

MALARIA INDICATOR SURVEY
 HOUSEHOLD QUESTIONNAIRE

RWANDA
 MOPDD

IDENTIFICATION												
PLACE 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>								
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> <table border="1" style="width: 20px; height: 20px;"><tr><td>1</td></tr></table>	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 USED (YES = 1, NO = 2)	<table border="1" style="width: 20px; height: 20px;"></table>			
0												
1												
LANGUAGE OF QUESTIONNAIRE**	ENGLISH		**LANGUAGE CODES: 01 ENGLISH 03 LANGUAGE 3 05 LANGUAGE 5 02 KINYARWANDA 04 LANGUAGE 4 06 LANGUAGE 6									
TEAM	TEAM SUPERVISOR											
<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								

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INTRODUCTION AND CONSENT

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Hello. My name is _____. I am working with Ministry of Health. We are conducting a survey about malaria all over Rwanda. 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. In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

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

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED .. 1
↓

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

100	RECORD THE TIME.	HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	7A	ELIGIBILITY		10
				5	6			8	9	
1	2	3	4	5	6	7	7A	8	9	10
	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'.	What is (NAME) current marital status? 1=MARRIED 2=LIVING TOGETHER 3=DIVORCED, 4=SEPARATED 5=WIDOWER 6=NEVER MARRIED NEVER LIVING TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-14	CIRCLE LINE NUMBER OF ALL ADULT AGE 15+
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>		01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>		02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>		03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>		04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>		05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>		06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>		07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>		08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>		09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>		10	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
 - 02 = WIFE OR HUSBAND
 - 03 = SON OR DAUGHTER
 - 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
 - 05 = GRANDCHILD
 - 06 = PARENT
 - 07 = PARENT-IN-LAW
 - 08 = BROTHER OR SISTER
 - 09 = OTHER RELATIVE
 - 10 = ADOPTED/FOSTER/STEPCHILD
 - 11 = NOT RELATED
 - 98 = DON'T KNOW

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	<p>PIPED WATER</p> <p>PIPED INTO DWELLING 11</p> <p>PIPED TO YARD/PLOT 12</p> <p>PIPED TO NEIGHBOR 13</p> <p>PUBLIC TAP/STANDPIPE 14</p> <p>TUBE WELL OR BOREHOLE 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL 32</p> <p>WATER FROM SPRING</p> <p>PROTECTED SPRING 41</p> <p>UNPROTECTED SPRING 42</p> <p>RAINWATER 51</p> <p>TANKER TRUCK 61</p> <p>CART WITH SMALL TANK 71</p> <p>SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81</p> <p>BOTTLED WATER 91</p> <p>OTHER _____ 96 (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>CART WITH SMALL TANK 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 LATRINE 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)/</p> <p>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</p> <p>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	→ 114
		NO	2	
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) Milk cows traditional? b) Milk Cows modern? c) Bulls? d) Goats? e) Sheep? f) Chickens or other poultry? g) Pigs? h) Rabbits? i) Horses, donkeys, or mules?	a) MILK COWS TRADITIONAL	<input type="text"/>	<input type="text"/>
		b) MILK COWS MODERN	<input type="text"/>	<input type="text"/>
		c) BULLS	<input type="text"/>	<input type="text"/>
		d) GOATS	<input type="text"/>	<input type="text"/>
		e) SHEEP	<input type="text"/>	<input type="text"/>
		f) CHICKENS/POULTRY	<input type="text"/>	<input type="text"/>
		g) PIGS	<input type="text"/>	<input type="text"/>
		h) RABBIT	<input type="text"/>	<input type="text"/>
		i) HORSES, DONKEYS, MULE	<input type="text"/>	<input type="text"/>
114	Does any member of this household own any agricultural land?	YES	1	→ 116
		NO	2	
115	How many hectares of agricultural land do members of this household own? IF 95 OR MORE, CIRCLE '950'.	HECTARES	<input type="text"/>	<input type="text"/>
		95 OR MORE HECTARES	950	
		DON'T KNOW	998	
116	Does your household have:		YES	NO
	a) Electricity?	a) ELECTRICITY	1	2
	b) A radio?	b) RADIO	1	2
	c) A television?	c) TELEVISION	1	2
	d) A non-mobile telephone?	d) NON-MOBILE TELEPHONE ..	1	2
	e) A computer?	e) COMPUTER	1	2
	f) A refrigerator?	f) REFRIGERATOR	1	2
	g) A Mattress?	g) MATLESS	1	2
	h) A bench or at least 3 Chairs?	h) BENCH OR AT LEAST 3 CHAIF	1	2
	i) A bed?	i) BED	1	2
	j) A Table?	j) TABLE	1	2
	k) A sofa?	k) SOFA	1	2
	l) A traditional improved stove?	l) TRADITIONAL IMPROVED STO	1	2
	m) A Stove?	m) STOVE	1	2
	n) A Cupboard	n) CUPBOARD	1	2
	o) A dinning table	o) DINNING TABLI	1	2
	p) Iron machine	p) IRON	1	2
	q) A laundry machine	q) LAUNDRY MACHINE	1	2
	r) A satelite dish	r) SATELITE DISH	1	2
117	Does any member of this household own:		YES	NO
	a) A watch?	a) WATCH	1	2
	b) A mobile phone?	b) MOBILE PHONE	1	2
	c) A bicycle?	c) BICYCLE	1	2
	d) A motorcycle or motor scooter?	d) MOTORCYCLE/SCOOTER ..	1	2
	e) An animal-drawn cart?	e) ANIMAL-DRAWN CART	1	2
	f) A car or truck?	f) CAR/TRUCK	1	2
	g) A boat with a motor?	g) BOAT WITH MOTOR	1	2
	h) A boat without a motor?	h) BOAT WITHOUT MOTOR	1	2
	i) A camera	i) CAMERA	1	2
118	Does any member of this household have an account in a bank or other financial institution?	YES	1	
		NO	2	

