

Government of Nigeria



National Malaria Control Program Malaria Control Booster Project 2010 LQAS Survey Questionnaires

Questionnaire Check List (Tick the left box when completed)	
<input type="checkbox"/>	Household Survey.....2
<input type="checkbox"/>	Mothers of Children 0 – 11 Months12
<input type="checkbox"/>	Mothers of Children 12 – 23 Months.....20
<input type="checkbox"/>	Mothers of Children 0 – 59 Months.....27
<input type="checkbox"/>	Mothers of Children 0 – 59 Months with Diarrhea In the Last 2-Weeks34
<input type="checkbox"/>	Mothers of Children 0 – 59 Months with Fever In the Last 2-Weeks.....40

Households Visited Before Finding the Respondent											
Mark “X” in the Respective Columns Indicating What Occurred at Each HH Visited											
	Sequence of HH Visited										Row Total
	1	2	3	4	5	6	7	8	9	10	
Row 1 Household Heads filled.....											
Row 2 Mother of Children 0-11 months filled											
Row 3 Mothers of Children 12-23 months filled											
Row 4 Mothers of Children 0-59 months filled											
Row 5 Mothers of Children 0-59 mo with diarrhea in the last 2-weeeks filled											
Row 6 Mothers of Children 0-59 mo with fever in the last 2-weeeks filled											
Row 7. Interviewee absent, not returning for 15+ minutes											
Row 8. House abandoned, vacant											
Row 9. No appropriate respondent lives in house											
Row 10. Refusal											

**National Malaria Control Program
Malaria Control Booster Project
2010 LQAS Survey
Household Survey**

Identification	OFFICE USE ONLY												
Number of Questionnaire _____	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td> </tr> </table>												
LQAS Number Out of 19 _____	<table border="1"> <tr> <td> </td><td> </td> </tr> </table>												
Interviewer's Name _____ Interviewer's Code _____ Interviewer's Organization _____	<table border="1"> <tr> <td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td> </tr> </table>												
Village/Settlement _____ Ward _____ LGA _____ State _____	<table border="1"> <tr> <td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td> </tr> </table>												
Household Head's Name _____													
Name of Respondent _____													

DATE INTERVIEW CARRIED OUT _____ / _____ / _____ Day / Mo / Year
--

Record the time the interview BEGINS	____ : ____ HOUR: MINUTE
--------------------------------------	-----------------------------

QUESTIONNAIRE REVIEWED BY SUPERVISOR		
NAME	_____	_____
CODE	_____	_____
SIGNATURE	_____	_____
DATE (dd/mm/yyyy)	_____	____ / ____ / ____

INFORMED CONSENT

Good morning/afternoon/evening. My name is _____ and I am working with (NAME OF ORGANIZATION). We are conducting a LGA survey about malaria and maternal and child health care. We would very much appreciate your participation in this survey. The information you provide will help the government to plan health services. The survey usually takes between 10 and 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

Signature of interviewer: _____ Date: _____

Respondent agrees to be interviewed

→ Proceed with interview

Respondent does not agree to be interviewed

→ Go to the next house and mark this house as a refusal

Recommendations for the interviewer

For this interview select the Woman of the house or the Household Head. An alternative would be a senior adult resident of the household such as the grandmother or aunt.

For all questions in this survey, never read the option responses unless there is a special note requesting it. Wait for the respondent to answer the question and then circle the option response given by respondent.

Please administer informed consent for all respondents and questionnaires.

Household Survey

SECTION 1: HOUSEHOLD ASSETS

Now we would like some information about your household conditions.
CIRCLE ONE RESPONSE ONLY EXCEPT WHERE NOTED

Questions and Filters	Coding Categories	Skips
1. In your house is there:		
a. Electricity?	Yes = 1 No = 2	
b. Radio?	Yes = 1 No = 2	
c. Television?	Yes = 1 No = 2	
d. Refrigerator?	Yes = 1 No = 2	
e. Bicycle?	Yes = 1 No = 2	
f. Motorcycle?	Yes = 1 No = 2	
g. Car?	Yes = 1 No = 2	
2. Do members of your household work on their own or the family's agricultural land?	Yes = 1 No = 2	
3. What is the main household source of drinking water? CIRCLE ONE RESPONSE ONLY	Piped drinking water in residence -----1 Water piped into yard -----2 Public faucet (piped) -----3 Water from a well with a pump-----4 Water from a well with no pump -----5 Cart Pusher -----6 Water from a tanker truck -----9 Rain water-----10 Other source -----7	
4. What is the main type of toilet facility used by members of your household?	Flush toilet -----1 Traditional pit toilet -----2 Bush or field -----3 Others, specify -----7	
5. What is the main type of flooring in your house? CIRCLE ONE RESPONSE ONLY	Dirt, sand, dung -----1 Wood or plank -----2 Cement -----3 Parquet or polished wood -----4 Tiles -----5 Other -----7 (specify)	

