
APPENDIX F QUESTIONNAIRES

KENYA MALARIA INDICATOR SURVEY
HOUSEHOLD QUESTIONNAIRE

MALARIA CONTROL UNIT
KENYA NATIONAL BUREAU OF STATISTICS

IDENTIFICATION												
COUNTY	_____											
SUBLOCATION	_____											
NASSEP CLUSTER NUMBER												
KMIS CLUSTER NUMBER												
CLUSTER NAME	_____											
STRUCTURE NUMBER												
HOUSEHOLD NUMBER												
NAME OF HOUSEHOLD HEAD	_____											
INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
RESULT*	_____	_____	_____	YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
NEXT VISIT: DATE	_____	_____		INT. NO. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
TIME	_____	_____		RESULT* <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								
*RESULT CODES:			TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
1 COMPLETED			TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT			TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME			TOTAL ELIGIBLE CHILDREN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
4 POSTPONED			LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
5 REFUSED												
6 DWELLING VACANT OR ADDRESS NOT A DWELLING												
7 DWELLING DESTROYED												
8 DWELLING NOT FOUND												
9 OTHER _____	(SPECIFY)											
LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">1</td></tr></table>	0	1	LANGUAGE OF INTERVIEW**	<table border="1" style="display: inline-table;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table>							
0	1											
LANGUAGE OF QUESTIONNAIRE**	ENGLISH		TRANSLATOR (YES = 1, NO = 2) <table border="1" style="display: inline-table;"><tr><td> </td></tr></table>									
		**LANGUAGE CODES:										
03 BORANA	07 KIKUYU	11 LUO	02 KISWAHILI									
04 EMBU	08 KISII	12 MAASAI	15 POKOT									
05 KALENJIN	09 LUHYA	13 MERU	16 SOMALI									
06 KAMBA	10 MARAGOLI	14 MIJIKENDA	17 TURKANA									
			18 OTHER									
SUPERVISOR:	_____		<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>									
	NAME		NUMBER									

THIS PAGE IS INTENTIONALLY BLANK

INTRODUCTION AND CONSENT

ADMINISTER CONSENT

RESPONDENT AGREES
TO BE INTERVIEWED . . . 1

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



100	RECORD THE TIME.	HOURS	<input type="text"/>	<input type="text"/>
		MINUTES	<input type="text"/>	<input type="text"/>

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY	
				5	6		8	9
1	2	3	4	5	6	7	8	9
	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. 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. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-9 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF 95 OR MORE, RECORD '95'.	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-14
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

2A) Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed?	YES <input type="checkbox"/>	→	ADD TO TABLE	NO <input type="checkbox"/>
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 <input type="checkbox"/>	→	ADD TO TABLE	NO <input type="checkbox"/>
2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?	YES <input type="checkbox"/>	→	ADD TO TABLE	NO <input type="checkbox"/>

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

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

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY	
				5	6		8	9
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 0-14</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

- | | |
|------------------------------------|-------------------------------|
| 01 = HEAD | 07 = PARENT-IN-LAW |
| 02 = WIFE OR HUSBAND | 08 = BROTHER OR SISTER |
| 03 = SON OR DAUGHTER | 09 = OTHER RELATIVE |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 10 = ADOPTED/FOSTER/STEPCHILD |
| 05 = GRANDCHILD | 11 = NOT RELATED |
| 06 = PARENT | 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?	<p>PIPED WATER</p> <p>PIPED INTO DWELLING 11</p> <p>PIPED TO YARD/PLOT 12</p> <p>PIPED TO NEIGHBOR 13</p> <p>PUBLIC TAP/STANDPIPE 14</p> <p>TUBE WELL OR BOREHOLE 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL 32</p> <p>WATER FROM SPRING</p> <p>PROTECTED SPRING 41</p> <p>UNPROTECTED SPRING 42</p> <p>RAINWATER 51</p> <p>TANKER TRUCK 61</p> <p>CART WITH SMALL TANK 71</p> <p>SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81</p> <p>BOTTLED WATER 91</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	<p>→ 104</p> <p>→ 102</p> <p>→ 102</p>
101A	What is the main source of water used by your household for other purposes such as cooking and handwashing?	<p>PIPED WATER</p> <p>PIPED INTO DWELLING 11</p> <p>PIPED TO YARD/PLOT 12</p> <p>PIPED TO NEIGHBOR 13</p> <p>PUBLIC TAP/STANDPIPE 14</p> <p>TUBE WELL OR BOREHOLE 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL 32</p> <p>WATER FROM SPRING</p> <p>PROTECTED SPRING 41</p> <p>UNPROTECTED SPRING 42</p> <p>RAINWATER 51</p> <p>TANKER TRUCK 61</p> <p>CART WITH SMALL TANK 71</p> <p>SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	<p>→ 104</p>
102	Where is that water source located?	<p>IN OWN DWELLING 1</p> <p>IN OWN YARD/PLOT 2</p> <p>ELSEWHERE 3</p>	<p>→ 104</p>
103	How long does it take to go there, get water, and come back?	<p>MINUTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
104	What kind of toilet facility do members of your household usually use? IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	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	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text" value="0"/> <input type="text"/> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	
107	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>	
108	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 110
109	How many of the following animals does this household own? IF NONE, RECORD '00'. IF 95 OR MORE, RECORD '95'. IF UNKNOWN, RECORD '98'. a) Local cattle (indigenous)? b) Exotic/grade cattle? c) Horses, donkeys, or mules? d) Goats? e) Sheep? f) Chickens or other poultry?	a) LOCAL CATTLE <input type="text"/> <input type="text"/> b) EXOTIC/GRADE CATTLE <input type="text"/> <input type="text"/> c) HORSES/DONKEYS/MULES <input type="text"/> <input type="text"/> d) GOATS <input type="text"/> <input type="text"/> e) SHEEP <input type="text"/> <input type="text"/> f) CHICKENS/POULTRY <input type="text"/> <input type="text"/>	
110	Does any member of your household own any agricultural land?	YES 1 NO 2	→ 112

