENS	<input type="text"/>	<input type="text"/>				
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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 (5)	At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?	YES 1 NO 2 DONT KNOW 8	<input type="checkbox"/> → 121
120 (5)	Who sprayed the dwelling?	GOVERNMENT WORKER/PROGRAM A PRIVATE COMPANY B NONGOVERNMENTAL ORGANIZATION (NGO) C OTHER X (SPECIFY) DONT KNOW Z	
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	<p>ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD</p> <p>IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).</p>	<p>OBSERVED 1</p> <p>NOT OBSERVED ... 2</p>	<p>OBSERVED 1</p> <p>NOT OBSERVED ... 2</p>	<p>OBSERVED 1</p> <p>NOT OBSERVED ... 2</p>
124	<p>How many months ago did your household get the mosquito net?</p> <p>IF LESS THAN ONE MONTH AGO, RECORD '00'.</p> <p>IF 36 MONTHS OR LESS, RECORD MONTHS.</p> <p>IF MORE THAN 36 MONTHS, RECORD YEARS.</p>	<p>MONTHS 1 <input type="text"/> <input type="text"/></p> <p>YEARS 2 <input type="text"/> <input type="text"/></p> <p>NOT SURE998</p>	<p>MONTHS 1 <input type="text"/> <input type="text"/></p> <p>YEARS 2 <input type="text"/> <input type="text"/></p> <p>NOT SURE998</p>	<p>MONTHS 1 <input type="text"/> <input type="text"/></p> <p>YEARS 2 <input type="text"/> <input type="text"/></p> <p>NOT SURE998</p>
125	<p>OBSERVE OR ASK THE BRAND/TYPE OF MOSQUITO NET.</p> <p>IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.</p>	<p>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</p> <p>BRAND A 11</p> <p>BRAND B 12</p> <p>OTHER/ DK BRAND ... 16</p> <p>(SKIP TO 128) ←</p> <p>OTHER BRAND ... 96</p> <p>DK BRAND998</p>	<p>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</p> <p>BRAND A 11</p> <p>BRAND B 12</p> <p>OTHER/ DK BRAND ... 16</p> <p>(SKIP TO 128) ←</p> <p>OTHER BRAND ... 96</p> <p>DK BRAND 98</p>	<p>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</p> <p>BRAND A 11</p> <p>BRAND B 12</p> <p>OTHER/ DK BRAND ... 16</p> <p>(SKIP TO 128) ←</p> <p>OTHER BRAND ... 96</p> <p>DK BRAND 98</p>
126	<p>Since you got the net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 128) ←</p> <p>NOT SURE 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 128) ←</p> <p>NOT SURE 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 128) ←</p> <p>NOT SURE 8</p>
127	<p>How many months ago was the net last soaked or dipped?</p> <p>IF LESS THAN ONE MONTH AGO, RECORD '00'.</p>	<p>MONTHS AGO ... <input type="text"/> <input type="text"/></p> <p>MORE THAN 24 MONTHS AGO ... 95</p> <p>NOT SURE 98</p>	<p>MONTHS AGO ... <input type="text"/> <input type="text"/></p> <p>MORE THAN 24 MONTHS AGO ... 95</p> <p>NOT SURE 98</p>	<p>MONTHS AGO ... <input type="text"/> <input type="text"/></p> <p>MORE THAN 24 MONTHS AGO ... 95</p> <p>NOT SURE 98</p>
128	<p>Did anyone sleep under this mosquito net last night?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 130) ←</p> <p>NOT SURE 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 130) ←</p> <p>NOT SURE 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 130) ←</p> <p>NOT SURE 8</p>

		NET #1	NET #2	NET #3
129	<p>Who slept under this mosquito net last night?</p> <p>RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.</p>	NAME_____ LINE NO. <input type="text"/> <input type="text"/>	NAME_____ LINE NO. <input type="text"/> <input type="text"/>	NAME_____ LINE NO. <input type="text"/> <input type="text"/>
		NAME_____ LINE NO. <input type="text"/> <input type="text"/>	NAME_____ LINE NO. <input type="text"/> <input type="text"/>	NAME_____ LINE NO. <input type="text"/> <input type="text"/>
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130		GO BACK TO 123 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO BACK TO 123 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO TO 123 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 201.

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5 YEARS

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 NAME	LINE NUMBER NAME	LINE NUMBER 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 MONTH YEAR	DAY MONTH YEAR	DAY MONTH YEAR
204	CHECK 203: CHILD BORN IN JANUARY 2008 (6) 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)
205	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) OLDER 2
206	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER NAME	LINE NUMBER NAME	LINE NUMBER NAME
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 <u>anemia</u> 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.</p> <p>We ask that all children born in 2008 (6) 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</p> <p>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
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 <u>malaria</u>. 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 2008 (6) 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

		CHILD 1	CHILD 2	CHILD 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
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 (7).	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD 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 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD 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 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.
213	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA AND MALARIA BROCHURE (8).	G/DL NOT PRESENT994 REFUSED 995 OTHER 996	G/DL NOT PRESENT994 REFUSED 995 OTHER 996	G/DL NOT PRESENT994 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) ←
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 (9): Extreme weakness? Heart problems? Loss of consciousness? Rapid or difficult breathing? Seizures? Abnormal bleeding? Jaundice or yellow skin? 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) ↙