SECTION 2: RESPONDENT'S BACKGROUND

No.	Questions and Filters	Coding Categories	Skips		
6	What is the date of your birth?	<p>____/____/____ Day / Mo / Year</p> <p>Don't Know -----8</p>			
7	<p>IF RESPONDENT DOES NOT KNOW HIS/HER OWN BIRTHDAY, ASK</p> <p>How old are you?</p>	<p>Age in completed years</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>			
8	Sex of respondent	<p>Male -----1</p> <p>Female -----2</p>			
9	Have you ever attended school?	<p>Yes -----1</p> <p>No -----2</p>	→ 11		
10	What is the highest level of school you attended: primary, secondary, or higher?	<p>Primary-----1</p> <p>Secondary -----2</p> <p>Higher (post secondary)-----3</p>			
11	<p>What is your marital status?</p> <p>READ THE RESPONSE OPTIONS</p>	<p>Single -----1</p> <p>Married -----2</p> <p>Widowed -----3</p> <p>Other -----7</p> <p style="text-align: center;">(specify)</p>	<p>→ 13</p> <p>→ 13</p>		
12	What is your spouse's primary occupation during the year?	<p>Unemployed -----1</p> <p>Farmer -----2</p> <p>Agricultural labourer -----3</p> <p>Non-agricultural labourer -----4</p> <p>Skilled labourer/tradesman - e.g. carpenter -----5</p> <p>Small Trader -----6</p> <p>Civil servant -----9</p> <p>Soldier-----10</p> <p>Other _____ -----7</p> <p style="text-align: center;">(specify)</p>			
13	What is your primary occupation during the year?	<p>Unemployed -----1</p> <p>Farmer -----2</p> <p>Agricultural labourer -----3</p> <p>Non-agricultural labourer -----4</p> <p>Skilled labourer/tradesman - e.g. carpenter -----5</p> <p>Small Trader -----6</p> <p>Civil servant -----9</p> <p>Soldier-----10</p> <p>Other _____ -----7</p> <p style="text-align: center;">(specify)</p>			

SECTION 3: INDOOR RESIDUAL SPRAYING

No.	Questions and Filters	Coding Categories	Skips
14	At any time in the past 12 months, has anyone sprayed the interior walls of your house against mosquitoes?	Yes -----1 No -----2 Don't know -----8	→ 17 → 17
15	How many months ago was the house sprayed? IF LESS EQUAL TO ONE MONTH, RECORD '01'	<input type="text"/> <input type="text"/> MONTHS Don't know -----8	
16	Who sprayed the house?	Government worker/program ----1 Private company-----2 Household member -----3 Other _____7 (specify) Don't know -----8	

SECTION 4: BEDNETS

No.	Questions and Filters	Coding Categories	Skips
17	How many people usually live in this household?	_____ People	
18	How many of them slept in the house last night?	_____ People	
19	Does your household have any bednets that can be used while sleeping?	Yes -----1 No -----2	→ 32
20	How many bednets does your household have? Please include the bednets used by visitors and servants.	<input type="text"/> <input type="text"/> # of Bed nets	

FOR THIS NEXT SECTION YOU WILL NEED TO ENTER THE HOUSE/ROOM TO OBSERVE BEDNETS. YOU MAY NOT BE PERMITTED TO ENTER THE SLEEPING AREA. ASK HOUSEHOLD HEAD TO APPOINT A LOCAL WOMAN TO ACCOMPANY YOU (IF NEEDED) SO THAT HE/SHE MAY ENTER THE HOUSE/ROOM ALONG WITH YOU OR OBSERVE THE BED NET FOR YOU.