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
119	Does any member of this household use a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES 1 NO 2	
120	Does your household have any mosquito nets?	YES 1 NO 2	→ 132
121	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS <input data-bbox="1251 387 1315 448" type="text"/>	

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 style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" 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 style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" 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) YAHE 11 PERMANET 3.0 12 OLUSET PLUS 13 OTHER/DON'T KNOW BRAND (LLIN) 16 OTHER TYPE (NOT LLIN) 96 DON'T KNOW TYPE 98	
126	Did you get the net through a mass distribution campaign, during an antenatal care visit, or during an immunization visit?	YES, MASS DISTRIBUTION CAMPAIGN 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 PHARMACY 03 SHOP/MARKET 04 CHW 05 RELIGIOUS INSTITUTION 06 SCHOOL 07 OTHER 96 DON'T KNOW 98	
128	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 NOT SURE 8	→ 130 → 131

MOSQUITO NETS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
129	<p>Who slept under this mosquito net last night?</p> <p>RECORD THE PERSON'S NAME AND LINE NUMBER FROM HOUSEHOLD SCHEDULE.</p>	<p>NAME _____</p> <p>LINE NUMBER <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NUMBER <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NUMBER <input type="text"/> <input type="text"/></p> <hr/> <p>NAME _____</p> <p>LINE NUMBER <input type="text"/> <input type="text"/></p>	<p>→ 131</p>
130	<p>What was the main reason this net was not used last night?</p>	<p>TOO HOT 01</p> <p>DON'T LIKE NET SHAPE/COLOR/SIZE 02</p> <p>BUGS IN NET 03</p> <p>UNABLE TO HANG NET 04</p> <p>SLEPT OUTDOORS 05</p> <p>USUAL USER DIDN'T SLEEP HERE LAST NIGHT 06</p> <p>NO MOSQUITOES/NO MALARIA 07</p> <p>EXTRA NET/SAVING FOR LATER 08</p> <p>DON'T LIKE NET MATERIAL/FABRIC 09</p> <p>OTHER _____ 96 (SPECIFY)</p>	
131	GO BACK TO 122 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 132.		

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 OTHER _____ 96 (SPECIFY)									
133	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 SOD 13 RUDIMENTARY ROOFING RUSTIC MAT 21 PALM/BAMBOO 22 WOOD PLANKS 23 CARDBOARD 24 FINISHED ROOFING METAL 31 WOOD 32 CALAMINE/CEMENT FIBER 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 CANE/PALM/TRUNKS 12 DIRT 13 RUDIMENTARY WALLS BAMBOO WITH MUD 21 STONE WITH MUD 22 UNCOVERED ADOBE 23 PLYWOOD 24 CARDBOARD 25 REUSED WOOD 26 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 COVERED ADOBE 35 WOOD PLANKS/SHINGLES 36 OTHER _____ 96 (SPECIFY)									
135	RECORD THE TIME.	HOURS <table border="1" data-bbox="1182 1756 1313 1809"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> MINUTES <table border="1" data-bbox="1182 1809 1313 1863"> <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

INTRODUCTION AND CONSENT

(1)

Hello. My name is _____. I am working with the Ministry of Health. We are conducting a survey about malaria all over Rwanda. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 10 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

