

MALARIA INDICATOR SURVEY
MODEL WOMAN'S QUESTIONNAIRE

[NAME OF COUNTRY]
[NAME OF ORGANIZATION]

IDENTIFICATION (1)				
PLACE NAME _____				
NAME OF HOUSEHOLD HEAD _____				
CLUSTER NUMBER				<input type="text"/>
HOUSEHOLD NUMBER				<input type="text"/>
NAME AND LINE NUMBER OF WOMAN _____				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	DAY <input type="text"/> <input type="text"/>
				MONTH <input type="text"/> <input type="text"/>
INTERVIEWER'S NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	YEAR <input type="text"/> <input type="text"/> <input type="text"/>
RESULT*	<input type="text"/>	<input type="text"/>	<input type="text"/>	INT. NO. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
NEXT VISIT: DATE	<input type="text"/>	<input type="text"/>		RESULT* <input type="text"/>
TIME	<input type="text"/>	<input type="text"/>		TOTAL NUMBER OF VISITS <input type="text"/>
<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** <input type="text" value="0"/> <input type="text" value="1"/> LANGUAGE OF INTERVIEW** <input type="text"/><input type="text"/> NATIVE LANGUAGE OF RESPONDENT** <input type="text"/><input type="text"/> TRANSLATOR USED (YES = 1, NO = 2) <input type="text"/></p>				
<p>LANGUAGE OF QUESTIONNAIRE** ENGLISH **LANGUAGE CODES: 01 ENGLISH 03 LANGUAGE 3 05 LANGUAGE 5 02 LANGUAGE 2 04 LANGUAGE 4 06 LANGUAGE 6</p>				
<p>SUPERVISOR _____ NAME</p>		<p>FIELD EDITOR _____ NAME</p>		<p>OFFICE EDITOR _____ NUMBER</p>
<p>_____ NUMBER</p>		<p>_____ NUMBER</p>		<p>_____ NUMBER</p>
<p>KEYED BY _____ NUMBER</p>				

Note: Brackets [] indicate items that should be adapted on a country-specific basis.

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. The questions usually take about 10 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED .. 1
↓

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

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 (2)	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106 (2)	What is the highest [GRADE/FORM/YEAR] you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	[GRADE/FORM/YEAR] <input type="text"/> <input type="text"/>	
107	CHECK 105: PRIMARY OR <input type="checkbox"/> SECONDARY ↓	HIGHER <input type="checkbox"/> → 109	
108 (3)	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PART OF THE SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
109	COUNTRY-SPECIFIC QUESTION ON RELIGION, IF APPROPRIATE.																							
110	COUNTRY-SPECIFIC QUESTION ON ETHNICITY, IF APPROPRIATE.																							
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"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>RADIO</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 EVENT</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> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	POSTER/BILLBOARD	1	2	COMMUNITY HEALTH WORKER	1	2	COMMUNITY EVENT	1	2	ANYWHERE ELSE	1	2	
	YES	NO																						
RADIO	1	2																						
TELEVISION	1	2																						
POSTER/BILLBOARD	1	2																						
COMMUNITY HEALTH WORKER	1	2																						
COMMUNITY EVENT	1	2																						
ANYWHERE ELSE	1	2																						

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME <table border="1" data-bbox="1227 323 1354 369"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS AT HOME <table border="1" data-bbox="1227 373 1354 420"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE <table border="1" data-bbox="1227 543 1354 590"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS ELSEWHERE <table border="1" data-bbox="1227 594 1354 640"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES 1 NO 2	→ 208								
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD <table border="1" data-bbox="1227 869 1354 915"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) GIRLS DEAD <table border="1" data-bbox="1227 919 1354 966"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS <table border="1" data-bbox="1227 1016 1354 1062"><tr><td> </td><td> </td></tr></table>									
209	<p>CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct?</p> <p align="center"> YES <input type="checkbox"/> ↓ NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 ← AS NECESSARY. </p>										
210	<p>CHECK 208:</p> <p align="center"> ONE OR MORE BIRTHS <input type="checkbox"/> ↓ NO BIRTHS <input type="checkbox"/> → </p>		→ 225								
211	Now I'd like to ask you about your more recent births. How many births have you had in 2011-2016? RECORD NUMBER OF LIVE BIRTHS IN 2011-2016	TOTAL IN 2011-2016 <table border="1" data-bbox="1227 1478 1354 1524"><tr><td> </td><td> </td></tr></table> NONE 00			→ 225						

