

2024 UGANDA MALARIA INDICATOR SURVEY
 HOUSEHOLD QUESTIONNAIRE

Uganda
 NMCD/UBOS

IDENTIFICATION														
EA NAME _____														
NAME OF HOUSEHOLD HEAD _____														
CLUSTER 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>										
INTERVIEWER VISITS														
	1	2	3	FINAL VISIT										
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; float: right;"></table>										
				MONTH <table border="1" style="width: 40px; height: 20px; float: right;"></table>										
INTERVIEWER'S NAME	_____	_____	_____	YEAR <table border="1" style="width: 40px; height: 20px; float: right;"></table>										
RESULT*	_____	_____	_____	INT. NO. <table border="1" style="width: 40px; height: 20px; float: right;"></table>										
				RESULT* <table border="1" style="width: 40px; height: 20px; float: right;"></table>										
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"></table>										
TIME	_____	_____												
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="width: 40px; height: 20px; float: right;"></table> TOTAL ELIGIBLE WOMEN <table border="1" style="width: 40px; height: 20px; float: right;"></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="width: 40px; height: 20px; float: right;"></table>										
LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="width: 20px; height: 20px;"><tr><td>0</td></tr></table>	0	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 20px; height: 20px;"><tr><td> </td></tr></table>		NATIVE LANGUAGE OF RESPONDENT**	<table border="1" style="width: 20px; height: 20px;"><tr><td> </td></tr></table>		TRANSLATOR USED (YES = 1, NO = 2)	<table border="1" style="width: 20px; height: 20px;"><tr><td> </td></tr></table>				
0														
LANGUAGE OF QUESTIONNAIRE**	ENGLISH		**LANGUAGE CODES: 01 ENGLISH 04 LUGBARA 07 RUNYORO/RUTORO 02 LUGANDA 05 ATESO 08 KARAMAJONG 03 LUO 06 RUNYANKOLE/RUKIGA 09 LUSOGA 96 OTHER											
TEAM	TEAM SUPERVISOR		CAPI SUPERVISOR (2)											
<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table> NUMBER			_____ NAME	<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> NUMBER					_____ NAME	<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> NUMBER				

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INTRODUCTION AND CONSENT

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

PROVIDE LONG-FORM CONSENT STATEMENT AND READ THROUGH IT WITH RESPONDENT. ANSWER ANY QUESTIONS THEY HAVE AND OBTAIN SIGNED CONSENT BEFORE PROCEEDING.

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

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED . . . 1
↓

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

100	RECORD THE TIME.	HOURS MINUTES
-----	------------------	------------------------------

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 ASKING QUESTIONS 2-7 FOR EACH PERSON ASK QUESTIONS 7A-7C TO BE SURE THAT THE LISTING IS COMPLETE.	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 0-5
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

7A) 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 → ADD TO TABLE NO

7B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? YES → ADD TO TABLE NO

7C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES → ADD TO TABLE NO

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- | | |
|------------------------------------|-------------------------------|
| 01 = HEAD | 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>BICYCLE WITH JERRYCAN 71</p> <p>SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81</p> <p>BOTTLED WATER 91</p> <p>SACHET WATER 92</p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 105</p> <p>→ 103</p> <p>→ 103</p>
102	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>BICYCLE WITH JERRYCAN 71</p> <p>SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81</p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 105</p>
103	Where is that water source located?	<p>IN OWN DWELLING 1</p> <p>IN OWN YARD/PLOT 2</p> <p>ELSEWHERE 3</p>	<p>→ 105</p>
104	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
105	<p>What kind of toilet facility do members of your household usually use?</p> <p>IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.</p>	<p>FLUSH OR POUR FLUSH TOILET</p> <p>FLUSH TO PIPED SEWER SYSTEM 11</p> <p>FLUSH TO SEPTIC TANK 12</p> <p>FLUSH TO PIT LATRINE 13</p> <p>FLUSH TO SOMEWHERE ELSE 14</p> <p>FLUSH, DON'T KNOW WHERE 15</p> <p>PIT LATRINE</p> <p>VENTILATED IMPROVED PIT LATRINE . . 21</p> <p>PIT LATRINE WITH SLAB 22</p> <p>PIT LATRINE WITHOUT SLAB/OPEN PIT . . 23</p> <p>COMPOSTING TOILET 31</p> <p>BUCKET TOILET 41</p> <p>HANGING TOILET/HANGING LATRIN 51</p> <p>NO FACILITY/BUSH/FIELD 61</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	<p>→ 109</p>
106	<p>Do you share this toilet facility with other households?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 108</p>
107	<p>Including your own household, how many households use this toilet facility?</p>	<p>NO. OF HOUSEHOLDS</p> <p>IF LESS THAN 10 <input type="text" value="0"/> <input type="text"/></p> <p>10 OR MORE HOUSEHOLDS 95</p> <p>DON'T KNOW 98</p>	
108	<p>Where is this toilet facility located?</p>	<p>IN OWN DWELLING 1</p> <p>IN OWN YARD/PLOT 2</p> <p>ELSEWHERE 3</p>	
109	<p>In your household, what type of cookstove is mainly used for cooking?</p>	<p>ELECTRIC STOVE 01</p> <p>SOLAR COOKER 02</p> <p>LIQUIFIED PETROLEUM GAS (LPG)/ COOKING GAS STOVE 03</p> <p>PIPED NATURAL GAS STOVE 04</p> <p>BIOGAS STOVE 05</p> <p>LIQUID FUEL STOVE 06</p> <p>MANUFACTURED SOLID FUEL STOVE 07</p> <p>TRADITIONAL SOLID FUEL STOVE 08</p> <p>THREE STONE STOVE/OPEN FIRE 09</p> <p>NO FOOD COOKED IN HOUSEHOLD 95</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	<p>→ 111</p> <p>→ 111</p>
110	<p>What type of fuel or energy source is used in this cookstove?</p>	<p>ALCOHOL/ETHANOL 01</p> <p>GASOLINE/DIESEL 02</p> <p>KEROSENE/PARAFFIN 03</p> <p>COAL/LIGNITE 04</p> <p>CHARCOAL 05</p> <p>WOOD 06</p> <p>STRAW/SHRUBS/GRASS 07</p> <p>AGRICULTURAL CROP 08</p> <p>ANIMAL DUNG/WASTE 09</p> <p>PROCESSED BIOMASS (PELLETS) OR WOODCHIPS 10</p> <p>GARBAGE/PLASTIC 11</p> <p>SAWDUST 12</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	
111	<p>How many rooms in this household are used for sleeping?</p>	<p>ROOMS <input type="text"/> <input type="text"/></p>	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP														
112	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 114														
113	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? b) Exotic/cross-breed cattle? c) Horses, donkeys, or mules? d) Goats? e) Sheep? f) Chickens or other poultry? g) Pigs?	a) LOCAL CATTLE..... b) EXOTIC/CROSS-BREED CATTLE c) HORSES/DONKEYS/MULES.... d) GOATS e) SHEEP f) CHICKENS/POULTRY..... g) PIGS <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>															
114	Does any member of this household own any agricultural land?	YES 1 NO 2	→ 116														
115	How many acres of agricultural land do members of this household own? IF 95 OR MORE ACRES, RECORD '950'	ACRES 1 <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> </table> . <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td></tr> </table> 95 OR MORE ACRES 950 DON'T KNOW 998															
116	Does your household have: a) Electricity? b) A radio? c) A television? d) A non-mobile telephone? e) A computer? f) A refrigerator? g) A cassette/CD/DVD player? h) A table? i) A chair? j) A sofa set? k) A bed? l) A cupboard? m) A clock?	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) PLAYER 1 2 h) TABLE 1 2 i) CHAIR 1 2 j) SOFA SET 1 2 k) BED 1 2 l) CUPBOARD..... 1 2 m) CLOCK 1 2															
117	Does any member of this household own: 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? h) A boat without a motor?	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 h) BOAT WITHOUT MOTOF.... 1 2															
118	Does any member of this household have an account in a bank or other financial institution?	YES 1 NO 2															

