### Identification (1)

| Region | District | County | Subcounty/Town | Parish/LC2 Name | EA Name | UMIS Number |
|--------|----------|--------|----------------|----------------|---------|-------------|

**URBAN=1, PERI URBAN=2, RURAL=3**

| Name of Head of Household |
|---------------------------|

| Household Number |
|------------------|

| Household Sample Number |
|-------------------------|

### Interviewer Visits

| 1 | 2 | 3 | Final Visit |
|---|---|---|-------------|
| Date | | | |
| Day | | | |
| Month | | | |
| Year | | | |
| Interviewer's Name | | | |
| Int. Number | | | |

**Result**

| 1 | 2 | 3 | Final Visit |
|---|---|---|-------------|
| Date | | | |
| 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

**Total Number of Visits**

| Total Persons in Household |
|----------------------------|
| Total Eligible Women |
| Total Eligible Children |
| Line No. of Respondent to Household Questionnaire |

### Language Used:

| Language of the Questionnaire | | 7 |
|-------------------------------|---|---|
| Language Used in the Interview | | 2 |
| Native Language of Respondent | | 4 |
| Translator Used (Not at all=1; Sometimes=2; All the Time=3) | | 6 |
| Language of the Questionnaire | | 8 |

**English**

| Supervisor Name | | |
|-----------------|---|---|
| Office Editor | | |
| Keyed By | | |
Hello. My name is _______________________________________. I am working with the Ministry of Health. 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 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the person listed on this card.

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

START TIME:

HOURS  . . . . . . . . .

MINUTES  . . . . . . . . .
Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.

AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-9 FOR EACH PERSON.

For each person, ask:

1. How old is (NAME)?
2. Does (NAME) usually live here?
3. Is (NAME) male or female?
4. Did (NAME) stay here last night?
5. What is the relationship of (NAME) to the head of the household?

SEE CODES BELOW.

IF 95 OR MORE, RECORD '95.

| LINE NO. | USUAL RESIDENTS AND VISITORS | RELATIONSHIP TO HEAD OF HOUSEHOLD | SEX | RESIDENCE | AGE | WOMEN AGE 15-49 | CHILDREN AGE 0-5 |
|----------|-----------------------------|----------------------------------|-----|-----------|-----|----------------|-----------------|
| 1        |                             | CIRCLE                           | M F | Y N Y N   |     |                |                 |
| 2        |                             | CIRCLE                           |     |           |     |                |                 |
| 3        |                             | CIRCLE                           |     |           |     |                |                 |
| 4        |                             | CIRCLE                           |     |           |     |                |                 |
| 5        |                             | CIRCLE                           |     |           |     |                |                 |
| 6        |                             | CIRCLE                           |     |           |     |                |                 |
| 7        |                             | CIRCLE                           |     |           |     |                |                 |
| 8        |                             | CIRCLE                           |     |           |     |                |                 |
| 9        |                             | CIRCLE                           |     |           |     |                |                 |

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
11 = NOT RELATED
98 = DON'T KNOW
| LINE NO. | USUAL RESIDENTS AND VISITORS | RELATIONSHIP TO HEAD OF HOUSEHOLD | SEX | RESIDENCE | AGE | WOMEN AGE 15-49 | CHILDREN AGE 0-5 |
|---------|-------------------------------|----------------------------------|-----|-----------|-----|----------------|-----------------|
| 1       |                               |                                  |     |           |     |                |                 |
| 2       |                               |                                  |     |           |     |                |                 |
| 3       |                               |                                  |     |           |     |                |                 |
| 4       |                               |                                  |     |           |     |                |                 |
| 5       |                               |                                  |     |           |     |                |                 |
| 6       |                               |                                  |     |           |     |                |                 |
| 7       |                               |                                  |     |           |     |                |                 |
| 8       |                               |                                  |     |           |     |                |                 |
| 9       |                               |                                  |     |           |     |                |                 |

Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.

AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.

THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-9 FOR EACH PERSON.

2A) Just to make sure that I have a complete listing: are there any other persons such as small children or infants that we have not listed?

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?