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

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

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED .. 1
↓

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

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES 1 NO 2	→ 108
105	What is the highest level of school you attended: primary, secondary, or higher?	PRE-PRIMARY 1 PRIMARY 2 POST-PRIMARY/VOCATIONAL 3 SECONDARY 4 HIGHER 5	
106	What is the highest year you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	YEAR <input type="text"/> <input type="text"/>	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	<p>CHECK 105:</p> <p align="center"> <input type="checkbox"/> PRIMARY OR PRE-PRIMARY <input type="checkbox"/> POST-PRIMARY/VOCATIONAL SECONDARY HIGHER </p>		→ 110
108 (3)	<p>Now I would like you to read this sentence to me.</p> <p>SHOW CARD TO RESPONDENT.</p> <p>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?</p>	<p>CANNOT READ AT ALL 1</p> <p>ABLE TO READ ONLY PART OF THE SENTENCE 2</p> <p>ABLE TO READ WHOLE SENTENCE 3</p> <p>NO CARD WITH REQUIRED LANGUAGE _____ (SPECIFY LANGUAGE) 4</p> <p>BLIND/VISUALLY IMPAIRED 5</p>	
109	<p>CHECK 108:</p> <p align="center"> <input type="checkbox"/> CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/> CODE '1' OR '5' CIRCLED </p>		→ 111
110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	<p>AT LEAST ONCE A WEEK 1</p> <p>LESS THAN ONCE A WEEK 2</p> <p>NOT AT ALL 3</p>	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	<p>AT LEAST ONCE A WEEK 1</p> <p>LESS THAN ONCE A WEEK 2</p> <p>NOT AT ALL 3</p>	
112	Do you watch television at least once a week, less than once a week or not at all?	<p>AT LEAST ONCE A WEEK 1</p> <p>LESS THAN ONCE A WEEK 2</p> <p>NOT AT ALL 3</p>	
113	Do you own a mobile phone?	<p>YES 1</p> <p>NO 2</p>	→ 115
114	Is your mobile phone a smart phone?	<p>YES 1</p> <p>NO 2</p>	
115	Have you ever used the Internet from any location on any device?	<p>YES 1</p> <p>NO 2</p>	→ 118
116	<p>In the last 12 months, have you used the Internet?</p> <p>IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.</p>	<p>YES 1</p> <p>NO 2</p>	→ 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?	<p>ALMOST EVERY DAY 1</p> <p>AT LEAST ONCE A WEEK 2</p> <p>LESS THAN ONCE A WEEK 3</p> <p>NOT AT ALL 4</p>	
118	What is your religion?	<p>CATHOLIC 1</p> <p>PROTESTANT 2</p> <p>ADVENTIST 3</p> <p>MUSLIM 4</p> <p>TRADITIONAL 5</p> <p>OTHER _____ (SPECIFY) 6</p> <p>NO RELIGION 7</p>	

(3) Each card should have four simple sentences appropriate to the country (e.g., "Parents love their children.", "Farming is hard work.", "The child is reading a book.", "Children work hard at school."). Cards should be prepared for every language in which respondents are likely to be literate.

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 <input type="text"/> <input type="text"/> b) DAUGHTERS AT HOME <input type="text"/> <input type="text"/>	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206
205	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE <input type="text"/> <input type="text"/> b) DAUGHTERS ELSEWHERE <input type="text"/> <input type="text"/>	
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 <input type="text"/> <input type="text"/> b) GIRLS DEAD <input type="text"/> <input type="text"/>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL LIVE BIRTHS <input type="text"/> <input type="text"/>	
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"/> <p>↓</p> </div> <div style="text-align: center;"> <p>NO</p> <input type="checkbox"/> <p>↑</p> <p>PROBE AND CORRECT 201-208 AS NECESSARY.</p> </div> </div>		
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"/> <p>↓</p> </div> <div style="text-align: center;"> <p>NO BIRTHS</p> <input type="checkbox"/> <p>→</p> </div> </div>		→ 224
211	Now I'd like to ask you about your more recent births. How many births have you had in 2018-2023? RECORD NUMBER OF LIVE BIRTHS IN 2018-2023.	TOTAL IN 2018-2023 <input type="text"/> <input type="text"/> NONE 00	→ 224

SECTION 2. REPRODUCTION

212 Now I would like to record the names of all your births in 2018-2023, whether still alive or not, starting with the most recent one you had. RECORD IN 213 THE NAMES OF ALL THE BIRTHS BORN IN 2018-2023. 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	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-COMES <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-COMES <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-COMES <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 2018?			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 2018, 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	COMPARE 211 WITH NUMBER OF BIRTHS IN BIRTH HISTORY NUMBERS ARE THE SAME <input type="checkbox"/> ↓ NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) ←		
224	Are you pregnant now?	YES 1 NO 2 UNSURE 8	<input type="checkbox"/> → 301
225	How many weeks or months pregnant are you? RECORD NUMBER OF COMPLETED WEEKS OR MONTHS.	WEEKS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/>	

SECTION 3. PREGNANCY AND INTERMITTENT PREVENTIVE TREATMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	<p>CHECK 216 AND 218:</p> <p>ONE OR MORE BIRTHS 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p>	<p>NO BIRTHS 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p>	401
302	<p>RECORD THE NAME OF THE MOST RECENT BIRTH FROM 213, LINE 01:</p>	<p>MOST RECENT BIRTH</p> <p>NAME _____</p>	
303	<p>Now I would like to ask you some questions about your last pregnancy that resulted in a live birth.</p> <p>While you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy?</p>	<p>YES 1</p> <p>NO 2</p>	308
304 (1)	<p>Whom did you see?</p> <p>Anyone else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR A</p> <p>NURSE/MIDWIFE B</p> <p>AUXILIARY MIDWIFE C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT D</p> <p>COMMUNITY HEALTH WORKER/ VILLAGE WORKER E</p> <p>COMMUNITY HEALTH MOTHER AND CHILD F</p> <p>OTHER _____ X (SPECIFY)</p>	
305 (1)	<p>Where did you receive antenatal care for this pregnancy?</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>HOME</p> <p>HER HOME A</p> <p>OTHER HOME B</p> <p>PUBLIC SECTOR</p> <p>REFERRAL HOSPITAL C</p> <p>PROVINCIAL/DISTRICT HOSPITAL D</p> <p>HEALTH CENTER E</p> <p>HEALTH POST F</p> <p>POUTREACH G</p> <p>OTHER PUBLIC SECTOR _____ H (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>POLYCLINIC I</p> <p>CLINIC J</p> <p>DISPENSARY K</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ L (SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL M</p> <p>NGO CLINIC N</p> <p>OTHER NGO MEDICAL SECTOR _____ O (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p>	

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		

(1) Coding categories to be developed locally; however, the broad categories must be maintained.