MOSQUITO NETS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD. OBSERVE AND ANSWER THE QUESTIONS FOR EACH NET, ONE BY ONE.		
122	ASSIGN EACH NET A SEQUENTIAL NUMBER AND RECORD THE NUMBER HERE.	NET NUMBER <input type="text"/> <input type="text"/>	
123	WAS THIS NET OBSERVED?	OBSERVED 1 NOT OBSERVED 2	
124	How many months ago did your household get the mosquito net? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO 95 NOT SURE 98	
125	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) PERMANET 3.0 11 PERMANET 2.0 12 INTERCEPTOR (IG2) 13 YORKOOL 14 ROYAL GUARD 15 PERMANET DUAL 16 DURANET 17 DURANET PLUS 18 OLYSET 19 OLYSET PLUS 20 VEERALIN 21 DAWA PLUS/TANA NET 22 LLIN DON'T KNOW BRAN 23 OTHER LLIN 24 _____ (SPECIFY) OTHER TYPE (NOT LLIN) 96 DON'T KNOW TYPE 98	
126	Did you get the net through a mass distribution, during an antenatal care visit, or during an immunization visit?	YES, MASS DISTRIBUTION 1 YES, ANC 2 YES, IMMUNIZATION VISIT 3 NO 4	} → 128
127	Where did you get the net?	GOVERNMENT HEALTH FACILITY 01 PRIVATE HEALTH FACILITY 02 PNFP/NGO 03 PHARMACY 04 SHOP/MARKET 05 VILLAGE HEALTH TEAMS (VHT)/ CHW 06 RELIGIOUS INSTITUTION 07 SCHOOL 08 HAWKER 09 OTHER 96 DON'T KNOW 98	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
132	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 STONES 36 BRICKS 37 OTHER _____ 96 (SPECIFY)									
133	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 MUD 13 RUDIMENTARY ROOFING RUSTIC MAT 21 PALM/BAMBOO 22 WOOD PLANKS 23 CARDBOARD 24 TINS 25 TARPAULIN 26 FINISHED ROOFING IRON SHEETS 31 WOOD 32 ASBESTOS 33 CERAMIC TILES 34 CEMENT 35 ROOFING SHINGLES 36 OTHER _____ 96 (SPECIFY)									
134	OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING. RECORD OBSERVATION.	NATURAL WALLS NO WALLS 11 THATCHED/STRAW 12 DIRT 13 RUDIMENTARY WALLS POLES WITH MUD 21 STONE WITH MUD 22 UNBURNT BRICKS WITH MI 23 PLYWOOD 24 CARDBOARD 25 REUSED WOOD 26 UNBURNT BRICKS WITH PLASTEI 27 BURNT BRICKS WITH MUD 28 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BURNT BRICKS WITH CEMENT 33 CEMENT BLOCKS 34 UNBURNT BRICKS WITH CEMENT 35 WOOD PLANKS/SHINGLES 36 OTHER _____ 96 (SPECIFY)									
135	RECORD THE TIME.	HOURS <table border="1" data-bbox="1177 1951 1315 2011"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> MINUTES <table border="1" data-bbox="1177 2011 1315 2072"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </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

2024 UGANDA MALARIA INDICATOR SURVEY
 WOMAN'S QUESTIONNAIRE

Uganda
 NMCD/UBOS

IDENTIFICATION														
EA NAME _____														
NAME OF HOUSEHOLD HEAD _____														
CLUSTER NUMBE				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>										
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NAME AND LINE NUMBER OF WOMAN _____														
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	1	2	3	FINAL VISIT										
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NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"></table>										
TIME	_____	_____												
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED SPECIFY _____														
LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="width: 20px; height: 20px;"><tr><td>0</td></tr></table>	0	<table border="1" style="width: 20px; height: 20px;"><tr><td>1</td></tr></table>	1	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 20px; height: 20px;"><tr><td> </td></tr></table>								
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**LANGUAGE CODES:														
LANGUAGE OF QUESTIONNAIRE**	ENGLISH													
	Language Code													
	01 ENGLISH		04 LUGBARA											
	02 LUGANDA		05 ATESO											
	03 LUO		06 RUNYANKOLE/RUKIGA											
			07 RUNYORO/RUTORO											
			08 KARAMAJONG											
			09 LUSOGA											
			96 OTHER											
TEAM	TEAM SUPERVISOR		CAPI SUPERVISOR (2)											
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NUMBER	NAME		NUMBER											
	NAME		NUMBER											

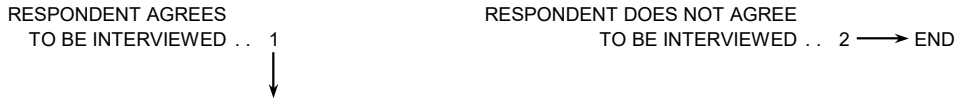
INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with Ministry of Health/UBOS. We are conducting a survey about malaria all over Uganda. The information we collect will help the government to plan health services. Your household was selected for the survey. 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.

PROVIDE LONG-FORM CONSENT STATEMENT AND READ THROUGH IT WITH RESPONDENT. ANSWER ANY QUESTIONS THEY HAVE AND OBTAIN SIGNED CONSENT BEFORE PROCEEDING.

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

SIGNATURE OF INTERVIEWER _____ DATE _____



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 YEAR9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEAR..... <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, "O" level, "A" level, tertiary or university?	PRIMARY 1 "O" LEVEL 2 "A" LEVEL 3 TERTIARY 4 UNIVERSITY 5	
106	What is the highest [CLASS/YEAR] you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	[CLASS/YEAR] <input type="text"/> <input type="text"/>	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	CHECK 105: PRIMARY OR <input type="checkbox"/> "O" OR "A" LEVEL ↓	HIGHER <input type="checkbox"/>	→ 110
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	
109	CHECK 108: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED ↓	CODE '1' OR '5' CIRCLED <input type="checkbox"/>	→ 111
110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
112	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
113	Do you own a mobile phone?	YES 1 NO 2	→ 115
114	Is your mobile phone a smart phone?	YES 1 NO 2	
115	Have you ever used the Internet from any location on any device?	YES 1 NO 2	→ 118
116	In the last 12 months, have you used the Internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES 1 NO 2	→ 118
117	During the last one month, how often did you use the Internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
118	What is your religion?	NO RELIGION 10 ANGLICAN 11 CATHOLIC 12 MUSLIM 13 SEVENTH DAY ADVENTIST 14 ORTHODOX 15 PENTECOSTAL/BORN AGAIN/EVANGELICAL 16 BAHA'I 17 BAPTIST 18 JEWISH 19 PRESBYTERIAN 20 MAMMON 21 HINDU 22 BUDDHIST 23 JEHOVAH'S WITNESS 24 SALVATION ARMY 25 TRADITIONAL 26 OTHER 96 (SPECIFY)	
119	What is your tribe?	TRIBE CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER 96 (SPECIFY)	

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" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with	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" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried, 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" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL LIVE BIRTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>YES</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>NO</p> <input type="checkbox"/> </div> </div> <p style="text-align: center;">PROBE AND CORRECT 201-208 AS NECESSARY.</p>										
210	CHECK 208: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>ONE OR MORE BIRTHS</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>NO BIRTHS</p> <input type="checkbox"/> </div> </div>		→ 224								
211	Now I'd like to ask you about your more recent births. How many births have you had in 2019-2024? RECORD NUMBER OF LIVE BIRTHS IN 2019-	TOTAL IN 2019-2024 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> NONE 00			→ 224						

SECTION 2. REPRODUCTION

212 Now I would like to record the names of all your births in 2019-2024, whether still alive or not, starting with the most recent one you had.

RECORD IN 213 THE NAMES OF ALL THE BIRTHS BORN IN 2019-2024. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. IF THERE ARE MORE THAN 3 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE.

213 What name was given to your (most recent/ previous) baby? RECORD NAME. BIRTH HISTORY NUMBER.	214 Is (NAME) a boy or a girl?	215 Was (NAME) a single birth, a twin, or a triplet? IF MULTIPLE PREGNANCY: COPY VALUE FOR 215 IN NEXT ROW(S).	216 On what day, month, and year was (NAME) born? 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"/>	217 FOR ROW 01, ASK: Have you had any live births since the birth of (NAME OF MOST RECENT BIRTH), including any children who died after birth? AFTER ROW 01: IF 215=1 OR THIS IS THE LAST BIRTH OF A MULTIPLE PREGNANCY, ASK: Were there any other live births between (NAME) and (NAME OF FOLLOWING BIRTH), including any children who died after birth? IF 215 > 1 AND THIS IS NOT THE LAST BIRTH OF THE PREGNANCY, SKIP TO 213 IN NEXT ROW.	218 Is (NAME) still alive?	219 IF ALIVE: How old was (NAME) at (his/her) last birthday? RECORD AGE IN COMPLETED YEARS.	220 IF ALIVE: Is (NAME) living with you?	221 IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.
01	BOY 1 GIRL 2	SING 1 TWINS 2 TRIP 3 NO. OF OUT- <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"/>	YES 1 (ADD BIRTH) ↓ NO 2 (GO TO 213 IN NEXT ROW) ↓	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"/>
02	BOY 1 GIRL 2	SING 1 TWINS 2 TRIP 3 NO. OF OUT- <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"/>	YES 1 (ADD BIRTH) ↓ NO 2 (GO TO 213 IN NEXT ROW) ↓	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"/>
03	BOY 1 GIRL 2	SING 1 TWINS 2 TRIP 3 NO. OF OUT- <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"/>	YES 1 (ADD BIRTH) ↓ NO 2 (GO TO 213 IN NEXT ROW) ↓	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"/>
217A	Did you have any other live births before the birth of (NAME) and during or after January 2019?		YES 1 → ADD TO TABLE NO 2					
217B	READ THE LIST OF LIVE BIRTHS IN ORDER TO THE RESPONDENT, STARTING FROM THE MOST RECENT BIRTH, AND ASK IF THEY ARE ALL THAT SHE HAS HAD IN OR SINCE JANUARY 2019, AND IF THEY ARE LISTED IN ORDER. DOES THE RESPONDENT AGREE? IF NOT, PROBE FOR THE CORRECT INFORMATION AND REVISE THE PREGNANCY HISTORY ACCORDINGLY. IF YES, PROCEED TO 218 ROW 1.							