**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/SISTER
- 09 = OTHER RELATIVE
- 10 = ADOPTED/FOSTER/STEPCHILD
- 11 = NOT RELATED
- 98 = DON'T KNOW
| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|-----------------------|-------------------|------|
| 101 | What is the main source of drinking water for members of your household? | PIPED WATER | 104 |
|     |                        | PIPED INTO DWELLING | 11 |
|     |                        | PIPED TO YARD/PLOT | 12 |
|     |                        | PUBLIC TAP/STANDPIPE | 13 |
|     |                        | BOREHOLE IN YARD/PLOT | 21 |
|     |                        | PUBLIC BOREHOLE | 22 |
|     |                        | DUG WELL | 104 |
|     |                        | PROTECTED WELL | 31 |
|     |                        | UNPROTECTED WELL | 32 |
|     |                        | WATER FROM SPRING | 104 |
|     |                        | PROTECTED SPRING | 41 |
|     |                        | UNPROTECTED SPRING | 42 |
|     |                        | GRAVITY FLOW SCHEME | 43 |
|     |                        | RAINWATER | 51 |
|     |                        | TANKER TRUCK | 61 |
|     |                        | VENDOR | 62 |
|     |                        | CART WITH SMALL TANK | 71 |
|     |                        | SURFACE WATER (RIVER/DAM/LAKE/POND/STREAM/CANAL/IRRIGATION CHANNEL) | 81 |
|     |                        | BOTTLED WATER | 91 |
|     |                        | OTHER | 96 |
|     |                        | (SPECIFY) | 104 |
| 102 | Where is that water source located? | IN OWN DWELLING | 104 |
|     |                        | IN OWN YARD/PLOT | 1 |
|     |                        | ELSEWHERE | 2 |
| 103 | How long does it take to go there, get water, and come back? | MINUTES | 104 |
|     |                        | DON'T KNOW | 98 |
| 104 | What kind of toilet facility do members of your household usually use? | FLUSH OR POUR FLUSH TOILET | 107 |
|     |                        | FLUSH TO PIPED SEWER SYSTEM | 11 |
|     |                        | FLUSH TO SEPTIC TANK | 12 |
|     |                        | FLUSH TO PIT LATRINE | 13 |
|     |                        | FLUSH TO SOMEWHERE ELSE | 14 |
|     |                        | FLUSH, DON'T KNOW WHERE | 15 |
|     |                        | PIT LATRINE VENTILATED IMPROVED | 107 |
|     |                        | PIT LATRINE | 21 |
|     |                        | COVERED PIT LATRINE WITH SLAB | 22 |
|     |                        | COVERED PIT LATRINE WITHOUT SLAB/OPEN PIT | 23 |
|     |                        | UNCOVERED PIT LATRINE WITH SLAB | 24 |
|     |                        | UNCOVERED PIT LATRINE WITHOUT SLAB | 25 |
|     |                        | COMPOSTING TOILET (ECOSAN) | 31 |
|     |                        | BUCKET TOILET | 41 |
|     |                        | HANGING TOILET/HANGING LATRINE | 51 |
|     |                        | NO FACILITY/BUSH/FIELD/BAGS/BUCKET | 61 |
|     |                        | OTHER | 96 |
|     |                        | (SPECIFY) | 107 |
| 105 | Do you share this toilet facility with other households? | YES | 107 |
|     |                        | NO | 2 |
| 106 | How many households use this toilet facility? | NO. OF HOUSEHOLDS IF LESS THAN 10 | 0 |
|     |                        | 10 OR MORE HOUSEHOLDS | 95 |
|     |                        | DON'T KNOW | 98 |
| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|-----------------------|-------------------|------|
| 107 | Does your household have: | YES | NO |
|     | a) Electricity? | a) ELECTRICITY .......... | 1 | 2 |
|     | b) A radio? | b) RADIO .......... | 1 | 2 |
|     | c) A cassette player? | c) CASSETTE PLAYER .......... | 1 | 2 |
|     | d) A television? | d) TELEVISION .......... | 1 | 2 |
|     | e) A mobile telephone? | e) MOBILE TELEPHONE .......... | 1 | 2 |
|     | f) A non-mobile telephone? | f) NON-MOBILE TELEPHONE .......... | 1 | 2 |
|     | g) A refrigerator? | g) REFRIGERATOR .......... | 1 | 2 |
|     | h) A table? | h) TABLE .......... | 1 | 2 |
|     | i) A chair? | i) CHAIR .......... | 1 | 2 |
|     | j) A sofa set? | j) SOFA SET .......... | 1 | 2 |
|     | k) A bed? | k) BED .......... | 1 | 2 |
|     | l) A cupboard? | l) CUPBOARD .......... | 1 | 2 |
|     | m) A clock? | m) CLOCK .......... | 1 | 2 |

| 108 | What type of fuel does your household mainly use for cooking? | ELECTRICITY .......... | 01 |
|     | | LPG .......... | 02 |
|     | | NATURAL GAS .......... | 03 |
|     | | BIOGAS .......... | 04 |
|     | | KEROSENE/PARAFFIN .......... | 05 |
|     | | COAL, LIGNITE .......... | 06 |
|     | | CHARCOAL .......... | 07 |
|     | | WOOD .......... | 08 |
|     | | STRAW/SHRUBS/GRASS .......... | 09 |
|     | | AGRICULTURAL CROP .......... | 10 |
|     | | ANIMAL DUNG .......... | 11 |
|     | | NO FOOD COOKED .......... | 95 |
|     | | IN HOUSEHOLD .......... | 95 |
|     | | OTHER .......... | 96 |
|     | | (SPECIFY) |

| 109 | MAIN MATERIAL OF THE FLOOR. | NATURAL FLOOR .......... | 11 |
|     | | EARTH/SAND .......... | 11 |
|     | | SAND AND DUNG .......... | 12 |
|     | | RUDIMENTARY FLOOR .......... | 12 |
|     | | WOOD PLANKS .......... | 21 |
|     | | PALM .......... | 22 |
|     | | FINISHED FLOOR .......... | 21 |
|     | | PARQUET/Polished Wood .......... | 31 |
|     | | MOSAIC OR TILE .......... | 33 |
|     | | CEMENT .......... | 34 |
|     | | STONES .......... | 36 |
|     | | BRICKS .......... | 37 |
|     | | OTHER .......... | 96 |
|     | | (SPECIFY) |

| 110 | MAIN MATERIAL OF THE ROOF. | NATURAL ROOFING .......... | 11 |
|     | | NO ROOF .......... | 11 |
|     | | THATCHED .......... | 12 |
|     | | MUD .......... | 13 |
|     | | RUDIMENTARY ROOFING .......... | 12 |
|     | | TIN .......... | 21 |
|     | | PALM .......... | 22 |
|     | | WOOD PLANKS .......... | 23 |
|     | | FINISHED ROOFING .......... | 23 |
|     | | IRON SHEETS .......... | 31 |
|     | | WOOD .......... | 32 |
|     | | CEMENT FIBER .......... | 33 |
|     | | TILES .......... | 34 |
|     | | CEMENT .......... | 35 |
|     | | ROOFING SHINGLES .......... | 36 |
|     | | ASBESTOS .......... | 37 |
|     | | OTHER .......... | 96 |
|     | | (SPECIFY) |
| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|-----------------------|-------------------|------|
| 111 | MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION. | NATURAL WALLS NO WALLS ... 11 | |
|     |                       | THATCHED/STRAW ... 12 | |
|     |                       | DIRT ... 13 | |
|     | RUDIMENTARY WALLS | MUD AND POLES ... 21 | |
|     |                       | STONE WITH MUD ... 22 | |
|     |                       | REUSED WOOD ... 26 | |
|     |                       | UNBURNT BRICKS ... 27 | |
|     |                       | UNBURNT BRICKS WITH PLASTER ... 28 | |
|     |                       | UNBURNT BRICKS WITH MUD ... 29 | |
|     | FINISHED WALLS | CEMENT ... 31 | |
|     |                       | STONE WITH LIME/CEMENT ... 32 | |
|     |                       | BURNT BRICKS WITH CEMENT ... 33 | |
|     |                       | CEMENT BLOCKS ... 34 | |
|     |                       | WOOD PLANKS/SHINGLES ... 36 | |
|     | OTHER | (SPECIFY) 96 | |
| 112 | How many rooms in this household are used for sleeping? | ROOMS | |
| 113 | Does any member of this household own: | YES | NO |
|     | a) A watch? | a) WATCH ... 1 | 2 |
|     | b) A bicycle? | b) BICYCLE ... 1 | 2 |
|     | c) A motorcycle or motor scooter? | c) MOTORCYCLE/SCOOTER ... 1 | 2 |
|     | d) An animal-drawn cart? | d) ANIMAL-DRAWN CART ... 1 | 2 |
|     | e) A car or truck? | e) CAR/TRUCK ... 1 | 2 |
|     | f) A boat with a motor? | f) BOAT WITH MOTOR ... 1 | 2 |
|     | g) A boat without a motor? | g) BOAT WITH NO MOTOR ... 1 | 2 |
| 114 | Does any member of this household own any agricultural land? | YES | NO |
|     |              | 1 | 2 | 116 |
| 115 | How many acres of agricultural land do members of this household own? | ACRES | |
|     | IF 95 OR MORE, CIRCLE '950'. (1 DECIMAL = 00.1 ACRES) | 95 OR MORE ACRES ... 950 | |
|     | DON'T KNOW ... 998 | |
| 116 | Does this household own any livestock, herds, other farm animals, or poultry? | YES | NO |
|     |              | 1 | 2 | 118 |
| 117 | How many of the following animals does this household own? | | |
|     | IF NONE, ENTER '00'. IF 95 OR MORE, ENTER '95'. IF UNKNOWN, ENTER '98'. | | |
|     | a) Cattle? | a) CATTLE | |
|     | b) Milk cows or bulls? | b) COWS/BULLS | |
|     | c) Horses, donkeys, or mules? | c) HORSES/DONKEYS/MULES | |
|     | d) Goats? | d) GOATS | |
|     | e) Sheep? | e) SHEEP | |
|     | f) Chickens? | f) CHICKENS | |
|     | g) Pigs? | g) PIGS | |