WRITE INFORMATION ABOUT EACH NET IN ITS OWN COLUMN ONLY

		NET #1	NET #2	NET #3	NET #4	NET #5	NET #6												
21	OBSERVE If bednet is hanging over sleeping area	Bednet hanging -----1 No bednet hanging -2 Could not observe --3	Bednet hanging -----1 No bednet hanging -2 Could not observe --3	Bednet hanging -----1 No bednet hanging -2 Could not observe --3	Bednet hanging -----1 No bednet hanging -2 Could not observe --3	Bednet hanging -----1 No bednet hanging -2 Could not observe --3	Bednet hanging -----1 No bednet hanging -2 Could not observe --3												
22	How many months ago did your household obtain the bednet? PROBE FOR EXACT NUMBER OF MONTHS AND RECORD IN THE BOXES OR CIRCLE THE APPROPRIATE RESPONSE	<table border="1" style="margin-left: auto; margin-right: auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Months RECORD THE # OF MONTHS GIVEN BY THE RESPONDENT Less /equal to Month-1 More than 3 yrs ---95 Don't Know ----- 88			<table border="1" style="margin-left: auto; margin-right: auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Months RECORD THE # OF MONTHS GIVEN BY THE RESPONDENT Less/ equal to Month-1 More than 3 yrs ---95 Don't Know ----- 88			<table border="1" style="margin-left: auto; margin-right: auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Months RECORD THE # OF MONTHS GIVEN BY THE RESPONDENT Less/ equal to Month-1 More than 3 yrs ---95 Don't Know ----- 88			<table border="1" style="margin-left: auto; margin-right: auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Months RECORD THE # OF MONTHS GIVEN BY THE RESPONDENT Less/ equal to Month-1 More than 3 yrs ---95 Don't Know ----- 88			<table border="1" style="margin-left: auto; margin-right: auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Months RECORD THE # OF MONTHS GIVEN BY THE RESPONDENT Less/ equal to Month-1 More than 3 yrs ---95 Don't Know ----- 88			<table border="1" style="margin-left: auto; margin-right: auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Months RECORD THE # OF MONTHS GIVEN BY THE RESPONDENT Less/ equal to Month-1 More than 3 yrs ---95 Don't Know ----- 88		
23	OBSERVE TYPE OF BEDNET AND CIRCLE THE APPROPRIATE OPTION THAT IDENTIFIES EACH OF THEM. IF NOT PERMITTED TO ENTER THE HOUSE, ASK THE COMMUNITY LEADER TO INVITE A LOCAL WOMAN TO HELP YOU.	Long lasting net -117 (SKIP TO 27) <input type="checkbox"/> <input type="checkbox"/> Treatable net -----21 Ordinary net -----31 (Not treated) Don't know -----88	Long lasting net -117 (SKIP TO 27) <input type="checkbox"/> <input type="checkbox"/> Treatable net -----21 Ordinary net -----31 (Not treated) Don't know -----88	Long lasting net -117 (SKIP TO 27) <input type="checkbox"/> <input type="checkbox"/> Treatable net -----21 Ordinary net -----31 (Not treated) Don't know -----88	Long lasting net -117 (SKIP TO 27) <input type="checkbox"/> <input type="checkbox"/> Treatable net -----21 Ordinary net -----31 (Not treated) Don't know -----88	Long lasting net -117 (SKIP TO 27) <input type="checkbox"/> <input type="checkbox"/> Treatable net -----21 Ordinary net -----31 (Not treated) Don't know -----88	Long lasting net -117 (SKIP TO 27) <input type="checkbox"/> <input type="checkbox"/> Treatable net -----21 Ordinary net -----31 (Not treated) Don't know -----88												
24	When you got the bednet, was it already factory-treated with an insecticide to kill or repel mosquitoes?	YES -----1 NO -----2 NOT SURE -----8	YES -----1 NO -----2 NOT SURE -----8	YES -----1 NO -----2 NOT SURE -----8	YES -----1 NO -----2 NOT SURE -----8	YES -----1 NO -----2 NOT SURE -----8	YES -----1 NO -----2 NOT SURE -----8												
25	Since you got the bednet, was it ever soaked or dipped in a liquid to repel mosquitoes or bugs?	YES -----1 NO -----2 (SKIP TO 27) <input type="checkbox"/> <input type="checkbox"/> Don't know -----8 (SKIP TO 27) <input type="checkbox"/> <input type="checkbox"/>	YES -----1 NO -----2 (SKIP TO 27) <input type="checkbox"/> <input type="checkbox"/> Don't know -----8 (SKIP TO 27) <input type="checkbox"/> <input type="checkbox"/>	YES -----1 NO -----2 (SKIP TO 27) <input type="checkbox"/> <input type="checkbox"/> Don't know -----8 (SKIP TO 27) <input type="checkbox"/> <input type="checkbox"/>	YES -----1 NO -----2 (SKIP TO 27) <input type="checkbox"/> <input type="checkbox"/> Don't know -----8 (SKIP TO 27) <input type="checkbox"/> <input type="checkbox"/>	YES -----1 NO -----2 (SKIP TO 27) <input type="checkbox"/> <input type="checkbox"/> Don't know -----8 (SKIP TO 27) <input type="checkbox"/> <input type="checkbox"/>	YES -----1 NO -----2 (SKIP TO 27) <input type="checkbox"/> <input type="checkbox"/> Don't know -----8 (SKIP TO 27) <input type="checkbox"/> <input type="checkbox"/>												