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
223	<p>COMPARE 211 WITH NUMBER OF BIRTHS IN BIRTH HISTORY</p> <p style="text-align: center;">NUMBERS ARE THE SAME <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p style="text-align: center;">↓</p>	<p style="text-align: center;">NUMBERS ARE DIFFERENT <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p style="text-align: center;">(PROBE AND RECONCILE) ←</p>	
224	<p>Are you pregnant now?</p>	<p>YES 1</p> <p>NO 2</p> <p>UNSURE 8</p>	<p style="text-align: center;">→ 301</p>
225	<p>How many weeks or months pregnant are you?</p> <p>RECORD NUMBER OF COMPLETED WEEKS OR MONTHS.</p>	<p>WEEKS 1 <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>MONTHS 2 <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p>	

SECTION 3. PREGNANCY AND INTERMITTENT PREVENTIVE TREATMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	CHECK 216 AND 218: ONE OR MORE BIRTHS 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	NO BIRTHS 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> → 401	
302	RECORD THE NAME OF THE MOST RECENT BIRTH FROM 213, LINE 01:	MOST RECENT BIRTH NAME _____	
303	Now I would like to ask you some questions about your last pregnancy that resulted in a live birth. While you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2	→ 308
304	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B MEDICAL ASSISTANT/ CLINICAL OFFICER C NURSING AIDE/ASSISTANT D OTHER PERSON TRADITIONAL BIRTH ATTENDANT E COMMUNITY/VILLAGE HEALTH WORKER F OTHER _____ X (SPECIFY)	
305	Where did you receive antenatal care for this pregnancy? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	HOME HER HOME A OTHER HOME B PUBLIC SECTOR GOVERNMENT HOSPITAL C GOVERNMENT HEALTH CENTER D OTHER PUBLIC SECTOR _____ E (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC F OTHER PRIVATE MEDICAL SECTOR _____ G (SPECIFY) OTHER _____ X (SPECIFY)	

SECTION 3. PREGNANCY AND INTERMITTENT PREVENTIVE TREATMENT

NO.	NAME OF CHILD _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	
306	How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?	WEEKS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	
307	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98	
308	During this pregnancy, did you take SP/Fansidar to keep you from getting malaria?	YES 1 NO 2 DON'T KNOW 8	→ 310A → 401
309	How many times did you take SP/Fansidar during this pregnancy?	TIMES <input type="text"/> <input type="text"/>	
310	Did you get the SP/Fansidar during any antenatal care visit, during another visit to a health facility or from another source? IF MORE THAN ONE SOURCE, RECORD THE HIGHEST SOURCE ON THE LIST.	ANTENATAL VISIT 1 ANOTHER FACILITY VISIT 2 OTHER SOURCE 6	
310A	CHECK 308 AND 309: TOOK SP LESS THAN 3 TIMES DURING THIS PREGNANCY	CODE 2 in 308 ENTERED OR CODE '00' '01' OR '02' TIMES IN 309 ENTERED <input type="checkbox"/> OTHER <input type="checkbox"/> → 401	
310B	Why did you take (SP/Fansidar) less than three times during this pregnancy? RECORD ALL MENTIONED.	FACILITY TOO FAR A HAD NO MONEY B SIDE EFFECTS C NOT AWARE HAD TO TAKE MORE D DID NOT WANT TO TAKE E NOT GIVEN F NOT AVAILABLE G TASTES/SMELLS BAD H PROVIDER ATTITUDE I OTHER _____ X (SPECIFY) DON'T KNOW Z	

SECTION 4. FEVER IN CHILDREN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	<p>CHECK 216, 217, AND 218 IN THE BIRTH HISTORY: ANY SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY?</p> <p>ONE OR MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE <input type="checkbox"/></p>	<p>NO SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p>	→ 501
402	Now I would like to ask some questions about the health of your children born in the last 5 years. (We will talk about each separately, starting with the youngest.)		
403	<p>RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 213 OF THE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE.</p> <p>NAME OF CHILD _____ BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></p>		
404	Has (NAME) been ill with a fever at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 415AA
405	At any time during the illness, did (NAME) have blood taken from (NAME)'s finger or heel for testing?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
406	Were you told by a healthcare provider that (NAME) had malaria?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
407	Did you seek advice or treatment for the illness from any source?	<p>YES 1</p> <p>NO 2</p>	→ 408
407A	Why have you not sought advice or treatment from any source?	<p>CHILD JUST FELL ILL A</p> <p>CHILD NOT VERY ILL B</p> <p>CLINIC TOO FAR C</p> <p>HAVE NO MONEY D</p> <p>WAITING FOR CHILD'S FATHER E</p> <p>DON'T KNOW WHAT TO DO F</p> <p>ALREADY HAD MEDICINE AT HOME G</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	→ 412

SECTION 4. FEVER IN CHILDREN

NO.	NAME OF CHILD _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	
408	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTER B</p> <p>MOBILE CLINIC/OUTREACH D</p> <p>COMMUNITY HEALTH WORKER/ VILLAGE HEALTH WORKER/TEAM E</p> <p>OTHER PUBLIC SECTOR SECTOR _____ F (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PHARMACY/DRUG SHOP H</p> <p>PRIVATE DOCTOR I</p> <p>MOBILE CLINIC J</p> <p>FIEDWORKER K</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ L (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP Q</p> <p>TRADITIONAL PRACTITIONER R</p> <p>MARKET S</p> <p>HAWKER/ITINERANT DRUG SELLER .. T</p> <p>OTHER _____ X (SPECIFY)</p>	
409	<p>CHECK 408:</p> <p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p>	<p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p>	<p>→ 411</p>
410	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 408.</p>	<p>FIRST PLACE <input type="text"/></p>	
411	<p>How many days after the illness began did you first seek advice or treatment for (NAME)?</p> <p>IF THE SAME DAY RECORD '00'.</p>	<p>DAYS <input type="text"/> <input type="text"/></p>	
412	<p>At any time during the illness, did (NAME) take any medicine for the illness?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 415AA</p>

SECTION 4. FEVER IN CHILDREN

NO.	NAME OF CHILD _____	BIRTH HISTORY NUMBER		
413 (2)	What medicine did (NAME) take? Any other medicine? RECORD ALL MENTIONED. IF MEDICINE NOT KNOWN, ASK TO SEE THE PACKAGE OR PRESCRIPTION.	ANTIMALARIAL MEDICINE 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 MEDICINE AMOXICILLIN J COTRIMOXAZOLE K OTHER PILL/SYRUP L OTHER INJECTION/IV M OTHER MEDICINE ASPIRIN N PARACETAMOL/PANADOL/ ACETAMINOPHEN O IBUPROFEN P OTHER _____ X (SPECIFY)		
		DON'T KNOW Z		
414	CHECK 413: ARTEMISININ COMBINATION THERAPY ('A') GIVEN <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> CODE 'A' CIRCLED <input type="checkbox"/> </div> <div style="text-align: center;"> CODE 'A' NOT CIRCLED <input type="checkbox"/> </div> </div>		<div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 150px; margin-right: 5px;"></div> → 415AA </div>	
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		

SECTION 4. FEVER IN CHILDREN

NO.	NAME OF CHILD _____ BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>		
415AA	CHECK 216, 217, AND 219 IN THE BIRTH HISTORY: IS THIS THE YOUNGEST , SURVIVING CHILD, BORN 0-59 MONTHS BEFORE THE SURVEY? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 416
415A	The Ugandan government is thinking about introducing additional programs to protect children from malaria. Have you heard about the new malaria vaccine?	YES 1 NO 2 DON'T KNOW 8	
415B	Would you allow your (child/children) to be vaccinated against malaria if the vaccine became available in your area?	YES 1 NO 2 DON'T KNOW 8	
415C	SP/Amodiaquine is a medicine given to prevent malaria. Would you allow your (child/children) to be given doses of SP/Amodiaquine after the rainy season to prevent the child from getting malaria?	YES 1 NO 2 DON'T KNOW 8	
416	CHECK 216 AND 217 IN BIRTH HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY? NO MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/> MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/>		→ 403

SECTION 5. MALARIA KNOWLEDGE AND BELIEFS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	In the last six months, have you seen or heard any messages about malaria?	YES 1 NO 2	→ 503
502	Where did you see or hear these messages? PROBE: Anywhere else? RECORD ALL MENTIONED.	RADIO A TELEVISION B POSTER/BILLBOARD C NEWSPAPER/MAGAZINE D LEAFLET/BROCHURE E HEALTHCARE PROVIDER F COMMUNITY HEALTH WORKER/ VILLAGE HEALTH WORKER/TEAM G SOCIAL MEDIA H OTHER _____ X (SPECIFY) DON'T REMEMBER Z	
503	Are there ways to avoid getting malaria?	YES 1 NO 2	→ 505
504	What are the things that people can do to prevent themselves from getting malaria? RECORD ALL MENTIONED.	SLEEP UNDER A MOSQUITO NET A SLEEP UNDER AN INSECTICIDE-TREATED MOSQUITO NET B USE MOSQUITO REPELLENT C TAKE PREVENTATIVE MEDICATIONS D SPRAY HOUSE WITH INSECTICIDE E FILL IN STAGNANT WATERS (PUDDLES) .. F KEEP SURROUNDINGS CLEAN G PUT MOSQUITO SCREEN ON WINDOWS .. H PROMPT TREATMENT TO PREVENT FURTHER TRANSMISSION J OTHER _____ X (SPECIFY) DON'T KNOW Z	
505	Now I am going to read some statements and I would like you to tell me whether you agree or disagree with each statement. If you don't know, say, don't know. People in this community only get malaria during the rainy season. Do you agree or disagree?	AGREE 1 DISAGREE 2 DON'T KNOW/UNCERTAIN 8	
506	When a child has a fever, you almost always worry it might be malaria. Do you agree or disagree?	AGREE 1 DISAGREE 2 DON'T KNOW/UNCERTAIN 8	
507	Getting malaria is not a problem because it can be easily treated. Do you agree or disagree?	AGREE 1 DISAGREE 2 DON'T KNOW/UNCERTAIN 8	