HH-8
| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|-----------------------|-------------------|------|
| 118 | Does any member of this household have a bank account? | YES .......................... 1  
NO .......................... 2 | |
| 119 | At any time in the past 6 months, has anyone come into your dwelling to spray the interior walls against mosquitoes? | YES .......................... 1  
NO .......................... 2  
DON'T KNOW ...................... 8 | 120B |
| 119A | How many months ago was the dwelling last sprayed? | MONTHS AGO .................. | |
|     | IF LESS THAN ONE MONTH, RECORD '0' MONTHS AGO. | | |
| 120 | Who sprayed the dwelling? | GOVERNMENT WORKER/PROGRAM .... A  
PRIVATE COMPANY ............... B  
NONGOVERNMENTAL ORGANIZATION (NGO) ............ C  
OTHER ______________________ X  
DON'T KNOW ..................... Z | |
| 120A | Did you pay for your dwelling to be sprayed? | YES .......................... 1  
NO .......................... 2  
DON'T KNOW ..................... 8 | |
| 120B | Is there a community worker or community medicine distributor (CMD) who distributes malaria medicines in your village or community? | YES .......................... 1  
NO .......................... 2  
DON'T KNOW ..................... 8 | 121 |
| 120C | Does the community health worker currently have malaria medicines available? | YES .......................... 1  
NO .......................... 2  
DON'T KNOW ..................... 8 | |
| 121 | Does your household have any mosquito nets that can be used while sleeping? | YES .......................... 1  
NO .......................... 2 | 201 |
| 122 | How many mosquito nets does your household have? | NUMBER OF NETS ............... | |
|     | IF 7 OR MORE NETS, RECORD '7'. | | |
| 123 | ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD |
|-----|----------------------------------------------------------|
|     | IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S). |
|     | OBSERVED ...... 1  | OBSERVED ...... 1  | OBSERVED ...... 1  |
|     | NOT OBSERVED ...... 2 | NOT OBSERVED ...... 2 | NOT OBSERVED ...... 2 |

| 124 | How many months ago did your household get the mosquito net? |
|-----|----------------------------------------------------------|
|     | MONTHS AGO ......  | MONTHS AGO ......  | MONTHS AGO ......  |
|     | MORE THAN 36    | MORE THAN 36    | MORE THAN 36    |
|     | MONTHS AGO ...... 95 | MONTHS AGO ...... 95 | MONTHS AGO ...... 95 |
|     | NOT SURE ...... 98 | NOT SURE ...... 98 | NOT SURE ...... 98 |

| 124A | Where did you get the mosquito net from? |
|------|------------------------------------------|
|      | PUBLIC SECTOR (GOVT)                   |
|      | GOV'T HOSPITAL .... 01                |
|      | GOV'T HEALTH CENTER .... 02           |
|      | PUBLIC SECTOR(PNFP/NGO)                |
|      | HOSPITAL .... 03                       |
|      | HEALTH CENTER .... 04                  |
|      | PRIVATE MEDICAL SECTOR                 |
|      | PRIVATE HOSPITAL/CLINIC .... 05        |
|      | PHARMACY .... 06                       |
|      | OTHER SOURCE                           |
|      | SHOP .... 07                           |
|      | OPEN MARKET .... 08                    |
|      | HAWKER .... 09                         |
|      | CAMPAIGN .... 10                       |
|      | CHURCH .... 11                         |
|      | OTHER .... 96                          |
|      | DOES NOT KNOW .... 98                  |

| 124B | CHECK 124A. THE NET WAS OBTAINED THROUGH THE CAMPAIGN? |
|------|----------------------------------------------------------|
|      | CODE '10' CODE '10' CIRCLED NOT CIRCLED                   |
|      | CODE '10' CODE '10' CIRCLED NOT CIRCLED                   |
|      | CODE '10' CODE '10' CIRCLED NOT CIRCLED                   |
|      | (SKIP TO 125)                                           |
|      | (SKIP TO 125)                                           |
|      | (SKIP TO 125)                                           |

| 124C | What is the campaign's date? |
|------|------------------------------|
|      | DAY ......                     |
|      | MONTH ....                     |
|      | YEAR                          |
|      | DON'T KNOW ...... 98           |