SECTION 2. REPRODUCTION

212 Now I would like to record the names of all your births in 2011-2016, whether still alive or not, starting with the most recent one you had.
 RECORD IN 213 THE NAMES OF ALL THE BIRTHS BORN IN 2011-2016. 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? RECORD NAME. BIRTH HISTORY NUMBER.	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? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	Were there any other live births between (NAME) and (NAME OF PREVIOUS BIRTH), including any children who died after birth?
01	BOY 1 GIRL 2	SING 1 MULT 2	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"/>	YES 1 NO 2 (NEXT BIRTH)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> (NEXT BIRTH)	
02	BOY 1 GIRL 2	SING 1 MULT 2	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"/>	YES 1 NO 2 (SKIP TO 221)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
03	BOY 1 GIRL 2	SING 1 MULT 2	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"/>	YES 1 NO 2 (SKIP TO 221)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
04	BOY 1 GIRL 2	SING 1 MULT 2	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"/>	YES 1 NO 2 (SKIP TO 221)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)
05	BOY 1 GIRL 2	SING 1 MULT 2	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"/>	YES 1 NO 2 (SKIP TO 221)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) NO 2 (NEXT BIRTH)

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	Have you had any live births since the birth of (NAME OF MOST RECENT BIRTH)?	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 (4)	CHECK 216: ENTER THE NUMBER OF BIRTHS IN 2011-2016	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 (4)	CHECK 224: ONE OR MORE BIRTHS IN 2011-2016 <input type="checkbox"/> (GO TO 301) ←	NO BIRTHS IN 2011-2016 <input type="checkbox"/> → 428 Q. 224 IS BLANK <input type="checkbox"/> → 428	

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,	<p align="center">MOST RECENT BIRTH</p> <p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p>	
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>	<p>YES 1</p> <p>NO 2</p>	→ 304
303 (5)	<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> <p>DOCTOR A</p> <p>NURSE/MIDWIFE B</p> <p>AUXILIARY MIDWIFE C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT D</p> <p>COMMUNITY/VILLAGE HEALTH WORKER .. E</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	
304	During this pregnancy, did you take SP/Fansidar to keep you from getting malaria?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 307
305	How many times did you take SP/Fansidar during this pregnancy?	TIMES <input type="text"/> <input type="text"/>	
306	<p>Did you get the SP/Fansidar during any antenatal care visit, during another visit to a health facility or from another source?</p> <p>IF MORE THAN ONE SOURCE, RECORD THE HIGHEST SOURCE ON THE LIST.</p>	<p>ANTENATAL VISIT 1</p> <p>ANOTHER FACILITY VISIT 2</p> <p>OTHER SOURCE 6</p>	
307 (4)	<p>CHECK 216 AND 217:</p> <p>ONE OR MORE LIVING CHILDREN BORN IN 2011-2016 <input type="checkbox"/></p> <p align="center">(GO TO 401) ←</p>	<p>NO LIVING CHILDREN BORN IN 2011-2016 <input type="checkbox"/></p>	→ 429

SECTION 4. FEVER IN CHILDREN

NO.	QUESTIONS AND FILTERS	MOST RECENT BIRTH NAME _____	NEXT MOST RECENT BIRTH NAME _____
408	CHECK 407:	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 410) ←	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (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"/>
410	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS <input type="text"/>	DAYS <input type="text"/>
411	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (SKIP TO 428) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 428) ← DON'T KNOW 8
412 (6)	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS ARTEMISININ COMBINATION THERAPY (ACT) A SP/FANSIDAR B CHLOROQUINE C AMODIAQUINE D QUININE PILLS E INJECTION/IV F ARTESUNATE RECTAL G INJECTION/IV H OTHER ANTIMALARIAL _____ I (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP J INJECTION/IV K OTHER DRUGS ASPIRIN L ACETAMINOPHEN M IBUPROFEN N OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS ARTEMISININ COMBINATION THERAPY (ACT) A SP/FANSIDAR B CHLOROQUINE C AMODIAQUINE D QUININE PILLS E INJECTION/IV F ARTESUNATE RECTAL G INJECTION/IV H OTHER ANTIMALARIAL _____ I (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP J INJECTION/IV K OTHER DRUGS ASPIRIN L ACETAMINOPHEN M IBUPROFEN N OTHER _____ X (SPECIFY) DON'T KNOW Z
413	CHECK 412: ANY CODE A-I CIRCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 428) ←	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 428) ←