March 15, 2010

26	How many months ago was the bednet last soaked or dipped? IF LESS THAN 2 YEARS AGO PROBE FOR EXACT NUMBER OF MONTHS - OTHERWISE CIRCLE THE APPROPRIATE RESPONSE	<input type="text"/> Months Less equal to a month -01 More than 2 yrs----95 Don't know -----88	<input type="text"/> Months Less equal to a month -01 More than 2 yrs----95 Don't know -----88	<input type="text"/> Months Less equal to a month -01 More than 2 yrs----95 Don't know -----88	<input type="text"/> Months Less equal to a month -01 More than 2 yrs----95 Don't know -----88	<input type="text"/> Months Less equal to a month -01 More than 2 yrs----95 Don't know -----88	<input type="text"/> Months Less equal to a month -01 More than 2 yrs----95 Don't know -----88	
27	How much did you pay for this bednet?	_____ Naira Paid nothing -----00 Don't know -----88	_____ Naira Paid nothing -----00 Don't know -----88	_____ Naira Paid nothing -----00 Don't know -----88	_____ Naira Paid nothing -----00 Don't know -----88	_____ Naira Paid nothing -----00 Don't know -----88	_____ Naira Paid nothing -----00 Don't know -----88	
28	Where did you get this bednet?	Campaign -----1 Health facility -----2 Patent Medicine Vendor -----3 Shop-----4 Role Model Mothers --- -----5 Other _____ --7 (specify)	Campaign -----1 Health facility -----2 Patent Medicine Vendor -----3 Shop-----4 Role Model Mothers --- -----5 Other _____ --7 (specify)	Campaign -----1 Health facility -----2 Patent Medicine Vendor -----3 Shop-----4 Role Model Mothers --- -----5 Other _____ --7 (specify)	Campaign -----1 Health facility -----2 Patent Medicine Vendor -----3 Shop-----4 Role Model Mothers --- -----5 Other _____ --7 (specify)	Campaign -----1 Health facility -----2 Patent Medicine Vendor -----3 Shop-----4 Role Model Mothers --- -----5 Other _____ --7 (specify)	Campaign -----1 Health facility -----2 Patent Medicine Vendor -----3 Shop-----4 Role Model Mothers --- -----5 Other _____ --7 (specify)	
29	Did anyone sleep under this bednet last night?	YES -----1 NO -----2 NOT SURE -----8	YES -----1 NO -----2 NOT SURE -----8	YES -----1 NO -----2 NOT SURE -----8	YES -----1 NO -----2 NOT SURE -----8	YES -----1 NO -----2 NOT SURE -----8	YES -----1 NO -----2 NOT SURE -----8	
30	Person(s) slept under this Bednet last night?	# male <5yr :__ # female <5yr :__ # male 5-10yr :__ # female 5-10yr :__ # male 11-14yr :__ # female 11-14yr: __ # male 15yr+ :__ # female 15yr+ :__	# male <5yr :__ # female <5yr :__ # male 5-10yr :__ # female 5-10yr :__ # male 11-14yr :__ # female 11-14yr: __ # male 15yr+ :__ # female 15yr+ :__	# male <5yr :__ # female <5yr :__ # male 5-10yr :__ # female 5-10yr :__ # male 11-14yr :__ # female 11-14yr: __ # male 15yr+ :__ # female 15yr+ :__	# male <5yr :__ # female <5yr :__ # male 5-10yr :__ # female 5-10yr :__ # male 11-14yr :__ # female 11-14yr: __ # male 15yr+ :__ # female 15yr+ :__	# male <5yr :__ # female <5yr :__ # male 5-10yr :__ # female 5-10yr :__ # male 11-14yr :__ # female 11-14yr: __ # male 15yr+ :__ # female 15yr+ :__	# male <5yr :__ # female <5yr :__ # male 5-10yr :__ # female 5-10yr :__ # male 11-14yr :__ # female 11-14yr: __ # male 15yr+ :__ # female 15yr+ :__	# male <5yr :__ # female <5yr :__ # male 5-10yr :__ # female 5-10yr :__ # male 11-14yr :__ # female 11-14yr: __ # male 15yr+ :__ # female 15yr+ :__
31	Total number of Long Lasting Insecticidal Net (LLIN) in this household	_____	_____	_____	_____	_____	_____	