HH-10
|   | NET #1 | NET #2 | NET #3 |
|---|--------|--------|--------|
| 125 | OBSERVE OR ASK THE BRAND/TYPICAL NET TYPES/BRANDS | LONG-LASTING INSECTICIDE-TREATED NET (LLIN) | LONG-LASTING INSECTICIDE-TREATED NET (LLIN) |
| | IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS | PERMANET . . . . 11 | PERMANET . . . . 11 |
| | | DURANET . . . . 12 | DURANET . . . . 12 |
| | | INTERCEPTOR . . . . 13 | INTERCEPTOR . . . . 13 |
| | | NETPROTECT . . . . 14 | NETPROTECT . . . . 14 |
| | | OLYSET . . . . 15 | OLYSET . . . . 15 |
| | | DAWNET . . . . 16 | DAWNET . . . . 16 |
| | | ICONLIFE . . . . 17 | ICONLIFE . . . . 17 |
| | | YORKOOL . . . . 18 | YORKOOL . . . . 18 |
| | | DK BRAND . . . . 19 | DK BRAND . . . . 19 |
| | | OTHER . . . . 20 | OTHER . . . . 20 |
| | (SPECIFY) | (SPECIFY) | (SPECIFY) |
| | OTHER BRAND . . . . 96 | OTHER BRAND . . . . 96 | OTHER BRAND . . . . 96 |
| | DK BRAND . . . . 98 | DK BRAND . . . . 98 | DK BRAND . . . . 98 |
| 126 | Since you got the net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes? | YES . . . . 1 | YES . . . . 1 |
| | | NO . . . . 2 | NO . . . . 2 |
| | | (SKIP TO 128) | (SKIP TO 128) |
| | | NOT SURE . . . . 8 | NOT SURE . . . . 8 |
| 127 | How many months ago was the net last soaked or dipped? | MONTHS AGO . . . . | MONTHS AGO . . . . |
| | IF LESS THAN ONE MONTH AGO, RECORD '00'. | MORE THAN 24 MONTHS AGO . . . . 95 | MORE THAN 24 MONTHS AGO . . . . 95 |
| | | NOT SURE . . . . 98 | NOT SURE . . . . 98 |
| 128 | Did anyone sleep under this mosquito net last night? | YES . . . . 1 | YES . . . . 1 |
| | | NO . . . . 2 | NO . . . . 2 |
| | | (SKIP TO 128) | (SKIP TO 128) |
| | | NOT SURE . . . . 8 | NOT SURE . . . . 8 |
| | (SKIP TO 130) | (SKIP TO 130) |
| 128A | What are some of the reasons why this net was not used? | TOO HOT . . . . A | TOO HOT . . . . A |
| | | DON'T LIKE SMELL . . . . B | DON'T LIKE SMELL . . . . B |
| | | NO MOSQUITOES . . . . C | NO MOSQUITOES . . . . C |
| | | NET TOO OLD/TOO MANY Holes . . . . D | NET TOO OLD/TOO MANY Holes . . . . D |
| | | NET NOT HUNG . . . . E | NET NOT HUNG . . . . E |
| | | OTHER . . . . X | OTHER . . . . X |
| | | (SPECIFY) | (SPECIFY) |
| | | DON'T KNOW . . . . Z | DON'T KNOW . . . . Z |
| | | (ALL SKIP TO 130) | (ALL SKIP TO 130) |
|   | NET #1 | NET #2 | NET #3 |
|---|--------|--------|--------|
| 129 | Who slept under this mosquito net last night? | NAME__________ | NAME__________ | NAME__________ |
|     | RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE. | LINE NO. ...... | LINE NO. ...... | LINE NO. ...... |
|     | NAME__________ | NAME__________ | NAME__________ |
|     | LINE NO. ...... | LINE NO. ...... | LINE NO. ...... |
|     | NAME__________ | NAME__________ | NAME__________ |
|     | LINE NO. ...... | LINE NO. ...... | LINE NO. ...... |
|     | NAME__________ | NAME__________ | NAME__________ |
|     | LINE NO. ...... | LINE NO. ...... | LINE NO. ...... |
| 130 | GO BACK TO 123 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 131. | HOURS ............... | MINUTES ............... |
| 131 | RECORD THE TIME | GO TO 123 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 131. |
HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5

201 CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).

| CHILD 1 | CHILD 2 | CHILD 3 |
|---------|---------|---------|
| LINE NUMBER FROM COLUMN 9 | LINE NUMBER FROM COLUMN 9 | LINE NUMBER FROM COLUMN 9 |
| NAME FROM COLUMN 2 | NAME FROM COLUMN 2 | NAME FROM COLUMN 2 |

202 IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME’S) birth date?

| DAY | DAY | DAY |
|-----|-----|-----|
| MONTH | MONTH | MONTH |
| YEAR | YEAR | YEAR |

203 CHECK 203: CHILD BORN IN JANUARY 2009 OR LATER?

| YES | NO |
|-----|----|
| (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) | (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) |

204 ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.

| GRANTED | REFUSED | NOT PRESENT | OTHER |
|---------|---------|-------------|-------|
| (SIGN)  |         |             |       |

205 LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.

| LINE NUMBER | LINE NUMBER | LINE NUMBER |
|-------------|-------------|-------------|

206 What is (NAME’S) birth date? As part of this survey, we are asking children all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children born in 2009 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.

Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?

207 CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. GRANTED | REFUSED | NOT PRESENT | OTHER
|---------|--------|-------------|-------|
| (SIGN)  |         |             |       |
**NAME FROM COLUMN 2**

| CHILD 1 | CHILD 2 | CHILD 3 |
|---------|---------|---------|
| NAME________________| NAME________________| NAME________________|

**209** 
ASK CONSENT FOR MALARIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.

As part of this survey, we are asking that children all over the country take a test to see if they have malaria. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will help the government to develop programs to prevent malaria.

We ask that all children born in 2009 or later take part in malaria testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. (We will use blood from the same finger or heel prick made for the anemia test). One blood drop will be tested for malaria immediately, and the result will be told to you right away. A few blood drops will be collected on a slide(s) and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results will be kept strictly confidential and will not be shared with anyone other than members of our survey team.

Do you have any questions?
You can say yes to the test, or you can say no. It is up to you to decide.
Will you allow (NAME OF CHILD) to participate in the malaria testing?