SECTION 4. FEVER IN CHILDREN

NO.	QUESTIONS AND FILTERS	MOST RECENT BIRTH NAME _____	NEXT MOST RECENT BIRTH NAME _____
414	CHECK 412: ARTEMISININ COMBINATION THERAPY ('A') GIVEN	CODE 'A' CIRCLED <input type="checkbox"/> ↓ CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 416) ←	CODE 'A' CIRCLED <input type="checkbox"/> ↓ CODE 'A' NOT CIRCLED <input type="checkbox"/> (SKIP TO 416) ←
415	How long after the fever started did (NAME) first take an artemisinin combination therapy?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
416	CHECK 412: SP/FANSIDAR ('B') GIVEN	CODE 'B' CIRCLED <input type="checkbox"/> ↓ CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 418) ←	CODE 'B' CIRCLED <input type="checkbox"/> ↓ CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 418) ←
417	How long after the fever started did (NAME) first take SP/Fansidar?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
418	CHECK 412: CHLOROQUINE ('C') GIVEN	CODE 'C' CIRCLED <input type="checkbox"/> ↓ CODE 'C' NOT CIRCLED <input type="checkbox"/> (SKIP TO 420) ←	CODE 'C' CIRCLED <input type="checkbox"/> ↓ CODE 'C' NOT CIRCLED <input type="checkbox"/> (SKIP TO 420) ←
419	How long after the fever started did (NAME) first take chloroquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8
420	CHECK 412: AMODIAQUINE ('D') GIVEN	CODE 'D' CIRCLED <input type="checkbox"/> ↓ CODE 'D' NOT CIRCLED <input type="checkbox"/> (SKIP TO 422) ←	CODE 'D' CIRCLED <input type="checkbox"/> ↓ CODE 'D' NOT CIRCLED <input type="checkbox"/> (SKIP TO 422) ←
421	How long after the fever started did (NAME) first take amodiaquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8

SECTION 4. FEVER IN CHILDREN

NO.	QUESTIONS AND FILTERS	MOST RECENT BIRTH NAME _____	NEXT MOST RECENT BIRTH NAME _____				
422	CHECK 412: QUININE ('E' OR 'F') GIVEN	CODE 'E' OR 'F' CIRCLED <input type="checkbox"/> CODE 'E' OR 'F' NOT CIRCLED <input type="checkbox"/> (SKIP TO 424) ←	CODE 'E' OR 'F' CIRCLED <input type="checkbox"/> CODE 'E' OR 'F' NOT CIRCLED <input type="checkbox"/> (SKIP TO 424) ←				
423	How long after the fever started did (NAME) first take quinine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8				
424	CHECK 412: ARTESUNATE ('G' OR 'H') GIVEN	CODE 'G' OR 'H' CIRCLED <input type="checkbox"/> CODE 'G' OR 'H' NOT CIRCLED <input type="checkbox"/> (SKIP TO 426) ←	CODE 'G' OR 'H' CIRCLED <input type="checkbox"/> CODE 'G' OR 'H' NOT CIRCLED <input type="checkbox"/> (SKIP TO 426) ←				
425	How long after the fever started did (NAME) first take artesunate?	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				
426	CHECK 412: OTHER ANTIMALARIAL ('I') GIVEN	CODE 'I' CIRCLED <input type="checkbox"/> CODE 'I' NOT CIRCLED <input type="checkbox"/> (SKIP TO 428) ←	CODE 'I' CIRCLED <input type="checkbox"/> CODE 'I' NOT CIRCLED <input type="checkbox"/> (SKIP TO 428) ←				
427	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				
428		GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 429.	GO TO 403 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 429.				
429	RECORD THE TIME.	HOURS <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

EDITOR'S OBSERVATIONS

Women's Questionnaire: NOTES

- (1) This section should be adapted for country-specific survey design.
- (2) Revise according to the local education system.
- (3) Each card should have four simple sentences appropriate to the country (e.g., "Parents love their children.", "Farming is hard work.", "The child is reading a book.", "Children work hard at school."). Cards should be prepared for every language in which respondents are likely to be literate.
- (4) Year of fieldwork is assumed to be 2016. For fieldwork beginning in 2017, all references to calendar years should be increased by one; for example, 2011 should be changed to 2012, 2012 should be changed to 2013, and similarly for all years throughout the questionnaire.
- (5) Coding categories to be developed locally; however, the broad categories must be maintained. Additions to the codes under the private medical sector heading may include religious affiliated sources and NGO sources.
- (6) Coding categories to be developed locally and revised based on the pretest. All antimalarials commonly used in the country should be included in the response categories. Common brand names of drugs, such as Bayer, Tylenol or Paracetamol, should be added to the response categories for aspirin, acetaminophen, or ibuprofen as appropriate.