SECTION 5: BCC

No.	Questions and Filters	Coding Categories	Skips
32	What are the symptoms of Malaria? (CIRCLE AS MANY RESPONSES AS MENTIONED)	Fever -----1 Vomitting-----2 Headache -----3 Shivering/Rigor-----4 Convulsion-----5 Don't Know-----8	
33	What can you do to prevent Malaria? (CIRCLE AS MANY RESPONSES AS MENTIONED)	Sleep under mosquito net -----1 Sleep under Insecticide treated bed net-----2 Sleep under Long Lasting Insecticidal Net (LLIN) -----3 Use Insecticide Spray -----4 Use Mosquitoe Coils -----5 Clean up your Surroundings (grass/ garbage) -----6 Others. Specify-----7 Don't know -----8	
34	In the past month, did you hear any message about nets?	Yes -----1 No -----2	→36

SECTION 5: BCC (CONTINUED)

No.	Questions and Filters	Coding Categories	Skips
35	If yes to Q 34 what is the source? (CIRCLE AS MANY RESPONSES AS MENTIONED)	Radio -----1 Television -----2 Mosque/Church -----3 Community events -----4 Town Announcers -----5 Neighbours -----6 Others -----7 Specify _____	
36	What can a pregnant woman do to prevent malaria? (CIRCLE AS MANY RESPONSES AS MENTIONED)	Sleep under Bed nets -----1 Take SP given during antenatal care -----2 Take chloroquine -----3 Take Daraprim Tablets (Sunday-Sunday Medicine) -----4 Don't know-----8 Others -----7	
37	How long after fever starts would you seek treatment for Malaria?	Within 24hrs -----1 Next Day -----2 Others Specify-----7	

Record the time the interview ENDS	_ _ : _ _	HOUR: MINUTE
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THANK YOU -- THE END

**National Malaria Control Program
Malaria Control Booster Project
2010 LQAS Survey
Mothers of Children 0-11 months**

Identification	OFFICE USE ONLY												
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Household Head's Name _____													
Name of Respondent _____													

DATE INTERVIEW CARRIED OUT _____ / _____ / _____ <small>Day / Mo / Year</small>

Record the time the interview BEGINS	____ : ____ HOUR: MINUTE
--------------------------------------	-----------------------------

QUESTIONNAIRE REVIEWED BY SUPERVISOR		
NAME	_____	_____
CODE	_____	_____
SIGNATURE	_____	_____
DATE (dd/mm/yyyy)	_____	____ / ____ / ____

INFORMED CONSENT

Good morning/afternoon/evening. My name is _____ and I am working with (NAME OF ORGANIZATION). We are conducting a LGA survey about malaria and maternal and child health care. We would very much appreciate your participation in this survey. The information you provide will help the government to plan health services. The survey usually takes between 10 and 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

Signature of interviewer: _____ Date: _____

Respondent agrees to be interviewed	➔ Proceed with interview	Respondent does not agree to be interviewed	➔ Go to the next house and mark this house as a refusal
--	--------------------------	--	---

Recommendations for the interviewer

For this interview select the Woman of the house or the Household Head. An alternative would be a senior adult resident of the household such as the grandmother or aunt.