**210** 
CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.

| CHILD 1 | CHILD 2 | CHILD 3 |
|---------|---------|---------|
| GRANTED _______ 1 | GRANTED _______ 1 | GRANTED _______ 1 |
| (SIGN)          | (SIGN)          | (SIGN)          |
| REFUSED _______ 2 | REFUSED _______ 2 | REFUSED _______ 2 |
| NOT PRESENT _______ 5 | NOT PRESENT _______ 5 | NOT PRESENT _______ 5 |
| OTHER _______ 6 | OTHER _______ 6 | OTHER _______ 6 |

**211** 
PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).

**212** 
BAR CODE LABEL FOR MALARIA TEST

| CHILD 1 | CHILD 2 | CHILD 3 |
|---------|---------|---------|
| PUT THE 1ST BAR CODE LABEL HERE. | PUT THE 1ST BAR CODE LABEL HERE. | PUT THE 1ST BAR CODE LABEL HERE. |
| NOT PRESENT _______ 9994 | NOT PRESENT _______ 9994 | NOT PRESENT _______ 9994 |
| REFUSED _______ 9995 | REFUSED _______ 9995 | REFUSED _______ 9995 |
| OTHER _______ 9996 | OTHER _______ 9996 | OTHER _______ 9996 |

**213** 
RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA AND MALARIA BROCHURE.

| CHILD 1 | CHILD 2 | CHILD 3 |
|---------|---------|---------|
| G/DL _______ [ ] [ ] | G/DL _______ [ ] [ ] | G/DL _______ [ ] [ ] |
| NOT PRESENT _______ 994 | NOT PRESENT _______ 994 | NOT PRESENT _______ 994 |
| REFUSED _______ 995 | REFUSED _______ 995 | REFUSED _______ 995 |
| OTHER _______ 996 | OTHER _______ 996 | OTHER _______ 996 |

**214** 
RECORD RESULT CODE OF THE MALARIA RDT.

| CHILD 1 | CHILD 2 | CHILD 3 |
|---------|---------|---------|
| TESTED _______ 1 | TESTED _______ 1 | TESTED _______ 1 |
| NOT PRESENT _______ 2 | NOT PRESENT _______ 2 | NOT PRESENT _______ 2 |
| REFUSED _______ 3 | REFUSED _______ 3 | REFUSED _______ 3 |
| OTHER _______ 6 | OTHER _______ 6 | OTHER _______ 6 |

**215** 
RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE ANEMIA AND MALARIA BROCHURE.

| CHILD 1 | CHILD 2 | CHILD 3 |
|---------|---------|---------|
| POSITIVE _______ 1 | POSITIVE _______ 1 | POSITIVE _______ 1 |
| (SKIP TO 218) | (SKIP TO 218) | (SKIP TO 218) |
| NEGATIVE _______ 2 | NEGATIVE _______ 2 | NEGATIVE _______ 2 |
| OTHER _______ 6 | OTHER _______ 6 | OTHER _______ 6 |

**216** 
CHECK 213: HEMOGLOBIN RESULT

| CHILD 1 | CHILD 2 | CHILD 3 |
|---------|---------|---------|
| BELOW 8.0 G/DL, SEVERE ANEMIA _______ 1 | BELOW 8.0 G/DL, SEVERE ANEMIA _______ 1 | BELOW 8.0 G/DL, SEVERE ANEMIA _______ 1 |
| 8.0 G/DL OR ABOVE _______ 2 | 8.0 G/DL OR ABOVE _______ 2 | 8.0 G/DL OR ABOVE _______ 2 |
| NOT PRESENT _______ 4 | NOT PRESENT _______ 4 | NOT PRESENT _______ 4 |
| REFUSED _______ 5 | REFUSED _______ 5 | REFUSED _______ 5 |
| OTHER _______ 6 | OTHER _______ 6 | OTHER _______ 6 |
| 217 | SEVERE ANEMIA REFERRAL STATEMENT | The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately. SKIP TO 229 |
| 218 | Does (NAME) suffer from any of the following illnesses or symptoms: | | |
| a) Extreme weakness? | EXTREME WEAKNESS  A | EXTREME WEAKNESS  A | EXTREME WEAKNESS  A |
| b) Heart problems? | HEART PROBLEMS  B | HEART PROBLEMS  B | HEART PROBLEMS  B |
| c) Loss of consciousness? | LOSS OF CONSCIOUSNESS  C | LOSS OF CONSCIOUSNESS  C | LOSS OF CONSCIOUSNESS  C |
| d) Rapid or difficult breathing? | RAPID BREATHING  D | RAPID BREATHING  D | RAPID BREATHING  D |
| e) Seizures? | SEIZURES  E | SEIZURES  E | SEIZURES  E |
| f) Abnormal bleeding? | BLEEDING  F | BLEEDING  F | BLEEDING  F |
| g) Jaundice or yellow skin? | JAUNDICE  G | JAUNDICE  G | JAUNDICE  G |
| h) Dark urine? | DARK URINE  H | DARK URINE  H | DARK URINE  H |
| IF NONE OF THE ABOVE SYMPTOMS, CIRCLE CODE Y | SYMPTOMS  Y | SYMPTOMS  Y | SYMPTOMS  Y |
| 219 | CHECK 218: | ONLY CODE Y CIRCLED  1 | ONLY CODE Y CIRCLED  1 | ONLY CODE Y CIRCLED  1 |
| ANY CODE A-H CIRCLED? | ANY CODE A-H CIRCLED  2 (SKIP TO 222) | ANY CODE A-H CIRCLED  2 (SKIP TO 222) | ANY CODE A-H CIRCLED  2 (SKIP TO 222) |
| 220 | CHECK 213: | BELOW 8.0 G/DL, SEVERE ANEMIA  1 (SKIP TO 222) | BELOW 8.0 G/DL, SEVERE ANEMIA  1 (SKIP TO 222) | BELOW 8.0 G/DL, SEVERE ANEMIA  1 (SKIP TO 222) |
| HEMOGLOBIN RESULT | 8.0 G/DL OR ABOVE  2 | 8.0 G/DL OR ABOVE  2 (SKIP TO 223) | 8.0 G/DL OR ABOVE  2 |
| | NOT PRESENT  4 | NOT PRESENT  4 (SKIP TO 223A) | NOT PRESENT  4 |
| | REFUSED  5 | REFUSED  5 (SKIP TO 223A) | REFUSED  5 |
| | OTHER  6 | OTHER  6 (SKIP TO 223A) | OTHER  6 |
| 221 | In the past two weeks has (NAME) taken or is taking COARTEM/ACT given by a doctor or health center to treat the malaria? | YES  1 (SKIP TO 223) | YES  1 (SKIP TO 223) | YES  1 (SKIP TO 223) |
| | NO  2 (SKIP TO 223A) | NO  2 (SKIP TO 223A) | NO  2 (SKIP TO 223A) |
| | VERIFY BY ASKING TO SEE TREATMENT. | | |
| 222 | SEVERE MALARIA REFERRAL STATEMENT | The malaria test shows that (NAME OF CHILD) has malaria. Your child also has symptoms of severe malaria. The malaria treatment I have will not help your child, and I cannot give you the medication. Your child is very ill and must be taken to a health facility right away. SKIP TO 228 |
| 223 | ALREADY TAKING FIRST LINE MEDICATION REFERRAL STATEMENT | You have told me that (NAME OF CHILD) has already received COARTEM/ACT for malaria. Therefore, I cannot give you additional COARTEM/ACT. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of COARTEM/ACT, you should take the child to the nearest health facility for further examination. SKIP TO 228 |