SECTION 5. MALARIA KNOWLEDGE AND BELIEFS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
508	Only weak children can die from malaria. Do you agree or disagree?	AGREE 1 DISAGREE 2 DON'T KNOW/UNCERTAIN 8					
509	You can sleep under a mosquito net for the entire night when there are lots of mosquitoes. Do you agree or disagree?	AGREE 1 DISAGREE 2 DON'T KNOW/UNCERTAIN 8					
510	You can sleep under a mosquito net for the entire night when there are few mosquitoes Do you agree or disagree?	AGREE 1 DISAGREE 2 DON'T KNOW/UNCERTAIN 8					
511	You do not like sleeping under a mosquito net when the weather is too warm. Do you agree or disagree?	AGREE 1 DISAGREE 2 DON'T KNOW/UNCERTAIN 8					
512	When a child has a fever, it is best to start by giving them any medicine you have at home. Do you agree or disagree?	AGREE 1 DISAGREE 2 DON'T KNOW/UNCERTAIN 8					
513	People in your community usually take their children to a health care provider on the same day or day after they develop a fever. Do you agree or disagree? IF RESPONDENT DOESN'T KNOW, PROBE: Would you say more than half or less than half of the community does this?	AGREE/MORE THAN HALF 1 DISAGREE/LESS THAN HALF 2 DON'T KNOW/UNCERTAIN 8					
514	People in your community who have a mosquito net usually sleep under a mosquito net every night. Do you agree or disagree? IF RESPONDENT DOESN'T KNOW, PROBE: Would you say more than half or less than half of the community does this?	AGREE/MORE THAN HALF 1 DISAGREE/LESS THAN HALF 2 DON'T KNOW/UNCERTAIN 8					
515	RECORD THE TIME.	HOURS <table border="1" data-bbox="1184 1509 1315 1568"> <tr><td> </td><td> </td></tr> </table> MINUTES <table border="1" data-bbox="1184 1568 1315 1626"> <tr><td> </td><td> </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

2024 UGANDA MALARIA INDICATOR SURVEY
 BIOMARKER QUESTIONNAIRE

UGANDA
 NMCD/ UBOS

IDENTIFICATION												
EA NAME _____												
NAME OF HOUSEHOLD HEAD _____												
CLUSTER NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <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> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
HEALTH TECHNICIAN VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
HEALTH TECHNICIAN NAME	_____	_____	_____	MONTH <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
				YEAR <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
NEXT VISIT: DATE TIME	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
NOTES: _____ _____ _____ _____				TOTAL ELIGIBLE CHILDREN <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
LANGUAGE OF QUESTIONNAIRE**	0 1	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table>	NATIVE LANGUAGE OF RESPONDENT**	<table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table>	TRANSLATOR (YES = 1, NO = 2)	<table border="1" style="width: 20px; height: 20px;"></table>					
LANGUAGE OF QUESTIONNAIRE**	ENGLISH		**LANGUAGE CODES:									
			01 ENGLISH	04 LUGBARA	07 RUNYORO/RUTORO							
			02 LUGANDA	05 ATESO	08 KARAMAJONG							
			03 LUO	06 RUNYANKOLE/RUKIGA	09 LUSOGA							
					96 OTHER							
TEAM	TEAM SUPERVISOR											
<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table> NUMBER			_____ NAME									

MALARIA TESTING FOR CHILDREN AGE 6 MONTHS TO 4 YEARS

101	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN AGE 0-5 YEARS IN QUESTION 102 ON THIS PAGE.						
CHILD 1							
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121	RECORD HEALTH TECHNICIAN NAME.	_____ (SIGN) _____ HEALTH TECHNICIAN NAME			
122	CHECK 120: CONSENT GRANTED <input type="checkbox"/> CONSENT REFUSED OR NOT PRESENT/OTHER <input type="checkbox"/>		→ 135		

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122E	<p>ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT:</p> <p>We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to learn more about malaria in children. The blood sample will not have any name or other data attached that could identify (NAME OF CHILD). If you do not want the blood sample stored for additional testing, (NAME OF CHILD) can still be tested for malaria.</p> <p>PROVIDE LONG-FORM CONSENT STATEMENT AND READ THROUGH IT WITH RESPONDENT. ANSWER ANY QUESTIONS THEY HAVE AND OBTAIN SIGNED CONSENT BEFORE PROCEEDING.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow us to keep {NAME OF CHILD}'s blood sample stored for additional testing?</p>	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3																												
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123A	<p>CHECK ADDITIONAL TESTING CONSENT STATUS:</p> <p>CHECK 122E</p>	<p style="text-align: center;"> CONSENT REFUSED OR NOT PRESENT <input type="checkbox"/> ↓ CONSENT GRANTED <input type="checkbox"/> </p>	<input type="checkbox"/> → 124																											
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127	<p>SEVERE MALARIA REFERRAL</p> <p>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.</p> <p>RECORD THE RESULT OF THE MALARIA RDT ON THE REFERRAL FORM.</p>	SEVERE MALARIA REFERRAL PROVIDED 1 SEVERE MALARIA REFERRAL NOT PROVIDED 2	→135																																																				
128	<p>In the past 2 weeks has {NAME OF CHILD} taken or is {NAME OF CHILD} taking Artemether/Lumefantrine (Coartem) given by a doctor or health center to treat the malaria?</p> <p>VERIFY BY ASKING TO SEE TREATMENT.</p>	YES 1 NO 2	→131																																																				
129	<p>ALREADY TAKING Artemether/Lumefantrine REFERRAL STATEMENT</p> <p>You have told me that {NAME OF CHILD} had already received Artemether/ Lumefantrine for malaria. Therefore, I cannot give you additional Artemether/Lumefantrine. However, the test shows that he/she has malaria. If your child has a fever for 2 days after the last dose of Artemether/Lumefantrine, you should take the child to the nearest health facility for further examination.</p>																																																						
130	<p>CHECK 128:</p> <p style="text-align: center;">NO <input type="checkbox"/> YES <input type="checkbox"/></p> <p style="text-align: center;">↓</p>		→ 135																																																				
131	<p>ASK CONSENT FOR MALARIA TREATMENT FROM PARENT/RESPONSIBLE ADULT:</p> <p>The malaria test shows that {NAME OF CHILD} has malaria. We can give you free medicine. The medicine is called Artemether/ Lumefantrine. Artemether/Lumefantrine is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to give {NAME OF CHILD} the medicine. This is up to you. Please tell me whether you accept the medicine or not.</p>	ACCEPTED MEDICINE 1 REFUSED MEDICINE 2 OTHER 6																																																					
132	<p>RECORD HEALTH TECHNICIAN NAME.</p>	<hr style="width: 100%;"/> HEALTH TECHNICIAN NAME																																																					
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134	<p>PROVIDE DOSAGE INSTRUCTIONS TO PARENT/RESPONSIBLE ADULT.</p> <p>TELL THE PARENT/RESPONSIBLE ADULT: If {NAME OF CHILD} has a high fever, fast or difficult breathing, is not able to drink or breastfeed, gets sicker or does not get better in 2 days, you should take him/her to a health professional for treatment right away.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="3">Category of the body weight of the patients in kg.</th> <th rowspan="3">Artemether (20mg) + Lumefantrine (120mg) Blisters</th> <th colspan="6">Number of tablets of AL 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 hrs after</th> <th>24 hrs after</th> <th>36 hrs after</th> <th>48 hrs after</th> <th>60 hrs after</th> </tr> </thead> <tbody> <tr> <td>5-14 kg (4 months up to 3 yrs)</td> <td>6 x 1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>15 kg to < 25 kg (from 3 yrs- 7 yrs)</td> <td>6 x 2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>25 kg to < 35 kg</td> <td>6 x 3</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> </tr> <tr> <td>≥ 35 kg</td> <td>6 x 4</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> </tr> </tbody> </table>	Category of the body weight of the patients in kg.	Artemether (20mg) + Lumefantrine (120mg) Blisters	Number of tablets of AL per dose						Day 1		Day 2		Day 3		1st dose	8 hrs after	24 hrs after	36 hrs after	48 hrs after	60 hrs after	5-14 kg (4 months up to 3 yrs)	6 x 1	1	1	1	1	1	1	15 kg to < 25 kg (from 3 yrs- 7 yrs)	6 x 2	2	2	2	2	2	2	25 kg to < 35 kg	6 x 3	3	3	3	3	3	3	≥ 35 kg	6 x 4	4	4	4	4	4	4		
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136	<p>IF ANOTHER CHILD IN HOUSEHOLD IS ELIGIBLE, GO TO 102 ON THE NEXT PAGE; IF NO MORE CHILDREN END INTERVIEW</p>																																																						