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																			
111	<p>How many acres or hectares of agricultural land do members of this household own?</p> <p>ACRES / HECTARES: IF 995 OR MORE, RECORD '995.0' IN APPROPRIATE BOX.</p> <p>PLOT SIZE (SQ FT): IF 999995 OR MORE, RECORD '999995.0' IN APPROPRIATE BOX.</p>	<p>ACRES 1 <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>HECTARES 2 <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>PLOT SIZE (SQ FT) 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>DON'T KNOW 9999998</p>																																																				
112	<p>Does your household have:</p> <p>a) Electricity? b) A radio? c) A television? d) A non-mobile telephone? e) A computer? f) A refrigerator? g) A solar panel? h) A table? i) A chair? j) A sofa? k) A bed? l) A cupboard? m) A clock? n) A microwave oven? o) A DVD player? p) A CD player?</p>	<table border="0"> <thead> <tr> <th></th> <th align="center">YES</th> <th align="center">NO</th> </tr> </thead> <tbody> <tr><td>a) ELECTRICITY</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>b) RADIO</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>c) TELEVISION</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>d) NON-MOBILE TELEPHONE ..</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>e) COMPUTER</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>f) REFRIGERATOR</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>g) SOLAR PANEL</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>h) TABLE</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>i) CHAIR</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>j) SOFA</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>k) BED</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>l) CUPBOARD</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>m) CLOCK</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>n) MICROWAVE OVEN</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>o) DVD PLAYER</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>p) CD PLAYER</td><td align="center">1</td><td align="center">2</td></tr> </tbody> </table>		YES	NO	a) ELECTRICITY	1	2	b) RADIO	1	2	c) TELEVISION	1	2	d) NON-MOBILE TELEPHONE ..	1	2	e) COMPUTER	1	2	f) REFRIGERATOR	1	2	g) SOLAR PANEL	1	2	h) TABLE	1	2	i) CHAIR	1	2	j) SOFA	1	2	k) BED	1	2	l) CUPBOARD	1	2	m) CLOCK	1	2	n) MICROWAVE OVEN	1	2	o) DVD PLAYER	1	2	p) CD PLAYER	1	2	
	YES	NO																																																				
a) ELECTRICITY	1	2																																																				
b) RADIO	1	2																																																				
c) TELEVISION	1	2																																																				
d) NON-MOBILE TELEPHONE ..	1	2																																																				
e) COMPUTER	1	2																																																				
f) REFRIGERATOR	1	2																																																				
g) SOLAR PANEL	1	2																																																				
h) TABLE	1	2																																																				
i) CHAIR	1	2																																																				
j) SOFA	1	2																																																				
k) BED	1	2																																																				
l) CUPBOARD	1	2																																																				
m) CLOCK	1	2																																																				
n) MICROWAVE OVEN	1	2																																																				
o) DVD PLAYER	1	2																																																				
p) CD PLAYER	1	2																																																				
113	<p>Does any member of this household own:</p> <p>a) A watch? b) A mobile phone? c) A bicycle? d) A motorcycle or motor scooter? e) An animal-drawn cart? f) A car or truck? g) A boat with a motor?</p>	<table border="0"> <thead> <tr> <th></th> <th align="center">YES</th> <th align="center">NO</th> </tr> </thead> <tbody> <tr><td>a) WATCH</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>b) MOBILE PHONE</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>c) BICYCLE</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>d) MOTORCYCLE/SCOOTER</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>e) ANIMAL-DRAWN CART</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>f) CAR/TRUCK</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>g) BOAT WITH MOTOR</td><td align="center">1</td><td align="center">2</td></tr> </tbody> </table>		YES	NO	a) WATCH	1	2	b) MOBILE PHONE	1	2	c) BICYCLE	1	2	d) MOTORCYCLE/SCOOTER	1	2	e) ANIMAL-DRAWN CART	1	2	f) CAR/TRUCK	1	2	g) BOAT WITH MOTOR	1	2																												
	YES	NO																																																				
a) WATCH	1	2																																																				
b) MOBILE PHONE	1	2																																																				
c) BICYCLE	1	2																																																				
d) MOTORCYCLE/SCOOTER	1	2																																																				
e) ANIMAL-DRAWN CART	1	2																																																				
f) CAR/TRUCK	1	2																																																				
g) BOAT WITH MOTOR	1	2																																																				
113A	<p>Did the household head ever attend school?</p>	<p>YES 1</p> <p>NO 2</p>	→ 114																																																			
113B	<p>What is the highest level of education the household head attended: primary, vocational, secondary, or higher?</p>	<p>PRIMARY..... 1</p> <p>POST-PRIMARY/VOCATIONAL .. 2</p> <p>SECONDARY/'A' LEVEL</p> <p>COLLEGE (MIDDLE LEVEL)..... 4</p> <p>UNIVERSITY..... 5</p>																																																				
113C	<p>Did the the household head complete that level?</p>	<p>YES 1</p> <p>NO 2</p>																																																				
114	<p>Does any member of this household have a bank account?</p>	<p>YES 1</p> <p>NO 2</p>																																																				
117	<p>Does your household have any mosquito nets?</p>	<p>YES 1</p> <p>NO 2</p>	→ 128A																																																			
118	<p>How many mosquito nets does your household have?</p> <p>IF 7 OR MORE NETS, RECORD '7'.</p>	<p>NUMBER OF NETS <input type="text"/></p>																																																				

MOSQUITO NET ROSTER

		NET #1	NET #2	NET #3
119	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
120	How many months ago did your household get the mosquito net? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO <input type="text"/> MORE THAN 36 MONTHS AGO 95 NOT SURE 98	MONTHS AGO <input type="text"/> MORE THAN 36 MONTHS AGO 95 NOT SURE 98	MONTHS AGO <input type="text"/> MORE THAN 36 MONTHS AGO 95 NOT SURE 98
121	OBSERVE OR ASK BRAND/TYPE OF MOSQUITO NET. IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET (SUPA-NET EXTRA) 11 PERMANET (SUPA-NET EXTRA) 12 NETPROTECT 13 YORKOOL 14 OTHER/DON'T KNOW BRAND 16 UNBRANDED 71 OTHER TYPE 96 DON'T KNOW TYPE .. 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET (SUPA-NET EXTRA) 11 PERMANET (SUPA-NET EXTRA) 12 NETPROTECT 13 YORKOOL 14 OTHER/DON'T KNOW BRAND 16 UNBRANDED 71 OTHER TYPE 96 DON'T KNOW TYPE .. 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET (SUPA-NET EXTRA) 11 PERMANET (SUPA-NET EXTRA) 12 NETPROTECT 13 YORKOOL 14 OTHER/DON'T KNOW BRAND 16 UNBRANDED 71 OTHER TYPE 96 DON'T KNOW TYPE .. 98
121A	OBSERVE FOR OR ASK IF HOLES IN NET. RECORD THE SIZE OF THE LARGEST HOLE.	HOLE SMALLER THAN A THUMB/FINGER 0.5-2CM 1 HOLE LARGER THAN THUMB BUT SMALLER THAN FIST/HAND 2-10CM 2 HOLE LARGER THAN FIST BUT SMALLER THAN HEAD 10-25CM 3 HOLE LARGER THAN HEAD, MORE THAN 25CM 4 NO HOLES 5	HOLE SMALLER THAN A THUMB/FINGER 0.5-2CM 1 HOLE LARGER THAN THUMB BUT SMALLER THAN FIST/HAND 2-10CM 2 HOLE LARGER THAN FIST BUT SMALLER THAN HEAD 10-25CM 3 HOLE LARGER THAN HEAD, MORE THAN 25CM 4 NO HOLES 5	HOLE SMALLER THAN A THUMB/FINGER 0.5-2CM 1 HOLE LARGER THAN THUMB BUT SMALLER THAN FIST/HAND 2-10CM 2 HOLE LARGER THAN FIST BUT SMALLER THAN HEAD 10-25CM 3 HOLE LARGER THAN HEAD, MORE THAN 25CM 4 NO HOLES 5
125	Where did you get the net?	2014-15 CAMPAIGN 01 OTHER CAMPAIGN 02 GOVT./FBO CLINIC/HOSPITAL 03 DUKA/RURAL SHOP .. 04 SUPERMARKET/RETAIL SHOP 05 FRIEND/RELATIVE 06 OTHER 96 DON'T KNOW 98	2014-15 CAMPAIGN 01 OTHER CAMPAIGN 02 GOVT./FBO CLINIC/HOSPITAL 03 DUKA/RURAL SHOP .. 04 SUPERMARKET/RETAIL SHOP 05 FRIEND/RELATIVE 06 OTHER 96 DON'T KNOW 98	2014-15 CAMPAIGN 01 OTHER CAMPAIGN 02 GOVT./FBO CLINIC/HOSPITAL 03 DUKA/RURAL SHOP .. 04 SUPERMARKET/RETAIL SHOP 05 FRIEND/RELATIVE 06 OTHER 96 DON'T KNOW 98
125A	How much did you pay for the net?	COST <input type="text"/> FREE 9995 NOT SURE 9998	COST <input type="text"/> FREE 9995 NOT SURE 9998	COST <input type="text"/> FREE 9995 NOT SURE 9998
126	Did anyone sleep under this mosquito net last night?	YES 1 (SKIP TO 127) ← NO 2 NOT SURE 8 (SKIP TO 127B) ←	YES 1 (SKIP TO 127) ← NO 2 NOT SURE 8 (SKIP TO 127B) ←	YES 1 (SKIP TO 127) ← NO 2 NOT SURE 8 (SKIP TO 127B) ←

MOSQUITO NET ROSTER

		NET #1	NET #2	NET #3
126A	Why didn't someone sleep under this net last night?	NET NEVER USED A THERE ARE EXCESS NETS B IT WAS TOO HOT C THERE WERE NO MOSQUITOS .. D THE NET WAS BEING WASHED E PERSON NORMALLY USING NET DID NOT STAY HERE LAST NIGHT F OTHER _____ X (SPECIFY) (SKIP TO 127B)	NET NEVER USED A THERE ARE EXCESS NETS B IT WAS TOO HOT C THERE WERE NO MOSQUITOS .. D THE NET WAS BEING WASHED E PERSON NORMALLY USING NET DID NOT STAY HERE LAST NIGHT F OTHER _____ X (SPECIFY) (SKIP TO 127B)	NET NEVER USED A THERE ARE EXCESS NETS B IT WAS TOO HOT C THERE WERE NO MOSQUITOS .. D THE NET WAS BEING WASHED E PERSON NORMALLY USING NET DID NOT STAY HERE LAST NIGHT F OTHER _____ X (SPECIFY) (SKIP TO 127B)
127	Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND LINE NUMBER FROM HOUSEHOLD SCHEDULE.	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"/> ----- 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"/>
127B	OBSERVE FOR OR ASK IF THE NET IS HANGING FOR SLEEPING.	HANGING 1 <input type="checkbox"/> (SKIP TO 128) ← NOT HANGING 2	HANGING 1 <input type="checkbox"/> (SKIP TO 128) ← NOT HANGING 2	HANGING 1 <input type="checkbox"/> (SKIP TO 128) ← NOT HANGING 2
127C	What is the reason the net is not hanging for sleeping?	SHAPE DIFFICULT TO HANG UF A TOO SHORT TO GIVE PROTECTION.. B NO SPACE TO HANG NET HANG NET C PERSON NORMALLY USING NET DID NOT STAY HERE LAST NIGHT D OTHER _____ X (SPECIFY)	SHAPE DIFFICULT TO HANG UF A TOO SHORT TO GIVE PROTECTION.. B NO SPACE TO HANG NET HANG NET C PERSON NORMALLY USING NET DID NOT STAY HERE LAST NIGHT D OTHER _____ X (SPECIFY)	SHAPE DIFFICULT TO HANG UF A TOO SHORT TO GIVE PROTECTION.. B NO SPACE TO HANG NET HANG NET C PERSON NORMALLY USING NET DID NOT STAY HERE LAST NIGHT D OTHER _____ X (SPECIFY)
128		GO BACK TO 119 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 128A.	GO BACK TO 119 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 128A.	GO TO 119 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 128A.