		CHILD 1	CHILD 2	CHILD 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
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 [FIRST LINE MEDICATION] (10) 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 224) ←	YES 1 (SKIP TO 223) ← NO 2 (SKIP TO 224) ←	YES 1 (SKIP TO 223) ← NO 2 (SKIP TO 224) ←
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 (10)</u>	You have told me that (NAME OF CHILD) has already received [FIRST LINE MEDICATION] for malaria. Therefore, I cannot give you additional [FIRST LINE MEDICATION]. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of [FIRST LINE MEDICATION], you should take the child to the nearest health facility for further examination. 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 [FIRST LINE MEDICATION]. [FIRST LINE MEDICATION] 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	[INSERT DOSAGE INSTRUCTIONS] ALSO TELL THE PARENT/ADULT RESPONSIBLE FOR THE CHILD (10): 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.		
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 OTHER 6	MEDICATION GIVEN 1 MEDS REFUSED 2 SEVERE MALARIA REFERRAL 3 ALREADY TAKING ACTS REFERRAL 4 OTHER 6	MEDICATION GIVEN 1 MEDS REFUSED 2 SEVERE MALARIA REFERRAL 3 ALREADY TAKING ACTS REFERRAL 4 OTHER 6
229	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, END INTERVIEW.			

		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <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"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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"/>	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"/>
204	CHECK 203: CHILD BORN IN JANUARY 2008 (6) 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 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILDREN, END INTERVIEW)
205	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) OLDER 2	0-5 MONTHS 1 (GO TO 203 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILDREN, END INTERVIEW) OLDER 2
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"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <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.</p> <p>We ask that all children born in 2008(6) 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.</p> <p>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
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 2008(6) 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

		CHILD 4	CHILD 5	CHILD 6
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
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 (7).	<div>PUT THE 1ST BAR CODE LABEL HERE.</div> <div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 </div> <div>PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.</div>	<div>PUT THE 1ST BAR CODE LABEL HERE.</div> <div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 </div> <div>PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.</div>	<div>PUT THE 1ST BAR CODE LABEL HERE.</div> <div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 </div> <div>PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.</div>
213	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA AND MALARIA BROCHURE (8).	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) ←
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 (9): Extreme weakness? Heart problems? Loss of consciousness? Rapid or difficult breathing? Seizures? Abnormal bleeding? Jaundice or yellow skin? 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) ←

		CHILD 4	CHILD 5	CHILD 6
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
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 [FIRST LINE MEDICATION] (10) 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 224) ↙	YES 1 (SKIP TO 223) ↙ NO 2 (SKIP TO 224) ↙	YES 1 (SKIP TO 223) ↙ NO 2 (SKIP TO 224) ↙
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 (10)</u>	You have told me that (NAME OF CHILD) has already received [FIRST LINE MEDICATION] for malaria. Therefore, I cannot give you additional [FIRST LINE MEDICATION]. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of [FIRST LINE MEDICATION], you should take the child to the nearest health facility for further examination. 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 [FIRST LINE MEDICATION]. [FIRST LINE MEDICATION] 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	[INSERT DOSAGE INSTRUCTIONS] ALSO TELL THE PARENT/ADULT RESPONSIBLE FOR THE CHILD (10): 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.		
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 OTHER 6	MEDICATION GIVEN 1 MEDS REFUSED 2 SEVERE MALARIA REFERRAL 3 ALREADY TAKING ACTS REFERRAL 4 OTHER 6	MEDICATION GIVEN 1 MEDS REFUSED 2 SEVERE MALARIA REFERRAL 3 ALREADY TAKING ACTS REFERRAL 4 OTHER 6
229	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, END INTERVIEW.			

TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS

INSERT DOSING SCHEDULE

[INSERT DOSAGE INSTRUCTIONS]

ALSO TELL THE PARENT/ADULT RESPONSIBLE FOR THE CHILD **(10)**: 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.

FOOTNOTES

- (1) This section should be adapted for country-specific survey design.
- (2) Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.
- (3) Each country should add to the list at least five items of furniture (such as a table, a chair, a sofa, a bed, an armoire, or a cupboard or cabinet). In addition, each country should add at least four additional household appliances so that the list includes at least three items that even a poor household may have, at least three items that a middle income household may have, and at least three items that a high income household may have. Some possible additions are clock, water pump, grain grinder, fan, blender, water heater, generator, washing machine, microwave oven, computer, VCR or DVD player, cassette or CD player, camera, air conditioner or cooler, color TV, sewing machine.
- (4) Add other country-specific animals, such as oxen, water buffalo, camels, llamas, alpacas, pigs, ducks, geese, or elephants.
- (5) The question should be deleted in countries that do not have an organized spraying program to prevent the transmission of malaria.
- (6) Year of fieldwork is assumed to be 2013. For fieldwork beginning in 2014 or 2015, the year should be 2009 or 2010, respectively.
- (7) This question should be deleted in surveys that do not collect blood smears.
- (8) In countries where some enumeration areas are higher than 1,000 meters, altitude information should be collected on a separate form for each enumeration area higher than 1,000 meters so that the anemia estimates can be adjusted appropriately.
- (9) This is a list of generic symptoms indicative of severe malaria. Symptoms should be revised according to the country's national malaria treatment guidelines.
- (10) The referral statement should be revised to reflect the country's national malaria treatment guidelines in reference to antimalarial treatment failure.