MALARIA TESTING FOR CHILDREN AGE 6 MONTHS TO 4 YEARS

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MALARIA TESTING FOR CHILDREN AGE 6 MONTHS TO 4 YEARS

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
118	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD.	NAME _____ LINE NUMBER..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			
120	<p>ASK CONSENT FOR MALARIA TEST FROM PARENT/RESPONSIBLE ADULT:</p> <p>As part of this survey, we are asking children all over the country to take a test to see if they have malaria. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will assist the government to develop programs to prevent and treat malaria. We ask that all children age 6 months through 4 years take part in malaria testing. The tests require a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for malaria immediately, and the results will be told to you right away. A few blood drops will be collected on slide(s) and filter paper and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>PROVIDE LONG-FORM CONSENT STATEMENT AND READ THROUGH IT WITH RESPONDENT. ANSWER ANY QUESTIONS THEY HAVE AND OBTAIN SIGNED CONSENT BEFORE PROCEEDING.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow {NAME OF CHILD} to be tested for malaria?</p>	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3			
121	RECORD HEALTH TECHNICIAN NAME.	_____ (SIGN) _____ HEALTH TECHNICIAN NAME			
122	CHECK 120: CONSENT GRANTED <input type="checkbox"/> CONSENT REFUSED OR NOT PRESENT/OTHER <input type="checkbox"/>	→ 135			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
122E	<p>ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT:</p> <p>We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to learn more about malaria in children. The blood sample will not have any name or other data attached that could identify (NAME OF CHILD). If you do not want the blood sample stored for additional testing, (NAME OF CHILD) can still be tested for malaria.</p> <p>PROVIDE LONG-FORM CONSENT STATEMENT AND READ THROUGH IT WITH RESPONDENT. ANSWER ANY QUESTIONS THEY HAVE AND OBTAIN SIGNED CONSENT BEFORE PROCEEDING.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow us to keep {NAME OF CHILD}'s blood sample stored for additional testing?</p>	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3																												
122F	RECORD HEALTH TECHNICIAN NAME.	_____ (SIGN) _____ HEALTH TECHNICIAN NAME																												
123	<p>PREPARE EQUIPMENT AND SUPPLIES FOR THE TEST(S) AND PROCEED WITH TESTING.</p> <p>PLACE 1ST BAR CODE LABEL FOR MALARIA LAB TEST IN SPACE TO THE RIGHT. PUT THE 2ND BAR CODE LABEL ON THE SLIDE, THE 3RD ON THE TRANSMITTAL SHEET FOR THE SLIDES, THE 4TH ON THE DBS CARD, AND THE 5TH ON THE TRANSMITTAL SHEET FOR THE DBS CARDS.</p>	<div style="border: 1px dashed black; padding: 5px; width: fit-content; margin: 0 auto;"> PUT THE 1ST BAR CODE LABEL HERE. </div> REFUSED 99995 OTHER 99996	→ 135																											
123A	<p>CHECK 122E: ADDITIONAL TESTING CONSENT STATUS:</p> <p style="text-align: center;"> CONSENT REFUSED OR NOT PRESENT <input type="checkbox"/> CONSENT GRANTED <input type="checkbox"/> </p>		→ 124																											
123B	IF CONSENT REFUSED OR NOT PRESENT, WRITE "NAT" (NO ADDITIONAL TEST) ON THE FILTER PAPER.																													
124	CONDUCT TEST AND RECORD RESULT OF THE MALARIA RDT HERE AND IN THE INFORMATIONAL PAMPHLET.	TEST POSITIVE 1 TEST NEGATIVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6	→ 135																											
125	<p>Does {NAME OF CHILD} suffer from any of the following illnesses or symptoms:</p> <p>a) Extreme weakness? b) Heart problems? c) Loss of consciousness? d) Rapid or difficult breathing? e) Seizures? f) Abnormal bleeding? g) Jaundice or yellow skin? h) Dark urine?</p>	<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>a) EXTREME WEAKNESS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) HEART PROBLEMS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) LOSS OF CONSCIOUS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) RAPID BREATHING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) SEIZURES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f) BLEEDING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g) JAUNDICE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>h) DARK URINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	a) EXTREME WEAKNESS	1	2	b) HEART PROBLEMS	1	2	c) LOSS OF CONSCIOUS	1	2	d) RAPID BREATHING	1	2	e) SEIZURES	1	2	f) BLEEDING	1	2	g) JAUNDICE	1	2	h) DARK URINE	1	2	
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h) DARK URINE	1	2																												
126	<p>CHECK 125: ANY 'YES' CIRCLED?</p> <p style="text-align: center;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>		→ 128																											

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																				
127	<p>SEVERE MALARIA REFERRAL</p> <p>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.</p> <p>RECORD THE RESULT OF THE MALARIA RDT ON THE REFERRAL FORM.</p>	<p>SEVERE MALARIA REFERRAL PROVIDED 1</p> <p>SEVERE MALARIA REFERRAL NOT PROVIDED 2</p>	→135																																																				
128	<p>In the past 2 weeks has {NAME OF CHILD} taken or is {NAME OF CHILD} taking Artemether/Lumefantrine (Coartem) given by a doctor or health center to treat the malaria?</p> <p>VERIFY BY ASKING TO SEE TREATMENT.</p>	<p>YES 1</p> <p>NO 2</p>	→131																																																				
129	<p>ALREADY TAKING Artemether/Lumefantrine REFERRAL STATEMENT</p> <p>You have told me that {NAME OF CHILD} had already received Artemether/ Lumefantrine for malaria. Therefore, I cannot give you additional Artemether/Lumefantrine. However, the test shows that he/she has malaria. If your child has a fever for 2 days after the last dose of Artemether/Lumefantrine, you should take the child to the nearest health facility for further examination.</p>																																																						
130	<p>CHECK 128:</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p>		→ 135																																																				
131	<p>ASK CONSENT FOR MALARIA TREATMENT FROM PARENT/RESPONSIBLE ADULT:</p> <p>The malaria test shows that {NAME OF CHILD} has malaria. We can give you free medicine. The medicine is called Artemether/ Lumefantrine. Artemether/Lumefantrine is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to give {NAME OF CHILD} the medicine. This is up to you. Please tell me whether you accept the medicine or not.</p>	<p>ACCEPTED MEDICINE ... 1</p> <p>REFUSED MEDICINE 2</p> <p>OTHER 6</p>																																																					
132	<p>RECORD HEALTH TECHNICIAN NAME.</p>	<p>_____</p> <p>(SIGN)</p> <p>_____</p> <p>HEALTH TECHNICIAN NAME</p>																																																					
133	<p>CHECK 131: ACCEPTED MEDICINE?</p> <p>ACCEPTED MEDICINE <input type="checkbox"/> REFUSED MEDICINE OR OTHER <input type="checkbox"/></p>		→ 135																																																				
134	<p>PROVIDE DOSAGE INSTRUCTIONS TO PARENT/RESPONSIBLE ADULT.</p> <p>TELL THE PARENT/RESPONSIBLE ADULT: If {NAME OF CHILD} has a high fever, fast or difficult breathing, is not able to drink or breastfeed, gets sicker or does not get better in 2 days, you should take him/her to a health professional for treatment right away.</p> <table border="1"> <thead> <tr> <th rowspan="3">Category of the body weight of the patients in kg.</th> <th rowspan="3">Artemether (20mg) + Lumefantrine (120mg) Blisters</th> <th colspan="6">Number of tablets of AL 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 hrs after</th> <th>24 hrs after</th> <th>36 hrs after</th> <th>48 hrs after</th> <th>60 hrs after</th> </tr> </thead> <tbody> <tr> <td>5-14 kg (4 months up to 3 yrs)</td> <td>6 x 1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>15 kg to < 25 kg (from 3 yrs- 7 yrs)</td> <td>6 x 2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>25 kg to < 35 kg</td> <td>6 x 3</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> </tr> <tr> <td>≥ 35 kg</td> <td>6 x 4</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> </tr> </tbody> </table>	Category of the body weight of the patients in kg.	Artemether (20mg) + Lumefantrine (120mg) Blisters	Number of tablets of AL per dose						Day 1		Day 2		Day 3		1st dose	8 hrs after	24 hrs after	36 hrs after	48 hrs after	60 hrs after	5-14 kg (4 months up to 3 yrs)	6 x 1	1	1	1	1	1	1	15 kg to < 25 kg (from 3 yrs- 7 yrs)	6 x 2	2	2	2	2	2	2	25 kg to < 35 kg	6 x 3	3	3	3	3	3	3	≥ 35 kg	6 x 4	4	4	4	4	4	4		
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135	<p>RECORD DATE:</p>	<p>DAY <table border="1"><tr><td></td><td></td></tr></table></p> <p>MONTH <table border="1"><tr><td></td><td></td></tr></table></p> <p>YEAR <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table></p>																																																					
136	<p>IF ANOTHER CHILD IN HOUSEHOLD IS ELIGIBLE, GO TO 102 ON THE NEXT PAGE; IF NO MORE CHILDREN END INTERVIEW</p>																																																						

CONSENT FORMS

2024 Uganda Malaria Indicator Survey (UMIS) Consent for Household Questionnaire

Project Title:	2024 Uganda Malaria Indicator Survey
Funding Source:	United States Agency for International Development President’s Malaria Initiative (USAID/PMI), The Government of Uganda, and the Global Fund to Fight Against Aids, Malaria and Tuberculosis (GFATM)
Site of Research:	Randomly selected clusters across Uganda
Principal Investigators:	Dr. Jimmy Opigo, Dr. Bosco Agaba
Version number:	2.0
Version date:	19 November 2024

SURVEY SUMMARY

The Ministry of Health and the Uganda Bureau of Statistics are currently conducting the 2024 Malaria Indicator Survey across Uganda. The information collected will assist the government in planning health services effectively. Your household was randomly selected to participate in this survey, which typically takes about 10 to 20 minutes to complete.

All of your responses will be kept confidential and will only be accessible to our survey team. Participation in this survey is voluntary, and we highly value your input. If you prefer not to answer any question, please inform us, and we will move on to the next one. You may also stop the interview at any time.

This consent form provides detailed information about the study. You are welcome to ask questions at any point. After this consent form has been read to you and your questions have been answered, you can decide whether to participate in the study.