SOURCE AND USES OF MOSQUITO NETS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
128L (1)	Did you hear the messages about net use or malaria prevention not linked to the campaign in a health talk in your community?	YES 1 NO 2	→ 128N
128M (1)	During the health talk in your community, was there a demonstration of how to hang a mosquito net?	YES 1 NO 2	
128N (1)	Have you attended a net hanging demonstration in the last year?	YES 1 NO 2	
128O (1)	Was your household registered to receive nets during the recent campaign within the past one year?	YES 1 NO 2 DON'T KNOW 8	→ 128Q → 128Q
128P (1)	What was the reason your household was not registered?	ABSENT 1 REFUSE 2 NOT VISTED BY REGISTRAR 3 DID NOT KNOW ABOUT REGISTRATION 4 OTHER 6	
128Q (1)	Did someone from your household go to a 2014-15 campaign distribution point to collect nets?	YES 1 NO 2 DON'T KNOW 8	→ 128S → 128S
128R (1)	What was the reason your household did not go to a 2014-15 campaign distribution point?	NO TIME / MEANS 1 NOT INTERESTED 2 FORGOT OR MISSED THE DATE 3 OTHER _____ 6 (SPECIFY)	→ 128Z
128S (1)	Did your household receive vouchers that look like this at a 2014-15 campaign distribution point? SHOW PICTURE OF VOUCHER TO RESPONDENT.	YES 1 NO 2	
128T (1)	Did your household receive any mosquito nets at a 2014-15 campaign distribution point?	YES 1 NO 2	→ 128Y
128U (1)	How many mosquito nets did your household receive at a 2014-15 campaign distribution point?	NUMBER OF NETS RECEIVED <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	
128V (1)	You indicated that your household received [NUMBER FROM 128U] mosquito nets at a 2014-15 campaign distribution point. Of these, how many are still in the possession of your household?	NUMBER OF NETS REMAINING <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	
128W (1)	COMPARE 128U AND 128V AND MARK: NUMBERS ARE DIFFERENT <input style="width: 20px; height: 20px;" type="checkbox"/> ↓	NUMBERS ARE SAME <input style="width: 20px; height: 20px;" type="checkbox"/> →	→ 128Z
128X (1)	What happened to the missing mosquito nets? RECORD ALL MENTIONED.	NET WAS STOLEN A NET WAS DESTROYED ACCIDENTALLY B NET WAS SOLD C NET WAS GIVEN AWAY D OTHER X	→ 128Z
128Y (1)	Why did you not receive any mosquito nets at a 2014-15 campaign distribution point?	NO NETS AVAILABLE AT THIS TIME 1 WAITING TIME TOO LONG 2 THEY REFUSED TO GIVE NETS 3 OTHER 6 DON'T KNOW 8	
128Z	Which color of net would you prefer: blue or white or green?	GREEN 1 BLUE 2 WHITE 3 DOES NOT CARE 4	

SOURCE AND USES OF MOSQUITO NETS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
129A	Which shape of net would you prefer: conical or rectangular?	CONICAL 1 RECTANGULAR 2 DOES NOT CARE 3	
129B	How confident are you that you can hang a mosquito net in your household: are you extremely confident, very confident, a little confident, or not at all confident?	EXTREMELY CONFIDENT 1 VERY CONFIDENT 2 A LITTLE CONFIDENT 3 NOT AT ALL CONFIDENT 4	
129C	How important do you think it is for young children to sleep under a treated net: is it extremely important, very important, a little important, or not at all important?	EXTREMELY IMPORTANT 1 VERY IMPORTANT 2 A LITTLE IMPORTANT 3 NOT AT ALL IMPORTANT 4	
129D	How frequently do you use mosquito nets for other things besides sleeping under: all the time, sometimes, rarely, or never?	ALL THE TIME 1 SOMETIMES 2 RARELY 3 NEVER 4	
129E	Now I would like to ask your opinion about some issues. I'm going to read some statements and I would like you to tell me if you agree strongly, agree somewhat, disagree somewhat, or disagree strongly. Treated nets are safe to sleep under. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	STRONGLY AGREE 1 SOMEWHAT AGREE 2 SOMEWHAT DISAGRE 3 STRONGLY DISAGREE 4	
129F	Most people in this community sleep under an insecticide treated net every night during every season. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	STRONGLY AGREE 1 SOMEWHAT AGREE 2 SOMEWHAT DISAGRE 3 STRONGLY DISAGREE 4	
129G	You can hang a net any place people sleep in your house. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	STRONGLY AGREE 1 SOMEWHAT AGREE 2 SOMEWHAT DISAGRE 3 STRONGLY DISAGREE 4	
129H	People are at risk of getting malaria only during the rainy season. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	STRONGLY AGREE 1 SOMEWHAT AGREE 2 SOMEWHAT DISAGRE 3 STRONGLY DISAGREE 4	

(1) THESE QUESTIONS ONLY ASKED TO RESPONDENTS IN COUNTIES PARTICIPATING IN THE 2014-15 MASS NET DISTRIBUTION CAMPAIGN DURING OR BEFORE KMIS FIELDWORK: MIGORI, HOMA BAY, SIAYA, KISUMU, VIHIGA, AND WEST POKOT.

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

KENYA MALARIA INDICATOR SURVEY
WOMAN'S QUESTIONNAIRE

MALARIA CONTROL UNIT
KENYA NATIONAL BUREAU OF STATISTICS

IDENTIFICATION								
COUNTY	_____							
SUBLOCATION	_____							
NASSEP CLUSTER NUMBER			<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>				
KMIS CLUSTER NUMBER			<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>				
CLUSTER NAME	_____							
STRUCTURE NUMBER			<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td></tr> </table>				
HOUSEHOLD NUMBER			<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td></tr> </table>				
NAME OF HOUSEHOLD HEAD	_____							
INTERVIEWER VISITS								
	1	2	3	FINAL VISIT				
DATE	_____	_____	_____	DAY <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>				
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>				
RESULT*	_____	_____	_____	YEAR <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>				
NEXT VISIT: DATE	_____	_____		INT. NO. <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>				
TIME	_____	_____		RESULT* <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>				
	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td></tr> </table>				
<p>*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED SPECIFY _____</p>								
<p>LANGUAGE OF QUESTIONNAIRE** <table border="1" style="width: 20px; height: 20px; text-align: center;">0</table> <table border="1" style="width: 20px; height: 20px; text-align: center;">1</table> LANGUAGE OF INTERVIEW** <table border="1" style="width: 20px; height: 20px;"> </table> <table border="1" style="width: 20px; height: 20px;"> </table> TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="width: 20px; height: 20px;"> </table></p>								
<p>LANGUAGE OF QUESTIONNAIRE** ENGLISH **LANGUAGE CODES: 01 ENGLISH 02 KISWAHILI 03 BORANA 07 KIKUYU 11 LUO 15 POKOT 04 EMBU 08 KISII 12 MAASAI 16 SOMALI 05 KALENJIN 09 LUHYA 13 MERU 17 TURKANA 06 KAMBA 10 MARAGOLI 14 MIJIKENDA 18 OTHER</p>								
<p>SUPERVISOR: _____ <table border="1" style="width: 20px; height: 20px;"> </table> <table border="1" style="width: 20px; height: 20px;"> </table> <table border="1" style="width: 20px; height: 20px;"> </table> NAME NUMBER</p>								