(2) Fansidar is a brand name for the malaria medicine SP. There are also many other brand names for SP. If Fansidar is not a commonly known brand in the country, change "Fansidar" to the most commonly known brand name for SP, like this "SP/[NEW BRAND NAME]". Or you can simply delete "/Fansidar" and leave "SP" on its own.

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 align="center">ONE OR MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p>	<p align="center">NO SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p>	<p align="center">→ 501</p>
402	<p>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.)</p>		
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	<p>Has (NAME) been ill with a fever at any time in the last 2 weeks?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	<p align="center">→ 416</p>
405	<p>At any time during the illness, did (NAME) have blood taken from (NAME)'s finger or heel for testing?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	
406	<p>Were you told by a healthcare provider that (NAME) had malaria?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	
407	<p>Did you seek advice or treatment for the illness from any source?</p>	<p>YES 1 NO 2</p>	<p align="center">→ 412</p>

SECTION 4. FEVER IN CHILDREN

NO.	NAME OF CHILD _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	
408 (1)	<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>POLYCLINIC CLINIC DISPENSARY</p>	<p>PUBLIC SECTOR</p> <p>REFERRAL HOSPITAL A</p> <p>PROVINCIAL/DISTRICT HOSPITAL B</p> <p>HEALTH CENTER C</p> <p>HEALTH POST D</p> <p>POUTREACH</p> <p>OTHER PUBLIC E</p> <p>SECTOR _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>POLYCLINIC G</p> <p>CLINIC H</p> <p>DISPENSARY I</p> <p>PHARMACY J</p> <p>OTHER PRIVATE MEDICAL</p> <p>SECTOR _____ K</p> <p>(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL L</p> <p>NGO CLINIC M</p> <p>OTHER NGO MEDICAL</p> <p>SECTOR _____ N</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>KIOS/SHOP O</p> <p>TRADITIONAL HEALER P</p> <p>MARKET Q</p> <p>ITINERANT DRUG SELLER R</p> <p>CHURCH S</p> <p>RELATIVE/FRIEND T</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
409	CHECK 408:	<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>	FIRST PLACE <input type="text"/>	
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>	DAYS <input type="text"/> <input type="text"/>	
412	At any time during the illness, did (NAME) take any medicine for the illness?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 416</p>

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 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 COUNTRY SPECIFIC I COUNTRY SPECIFIC J OTHER _____ X (SPECIFY) DON'T KNOW Z	
505 (1) (2)	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 (2)	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 (3)	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 (3)	Only weak children can die from malaria. Do you agree or disagree?	AGREE 1 DISAGREE 2 DON'T KNOW/UNCERTAIN 8									
509 (4)	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 (4)	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 (5)	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 (5)	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 (6)	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	AGREE/MORE THAN HALF 1 DISAGREE/LESS THAN HALF 2 DON'T KNOW/UNCERTAIN 8									
514 (6)	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" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									

- (1) Adapt wording if country does not have a rainy season.
- (2) Need both questions to calculate perceived susceptibility.
- (3) Need both questions to calculate perceived severity.
- (4) Need both questions to calculate confidence in one's ability to perform malaria-related behaviors.
- (5) Need both questions to calculate attitudes towards malaria-related behaviors.
- (6) Need both questions to calculate malaria norms.