PROCEDURES

If you agree to participate in this survey, the following will happen:

- a. After the consent form is signed, a survey team member will ask you questions about your household. The questions will take 10 to 20 minutes.
- b. If there are any women age 15-49 living in or visiting your household, we will ask for their consent to interview them. Any women age 15-17 will also require parent/responsible adult consent to be interviewed.
- c. If there are any children age 6 months to 4 years living in or visiting your household, they may be eligible for malaria testing. If eligible, we will ask their parent/responsible adult for consent to test them for malaria.

VOLUNTARY PARTICIPATION

Your participation in this survey is your choice. You may choose either to take part or not to take part. If agree to participate, you can refuse to answer any question that makes you uncomfortable or stop the interview at any time.

DISCOMFORT AND RISKS

- **Questionnaires:** Answering some questions may make you feel uncomfortable. You may refuse to answer any question or stop the interview at any time. This will not result in any penalty or disadvantage to you.
- **Confidentiality:** Other people may learn that you are part of this survey. However, we will not allow people who are not working for the survey to see any of your responses.

BENEFITS

If you agree to take part in the survey, the information we collect will help Uganda and other countries to decide on the how to design and implement more effective control programs to protect people against malaria.

COMPENSATION

No. Your participation in this survey is voluntary. But we hope that you participate since your involvement will allow us to learn more about malaria in Uganda and improve malaria programs and interventions.

CONFIDENTIALITY STATEMENT

The records concerning your participation are to be used only for the purpose of this survey. Your name will not be used on any study forms or labels on laboratory specimens or in any report resulting from this survey. At the beginning of the survey, we will assign you an identification number and this number will be used on the forms and on the laboratory specimens. Any information obtained in connection with this survey will be kept strictly confidential. Only members of the study team will have access to information linking your name with their ID number. All personal identifying information will be deleted from the data set after all data has been collected.

FREEDOM TO WITHDRAW FROM THE SURVEY

Taking part in this survey is a choice. You may choose to answer our questions or not. If you decide to take part in the survey, you may stop the interview at any time. No matter what decision you make, there will be no penalty to you.

QUESTIONS ABOUT THE SURVEY

For questions about the survey, you may call the principal investigator, Dr. Jimmy Opigo and his staff, at 0772962601. You may also call Dr. Agaba Bosco at 0772902105. We will give you free access to a telephone line.

QUESTIONS ABOUT YOUR RIGHTS AS A RESEARCH PARTICIPANT

For questions about your rights as a research participant or research related harm, you may contact Mr. Tom Lakwo the chair of the Vector Control Division Research and Ethics Committee at telephone number 0772438311 which approved this study.

HOUSEHOLD QUESTIONNAIRE CONSENT FORM— RESPONDENT COPY

PARTICIPANT STATEMENT

I have been informed verbally and in writing about this survey and understand what is involved. I also know whom to contact if I need more information. I understand that confidentiality will be preserved. I understand that I am free to withdraw my participation from the survey at any time without penalty. I agree to be interviewed and will be given a copy of this information sheet to keep.

Please put your initials in the “YES” or “NO” box to indicate your answer.

I choose to be interviewed.

YES	NO
-----	----

Name of Person Providing Consent (printed)

Signature or Fingerprint of Person Providing Consent

Date

Name of Survey Staff Administering Consent (printed)

Position/Title

Signature of Survey Staff Administering Consent

Date

* If the participant is unable to read and/or write, an impartial witness should be present during the informed consent discussion. After the written informed consent form is read and explained to the participant, and after they have orally consented to their participation in the survey, and have either signed the consent form or provided their fingerprint, the witness should sign and personally date the consent form. By signing the consent form, the witness attests that the information in the consent form and any other written information was accurately explained to, and apparently understood by, the participant, and that informed consent was freely given by the patient.

Name of Person Witnessing Consent (printed)

Signature of Witness

Date

Electronic version of the consent form also read to/provided to the parent/responsible adult in:

Luganda

Luo

Lugbara

Lusoga

Runyankore/Rukiga

Runyoro/Rutoro

Ateso

Karamajong

No Translation provided (respondent can read English)

HOUSEHOLD QUESTIONNAIRE CONSENT FORM— UBOS/NMCD COPY

PARTICIPANT STATEMENT

I have been informed verbally and in writing about this survey and understand what is involved. I also know whom to contact if I need more information. I understand that confidentiality will be preserved. I understand that I am free to withdraw my participation from the survey at any time without penalty. I agree to be interviewed and will be given a copy of this information sheet to keep.

Please put your initials in the “YES” or “NO” box to indicate your answer.

I choose to be interviewed.

YES	NO
-----	----

Name of Person Providing Consent (printed)

Signature or Fingerprint of Person Providing Consent Date

Name of Survey Staff Administering Consent (printed) Position/Title

Signature of Survey Staff Administering Consent Date

* If the participant is unable to read and/or write, an impartial witness should be present during the informed consent discussion. After the written informed consent form is read and explained to the participant, and after they have orally consented to their participation in the survey, and have either signed the consent form or provided their fingerprint, the witness should sign and personally date the consent form. By signing the consent form, the witness attests that the information in the consent form and any other written information was accurately explained to, and apparently understood by, the participant, and that informed consent was freely given by the patient.

Name of Person Witnessing Consent (printed)

Signature of Witness Date

Electronic version of the consent form also read to/provided to the parent/responsible adult in:

- Luganda Luo Lugbara Lusoga
- Runyankore/Rukiga Runyoro/Rutoro Ateso Karamajong
- No Translation provided (respondent can read English)

2024 Uganda Malaria Indicator Survey (UMIS) Consent for Woman's Questionnaire

Project Title:	2024 Uganda Malaria Indicator Survey
Funding Source:	United States Agency for International Development President's Malaria Initiative (USAID/PMI), The Government of Uganda, and the Global Fund to Fight Against Aids, Malaria and Tuberculosis (GFATM)
Site of Research:	Randomly selected clusters across Uganda
Principal Investigators:	Dr. Jimmy Opigo, Dr. Bosco Agaba
Version number:	2.0
Version date:	19 November 2024

SURVEY SUMMARY

The Ministry of Health and the Uganda Bureau of Statistics are currently conducting the 2024 Malaria Indicator Survey across Uganda. The information collected will assist the government in planning health services effectively. Your household was randomly selected to participate in this survey, which typically takes about 10 to 20 minutes to complete.

All of your responses will be kept confidential and will only be accessible to our survey team. Participation in this survey is voluntary, and we highly value your input. If you prefer not to answer any question, please inform us, and we will move on to the next one. You may also stop the interview at any time.

This consent form provides detailed information about the study. You are welcome to ask questions at any point. After this consent form has been read to you and your questions have been answered, you can decide whether to participate in the study.

PROCEDURES

If you agree to participate in this survey, the following will happen:

After the consent form is signed, a survey team member will ask you questions about you, your children, and your malaria-related knowledge and practices. The questions will take 10 to 20 minutes.

If you have any children age 6 months to 4 years, they may be eligible for malaria testing. If eligible, we will ask your consent to test them for malaria.

VOLUNTARY PARTICIPATION

Your participation in this survey is your choice. You may choose either to take part or not to take part. If agree to participate, you can refuse to answer any question that makes you uncomfortable or stop the interview at any time.

DISCOMFORT AND RISKS

- **Questionnaires:** Answering some questions may make you feel uncomfortable. You may refuse to answer any question or stop the interview at any time. This will not result in any penalty or disadvantage to you.

- **Confidentiality:** Other people may learn that you are part of this survey. However, we will not allow people who are not working for the survey to see any of your responses.

BENEFITS

If you agree to take part in the survey, the information we collect will help Uganda and other countries to decide on the how to design and implement more effective control programs to protect people against malaria.

COMPENSATION

You will not receive any compensation for participating in this survey. Your participation is voluntary. But we hope that you participate since your involvement will allow us to learn more about malaria in Uganda and improve malaria programs and interventions.

CONFIDENTIALITY STATEMENT

The records concerning your participation are to be used only for the purpose of this survey. Your name will not be used on any study forms or labels on laboratory specimens or in any report resulting from this survey. At the beginning of the survey, we will assign you an identification number and this number will be used on the forms and on the laboratory specimens. Any information obtained in connection with this survey will be kept strictly confidential. Only members of the study team will have access to information linking your name with their ID number. All personal identifying information will be deleted from the data set after all data has been collected.

FREEDOM TO WITHDRAW FROM THE SURVEY

Taking part in this survey is a choice. You may choose to answer our questions or not. If you decide to take part in the survey, you may stop the interview at any time. No matter what decision you make, there will be no penalty to you.

QUESTIONS ABOUT THE SURVEY

For questions about the survey, you may call the principal investigator, Dr. Jimmy Opigo, and his staff at 0772962601. You may also call Dr. Agaba Bosco at 0772902105. We will give you free access to a telephone line.

QUESTIONS ABOUT YOUR RIGHTS AS A RESEARCH PARTICIPANT

For questions about your rights as a research participant or research related harm, you may contact Mr. Tom Lakwo, the chair of the Vector Control Division Research and Ethics Committee, at telephone number 0772438311, which approved this study.

WOMAN'S CONSENT—INDIVIDUAL INTERVIEW— RESPONDENT COPY

PARTICIPANT STATEMENT

I have been informed verbally and in writing about this survey and understand what is involved. I also know whom to contact if I need more information. I understand that confidentiality will be preserved. I understand that I am free to withdraw my participation from the survey at any time without penalty. I agree to be interviewed and will be given a copy of this information sheet to keep.