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### 223A CHECK 203: IS CHILD AGE 0-3 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR THREE PREVIOUS MONTHS?

| NAME FROM COLUMN 2 | CHILD 1 | CHILD 2 | CHILD 3 |
|-------------------|---------|---------|---------|
|                   | 0-3 MONTHS . . . . 1 | 0-3 MONTHS . . . . 1 | 0-3 MONTHS . . . . 1 |
|                   | OLDER . . . . . . . 2 | OLDER . . . . . . . 2 | OLDER . . . . . . . 2 |
|                   | SKIP TO 224 | SKIP TO 224 | SKIP TO 224 |

### 223B UNDER 4 MONTHS MALARIA REFERRAL STATEMENT

The malaria test shows that (NAME OF CHILD) has malaria. Your child is also younger than 4 months old and therefore requires special treatment from a health facility. Your child is ill and must be taken to a health facility right away.

SKIP TO 228

### 224 READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD.

The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called COARTM/ACT. COARTM/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.

### 225 CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.

| ACCEPTED MEDICINE . . . 1 | ACCEPTED MEDICINE . . . 1 | ACCEPTED MEDICINE . . . 1 |
|--------------------------|--------------------------|--------------------------|
| (SIGN) | (SIGN) | (SIGN) |
| REFUSED . . . . . . . 2 | REFUSED . . . . . . . 2 | REFUSED . . . . . . . 2 |
| OTHER . . . . . . . 6 | OTHER . . . . . . . 6 | OTHER . . . . . . . 6 |

### 226 CHECK 225: MEDICATION ACCEPTED

| ACCEPTED MEDICINE . . . 1 | ACCEPTED MEDICINE . . . 1 | ACCEPTED MEDICINE . . . 1 |
|--------------------------|--------------------------|--------------------------|
| REFUSED . . . . . . . 2 | REFUSED . . . . . . . 2 | REFUSED . . . . . . . 2 |
| OTHER . . . . . . . 6 | OTHER . . . . . . . 6 | OTHER . . . . . . . 6 |

(SKIP TO 228)

### 227 TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS

| Weight (in Kg) – Approximate age | Dosage * |
|----------------------------------|----------|
| Under 4 months | Refer to health facility |
| 5 kgs. to 14 kgs. (from 4 months up to 3 years) | 1 tablet twice daily for 3 days |
| 15 kgs. to 24 kgs. (from 3 years up to 7 years) | 2 tablets twice daily for 3 days |

* Co-formulated tablets containing 20 mg Artemether and 120 mg Lumefantrine per tablet

First day starts by taking first dose followed by the second one 8 hours later; on subsequent days the recommendation is simply “morning” and “evening” (usually around 12 hours apart). Take the medicine (crushed for smaller children) with high fat food or drinks like milk.

Make sure that the FULL 3 days treatment is taken at the recommended times, otherwise the infection may return. If your child vomits within an hour of taking the medicine, you will need to get additional tablets and repeat the dose.

**ALSO TELL THE PARENT/ADULT RESPONSIBLE FOR THE CHILD:** If [NAME] has a high fever, fast or difficult breathing, is not able to drink or breastfeed, gets sicker or does not get better in two days, you should take him/her to a health professional for treatment right away.

### 228 RECORD THE RESULT CODE OF MALARIA TREATMENT OR REFERRAL.

| MEDICATION GIVEN . . . 1 | MEDICATION GIVEN . . . 1 | MEDICATION GIVEN . . . 1 |
|--------------------------|--------------------------|--------------------------|
| MEDS REFUSED . . . . . . . 2 | MEDS REFUSED . . . . . . . 2 | MEDS REFUSED . . . . . . . 2 |
| SEVERE MALARIA | SEVERE MALARIA | SEVERE MALARIA |
| REFERRAL . . . . . . . 3 | REFERRAL . . . . . . . 3 | REFERRAL . . . . . . . 3 |
| ALREADY TAKING ACTS | ALREADY TAKING ACTS | ALREADY TAKING ACTS |
| REFERRAL . . . . . . . 4 | REFERRAL . . . . . . . 4 | REFERRAL . . . . . . . 4 |
| UNDER 4 MONTHS | UNDER 4 MONTHS | UNDER 4 MONTHS |
| REFERRAL . . . . . . . 5 | REFERRAL . . . . . . . 5 | REFERRAL . . . . . . . 5 |
| OTHER . . . . . . . 6 | OTHER . . . . . . . 6 | OTHER . . . . . . . 6 |

### 229 GO BACK TO 202 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, END INTERVIEW.
HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5

201 CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).

| CHILD 4 | CHILD 5 | CHILD 6 |
|--------|--------|--------|
| LINE NUMBER | LINE NUMBER | LINE NUMBER |
| NAME | NAME | NAME |

202 LINE NUMBER FROM COLUMN 9
NAME FROM COLUMN 2

203 IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY: IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?

204 CHECK 203:
YES ............ 1
NO ............ 2
(GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW)

205 ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.

206 LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.

207 ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.

208 CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.

As part of this survey, we are asking children all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children born in 2009 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.

Do you have any questions?
You can say yes to the test, or you can say no. It is up to you to decide.
Will you allow (NAME OF CHILD) to participate in the anemia test?
## 209. Ask Consent for Malaria Test From Parent/Other Adult Identified in 206 as Responsible for Child.

As part of this survey, we are asking that children all over the country take a test to see if they have malaria. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will help the government to develop programs to prevent malaria. We ask that all children born in 2009 or later take part in malaria testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. (We will use blood from the same finger or heel prick made for the anemia test). One blood drop will be tested for malaria immediately, and the result will be told to you right away. A few blood drops will be collected on a slide(s) and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results will be kept strictly confidential and will not be shared with anyone other than members of our survey team.