INTRODUCTION AND CONSENT

ADMINISTER CONSENT

RESPONDENT AGREES
TO BE INTERVIEWED ... 1

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



SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input 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 type="text"/> <input 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?	PRIMARY 1 POST-PRIMARY/VOCATIONAL 2 SECONDARY/'A' LEVEL 3 COLLEGE (MIDDLE LEVEL) 4 UNIVERSITY 5	
106	What is the highest (standard/form/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	STANDARD/FORM/YEAR <input type="text"/> <input type="text"/>	
107	CHECK 105: PRIMARY, POST-PRIMARY, <input type="checkbox"/> SECONDARY/'A' LEVEL <input type="checkbox"/> OR COLLEGE (MIDDLE LEVEL) ↓	UNIVERSITY <input type="checkbox"/>	→ 109
108	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PART OF THE SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
109	What is your religion?	ROMAN CATHOLIC 1 PROTESTANT/OTHER CHRISTIA 2 MUSLIM 3 NO RELIGION 4 OTHER _____ 6 (SPECIFY)																						
110	What is your ethnic group / tribe?	EMBU 01 KALENJIN 02 KAMBA 03 KIKUYU 04 KISII 05 LUHYA 06 LUO 07 MAASAI 08 MERU 09 MIJIKENDA/ SWAHILI 10 SOMALI 11 TAITA/ TAVETA 12 BORANA 13 MARAGOLI 14 POKOT 15 TURKANA 16 OTHER _____ 96 (SPECIFY)																						
111	In the past six months, have you seen or heard any messages about malaria?	YES 1 NO 2	→ 201																					
112	Have you seen or heard these messages: a) On the radio? b) On the television? c) On a poster or billboard? d) From a community health worker? e) At a community event? f) Anywhere else?	<table border="0"> <thead> <tr> <th></th> <th align="right">YES</th> <th align="right">NO</th> </tr> </thead> <tbody> <tr> <td>RADIC</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>TELEVISION</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>POSTER/BILLBOARD</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>COMMUNITY HEALTH WORKER</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>COMMUNITY EVEN'</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>ANYWHERE ELSE</td> <td align="right">1</td> <td align="right">2</td> </tr> </tbody> </table>		YES	NO	RADIC	1	2	TELEVISION	1	2	POSTER/BILLBOARD	1	2	COMMUNITY HEALTH WORKER	1	2	COMMUNITY EVEN'	1	2	ANYWHERE ELSE	1	2	
	YES	NO																						
RADIC	1	2																						
TELEVISION	1	2																						
POSTER/BILLBOARD	1	2																						
COMMUNITY HEALTH WORKER	1	2																						
COMMUNITY EVEN'	1	2																						
ANYWHERE ELSE	1	2																						

SECTION 2. REPRODUCTION

212 Now I'd like to record the names of all your births in the last 5 years, from January 2010 until today. I would like to list these births, whether still alive or not, starting with the most recent birth you have had. RECORD NAMES OF ALL THE BIRTHS IN 2010-2015 IN 213. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. IF THERE ARE MORE THAN 5 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE STARTING WITH THE SECOND ROW.								
213	214	215	216	217	218	219	220	221
What name was given to your (most recent/ previous) baby?	Is (NAME) a boy or a girl?	Were any of these births twins?	On what day, month, and year was (NAME) born?	Is (NAME) still alive?	How old was (NAME) at (NAME)'s last birthday?	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	Were there any other live births between (NAME) and (NAME OF PREVIOUS BIRTH), including any children who died after birth?
RECORD NAME.					RECORD AGE IN COMPLETED YEARS.			
BIRTH HISTORY NUMBER.								
01	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (NEXT BIRTH)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> (NEXT BIRTH)	
02	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 221)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/>	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
03	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 221)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/>	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
04	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 221)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/>	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
05	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 (SKIP TO 221)	AGE IN YEARS <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/>	YES 1 (ADD BIRTH) NO 2

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	Since January 2010, have you had any more live births that have not already been listed?	YES 1 (RECORD BIRTH(S) IN TABLE) ← NO 2	
223	COMPARE 211 WITH NUMBER OF BIRTHS IN BIRTH HISTORY NUMBERS ARE SAME <input type="checkbox"/> ↓	NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) ←	
224	CHECK 216: ENTER THE NUMBER OF BIRTHS IN 2010-2015	NUMBER OF BIRTHS <input type="text"/> NONE 0	
225	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 227
226	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
227	CHECK 224: ONE OR MORE BIRTHS IN 2010 OR LATER <input type="checkbox"/> ↓ GO TO 301	NO BIRTHS IN 2010 OR LATER <input type="checkbox"/> → 427D Q. 224 IS BLANK <input type="checkbox"/> → 427D	

SECTION 3. PREGNANCY AND INTERMITTENT PREVENTIVE TREATMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	RECORD THE NAME AND SURVIVAL STATUS OF THE MOST RECENT BIRTH FROM 213 AND 217, LINE 01:	<p align="center">MOST RECENT BIRTH</p> NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	
302	<p>Now I would like to ask you some questions about your last pregnancy that resulted in a live birth.</p> <p>When you got pregnant with (NAME), did you see anyone for antenatal care for this pregnancy?</p>	YES 1 NO 2	→ 304
302A	How many times did you see someone for antenatal care for this pregnancy?	TIMES..... <input type="text"/> <input type="text"/>	
303	<p>Whom did you see?</p> <p>Anyone else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.</p>	<p>HEALTH PERSONNEL</p> DOCTOR A NURSE/MIDWIFE B <p>OTHER PERSON</p> TRADITIONAL BIRTH ATTENDAN..... C COMMUNITY HEALTH WORKER D OTHER _____ X (SPECIFY)	
304	During this pregnancy, did you take SP/Fansidar to keep you from getting malaria?	YES 1 NO 2 DON'T KNOW 8	→ 308
305	How many times did you take SP/Fansidar during this pregnancy?	TIMES..... <input type="text"/> <input type="text"/>	
306	<p>CHECK 303:</p> <p>ANTENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY</p>	<p>CODE 'A' OR 'B' CIRCLED <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>	→ 308
307	<p>Did you get the SP/Fansidar during any antenatal care visit, during any other visit to a health facility or from another source?</p> <p>IF MORE THAN ONE SOURCE, RECORD THE HIGHEST SOURCE ON THE LIST.</p>	ANTENATAL VISIT 1 ANOTHER FACILITY VISIT 2 OTHER SOURCE 6	
308	<p>CHECK 216 AND 217:</p> <p>ONE OR MORE LIVING CHILDREN BORN IN 2010 OR LATER <input type="checkbox"/></p> <p>GO TO 401</p>	<p>NO LIVING CHILDREN BORN IN 2010 OR LATER <input type="checkbox"/></p>	→ 427D