Please put your initials in the "YES" or "NO" box to indicate your answer.

I choose to be interviewed.

YES	NO
-----	----

Name of Parent/ Responsible Adult Providing Consent (printed)

** Only required if respondent is age 15–17*

Signature or Fingerprint of Parent/ Responsible Adult Providing Consent Date

** Only required if respondent is age 15–17*

Name of Participant (printed)

Signature or Fingerprint of Participant
(woman 18+ providing consent/woman 15–17 providing assent)

Date

Name of Survey Staff Administering Consent (printed)

Position/Title

Signature of Survey Staff Administering Consent

Date

** If the participant is unable to read and/or write, an impartial witness should be present during the informed consent discussion. After the written informed consent form is read and explained to the participant, and after they have orally consented to their participation in the survey, and have either signed the consent form or provided their fingerprint, the witness should sign and personally date the consent form. By signing the consent form, the witness attests that the information in the consent form and any other written information was accurately explained to, and apparently understood by, the participant, and that informed consent was freely given by the patient.*

Name of Person Witnessing Consent (printed)

Signature of Witness

Date

Electronic version of the consent form also read to/provided to the parent/responsible adult in:

- Luganda Luo Lugbara Lusoga
 Runyankore/Rukiga Runyoro/Rutoro Ateso Karamajong
 No Translation provided (respondent can read English)

UMIS WOMAN'S CONSENT- NMCD/UBOS COPY

Household Number: _____

Cluster Number: _____

PARTICIPANT STATEMENT

I have been informed verbally and in writing about this survey and understand what is involved. I also know whom to contact if I need more information. I understand that confidentiality will be preserved. I understand that I am free to withdraw my participation from the survey at any time without penalty. I agree to be interviewed and will be given a copy of this information sheet to keep.

Please put your initials in the "YES" or "NO" box to indicate your answer.

I choose to be interviewed.

YES	NO
-----	----

Name of Parent/ Responsible Adult Providing Consent (printed)

** Only required if respondent is age 15-17*

Signature or Fingerprint of Parent/ Responsible Adult Providing Consent Date

** Only required if respondent is age 15-17*

Name of Participant (printed)

Signature or Fingerprint of Participant

(woman 18+ providing consent/woman 15-17 providing assent)

Date

Name of Survey Staff Administering Consent (printed)

Position/Title

Signature of Survey Staff Administering Consent

Date

** If the participant is unable to read and/or write, an impartial witness should be present during the informed consent discussion. After the written informed consent form is read and explained to the participant, and after they have orally consented to their participation in the survey, and have either signed the consent form or provided their fingerprint, the witness should sign and personally date the consent form. By signing the consent form, the witness attests that the information in the consent form and any other written information was accurately explained to, and apparently understood by, the participant, and that informed consent was freely given by the patient.*

Name of Person Witnessing Consent (printed)

Signature of Witness

Date

Electronic version of the consent form also read to/provided to the parent/responsible adult in:

Luganda

Luo

Lugbara

Lusoga

Runyankore/Rukiga

Runyoro/Rutoro

Ateso

Karamajong

No Translation provided (respondent can read English)

2024 Uganda Malaria Indicator Survey (UMIS) PARENTAL CONSENT FORM FOR MALARIA TESTING (Children 6 months to 4 years of age)

Project Title:	2024 Uganda Malaria Indicator Survey
Funding Source:	United States Agency for International Development President’s Malaria Initiative (USAID/PMI), The Government of Uganda, and the Global Fund to Fight Against Aids, Malaria and Tuberculosis (GFATM)
Site of Research:	Randomly selected clusters across Uganda
Principal Investigators:	Dr. Jimmy Opigo, Dr. Bosco Agaba
Version number:	2.0
Version date:	19 November 2024

SURVEY SUMMARY

As part of this survey, we are asking children all over the country to take a test to see if they have malaria. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey is being conducted by the Uganda National Malaria Control Division and the Uganda Bureau of Statistics. The results of this survey will assist the government to develop programs to prevent and treat malaria. We ask that all children age 6 months through 4 years take part in malaria testing. The tests require a few drops of blood from a finger or heel and testing should take approximately 30 minutes. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for malaria immediately, and the results will be told to you right away.

A few blood drops will be collected on slide(s) and filter paper and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results will be kept strictly confidential and will not be shared with anyone other than members of our survey team.

Before you decide if you want to participate, we would like to explain the purpose of the survey, how the survey will be done, and any risks and benefits to you. This is a consent form. It gives information about the survey. You are free to ask questions at any time. After this consent form is read to you, and your questions have been answered, we will ask if you want to be in the survey. If you agree to participate, we will ask you to sign this consent form. You will get a copy of this form to keep.

PROCEDURES

If you agree to for your child to participate in this survey, the following will happen:

- a. After the consent form is signed, a survey team member will ask you a few survey questions, they will then take a few drops of blood from your child’s finger or heel. The blood will be tested for malaria immediately, and the results will be told to you right away.
- b. If the results show that your child has uncomplicated malaria, we can give them free medicine. The medicine is called Artemether-Lumefantrine (AL) Fixed Dose Combination. AL

is very effective and, in a few days, it should get rid of the fever and other symptoms. You do not have to give the child the medicine. It will be up to you.

- c. If your child tests positive for malaria and shows signs suggestive of severe malaria, we will be unable to provide treatment for your child since the treatment we have will not work. Instead, we will refer your child to the nearest health facility for further assessment and treatment.
- d. A few blood drops will also be collected on slide(s) and filter paper and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results will be kept strictly confidential and will not be shared with anyone other than members of our survey team.

VOLUNTARY PARTICIPATION

Your child's participation in this survey is your choice. You may choose either to have your child take part or not to take part. If do agree to have your child participate, you can withdraw them from the survey at any time (verbally).

DISCOMFORT AND RISKS

- **Risks of taking blood:** Your child might feel a small amount of discomfort or have a small amount of bruising on their finger or heel where the blood sample is taken. The choice to participate in this survey is entirely yours and you may choose not to participate. You will not be penalized for non-participation.
- **Confidentiality:** Other people may learn that you are part of this survey. However, we will not allow people who are not working for the survey to see any survey participants' medical information.

BENEFITS

If you agree to take part in the survey, we will test your child for malaria using a rapid diagnostic test. We will know whether your child has malaria within 15 minutes of administering the test and, if they are positive and are not showing any symptoms of severe malaria, we will be able to treat your child now with an effective first line treatment. Additionally, the information which we get from this survey will help Uganda and other countries to decide on the how to design and implement more effective control programs to protect people against malaria.

COMPENSATION

There is no compensation for participation in the survey. Your participation in this survey is voluntary. But we hope that you participate since your involvement will allow us to learn more about malaria in Uganda and improve malaria programs and interventions.

CONFIDENTIALITY STATEMENT

The records concerning your child's participation are to be used only for the purpose of this survey. Your child's name will not be used on any study forms or labels on laboratory specimens or in any report resulting from this survey. At the beginning of the survey, we will assign your child an identification number and this number will be used on the forms and on the laboratory specimens. Any information obtained in connection with this survey will be kept strictly confidential. Only members of the study team will have access to information linking your child's name with their study number.

FREEDOM TO WITHDRAW FROM THE SURVEY

Taking part in this survey is a choice. You may choose to have your child tested for malaria or not. If you decide to have your child tested, you may stop the testing at any time. No matter what decision you make, there will be no penalty to you.

USE OF SAMPLES

The blood collected and tested using the rapid diagnostic test will allow us to immediately determine whether your child has malaria. These results will be shared with you.

The blood collected on the microscope slides will be used to confirm malaria infection using microscopy in the laboratory. Researchers in the laboratory will also use the dried blood spot samples to test for malaria infection, and study malaria drug and diagnostic resistance. Your child's samples will not have names or identifying information; only numbers will identify these samples so that they cannot be readily identified. We will not provide you with the results of the laboratory tests. The only risk to you may be loss of confidentiality, but all efforts are being made to protect your child's identity.

Following this consent, we will read another consent form asking your permission to save your child's leftover samples in what is called a "specimen bank" for possible future research. We will provide more information on this after we have gone through this consent form. If you do not consent to additional testing, your child's leftover samples will be discarded after all malaria lab testing has been completed.

Authorized representatives from the following organizations may review your child's data for the purpose of monitoring or managing the conduct of this survey:

- Representatives of Uganda Bureau of Statistics
- Representatives of The National Health Laboratory Services
- Representatives of the Ministry of Health
- Representatives of the National Malaria Control Division of the Ministry of Health
- Representatives of ICF

QUESTIONS ABOUT THE SURVEY

For questions about the survey, you may call the principal investigator, Dr. Jimmy Opigo, and his staff at 0772962601. You may also call Dr. Isaac Ssewanyana on phone number 0752900392. We will give you free access to a telephone line.

QUESTIONS ABOUT YOUR RIGHTS AS A RESEARCH PARTICIPANT

For questions about your rights as a research participant or research-related harm, you may contact Mr. Tom Lakwo, the chair of the Vector Control Division Research and Ethics Committee which approved this study, at telephone number 0772438311.

LEAVE BLANK FOR PRINTING

MALARIA TESTING— PARENT/GUARDIAN COPY

PARTICIPANT STATEMENT

I have been informed verbally and in writing about this survey and understand what is involved. I also know whom to contact if I need more information. I understand that confidentiality will be preserved. I understand that I am free to withdraw my child’s participation from the survey at any time without penalty. I agree to have my tested for malaria and will be given a copy of this information sheet to keep.