For all questions in this survey, never read the option responses unless there is a special note requesting it. Wait for the respondent to answer the question and then circle the option response given by respondent.

Please administer informed consent for all respondents and questionnaires.

SECTION 1: MOTHER’S BACKGROUND

No.	Questions and Filters	Coding Categories	Skips
1	What is the date of your birth?	_____ / _____ / _____ Day / Mo / Year Don't Know -----8	
2	IF MOTHER DOES NOT KNOW HER OWN BIRTHDAY, ASK: How old are you?	Mother's age in completed years <input type="text"/> <input type="text"/>	
3	Have you ever attended school?	Yes -----1 No -----2	→ 5
4	What is the highest level of school you attended: primary, secondary, or higher?	Primary-----1 Secondary -----2 Higher (post secondary)-----3	
5	What is your marital status? READ THE RESPONSE OPTIONS	Single -----1 Married -----2 Widowed -----3 Other -----7 (specify)	→ 7 → 7
6	What is your spouse's primary occupation during the year?	Unemployed -----1 Farmer -----2 Agricultural labourer -----3 Non-agricultural labourer -----4 Skilled labourer/tradesman - e.g. carpenter -----5 Small Trader -----6 Civil servant -----9 Soldier-----10 Other -----7 (specify)	
7	What is your primary occupation during the year?	Unemployed -----1 Farmer -----2 Agricultural labourer -----3 Non-agricultural labourer -----4 Skilled labourer/tradesman - e.g. carpenter -----5 Small Trader -----6 Civil servant -----9 Soldier-----10 Other -----7 (specify)	

SECTION 2: INFANT'S BACKGROUND

No.	Questions and Filters	Coding Categories	Skips
8	How many children under 1 year do you have? <i>IF MORE THAN ONE, RECORD THE NAMES AND SELECT ONE AT RANDOM.</i>		
9	a.NAME _____ b.NAME _____ c.NAME _____	<input type="text"/> # of children 0-11months	
10	RECORD THE NAME OF SELECTED CHILD _____		
11	What is the sex of [NAME]?	Male.....1 Female.....2	
12	What is [NAME]'s birth date?	<input type="text"/> / <input type="text"/> / <input type="text"/> [day / month/ year] Don't Know----- 8	
13	IF MOTHER DOES NOT KNOW (NAME'S) BIRTHDAY, ASK How old is (NAME?)	Child's age in completed months	<input type="text"/> <input type="text"/>

SECTION 3: PREGNANCY AND INTERMITTENT PREVENTIVE TREATMENT

No.	Questions and Filters	Coding Categories	Skips
14	When you were pregnant with (NAME), did you see anyone for antenatal care?	Yes -----1 No -----2	→ 17
15	Whom did you see? PROBE, ANYONE ELSE? (RECORD ALL PERSONS SEEN)	Doctor -----11 Nurse/midwife -----12 CHEW-----13 Trained traditional birth attendant --14 None-----15 Other ----- 7	
16	How many times did you see someone for antenatal care when you were pregnant with (NAME)?	_____ Number of Times	

17	<p>Where did you give birth?</p> <p>IF RESPONSE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME: MY HOME -----1 OTHER'S HOME -----2</p> <p>HEALTH FACILITY: HOSPITAL -----3 HEALTH CENTER -----4 CLINIC (Private/Gov) -----5</p> <p>OTHER -----7</p> <p>_____</p> <p>(SPECIFY)</p>	
18	<p>Who assisted you during delivery?</p>	<p>DOCTOR/ NURSE/MIDWIFE -----1 TBA -----2 FAMILY MEMBER -----3 NO ONE -----4 OTHER _____ ---7</p>	
19	<p>Do you have an antenatal card</p>	<p>Yes, seen by interviewer -----1 Not available/lost/misplaced -----2 Never had a card -----3 Don't know -----8</p>	<p>→ 21 → 21 → 21</p>
20	<p>RECORD THE NUMBER OF ANTENATAL CARE VISITS LISTED ON THE MATERNAL CARD</p>	<p>_____ Number of Antenatal Care Visits</p>	
21	<p>What kind of medicines should pregnant women take during pregnancy to prevent malaria?</p> <p>PROBE, ANYTHING ELSE?</p> <p>CIRCLE AS MANY RESPONSES AS MENTIONED</p>	<p>SP/Fansidar -----11 Chloroquine -----12</p> <p>Other _____ 77 (specify)</p> <p>Don't know -----88 Nothing -----14</p>	
22	<p>During this pregnancy, did you take any medicines in order to prevent you from getting malaria?</p>	<p>Yes -----1 No -----2 Don't know -----8</p>	<p>→ 27 → 27</p>
23	<p>Which medicines did you take during your pregnancy (Name) to prevent malaria?</p> <p>Record all mentioned.</p> <p>CIRCLE AS MANY RESPONSES AS MENTIONED</p>	<p>SP/Fansidar -----11 Chloroquine -----12</p> <p>Other _____ 77 (specify)</p> <p>Don't know -----88 Nothing -----14</p>	<p>→ 27 → 27 → 27 → 27</p>
24	<p>How many times did you take SP/Fansidar during this pregnancy?</p>	<p><input type="text"/> <input type="text"/></p> <p># of Times</p> <p>Don't know -----88</p>	