SECTION 4. FEVER IN CHILDREN

401	<p>CHECK 213: RECORD THE BIRTH HISTORY NUMBER IN 402 AND THE NAME AND SURVIVAL STATUS IN 403 FOR EACH BIRTH IN 2010-2015. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL QUESTIONNAIRE(S).</p> <p>Now I would like to ask some questions about the health of your children born since January 2010. (We will talk about each separately.)</p>			
402	<p>BIRTH HISTORY NUMBER FROM 213 IN BIRTH HISTORY.</p>	<p>LAST BIRTH BIRTH HIST NUMBER <input type="text"/> <input type="text"/></p>	<p>NEXT-TO-LAST BIRTH BIRTH HIST NUMBER <input type="text"/> <input type="text"/></p>	<p>SECOND-TO-LAST BIRTH BIRTH HIST NUMBER <input type="text"/> <input type="text"/></p>
403	<p>FROM 213 AND 217:</p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(GO TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 427A)</p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(GO TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 427A)</p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(GO TO 403 IN NEXT COLUMN OF NEW QUESTIONNAIRE OR, IF NO MORE BIRTHS, GO TO 427A)</p>
404	<p>Has (NAME) been ill with a fever at any time in the last 2 weeks?</p>	<p>YES 1 NO 2</p> <p>(GO TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 427A)</p> <p>DON'T KNOW 8</p>	<p>YES 1 NO 2</p> <p>(GO TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 427A)</p> <p>DON'T KNOW 8</p>	<p>YES 1 NO 2</p> <p>(GO TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 427A)</p> <p>DON'T KNOW 8</p>
405	<p>At any time during the illness, did (NAME) have blood taken from (NAME)'s finger or heel for testing?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>
406	<p>Did you seek advice or treatment for the illness from any source?</p>	<p>YES 1 NO 2 (SKIP TO 410)</p>	<p>YES 1 NO 2 (SKIP TO 410)</p>	<p>YES 1 NO 2 (SKIP TO 410)</p>
407	<p>Where did you seek advice or treatment?</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>_____ (NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR GOVT HOSPITA... A GOVT HEALTH CENTER..... B GOVT DISPENSARY... C OTHER PUBLIC _____ D (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR MISSION HOSP./ CLINIC..... E PVT. HOSPITAL/ CLINIC..... F PHARMACY ... G OTHER PRIVATE _____ H (SPECIFY)</p> <p>MOBILE CLINIC I COMMUNITY HLTH WORKER ... J</p> <p>OTHER SOURCE SHOP K TRADITIONAL HEALER L RELATIVE/FRIENC M</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR GOVT HOSPITA... A GOVT HEALTH CENTER..... B GOVT DISPENSARY... C OTHER PUBLIC _____ D (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR MISSION HOSP./ CLINIC..... E PVT. HOSPITAL/ CLINIC..... F PHARMACY ... G OTHER PRIVATE _____ H (SPECIFY)</p> <p>MOBILE CLINIC I COMMUNITY HLTH WORKER ... J</p> <p>OTHER SOURCE SHOP K TRADITIONAL HEALER L RELATIVE/FRIENC M</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR GOVT HOSPITA... A GOVT HEALTH CENTER..... B GOVT DISPENSARY... C OTHER PUBLIC _____ D (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR MISSION HOSP./ CLINIC..... E PVT. HOSPITAL/ CLINIC..... F PHARMACY ... G OTHER PRIVATE _____ H (SPECIFY)</p> <p>MOBILE CLINIC I COMMUNITY HLTH WORKER ... J</p> <p>OTHER SOURCE SHOP K TRADITIONAL HEALER L RELATIVE/FRIENC M</p> <p>OTHER _____ X (SPECIFY)</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-TO-LAST BIRTH NAME _____
408	CHECK 407:	2 OR MORE OTHER <input type="checkbox"/> CODES CIRCLED (SKIP TO 410) ←	2 OR MORE OTHER <input type="checkbox"/> CODES CIRCLED (SKIP TO 410) ←	2 OR MORE OTHER <input type="checkbox"/> CODES CIRCLED (SKIP TO 410) ←
409	Where did you first seek advice or treatment? USE LETTER CODE FROM 407.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
410	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (GO TO 403 IN NEXT COLUMN; OR, IF NO MORE ← BIRTHS, GO TO 427A) DON'T KNOW 8	YES 1 NO 2 (GO TO 403 IN NEXT COLUMN; OR, IF NO MORE ← BIRTHS, GO TO 427A) DON'T KNOW 8	YES 1 NO 2 (GO TO 403 IN NEXT COLUMN; OR, IF NO MORE ← BIRTHS, GO TO 427A) DON'T KNOW 8
411	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ACT ANTIMALARIALS AL A ARTESUNATE/ AMODIAQUINE . B DHAP C NON-ACT ANTIMALAR. SP/FANSIDAF... D CHLOROQUINE .. E AMODIAQUINE .. F QUININE PILLS G INJECTION/IV. H ARTESUNATE RECTAL I INJECTION/IV.. J OTHER ANTI- MALARIAL _____ K (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... L INJECTION ... M OTHER DRUGS ASPIRIN N ACETAMINOPHEN/ PARACETAMOL O IBUPROFEN ... P OTHER _____ X (SPECIFY) DON'T KNOW Z	ACT ANTIMALARIALS AL A ARTESUNATE/ AMODIAQUINE . B DHAP C NON-ACT ANTIMALAR. SP/FANSIDAF... D CHLOROQUINE .. E AMODIAQUINE .. F QUININE PILLS G INJECTION/IV. H ARTESUNATE RECTAL I INJECTION/IV.. J OTHER ANTI- MALARIAL _____ K (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... L INJECTION ... M OTHER DRUGS ASPIRIN N ACETAMINOPHEN/ PARACETAMOL O IBUPROFEN ... P OTHER _____ X (SPECIFY) DON'T KNOW Z	ACT ANTIMALARIALS AL A ARTESUNATE/ AMODIAQUINE . B DHAP C NON-ACT ANTIMALAR. SP/FANSIDAF... D CHLOROQUINE .. E AMODIAQUINE .. F QUININE PILLS G INJECTION/IV. H ARTESUNATE RECTAL I INJECTION/IV.. J OTHER ANTI- MALARIAL _____ K (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... L INJECTION ... M OTHER DRUGS ASPIRIN N ACETAMINOPHEN/ PARACETAMOL O IBUPROFEN ... P OTHER _____ X (SPECIFY) DON'T KNOW Z
412	CHECK 411: ANY CODE A-K CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 427A)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 427A)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 403 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 427A)
412A	CHECK 411: CODE 'A' OR 'B' CIRCLED?	CODE 'A' OR 'B' CIRCLED: <input type="checkbox"/> CODE 'A' OR 'B' NOT CIRCLED: <input type="checkbox"/> (SKIP TO 414C) ←	CODE 'A' OR 'B' CIRCLED: <input type="checkbox"/> CODE 'A' OR 'B' NOT CIRCLED: <input type="checkbox"/> (SKIP TO 414C) ←	CODE 'A' OR 'B' CIRCLED: <input type="checkbox"/> CODE 'A' OR 'B' NOT CIRCLED: <input type="checkbox"/> (SKIP TO 414C) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-TO-LAST BIRTH NAME _____
426	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
427		GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 427A.	GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 427A.	GO TO 403 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 427A.

SECTION 4A. KNOWLEDGE AND ATTITUDES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
427A	CHECK 224: ONE OR MORE BIRTHS IN 2010 OR LATER <input type="checkbox"/>	NO BIRTHS IN <input type="checkbox"/> 2010 OR LATER Q. 224 IS BLANK <input type="checkbox"/>	→ 427D → 427D				
427B	When your child/children has a fever, how important or unimportant is it to seek antimalarial treatment immediately? Is it extremely important, very important, a little important, or not at all important?	EXTREMELY IMPORTANT 1 VERY IMPORTANT 2 A LITTLE IMPORTANT 3 NOT AT ALL IMPORTANT 4					
427C	When your child/children had a fever, how affordable or unaffordable was treatment? Was it very affordable, affordable, unaffordable, or very unaffordable?	VERY AFFORDABLE 1 AFFORDABLE 2 UNAFFORDABLE 3 VERY UNAFFORDABLE 4					
427D	What is the recommended treatment for malaria?	ACT/AL 1 SP/FANSIDAR 2 CHLOROQUINE 3 AMODIAQUINE 4 OTHER 6 DON'T KNOW 8					
427E	Have you seen or heard any information about ACT or AL?	YES 1 NO 2	→ 428				
427F	Where did you see or hear about ACT or AL? Any other place or person? RECORD ALL MENTIONED	TELEVISION A RADIO B NEWSPAPER C BARAZA D RELATIVE/FRIEND E COMMUNITY LEADER/ELDER F COMMUNITY HEALTH WORKER G ROAD SHOW H OTHER X					
428	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></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></table>					

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

KENYA MALARIA INDICATOR SURVEY
BIOMARKER QUESTIONNAIRE

MALARIA CONTROL UNIT
KENYA NATIONAL BUREAU OF STATISTICS

IDENTIFICATION									
COUNTY	_____								
SUBLOCATION	_____								
NASSEP CLUSTER NUMBER			<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>						
KMIS CLUSTER NUMBER			<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>						
CLUSTER NAME	_____								
STRUCTURE NUMBER			<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>						
HOUSEHOLD NUMBER			<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>						
NAME OF HOUSEHOLD HEAD	_____								
NAME OF HOUSEHOLD INTERVIEWER	_____								
HEALTH TECHNICIAN VISITS									
	1	2	3	FINAL VISIT					
DATE	_____	_____	_____	DAY					
HEALTH TECHNICIAN'S NAME	_____	_____	_____	MONTH					
				YEAR					
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS					
TIME	_____	_____		<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td></tr> </table>					
NOTES:	_____ _____ _____			TOTAL ELIGIBLE CHILDREN					
				TOTAL CHILDREN TESTED ANAEMIA					
				TOTAL CHILDREN TESTED MALARIA					
LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="width: 20px; height: 20px;"> <tr><td style="text-align: center;">0</td></tr> <tr><td style="text-align: center;">1</td></tr> </table>	0	1	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 40px; height: 20px;"> <tr><td></td><td></td></tr> </table>				TRANSLATOR (YES = 1, NO = 2)
0									
1									
LANGUAGE OF QUESTIONNAIRE**	ENGLISH		**LANGUAGE CODES:						
			01 ENGLISH	02 KISWAHILI					
03 BORANA	05 KALENJIN	07 KIKUYU	09 LUHYA	11 LUO	13 MERU	15 POKOT	17 TURKANA		
04 EMBU	06 KAMBA	08 KISII	10 MARAGOLI	12 MAASAI	14 MIJIKENDA	16 SOMALI	18 OTHER		
SUPERVISOR:	_____		<table border="1" style="width: 60px; height: 20px;"> <tr><td></td><td></td><td></td></tr> </table>						
	NAME		NUMBER						