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

MALARIA INDICATOR SURVEY
 MODEL BIOMARKER QUESTIONNAIRE
 RWANDA
 MOPDD

IDENTIFICATION (1)															
PLACE 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>											
[FIELDWORKER] VISITS															
	1	2	3	FINAL VISIT											
DATE	11-Aug-23	12-Aug-23	_____	DAY	<table border="1" style="width: 100%; height: 20px;"> <tr><td>1</td><td>2</td></tr> <tr><td>0</td><td>8</td></tr> <tr><td>2</td><td>3</td></tr> </table>	1	2	0	8	2	3				
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[FIELDWORKER'S] NAME	Francois	Francois	_____	MONTH	<table border="1" style="width: 100%; height: 20px;"> <tr><td>2</td><td>0</td><td>2</td><td>3</td></tr> </table>	2	0	2	3						
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NEXT VISIT: DATE	12-Aug-23	_____		TOTAL NUMBER OF VISITS	<table border="1" style="width: 100%; height: 20px;"> <tr><td>2</td></tr> </table>	2									
2															
TIME	9:00 AM	_____													
NOTES:				TOTAL ELIGIBLE CHILDREN											
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LANGUAGE OF QUESTIONNAIRE** <table border="1" style="width: 20px; height: 20px; text-align: center;">0</table> <table border="1" style="width: 20px; height: 20px; text-align: center;">1</table> LANGUAGE OF INTERVIEW** <table border="1" style="width: 20px; height: 20px;"> </table> <table border="1" style="width: 20px; height: 20px;"> </table> 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: <table style="display: inline-table; vertical-align: top; margin-left: 20px;"> <tr> <td>01 ENGLISH</td> <td>03 LANGUAGE 3</td> <td>05 LANGUAGE 5</td> </tr> <tr> <td>02 LANGUAGE 2</td> <td>04 LANGUAGE 4</td> <td>06 LANGUAGE 6</td> </tr> </table>						01 ENGLISH	03 LANGUAGE 3	05 LANGUAGE 5	02 LANGUAGE 2	04 LANGUAGE 4	06 LANGUAGE 6				
01 ENGLISH	03 LANGUAGE 3	05 LANGUAGE 5													
02 LANGUAGE 2	04 LANGUAGE 4	06 LANGUAGE 6													
TEAM		TEAM SUPERVISOR		CAPI SUPERVISOR (2)											
<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td></tr> </table> NUMBER				_____ <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> NUMBER						_____ <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> NUMBER					
NAME		NAME		NAME											

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

MALARIA TESTING FOR CHILDREN AGE 6 MONTHS TO 14 YEARS

101	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN AGE 0-14 YEARS IN QUESTION 102 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).		
	CHILD 1		SKIP
102	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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105	CHECK 104: CHILD AGE 0-14 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 129
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109	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	
110	SIGN NAME AND ENTER [FIELDWORKER] NUMBER.	_____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [FIELDWORKER] NUMBER	

MALARIA TESTING FOR CHILDREN AGE 6 MONTHS TO 14 YEARS

	CHILD 1	SKIP																											
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114	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE MALARIA PAMPHLET.	<p> POSITIVE 1 → 126 NEGATIVE 2 → 128 NOT PRESENT 4 → 126 REFUSED 5 OTHER 6 </p>																											
115	Does (NAME) suffer from any of the following illnesses or symptoms: a) Extreme weakness? b) Heart problems? c) Loss of consciousness? d) Rapid or difficult breathing? e) Seizures? f) Abnormal bleeding? g) Jaundice or yellow skin? h) Dark urine?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) EXTREME WEAKNESS</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) HEART PROBLEMS</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) LOSS OF CONSCIOUS</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) RAPID BREATHING</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) SEIZURES</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) BLEEDING</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) JAUNDICE</td> <td>1</td> <td>2</td> </tr> <tr> <td>h) DARK URINE</td> <td>1</td> <td>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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106	CHECK 103: IS THE CHILD AGE 0-5 MONTHS OR IS THE CHILD OLDER? OLDER <input type="checkbox"/> AGE 0-5 MONTHS <input type="checkbox"/>		→ 129
107	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
108	<p>ASK CONSENT FOR MALARIA AND ANEMIA TESTS 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 14 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 taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the malaria tests?</p>		
109	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	
110	SIGN NAME AND ENTER [FIELDWORKER] NUMBER.	_____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [FIELDWORKER] NUMBER	

MALARIA TESTING FOR CHILDREN AGE 6 MONTHS TO 14 YEARS

CHILD 3		SKIP																											
111	IF CONSENT GRANTED, PREPARE EQUIPMENT AND SUPPLIES FOR THE TESTS AND PROCEED WITH THE TESTS.																												
112	PLACE 1ST BAR CODE LABEL FOR MALARIA LAB TEST IN SPACE TO THE RIGHT. PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996																											
114	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE MALARIA PAMPHLET.	POSITIVE 1 → 126 NEGATIVE 2 → 128 NOT PRESENT 4 → 126 REFUSED 5 OTHER 6																											
115	Does (NAME) suffer from any of the following illnesses or symptoms: a) Extreme weakness? b) Heart problems? c) Loss of consciousness? d) Rapid or difficult breathing? e) Seizures? f) Abnormal bleeding? g) Jaundice or yellow skin? h) Dark urine?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) EXTREME WEAKNESS</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) HEART PROBLEMS</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) LOSS OF CONSCIOUS</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) RAPID BREATHING</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) SEIZURES</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) BLEEDING</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) JAUNDICE</td> <td>1</td> <td>2</td> </tr> <tr> <td>h) DARK URINE</td> <td>1</td> <td>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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f) BLEEDING	1	2																											
g) JAUNDICE	1	2																											
h) DARK URINE	1	2																											
116	CHECK 115: ANY 'YES' CIRCLED? YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 119																											
118	<p><u>SEVERE MALARIA REFERRAL</u></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. RECORD THE RESULT OF THE MALARIA RDT ON THE REFERRAL FORM.	→ 128																											
119	In the past 2 weeks has (NAME) taken or is (NAME) taking ACT given by a doctor or health center to treat the malaria? VERIFY BY ASKING TO SEE TREATMENT.	YES 1 → 121 NO 2																											
120	<p><u>ALREADY TAKING [FIRST LINE MEDICATION] REFERRAL STATEMENT</u></p> You have told me that (NAME OF CHILD) had already received ACT for malaria. Therefore, I cannot give you additional ACT. However, the test shows that he/she has malaria. If your child has a fever for 2 days after the last dose of ACT, you should take the child to the nearest health facility for further examination.	→ 128																											