Please put your initials in the “YES” or “NO” box to indicate your answer.

I choose to have my child tested for malaria.

YES	NO
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Name of Participant (printed)

Name of Parent/Responsible Adult (printed)

Signature or Fingerprint of Parent/Responsible Adult

Date

Name of Survey Staff Administering Consent (printed)

Position/Title

Signature of Survey Staff Administering Consent

Date

* If the participant is unable to read and/or write, an impartial witness should be present during the informed consent discussion. After the written informed consent form is read and explained to the participant, and after they have orally consented to their participation in the survey, and have either signed the consent form or provided their fingerprint, the witness should sign and personally date the consent form. By signing the consent form, the witness attests that the information in the consent form and any other written information was accurately explained to, and apparently understood by, the participant, and that informed consent was freely given by the patient.

Name of Person Witnessing Consent (printed)

Signature of Witness

Date

Electronic version of the consent form also read to/provided to the parent/responsible adult in:

Luganda

Luo

Lugbara

Lusoga

Runyankore/Rukiga

Runyoro/Rutoro

Ateso

Karamajong

No Translation provided (respondent can read English)

LEAVE BLANK FOR PRINTING

MALARIA TESTING— UBOS/NMCD COPY – GIVE TO YOUR SUPERVISOR

PARTICIPANT STATEMENT

I have been informed verbally and in writing about this survey and understand what is involved. I also know whom to contact if I need more information. I understand that confidentiality will be preserved. I understand that I am free to withdraw my child’s participation from the survey at any time without penalty. I agree to have my tested for malaria and will be given a copy of this information sheet to keep.

Please put your initials in the “YES” or “NO” box to indicate your answer.

I choose to have my child tested for malaria.

YES	NO
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Name of Participant (printed)

Name of Parent/Responsible Adult (printed)

Signature or Fingerprint of Parent/Responsible Adult	Date
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Name of Survey Staff Administering Consent (printed)	Position/Title
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Signature of Survey Staff Administering Consent	Date
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* If the participant is unable to read and/or write, an impartial witness should be present during the informed consent discussion. After the written informed consent form is read and explained to the participant, and after they have orally consented to their participation in the survey, and have either signed the consent form or provided their fingerprint, the witness should sign and personally date the consent form. By signing the consent form, the witness attests that the information in the consent form and any other written information was accurately explained to, and apparently understood by, the participant, and that informed consent was freely given by the patient.

Name of Person Witnessing Consent (printed)

Signature of Witness	Date
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Electronic version of the consent form also read to/provided to the parent/responsible adult in:

- Luganda Luo Lugbara Lusoga
- Runyankore/Rukiga Runyoro/Rutoro Ateso Karamajong
- No Translation provided (respondent can read English)

2024 Uganda Malaria Indicator Survey (UMIS) PARENTAL CONSENT FOR FUTURE USE OF BIOLOGICAL SPECIMENS (Children 6 months to 4 years)

Protocol Title: 2024 Uganda Malaria Indicator Survey

Funding Source: United States Agency for International Development President’s Malaria Initiative (USAID/PMI), The Government of Uganda, and the Global Fund to Fight Against Aids, Malaria and Tuberculosis (GFATM)

Site of Research: Randomly selected clusters across Uganda

Principal Investigators: Dr. Jimmy Opigo, Dr. Bosco Agaba

Version number: 2.0

Version date: 19 November 2024

INTRODUCTION

You have agreed to have dried blood spot samples taken from your child to be tested for malaria. These samples may also be useful for future research on malaria. We would like to request your permission to save your child’s leftover samples in what is called a “specimen bank” for possible future research. Any future research must be approved by the appropriate ethics committee or Institutional Review Board. If you agree to have your child’s samples saved for future research, the dried blood spot samples would be stored long-term at Uganda National Health Laboratory Central Public Health Laboratories (NHL/CPHL) in Kampala.

PROCEDURES

If you agree to have your child’s dried blood spot samples saved for additional future testing, the following will happen:

- a. Your child’s dried blood spot sample will be used to confirm if there are malaria parasites or not
- b. Your child’s dried blood spot sample will be used to study the various types of malaria parasites species
- c. Your child’s dried blood spot sample will be used to study malaria drug and diagnostic resistance.
- d. Your child’s dried blood spot sample will be used only for malaria research and will not be sold or used for the production of commercial products.
- e. Parasite genetic research may be performed on samples. No human genetic studies/information will be studied on these samples.
- f. These dried blood spot samples will be identified only by codes so that they cannot be readily identified with your child.
- g. If you choose not to have your child’s samples saved for additional testing, they will be destroyed following the malaria testing you agreed to in the first consent form.

LEVEL OF IDENTIFICATION

Your child's dried blood spot samples will be coded so that your child's name cannot be readily identified. Reports about research done with your child's samples will not be put in their medical record and will be kept confidential to the best of our ability.

ESTIMATED SAMPLE STORAGE DURATION

If you agree to have your child's samples for additional testing, your child's dried blood spot samples will be stored approximately for 10 years for future malaria research purposes.

RISKS

There are few risks to your child from future use of their dried blood spot samples. We will not have access to your child's health records, and we will only identify samples with codes. As a result, risks of loss of privacy will be minimal.

BENEFITS

There will be no direct benefit to your child. From studying your child's samples, we may learn more about malaria in children: how to prevent malaria, how to treat malaria, and how to cure malaria.

RESEARCH RESULTS/MEDICAL RECORDS

1. Results from future research using your child's dried blood spot samples may be presented in publications and meetings but participant names will not be identified.
2. Reports from future research done with your child's dried blood spot samples will not be provided to you.

QUESTIONS ABOUT THE SURVEY

For questions about the survey, you may call the principal investigator, Dr. Jimmy Opigo, and his staff at 0772962601. You may also call Dr. Agaba Bosco at 0772902105. We will give you free access to a telephone line.

QUESTIONS ABOUT YOUR RIGHTS AS A RESEARCH PARTICIPANT

For questions about your rights as a research participant or research-related harm, you may contact Mr. Tom Lakwo, the chair of the Vector Control Division Research and Ethics Committee which approved this study, at telephone number 0772438311.

FREEDOM TO REFUSE

You can change your mind at any time about allowing your child's samples to be used for future research. If you do, contact Mr. Tom Lakwo, Phone Number: 0772438311. Then your child's dried blood spot samples will no longer be made available for research and will be destroyed. Whether or not you allow us to use your child's dried blood spot samples in future research will not have any effect on your child's participation in the survey, your child can still receive the free malaria test today.

FUTURE USE OF BIOLOGICAL SPECIMENS— PARENT/RESPONSIBLE ADULT COPY

WHAT YOUR SIGNATURE OR THUMBPRINT MEANS

This consent form will be given to you. Your signature or thumbprint below means that it has been explained to you about your child’s dried blood spot samples to be used for future research and that you have had the opportunity to ask questions. If you wish to allow your child’s samples to be used for future research, you should sign or thumbprint below.

Name of Child

Name of Parent/Responsible Adult

Signature or Fingerprint* of Parent/Responsible Adult

Date

Name of Investigator Administering Consent (printed)

Position/Title

Signature of Investigator Administering Consent

Date

*If the parent or guardian is unable to read and/or write, an impartial witness should be present during the informed consent discussion. After the written informed consent form is read and explained to the parent or guardian, and after they have orally consented to their child’s participation in the survey, and have either signed the consent form or provided their fingerprint, the witness should sign and personally date the consent form. By signing the consent form, the witness attests that the information in the consent form and any other written information was accurately explained to, and apparently understood by, the parent or guardian, and that informed consent was freely given by the parent or guardian.

Name of Person Witnessing Consent (printed)

Signature of Person Witnessing Consent

Date

Electronic version of the consent form also read to/provided to the parent/responsible adult in:

- Luganda Luo Lugbara Lusoga
 Runyankore/Rukiga Runyoro/Rutoro Ateso Karamajong
 No Translation provided (respondent can read English)

LEAVE BLANK FOR PRINTING

FUTURE USE OF BIOLOGICAL SPECIMENS— UBOS/NMCD COPY – GIVE THIS COPY TO YOUR SUPERVISOR

WHAT YOUR SIGNATURE OR THUMBPRINT MEANS

This consent form will be given to you. Your signature or thumbprint below means that it has been explained to you about your child’s dried blood spot samples to be used for future research and that you have had the opportunity to ask questions. If you wish to allow your child’s samples to be used for future research, you should sign or thumbprint below.

Name of Child

Name of Parent/Responsible Adult

Signature or Fingerprint* of Parent/Responsible Adult

Date

Name of Investigator Administering Consent (printed)

Position/Title

Signature of Investigator Administering Consent

Date

*If the parent or guardian is unable to read and/or write, an impartial witness should be present during the informed consent discussion. After the written informed consent form is read and explained to the parent or guardian, and after they have orally consented to their child’s participation in the survey, and have either signed the consent form or provided their fingerprint, the witness should sign and personally date the consent form. By signing the consent form, the witness attests that the information in the consent form and any other written information was accurately explained to, and apparently understood by, the parent or guardian, and that informed consent was freely given by the parent or guardian.

Name of Person Witnessing Consent (printed)

Signature of Person Witnessing Consent

Date

Electronic version of the consent form also read to/provided to the parent/responsible adult in:

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 No Translation provided (respondent can read English)