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-14 YEARS

101	CHECK COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-14 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 9.	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 _____
103	What is (NAME)'s date of birth?	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"/>
104	CHECK 103: CHILD BORN IN 2000-2015?	YES 1 NO 2 (SKIP TO 130) ←	YES 1 NO 2 (SKIP TO 130) ←	YES 1 NO 2 (SKIP TO 130) ←
105	CHECK 103: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS 1 (SKIP TO 130) ← OLDER 2	0-5 MONTHS 1 (SKIP TO 130) ← OLDER 2	0-5 MONTHS 1 (SKIP TO 130) ← OLDER 2
106	NAME OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD	NAME _____	NAME _____	NAME _____
107	CONSENT			
108	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT/OTHER . 3 <input type="text"/> <input type="text"/> <input type="text"/> HEALTH TECH'S NUMBER	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT/OTHER . 3 <input type="text"/> <input type="text"/> <input type="text"/> HEALTH TECH'S NUMBER	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT/OTHER . 3 <input type="text"/> <input type="text"/> <input type="text"/> HEALTH TECH'S NUMBER
109	CONSENT			
110	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT/OTHER . 3 <input type="text"/> <input type="text"/> <input type="text"/> HEALTH TECH'S NUMBER	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT/OTHER . 3 <input type="text"/> <input type="text"/> <input type="text"/> HEALTH TECH'S NUMBER	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT/OTHER . 3 <input type="text"/> <input type="text"/> <input type="text"/> HEALTH TECH'S NUMBER
111	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			

		CHILD 1	CHILD 2	CHILD 3																																																																																	
		NAME _____	NAME _____	NAME _____																																																																																	
112	PLACE BAR CODE LABEL FOR MALARIA LAB TEST.	<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 RDT, THE 3RD AND 4TH ON EACH SLIDE, 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 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RDT, THE 3RD AND 4TH ON EACH SLIDE, 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 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RDT, THE 3RD AND 4TH ON EACH SLIDE, THE 5TH ON THE TRANSMITTAL FORM.																																																																																	
113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANAEMIA 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																																																																																	
114	CIRCLE THE CODE FOR THE MALARIA RDT.	TESTED 1 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 116) ←	TESTED 1 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 116) ←	TESTED 1 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 116) ←																																																																																	
115	CIRCLE THE RESULT OF THE MALARIA RDT HERE AND IN THE ANAEMIA AND MALARIA BROCHURE.	POSITIVE 1 (SKIP TO 118) ← NEGATIVE 2 OTHER 6	POSITIVE 1 (SKIP TO 118) ← NEGATIVE 2 OTHER 6	POSITIVE 1 (SKIP TO 118) ← NEGATIVE 2 OTHER 6																																																																																	
116	CHECK 113: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANAEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 130) ←	BELOW 8.0 G/DL, SEVERE ANAEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 130) ←	BELOW 8.0 G/DL, SEVERE ANAEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 130) ←																																																																																	
117	SEVERE ANAEMIA REFERRAL RECORD THE RESULT OF THE ANAEMIA TEST ON THE REFERRAL FORM.	The anaemia test shows that (NAME OF CHILD) has severe anaemia. Your child is very ill and must be taken to a health facility immediately. (SKIP TO 130)																																																																																			
118	Does (NAME) suffer from any of the following illnesses or symptoms:	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>EXTREME WEAKNESS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HEART PROBLEMS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>LOSS OF CONSCIOUSNESS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RAPID BREATHING ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SEIZURES ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLEEDING ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>JAUNDICE ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DARK URINE ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	EXTREME WEAKNESS ...	1	2	HEART PROBLEMS ...	1	2	LOSS OF CONSCIOUSNESS ...	1	2	RAPID BREATHING ...	1	2	SEIZURES ...	1	2	BLEEDING ...	1	2	JAUNDICE ...	1	2	DARK URINE ...	1	2	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>EXTREME WEAKNESS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HEART PROBLEMS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>LOSS OF CONSCIOUSNESS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RAPID BREATHING ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SEIZURES ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLEEDING ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>JAUNDICE ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DARK URINE ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	EXTREME WEAKNESS ...	1	2	HEART PROBLEMS ...	1	2	LOSS OF CONSCIOUSNESS ...	1	2	RAPID BREATHING ...	1	2	SEIZURES ...	1	2	BLEEDING ...	1	2	JAUNDICE ...	1	2	DARK URINE ...	1	2	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>EXTREME WEAKNESS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HEART PROBLEMS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>LOSS OF CONSCIOUSNESS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RAPID BREATHING ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SEIZURES ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLEEDING ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>JAUNDICE ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DARK URINE ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	EXTREME WEAKNESS ...	1	2	HEART PROBLEMS ...	1	2	LOSS OF CONSCIOUSNESS ...	1	2	RAPID BREATHING ...	1	2	SEIZURES ...	1	2	BLEEDING ...	1	2	JAUNDICE ...	1	2	DARK URINE ...	1	2
	YES	NO																																																																																			
EXTREME WEAKNESS ...	1	2																																																																																			
HEART PROBLEMS ...	1	2																																																																																			
LOSS OF CONSCIOUSNESS ...	1	2																																																																																			
RAPID BREATHING ...	1	2																																																																																			
SEIZURES ...	1	2																																																																																			
BLEEDING ...	1	2																																																																																			
JAUNDICE ...	1	2																																																																																			
DARK URINE ...	1	2																																																																																			
	YES	NO																																																																																			
EXTREME WEAKNESS ...	1	2																																																																																			
HEART PROBLEMS ...	1	2																																																																																			
LOSS OF CONSCIOUSNESS ...	1	2																																																																																			
RAPID BREATHING ...	1	2																																																																																			
SEIZURES ...	1	2																																																																																			
BLEEDING ...	1	2																																																																																			
JAUNDICE ...	1	2																																																																																			
DARK URINE ...	1	2																																																																																			
	YES	NO																																																																																			
EXTREME WEAKNESS ...	1	2																																																																																			
HEART PROBLEMS ...	1	2																																																																																			
LOSS OF CONSCIOUSNESS ...	1	2																																																																																			
RAPID BREATHING ...	1	2																																																																																			
SEIZURES ...	1	2																																																																																			
BLEEDING ...	1	2																																																																																			
JAUNDICE ...	1	2																																																																																			
DARK URINE ...	1	2																																																																																			
119	CHECK 118: ANY SYMPTOM CIRCLED 'YES'?	ANY SYMPTOM 1 (SKIP TO 122) ← NO SYMPTOM 2	ANY SYMPTOM 1 (SKIP TO 122) ← NO SYMPTOM 2	ANY SYMPTOM 1 (SKIP TO 122) ← NO SYMPTOM 2																																																																																	
120	CHECK 113: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANAEMIA ... 1 (SKIP TO 122) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 4 REFUSED 5 OTHER 6	BELOW 8.0 G/DL, SEVERE ANAEMIA ... 1 (SKIP TO 122) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 4 REFUSED 5 OTHER 6	BELOW 8.0 G/DL, SEVERE ANAEMIA ... 1 (SKIP TO 122) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 4 REFUSED 5 OTHER 6																																																																																	