MALARIA TESTING FOR CHILDREN AGE 6 MONTHS TO 14 YEARS

	CHILD 3	SKIP																																																				
121	<p>ASK CONSENT FOR MALARIA TREATMENT FROM PARENT/RESPONSIBLE ADULT:</p> <p>The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called ACT. ACT is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.</p>																																																					
122	<p>CIRCLE THE APPROPRIATE CODE.</p> <p>ACCEPTED MEDICINE 1 REFUSED MEDICINE 2 OTHER 6</p>	→ 128																																																				
123	<p>SIGN NAME AND ENTER [FIELDWORKER] NUMBER.</p> <p style="text-align:center;">_____</p> <p style="text-align:center;">(SIGN)</p> <p style="text-align:center;"> <table border="1" style="display:inline-table; border-collapse: collapse;"> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table> </p> <p style="text-align:center;">[FIELDWORKER] NUMBER</p>																																																					
124	<p>CHECK 122: ACCEPTED MEDICINE? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	→ 128																																																				
125	<p>PROVIDE DOSAGE INSTRUCTIONS TO PARENT/RESPONSIBLE ADULT. [INSERT INSTRUCTIONS HERE:]</p> <p>TELL THE PARENT/RESPONSIBLE ADULT: If [NAME] has a high fever, fast or difficult breathing, is not able to drink or breastfeed, gets sicker or does not get better in 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; margin-top: 10px;"> <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>< 15 kg</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</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	< 15 kg	6 x 1	1	1	1	1	1	1	15 kg to < 25 kg	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	→ 128
Category of the body weight of the patients in kg.	Artemether (20mg) + Lumefantrine (120mg) Blisters			Number of tablets of AL per dose																																																		
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15 kg to < 25 kg	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																																															
128	<p>TODAY'S DATE:</p> <p style="text-align:right;">DAY <table border="1" style="display:inline-table; border-collapse: collapse; width:40px; height:20px;"></table></p> <p style="text-align:right;">MONTH <table border="1" style="display:inline-table; border-collapse: collapse; width:40px; height:20px;"></table></p> <p style="text-align:right;">YEAR <table border="1" style="display:inline-table; border-collapse: collapse; width:60px; height:20px;"></table></p>																																																					
129	IF ANOTHER CHILD, GO TO 102 ON THE NEXT PAGE; IF NO MORE CHILD, GO TO 201																																																					

MALARIA TEST FOR ADULTS AGE 15+

201	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE ADULTS IN 202, 203, AND 204 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE ADULTS, USE ADDITIONAL QUESTIONNAIRE(S).		
	ADULT 1		SKIP
202	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF ADULT.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
203	CHECK CAPI OUTPUT FOR AGE:	15-17 YEARS 1 18+ YEARS 2	
204	CHECK CAPI OUTPUT FOR MARITAL STATUS:	NEVER IN UNION 1 OTHER 2	
211	TODAY'S DATE:	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
212	CHECK 203:	AGE 15-17 YEARS <input type="checkbox"/> AGE 18+ YEARS <input type="checkbox"/>	→ 214
213	CHECK 204:	OTHER <input type="checkbox"/> NEVER IN UNION <input type="checkbox"/>	→ 217

MALARIA TEST FOR ADULTS AGE 15+

		ADULT 1		SKIP
ADULT RESPONDENT CONSENT FOR MALARIA TEST				
A D U L T R E S P O N D E N T C O N S E N T	214	<p>ASK CONSENT FOR MALARIA TEST:</p> <p>As part of this survey, we are asking people all over the country to take a malaria test. Malaria is a serious health problem that usually results from mosquito bites. This survey will assist the government to develop programs to prevent and treat malaria.</p> <p>For the malaria testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for malaria immediately, and the result will be told to you right away. A few blood drops will be collected on slide(s) and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the malaria test?</p>		
	215	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	
	216	SIGN NAME AND NUMBER OF FIELDWORKER/MALARIA TESTER.	_____ (SIGN)	[] [] [] [] [FIELDWORKER] NUMBER

MALARIA TEST FOR ADULTS AGE 15+

	ADULT 1		SKIP
217	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR MINOR.	NAME _____ LINE NUMBER OF PARENT/ RESPONSIBLE ADULT <input type="text"/>	
PARENT/RESPONSIBLE ADULT CONSENT FOR MALARIA TEST			
PARENT / RESPONSIBLE ADULT CONSENT	218	ASK CONSENT FOR MALARIA TEST FROM PARENT/RESPONSIBLE ADULT: As part of this survey, we are asking people all over the country to take a malaria test. Malaria is a serious health problem that usually results from mosquito bites. This survey will assist the government to develop programs to prevent and treat malaria. For the malaria testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for malaria immediately, and the result will be told to you right away. A few blood drops will be collected on slide(s) and taken to a laboratory for testing. You and (NAME OF MINOR) 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. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to take the malaria test?	
	219	CIRCLE THE CODE.	GRANTED 1 PARENT/RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3
	220	SIGN NAME AND NUMBER OF FIELDWORKER/MALARIA TESTER.	_____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [FIELDWORKER] NUMBER
	221	CHECK 219: CONSENT GRANTED <input type="checkbox"/> CONSENT REFUSED OR NOT PRESENT/OTHER <input type="checkbox"/>	→ 225