Do you have any questions?
You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the malaria testing?

## 210. Circle the Appropriate Code and Sign Your Name.

| CHILD 4 | CHILD 5 | CHILD 6 |
|---------|---------|---------|
| GRANTED . . . . 1 | GRANTED . . . . 1 | GRANTED . . . . 1 |
| (SIGN) | (SIGN) | (SIGN) |
| REFUSED . . . . 2 | REFUSED . . . . 2 | REFUSED . . . . 2 |
| NOT PRESENT . . . . 5 | NOT PRESENT . . . . 5 | NOT PRESENT . . . . 5 |
| OTHER . . . . . . 6 | OTHER . . . . . . 6 | OTHER . . . . . . 6 |

## 211. Prepare Equipment and Supplies Only for the Test(s) for Which Consent Has Been Obtained and Proceed with the Test(s).

| CHILD 4 | CHILD 5 | CHILD 6 |
|---------|---------|---------|
| PUT THE 1ST BAR CODE LABEL HERE. | PUT THE 1ST BAR CODE LABEL HERE. | PUT THE 1ST BAR CODE LABEL HERE. |
| NOT PRESENT 99994 | NOT PRESENT 99994 | NOT PRESENT 99994 |
| REFUSED . . . . 9995 | REFUSED . . . . 9995 | REFUSED . . . . 9995 |
| OTHER . . . . . . 9996 | OTHER . . . . . . 9996 | OTHER . . . . . . 9996 |
| PUT THE 2ND BAR CODE ON THE RDT, THE 3RD ON THE THICK SMEAR SLIDE, THE 4TH ON THE THIN SMEAR SLIDE AND THE 5TH ON THE TRANSMITTAL FORM. | PUT THE 2ND BAR CODE ON THE RDT, THE 3RD ON THE THICK SMEAR SLIDE, THE 4TH ON THE THIN SMEAR SLIDE AND THE 5TH ON THE TRANSMITTAL FORM. | PUT THE 2ND BAR CODE ON THE RDT, THE 3RD ON THE THICK SMEAR SLIDE, THE 4TH ON THE THIN SMEAR SLIDE AND THE 5TH ON THE TRANSMITTAL FORM. |

## 212. Bar Code Label for Malaria Test

| CHILD 4 | CHILD 5 | CHILD 6 |
|---------|---------|---------|
| G/DL | G/DL | G/DL |
| NOT PRESENT . . . . 994 | NOT PRESENT . . . . 994 | NOT PRESENT . . . . 994 |
| REFUSED . . . . 995 | REFUSED . . . . 995 | REFUSED . . . . 995 |
| OTHER . . . . . . 996 | OTHER . . . . . . 996 | OTHER . . . . . . 996 |

## 213. Record Hemoglobin Level Here and in the Anemia and Malaria Brochure.

| CHILD 4 | CHILD 5 | CHILD 6 |
|---------|---------|---------|
| TESTED . . . . 1 | TESTED . . . . 1 | TESTED . . . . 1 |
| NOT PRESENT . . . . 2 | NOT PRESENT . . . . 2 | NOT PRESENT . . . . 2 |
| REFUSED . . . . 3 | REFUSED . . . . 3 | REFUSED . . . . 3 |
| OTHER . . . . . . 6 | OTHER . . . . . . 6 | OTHER . . . . . . 6 |

## 214. Record Result Code of the Malaria RDT.

| CHILD 4 | CHILD 5 | CHILD 6 |
|---------|---------|---------|
| POSITIVE . . . . 1 | POSITIVE . . . . 1 | POSITIVE . . . . 1 |
| (SKIP TO 218) | (SKIP TO 218) | (SKIP TO 218) |
| NEGATIVE . . . . 2 | NEGATIVE . . . . 2 | NEGATIVE . . . . 2 |
| OTHER . . . . . . 6 | OTHER . . . . . . 6 | OTHER . . . . . . 6 |

## 215. Record the Result of the Malaria RDT Here and in the Anemia and Malaria Brochure.

| CHILD 4 | CHILD 5 | CHILD 6 |
|---------|---------|---------|
| BELOW 8.0 G/DL, SEVERE ANEMIA . . . . 1 | BELOW 8.0 G/DL, SEVERE ANEMIA . . . . 1 | BELOW 8.0 G/DL, SEVERE ANEMIA . . . . 1 |
| 8.0 G/DL OR ABOVE . . . . 2 | 8.0 G/DL OR ABOVE . . . . 2 | 8.0 G/DL OR ABOVE . . . . 2 |
| NOT PRESENT . . . . 4 | NOT PRESENT . . . . 4 | NOT PRESENT . . . . 4 |
| REFUSED . . . . 5 | REFUSED . . . . 5 | REFUSED . . . . 5 |
| OTHER . . . . . . 6 | OTHER . . . . . . 6 | OTHER . . . . . . 6 |

## 216. Check 213: Hemoglobin Result

| CHILD 4 | CHILD 5 | CHILD 6 |
|---------|---------|---------|
| (SKIP TO 229) | (SKIP TO 229) | (SKIP TO 229) |

HH-13
| CHILD 4 | CHILD 5 | CHILD 6 |
|--------|--------|--------|
| NAME FROM COLUMN 2 | NAME | NAME |

### 217 SEVERE ANEMIA REFERRAL STATEMENT

The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately.