		CHILD 1	CHILD 2	CHILD 3																																																												
		NAME _____	NAME _____	NAME _____																																																												
121	In the past two weeks has (NAME) taken or is taking ACTs given by a doctor or health center to treat the malaria? VERIFY BY ASKING TO SEE TREATMENT	YES 1 (SKIP TO 123) ← NO 2 (SKIP TO 124) ←	YES 1 (SKIP TO 123) ← NO 2 (SKIP TO 124) ←	YES 1 (SKIP TO 123) ← NO 2 (SKIP TO 124) ←																																																												
122	SEVERE MALARIA REFERRAL RECORD THE RESULT OF THE MALARIA RDT ON THE REFERRAL FORM.	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 128)																																																														
123	ALREADY TAKING ACTs REFERRAL STATEMENT	You have told me that (NAME OF CHILD) had already received ACTs for malaria. Therefore, I cannot give you additional ACTs. However, the test shows that he/she has malaria. You should take the child to the nearest health facility for further examination. (SKIP TO 130)																																																														
124	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER	The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called ACT. ACTs are 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.																																																														
125	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																																																												
126	CHECK 125: MEDICATION ACCEPTANCE OR REFUSAL	ACCEPTED MEDICINE 1 REFUSED 2 OTHER 6 (SKIP TO 130) ←	ACCEPTED MEDICINE 1 REFUSED 2 OTHER 6 (SKIP TO 130) ←	ACCEPTED MEDICINE 1 REFUSED 2 OTHER 6 (SKIP TO 130) ←																																																												
127	READ INFORMATION FOR MALARIA TREATMENT TO PARENT/OTHER ADULT.	<p>TELL THE PARENT/OTHER ADULT: If your child has a fever for two days after the last dose of ACTs, you should take the child to the nearest health facility for further examination. 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> <p>IF CHILD WEIGHS LESS THAN 5 KGS., DO NOT LEAVE DRUGS. TELL PARENT TO TAKE CHILD TO HEALTH FACILITY.</p> <p>First day starts by taking first dose followed by the second dose 8 hours later. On subsequent days, the recommendation is simply "morning" and "evening" (around 12 hours apart). Take the medicine (crushed for small children) with high fat foods or drinks like milk.</p> <p>Make sure the full 3 days treatment is taken at the recommended times, otherwise the infection may return.</p> <p>If your child vomits within an hour of taking the medicine, you will need to get additional tablets and repeat the dose.</p> <table border="1"> <thead> <tr> <th colspan="2"></th> <th colspan="6">DOSING SCHEDULE WITH ARTEMETHER-LUMEFANTRINE (AL)</th> </tr> <tr> <th rowspan="3">WEIGHT IN KG</th> <th rowspan="3">AGE IN YEARS</th> <th colspan="6">NUMBER OF TABLETS PER DOSE</th> </tr> <tr> <th colspan="2">DAY 1</th> <th colspan="2">DAY 2</th> <th colspan="2">DAY 3</th> </tr> <tr> <th>1st dose</th> <th>8 hours</th> <th>24 hours</th> <th>36 hours</th> <th>48 hours</th> <th>60 hours</th> </tr> </thead> <tbody> <tr> <td>5-14</td> <td>5mos-<3yrs</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>15-24</td> <td>3-7yrs</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>25-34</td> <td>8-11yrs</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> </tr> <tr> <td>35 and above</td> <td>>12yrs</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> </tr> </tbody> </table> <p>(SKIP TO 130)</p>					DOSING SCHEDULE WITH ARTEMETHER-LUMEFANTRINE (AL)						WEIGHT IN KG	AGE IN YEARS	NUMBER OF TABLETS PER DOSE						DAY 1		DAY 2		DAY 3		1st dose	8 hours	24 hours	36 hours	48 hours	60 hours	5-14	5mos-<3yrs	1	1	1	1	1	1	15-24	3-7yrs	2	2	2	2	2	2	25-34	8-11yrs	3	3	3	3	3	3	35 and above	>12yrs	4	4	4	4	4	4
		DOSING SCHEDULE WITH ARTEMETHER-LUMEFANTRINE (AL)																																																														
WEIGHT IN KG	AGE IN YEARS	NUMBER OF TABLETS PER DOSE																																																														
		DAY 1		DAY 2		DAY 3																																																										
		1st dose	8 hours	24 hours	36 hours	48 hours	60 hours																																																									
5-14	5mos-<3yrs	1	1	1	1	1	1																																																									
15-24	3-7yrs	2	2	2	2	2	2																																																									
25-34	8-11yrs	3	3	3	3	3	3																																																									
35 and above	>12yrs	4	4	4	4	4	4																																																									
128	CHECK 113: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANAEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 130) ←	BELOW 8.0 G/DL, SEVERE ANAEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 130) ←	BELOW 8.0 G/DL, SEVERE ANAEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 130) ←																																																												
129	SEVERE ANAEMIA REFERRAL RECORD THE RESULT OF THE ANAEMIA TEST ON THE REFERRAL FORM.	The anaemia test shows that (NAME OF CHILD) has severe anaemia. Your child is very ill and must be taken to a health facility immediately.																																																														
130	GO BACK TO 103 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 0-14 YEARS

101	CHECK COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-14 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 4	CHILD 5	CHILD 6
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 9.	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 _____
103	What is (NAME)'s date of birth?	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"/>
104	CHECK 103: CHILD BORN IN 2000-2015?	YES 1 NO 2 (SKIP TO 130) ←	YES 1 NO 2 (SKIP TO 130) ←	YES 1 NO 2 (SKIP TO 130) ←
105	CHECK 103: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS 1 (SKIP TO 130) ← OLDER 2	0-5 MONTHS 1 (SKIP TO 130) ← OLDER 2	0-5 MONTHS 1 (SKIP TO 130) ← OLDER 2
106	NAME OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD	NAME _____	NAME _____	NAME _____
107	CONSENT			
108	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT/OTHER . 3 <input type="text"/> <input type="text"/> <input type="text"/> HEALTH TECH'S NUMBER	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT/OTHER . 3 <input type="text"/> <input type="text"/> <input type="text"/> HEALTH TECH'S NUMBER	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT/OTHER . 3 <input type="text"/> <input type="text"/> <input type="text"/> HEALTH TECH'S NUMBER
109	CONSENT			
110	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT/OTHER . 3 <input type="text"/> <input type="text"/> <input type="text"/> HEALTH TECH'S NUMBER	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT/OTHER . 3 <input type="text"/> <input type="text"/> <input type="text"/> HEALTH TECH'S NUMBER	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT/OTHER . 3 <input type="text"/> <input type="text"/> <input type="text"/> HEALTH TECH'S NUMBER
111	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			