MINOR RESPONDENT ASSENT FOR MALARIA TEST			
MINOR RESPONDENT ASSENT	222	ASK ASSENT FOR ANEMIA TEST FROM MINOR RESPONDENT: As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF PARENT/RESPONSIBLE ADULT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?	
	223	CIRCLE THE CODE.	GRANTED 1 MINOR RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3
	224	SIGN NAME AND NUMBER OF FIELDWORKER/MALARIA TESTER.	_____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [FIELDWORKER] NUMBER

MALARIA TEST FOR ADULTS AGE 15+

ADULT 1		SKIP
225	PLACE 1ST BAR CODE LABEL FOR MALARIA LAB TEST IN SPACE TO THE RIGHT. PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996
226	MALARIA RESULT	POSITIVE 1 → 227 NEGATIVE 2 NOT PRESENT 4 → 228 REFUSED 5 OTHER 6
227	You are tested positive for malaria, so you should go and see the doctor urgently. RECORD THE RESULT OF THE MALARIA TEST ON THE MALARIA REFERRAL FORM.	
228	IF ANOTHER ADULT, GO TO 202 ON THE NEXT PAGE; IF NO MORE ADULT, END THE INTERVIEW.	

MALARIA TEST FOR ADULTS AGE 15+

201	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE ADULTS IN 202, 203, AND 204 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO ADULTS, USE ADDITIONAL QUESTIONNAIRE(S).		
	ADULT 2		SKIP
202	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF ADULT.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
203	CHECK CAPI OUTPUT FOR AGE:	15-17 YEARS 1 18+ YEARS 2	
204	CHECK CAPI OUTPUT FOR MARITAL STATUS:	NEVER IN UNION 1 OTHER 2	
211	TODAY'S DATE:	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
212	CHECK 203:	AGE 15-17 YEARS <input type="checkbox"/> AGE 18+ YEARS <input type="checkbox"/>	→ 214
213	CHECK 204:	OTHER <input type="checkbox"/> NEVER IN UNION <input type="checkbox"/>	→ 217

MALARIA TEST FOR ADULTS AGE 15+

	ADULT 2	SKIP	
ADULT RESPONDENT CONSENT FOR MALARIA TEST			
A D U L T R E S P O N D E N T C O N S E N T	214	<p>ASK CONSENT FOR MALARIA TEST:</p> <p>As part of this survey, we are asking people all over the country to take a malaria test. Malaria is a serious health problem that usually results from mosquito bites. This survey will assist the government to develop programs to prevent and treat malaria.</p> <p>For the malaria testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for malaria immediately, and the result will be told to you right away. A few blood drops will be collected on slide(s) and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the malaria test?</p>	
	# 215	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
	216	SIGN NAME AND NUMBER OF FIELDWORKER/MALARIA TESTER.	_____ (SIGN)
		<div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> [FIELDWORKER] NUMBER	

MALARIA TEST FOR ADULTS AGE 15+

	ADULT 2		SKIP
217	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR MINOR.	NAME _____ LINE NUMBER OF PARENT/ RESPONSIBLE ADULT <div style="border: 1px dashed black; width: 40px; height: 20px; margin: 0 auto;"></div>	
PARENT/RESPONSIBLE ADULT CONSENT FOR MALARIA TEST			
PARENT / RESPONSIBLE ADULT CONSENT	218	ASK CONSENT FOR MALARIA TEST FROM PARENT/RESPONSIBLE ADULT: As part of this survey, we are asking people all over the country to take a malaria test. Malaria is a serious health problem that usually results from mosquito bites. This survey will assist the government to develop programs to prevent and treat malaria. For the malaria testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for malaria immediately, and the result will be told to you right away. A few blood drops will be collected on slide(s) and taken to a laboratory for testing. You and (NAME OF MINOR) 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. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to take the malaria test?	
	# 219	CIRCLE THE CODE.	GRANTED 1 PARENT/RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3
	220	SIGN NAME AND NUMBER OF FIELDWORKER/MALARIA TESTER.	_____ (SIGN) <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> [FIELDWORKER] NUMBER
	221	CHECK 219: CONSENT GRANTED <input type="checkbox"/> CONSENT REFUSED OR NOT PRESENT/OTHER <input type="checkbox"/>	→ 225