**SKIP TO 229**

### 218 Does (NAME) suffer from any of the following illnesses or symptoms:

| Symptom | CHILD 4 | CHILD 5 | CHILD 6 |
|---------|---------|---------|---------|
| a) Extreme weakness? | EXTREME WEAKNESS . A | EXTREME WEAKNESS . A | EXTREME WEAKNESS . A |
| b) Heart problems? | HEART PROBLEMS ... B | HEART PROBLEMS ... B | HEART PROBLEMS ... B |
| c) Loss of consciousness? | LOSS OF CONSCIOUSNESS ... C | LOSS OF CONSCIOUSNESS ... C | LOSS OF CONSCIOUSNESS ... C |
| d) Rapid or difficult breathing? | RAPID BREATHING ... D | RAPID BREATHING ... D | RAPID BREATHING ... D |
| e) Seizures? | SEIZURES . . . . E | SEIZURES . . . . E | SEIZURES . . . . E |
| f) Abnormal bleeding? | BLEEDING . . . . F | BLEEDING . . . . F | BLEEDING . . . . F |
| g) Jaundice or yellow skin? | JAUNDICE . . . . G | JAUNDICE . . . . G | JAUNDICE . . . . G |
| h) Dark urine? | DARK URINE . . . . H | DARK URINE . . . . H | DARK URINE . . . . H |

**IF NONE OF THE ABOVE SYMPTOMS, CIRCLE CODE Y**

**NONE OF ABOVE SYMPTOMS ...... Y**

### 219 CHECK 218:

**ONLY CODE Y CIRCLED . . . . 1**

**ANY CODE A-H CIRCLED?**

**ANY CODE**

**A-H CIRCLED ...... 2**

**CHECK TO 223**

### 220 CHECK 213:

**HEMOGLOBIN RESULT**

**BELOW 8.0 G/DL, SEVERE ANEMIA ... 1**

**8.0 G/DL OR ABOVE ... 2**

**NOT PRESENT ...... 4**

**REFUSED .......... 5**

**OTHER ............ 6**

**CHECK TO 223**

### 221 In the past two weeks has (NAME) taken or is taking COARTEM/ACT given by a doctor or health center to treat the malaria?

**YES . . . . . . . . 1**

**NO . . . . . . . . 2**

**VERIFY BY ASKING TO SEE TREATMENT.**

**CHECK TO 228**

### 222 SEVERE MALARIA REFERRAL STATEMENT

The malaria test shows that (NAME OF CHILD) has malaria. Your child also has symptoms of severe malaria. The malaria treatment I have will not help your child, and I cannot give you the medication. Your child is very ill and must be taken to a health facility right away.

**SKIP TO 228**

### 223 ALREADY TAKING [FIRST LINE MEDICATION] REFERRAL STATEMENT

You have told me that (NAME OF CHILD) has already received COARTEM/ACT for malaria. Therefore, I cannot give you additional COARTEM/ACT. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of COARTEM/ACT, you should take the child to the nearest health facility for further examination.

**SKIP TO 228**
| NAME FROM COLUMN 2 | NAME | NAME | NAME |
|--------------------|------|------|------|

**223A CHECK 203:**
**IS CHILD AGE 0-3 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR THREE PREVIOUS MONTHS?**

| 0-3 MONTHS | 1 |
|------------|---|
| OLDER | 2 |
| SKIP TO 224 | |

| 0-3 MONTHS | 1 |
|------------|---|
| OLDER | 2 |
| SKIP TO 224 | |

| 0-3 MONTHS | 1 |
|------------|---|
| OLDER | 2 |
| SKIP TO 224 | |

**223B UNDER 4 MONTHS MALARIA REFERRAL STATEMENT**

The malaria test shows that (NAME OF CHILD) has malaria. Your child is also younger than 4 months old and therefore requires special treatment from a health facility. Your child is ill and must be taken to a health facility right away.

SKIP TO 228

**224 READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD.**

The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called COARTM/ACT. COARTM/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.

**225 CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.**

| ACCEPTED MEDICINE | 1 |
|-------------------|---|
| (SIGN) | |
| REFUSED | 2 |
| OTHER | 6 |

| ACCEPTED MEDICINE | 1 |
|-------------------|---|
| (SIGN) | |
| REFUSED | 2 |
| OTHER | 6 |

| ACCEPTED MEDICINE | 1 |
|-------------------|---|
| (SIGN) | |
| REFUSED | 2 |
| OTHER | 6 |

**226 CHECK 225:**
**MEDICATION ACCEPTED**

| ACCEPTED MEDICINE | 1 |
|-------------------|---|
| REFUSED | 2 |
| OTHER | 6 |

| ACCEPTED MEDICINE | 1 |
|-------------------|---|
| REFUSED | 2 |
| OTHER | 6 |

| ACCEPTED MEDICINE | 1 |
|-------------------|---|
| REFUSED | 2 |
| OTHER | 6 |

**227 TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS**

**TREATMENT WITH COARTM/ACT**

| Weight (in Kg) – Approximate age | Dosage * |
|----------------------------------|----------|
| Under 4 months | Refer to health facility |
| 5 kgs. to 14 kgs. (from 4 month up to 3 years) | 1 tablet twice daily for 3 days |
| 15 kgs. to 24 kgs. (from 3 years up to 7 years) | 2 tablets twice daily for 3 days |

* Co-formulated tablets containing 20 mg Artemether and 120 mg Lumefantrine per tablet

First day starts by taking first dose followed by the second one 8 hours later; on subsequent days the recommendation is simply “morning” and “evening” (usually around 12 hours apart). Take the medicine (crushed for smaller children) with high fat food or drinks like milk.

Make sure that the FULL 3 days treatment is taken at the recommended times, otherwise the infection may return. If your child vomits within an hour of taking the medicine, you will need to get additional tablets and repeat the dose.

**ALSO TELL THE PARENT/ADULT RESPONSIBLE FOR THE CHILD:** If [NAME] has a high fever, fast or difficult breathing, is not able to drink or breastfeed, gets sicker or does not get better in two days, you should take him/her to a health professional for treatment right away.

**228 RECORD THE RESULT CODE OF MALARIA TREATMENT OR REFERRAL.**

| MEDICATION GIVEN | 1 |
|------------------|---|
| MEDS REFUSED | 2 |
| SEVERE MALARIA | |
| REFERRAL | 3 |
| ALREADY TAKING ACTS | |
| REFERRAL | 4 |
| UNDER 4 MONTHS | |
| REFERRAL | 5 |
| OTHER | 6 |

| MEDICATION GIVEN | 1 |
|------------------|---|
| MEDS REFUSED | 2 |
| SEVERE MALARIA | |
| REFERRAL | 3 |
| ALREADY TAKING ACTS | |
| REFERRAL | 4 |
| UNDER 4 MONTHS | |
| REFERRAL | 5 |
| OTHER | 6 |

| MEDICATION GIVEN | 1 |
|------------------|---|
| MEDS REFUSED | 2 |
| SEVERE MALARIA | |
| REFERRAL | 3 |
| ALREADY TAKING ACTS | |
| REFERRAL | 4 |
| UNDER 4 MONTHS | |
| REFERRAL | 5 |
| OTHER | 6 |

**229 GO BACK TO 202 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, END INTERVIEW.**

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