		CHILD 4	CHILD 5	CHILD 6																																																																																	
		NAME _____	NAME _____	NAME _____																																																																																	
112	PLACE BAR CODE LABEL FOR MALARIA LAB TEST.	<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	<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	<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 RDT, THE 3RD AND 4TH ON EACH SLIDE, THE 5TH ON THE TRANSMITTAL FORM.	PUT THE 2ND BAR CODE LABEL ON THE RDT, THE 3RD AND 4TH ON EACH SLIDE, THE 5TH ON THE TRANSMITTAL FORM.	PUT THE 2ND BAR CODE LABEL ON THE RDT, THE 3RD AND 4TH ON EACH SLIDE, THE 5TH ON THE TRANSMITTAL FORM.																																																																																	
113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANAEMIA AND MALARIA BROCHURE.	G/DL <input type="text"/> <input type="text"/> <input type="text"/>	G/DL <input type="text"/> <input type="text"/> <input type="text"/>	G/DL <input type="text"/> <input type="text"/> <input type="text"/>																																																																																	
		NOT PRESENT 994 REFUSED 995 OTHER 996	NOT PRESENT 994 REFUSED 995 OTHER 996	NOT PRESENT 994 REFUSED 995 OTHER 996																																																																																	
114	CIRCLE THE CODE FOR THE MALARIA RDT.	TESTED 1 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 116) ←	TESTED 1 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 116) ←	TESTED 1 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 116) ←																																																																																	
115	CIRCLE THE RESULT OF THE MALARIA RDT HERE AND IN THE ANAEMIA AND MALARIA BROCHURE.	POSITIVE 1 (SKIP TO 118) ← NEGATIVE 2 OTHER 6	POSITIVE 1 (SKIP TO 118) ← NEGATIVE 2 OTHER 6	POSITIVE 1 (SKIP TO 118) ← NEGATIVE 2 OTHER 6																																																																																	
116	CHECK 113: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANAEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 130) ←	BELOW 8.0 G/DL, SEVERE ANAEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 130) ←	BELOW 8.0 G/DL, SEVERE ANAEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 130) ←																																																																																	
117	SEVERE ANAEMIA REFERRAL RECORD THE RESULT OF THE ANAEMIA TEST ON THE REFERRAL FORM.	The anaemia test shows that (NAME OF CHILD) has severe anaemia. Your child is very ill and must be taken to a health facility immediately. (SKIP TO 130)																																																																																			
118	Does (NAME) suffer from any of the following illnesses or symptoms:	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>EXTREME WEAKNESS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HEART PROBLEMS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>LOSS OF CONSCIOUSNESS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RAPID BREATHING ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SEIZURES ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLEEDING ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>JAUNDICE ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DARK URINE ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	EXTREME WEAKNESS ...	1	2	HEART PROBLEMS ...	1	2	LOSS OF CONSCIOUSNESS ...	1	2	RAPID BREATHING ...	1	2	SEIZURES ...	1	2	BLEEDING ...	1	2	JAUNDICE ...	1	2	DARK URINE ...	1	2	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>EXTREME WEAKNESS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HEART PROBLEMS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>LOSS OF CONSCIOUSNESS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RAPID BREATHING ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SEIZURES ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLEEDING ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>JAUNDICE ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DARK URINE ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	EXTREME WEAKNESS ...	1	2	HEART PROBLEMS ...	1	2	LOSS OF CONSCIOUSNESS ...	1	2	RAPID BREATHING ...	1	2	SEIZURES ...	1	2	BLEEDING ...	1	2	JAUNDICE ...	1	2	DARK URINE ...	1	2	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>EXTREME WEAKNESS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HEART PROBLEMS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>LOSS OF CONSCIOUSNESS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RAPID BREATHING ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SEIZURES ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLEEDING ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>JAUNDICE ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DARK URINE ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	EXTREME WEAKNESS ...	1	2	HEART PROBLEMS ...	1	2	LOSS OF CONSCIOUSNESS ...	1	2	RAPID BREATHING ...	1	2	SEIZURES ...	1	2	BLEEDING ...	1	2	JAUNDICE ...	1	2	DARK URINE ...	1	2
	YES	NO																																																																																			
EXTREME WEAKNESS ...	1	2																																																																																			
HEART PROBLEMS ...	1	2																																																																																			
LOSS OF CONSCIOUSNESS ...	1	2																																																																																			
RAPID BREATHING ...	1	2																																																																																			
SEIZURES ...	1	2																																																																																			
BLEEDING ...	1	2																																																																																			
JAUNDICE ...	1	2																																																																																			
DARK URINE ...	1	2																																																																																			
	YES	NO																																																																																			
EXTREME WEAKNESS ...	1	2																																																																																			
HEART PROBLEMS ...	1	2																																																																																			
LOSS OF CONSCIOUSNESS ...	1	2																																																																																			
RAPID BREATHING ...	1	2																																																																																			
SEIZURES ...	1	2																																																																																			
BLEEDING ...	1	2																																																																																			
JAUNDICE ...	1	2																																																																																			
DARK URINE ...	1	2																																																																																			
	YES	NO																																																																																			
EXTREME WEAKNESS ...	1	2																																																																																			
HEART PROBLEMS ...	1	2																																																																																			
LOSS OF CONSCIOUSNESS ...	1	2																																																																																			
RAPID BREATHING ...	1	2																																																																																			
SEIZURES ...	1	2																																																																																			
BLEEDING ...	1	2																																																																																			
JAUNDICE ...	1	2																																																																																			
DARK URINE ...	1	2																																																																																			
119	CHECK 118: ANY SYMPTOM CIRCLED 'YES'?	ANY SYMPTOM 1 (SKIP TO 122) ← NO SYMPTOM 2	ANY SYMPTOM 1 (SKIP TO 122) ← NO SYMPTOM 2	ANY SYMPTOM 1 (SKIP TO 122) ← NO SYMPTOM 2																																																																																	
120	CHECK 113: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANAEMIA ... 1 (SKIP TO 122) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 4 REFUSED 5 OTHER 6	BELOW 8.0 G/DL, SEVERE ANAEMIA ... 1 (SKIP TO 122) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 4 REFUSED 5 OTHER 6	BELOW 8.0 G/DL, SEVERE ANAEMIA ... 1 (SKIP TO 122) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 4 REFUSED 5 OTHER 6																																																																																	

		CHILD 4	CHILD 5	CHILD 6																																																												
		NAME _____	NAME _____	NAME _____																																																												
121	In the past two weeks has (NAME) taken or is taking ACTs given by a doctor or health center to treat the malaria? VERIFY BY ASKING TO SEE TREATMENT	YES 1 (SKIP TO 123) ← NO 2 (SKIP TO 124) ←	YES 1 (SKIP TO 123) ← NO 2 (SKIP TO 124) ←	YES 1 (SKIP TO 123) ← NO 2 (SKIP TO 124) ←																																																												
122	SEVERE MALARIA REFERRAL RECORD THE RESULT OF THE MALARIA RDT ON THE REFERRAL FORM.	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 128)																																																														
123	ALREADY TAKING ACTs REFERRAL STATEMENT	You have told me that (NAME OF CHILD) had already received ACTs for malaria. Therefore, I cannot give you additional ACTs. However, the test shows that he/she has malaria. You should take the child to the nearest health facility for further examination. (SKIP TO 130)																																																														
124	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER	The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called ACT. ACTs are 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.																																																														
125	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																																																												
126	CHECK 125: MEDICATION ACCEPTANCE OR REFUSAL	ACCEPTED MEDICINE 1 REFUSED 2 OTHER 6 (SKIP TO 130) ←	ACCEPTED MEDICINE 1 REFUSED 2 OTHER 6 (SKIP TO 130) ←	ACCEPTED MEDICINE 1 REFUSED 2 OTHER 6 (SKIP TO 130) ←																																																												
127	READ INFORMATION FOR MALARIA TREATMENT TO PARENT/OTHER ADULT.	<p>TELL THE PARENT/OTHER ADULT: If your child has a fever for two days after the last dose of ACTs, you should take the child to the nearest health facility for further examination. 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> <p>IF CHILD WEIGHS LESS THAN 5 KGS., DO NOT LEAVE DRUGS. TELL PARENT TO TAKE CHILD TO HEALTH FACILITY.</p> <p>First day starts by taking first dose followed by the second dose 8 hours later. On subsequent days, the recommendation is simply "morning" and "evening" (around 12 hours apart). Take the medicine (crushed for small children) with high fat foods or drinks like milk.</p> <p>Make sure the full 3 days treatment is taken at the recommended times, otherwise the infection may return.</p> <p>If your child vomits within an hour of taking the medicine, you will need to get additional tablets and repeat the dose.</p> <table border="1"> <thead> <tr> <th colspan="2"></th> <th colspan="6">DOSING SCHEDULE WITH ARTEMETHER-LUMEFANTRINE (AL)</th> </tr> <tr> <th rowspan="3">WEIGHT IN KG</th> <th rowspan="3">AGE IN YEARS</th> <th colspan="6">NUMBER OF TABLETS PER DOSE</th> </tr> <tr> <th colspan="2">DAY 1</th> <th colspan="2">DAY 2</th> <th colspan="2">DAY 3</th> </tr> <tr> <th>1st dose</th> <th>8 hours</th> <th>24 hours</th> <th>36 hours</th> <th>48 hours</th> <th>60 hours</th> </tr> </thead> <tbody> <tr> <td>5-14</td> <td>5mos-<3yrs</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>15-24</td> <td>3-7yrs</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>25-34</td> <td>8-11yrs</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> </tr> <tr> <td>35 and above</td> <td>≥12yrs</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> </tr> </tbody> </table> <p>(SKIP TO 130)</p>					DOSING SCHEDULE WITH ARTEMETHER-LUMEFANTRINE (AL)						WEIGHT IN KG	AGE IN YEARS	NUMBER OF TABLETS PER DOSE						DAY 1		DAY 2		DAY 3		1st dose	8 hours	24 hours	36 hours	48 hours	60 hours	5-14	5mos-<3yrs	1	1	1	1	1	1	15-24	3-7yrs	2	2	2	2	2	2	25-34	8-11yrs	3	3	3	3	3	3	35 and above	≥12yrs	4	4	4	4	4	4
		DOSING SCHEDULE WITH ARTEMETHER-LUMEFANTRINE (AL)																																																														
WEIGHT IN KG	AGE IN YEARS	NUMBER OF TABLETS PER DOSE																																																														
		DAY 1		DAY 2		DAY 3																																																										
		1st dose	8 hours	24 hours	36 hours	48 hours	60 hours																																																									
5-14	5mos-<3yrs	1	1	1	1	1	1																																																									
15-24	3-7yrs	2	2	2	2	2	2																																																									
25-34	8-11yrs	3	3	3	3	3	3																																																									
35 and above	≥12yrs	4	4	4	4	4	4																																																									
128	CHECK 113: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANAEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 130) ←	BELOW 8.0 G/DL, SEVERE ANAEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 130) ←	BELOW 8.0 G/DL, SEVERE ANAEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 130) ←																																																												
129	SEVERE ANAEMIA REFERRAL RECORD THE RESULT OF THE ANAEMIA TEST ON THE REFERRAL FORM.	The anaemia test shows that (NAME OF CHILD) has severe anaemia. Your child is very ill and must be taken to a health facility immediately.																																																														
130	GO BACK TO 103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, END INTERVIEW.																																																															