MINOR RESPONDENT ASSENT FOR MALARIA TEST			
MINOR RESPONDENT ASSENT	222	ASK ASSENT FOR ANEMIA TEST FROM MINOR RESPONDENT: As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF PARENT/RESPONSIBLE ADULT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?	
	# 223	CIRCLE THE CODE.	GRANTED 1 MINOR RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3
	224	SIGN NAME AND NUMBER OF FIELDWORKER/MALARIA TESTER.	_____ (SIGN) <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> [FIELDWORKER] NUMBER

MALARIA TEST FOR ADULTS AGE 15+

		ADULT 2	SKIP
# 225	PLACE 1ST BAR CODE LABEL FOR MALARIA LAB TEST IN SPACE TO THE RIGHT. PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; width: fit-content; margin: 0 auto;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	
226	CHECK 225: MALARIA RESULT	POSITIVE 1 NEGATIVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6	→ 227 → 228
227	You are tested positive for malaria, so you should go and see the doctor urgently. RECORD THE RESULT OF THE MALARIA TEST ON THE MALARIA REFERRAL FORM.		
228	IF ANOTHER ADULT, GO TO 202 ON THE NEXT PAGE; IF NO MORE ADULT, END THE INTERVIEW.		

MALARIA TEST FOR ADULTS AGE 15+

201	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE ADULTS IN 202, 203, AND 204 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO ADULTS, USE ADDITIONAL QUESTIONNAIRE(S).		
	ADULT 3		SKIP
202	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF ADULT.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
203	CHECK CAPI OUTPUT FOR AGE:	15-17 YEARS 1 18+ YEARS 2	
204	CHECK CAPI OUTPUT FOR MARITAL STATUS:	NEVER IN UNION 1 OTHER 2	
211	TODAY'S DATE:	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
212	CHECK 203:	AGE 15-17 YEARS <input type="checkbox"/> AGE 18+ YEARS <input type="checkbox"/>	→ 214
213	CHECK 204:	OTHER <input type="checkbox"/> NEVER IN UNION <input type="checkbox"/>	→ 217

MALARIA TEST FOR ADULTS AGE 15+

		ADULT 3	SKIP
ADULT RESPONDENT CONSENT FOR MALARIA TEST			
A D U L T R E S P O N D E N T C O N S E N T	214	<p>ASK CONSENT FOR MALARIA TEST:</p> <p>As part of this survey, we are asking people all over the country to take a malaria test. Malaria is a serious health problem that usually results from mosquito bites. This survey will assist the government to develop programs to prevent and treat malaria.</p> <p>For the malaria testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for malaria immediately, and the result will be told to you right away. A few blood drops will be collected on slide(s) and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the malaria test?</p>	
	# 215	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
	216	SIGN NAME AND NUMBER OF FIELDWORKER/MALARIA TESTER.	_____ (SIGN) <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> [FIELDWORKER] NUMBER

MALARIA TEST FOR ADULTS AGE 15+

	ADULT 3		SKIP
217	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR MINOR.	NAME _____ LINE NUMBER OF PARENT/ RESPONSIBLE ADULT <input type="text"/>	
PARENT/RESPONSIBLE ADULT CONSENT FOR MALARIA TEST			
PARENT / RESPONSIBLE ADULT CONSENT	218	ASK CONSENT FOR MALARIA TEST FROM PARENT/RESPONSIBLE ADULT: As part of this survey, we are asking people all over the country to take a malaria test. Malaria is a serious health problem that usually results from mosquito bites. This survey will assist the government to develop programs to prevent and treat malaria. For the malaria testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for malaria immediately, and the result will be told to you right away. A few blood drops will be collected on slide(s) and taken to a laboratory for testing. You and (NAME OF MINOR) 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. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to take the malaria test?	
	# 219	CIRCLE THE CODE.	GRANTED 1 PARENT/RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3
	220	SIGN NAME AND NUMBER OF FIELDWORKER/MALARIA TESTER.	_____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [FIELDWORKER] NUMBER
	221	CHECK 219: CONSENT GRANTED <input type="checkbox"/> CONSENT REFUSED OR NOT PRESENT/OTHER <input type="checkbox"/>	→ 225

MINOR RESPONDENT ASSENT FOR MALARIA TEST			
MINOR RESPONDENT ASSENT	222	ASK ASSENT FOR ANEMIA TEST FROM MINOR RESPONDENT: As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF PARENT/RESPONSIBLE ADULT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?	
	# 223	CIRCLE THE CODE.	GRANTED 1 MINOR RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3
	224	SIGN NAME AND NUMBER OF FIELDWORKER/MALARIA TESTER.	_____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [FIELDWORKER] NUMBER

MALARIA TEST FOR ADULTS AGE 15+

		ADULT 3	SKIP
# 225	PLACE 1ST BAR CODE LABEL FOR MALARIA LAB TEST IN SPACE TO THE RIGHT. PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	
226	CHECK 225: MALARIA RESULT	POSITIVE 1 NEGATIVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6	→ 227 → 228
227	You are tested positive for malaria, so you should go and see the doctor urgently. RECORD THE RESULT OF THE MALARIA TEST ON THE MALARIA REFERRAL FORM.		
228	IF ANOTHER ADULT, GO TO 202 ON THE NEXT PAGE; IF NO MORE ADULT, END THE INTERVIEW.		