25	Where did you swallow the SP/Fansidar?	ANC Visit -----1 Other Health Visit -----2 At Home -----3 Other Place _____ 7 (specify) Don't know -----8	
26	Did you get the SP/Fansidar during an antenatal visit, during another visit to a health facility, or from some other source?	Antenatal visit-----1 Another facility visit -----2 ANC Outreach visit -----3 Other source _____ 7 (specify)	

Section 4: BEDNETS

No.	Questions and Filters	Coding Categories	Skips		
27	Does your household have any bednets that can be used while sleeping?	Yes -----1 No -----2	→ 41		
28	How many bednets does your household have?	<table border="1" style="margin: auto;"> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> </table> # of Bednets			
29	Did you usually sleep under bednet during your last pregnancy?	Yes -----1 No -----2			
30	Did you sleep under a bednet last night?	Yes -----1 No -----2			
31	Did (Name) sleep under a bednet last night?	Yes -----1 No -----2			
CHECK QUESTIONS 30 AND 31: IF BOTH (NAME) AND MOTHER DID NOT SLEEP UNDER A BEDNET SKIP TO → 41					
32	IF (NAME) SLEPT WITH HER/HIS MOTHER UNDER THE SAME BEDNET, CIRCLE OPTION "1" AND FILL ONLY THE MOTHER'S COLUMN ON THE NEXT SET OF QUESTIONS (Q. 33 to 39)	NAME slept under the same bednet with mother 1 NAME slept under bednet but not with the mother..... 2	→ FILL ONLY COLUMN 1 (33 TO 40)		

FOR THIS NEXT SECTION YOU WILL NEED TO ENTER THE HOUSE/ROOM TO OBSERVE BEDNETS. YOU MAY NOT BE PERMITTED TO ENTER THE SLEEPING AREA. ASK THE COMMUNITY LEADER TO APPOINT A LOCAL WOMAN TO ACCOMPANY YOU (IF NEEDED) SO THAT SHE MAY ENTER THE HOUSE/ROOM ALONG WITH YOU OR FOR YOU.

No.	Questions and Filters	Mother's bednet	(CHILD)'S bednet
33	OBSERVE If bednet is hanging over sleeping area	Bednet hanging ----1 No bednet hanging -2 Could not observe --3	Bednet hanging ----1 No bednet hanging -2 Could not observe --3
34	Did any one else sleep under this bednet	YES -----1 NO -----2	YES -----1 NO -----2

35	<p>How many months ago did your household obtain the bednet?</p> <p>PROBE FOR EXACT NUMBER OF MONTHS.</p> <p>RECORD IN THE BOX THE # OF MONTHS GIVEN BY THE RESPONDENT OR CIRCLE THE APPROPRIATE RESPONSE</p>	<p style="text-align: center;"> <input type="text"/> <input type="text"/> Months </p> <p>Less equal to a Month-01 More than 3 yrs -----95 Don't Know -----88</p>	<p style="text-align: center;"> <input type="text"/> <input type="text"/> Months </p> <p>Less equal to a Month-01 More than 3 yrs -----95 Don't Know -----88</p>
36	<p>OBSERVE TYPE OF BEDNET AND CIRCLE THE APPROPRIATE OPTION THAT IDENTIFIES EACH OF THE BEDNETS IF NOT PERMITTED TO ENTER THE HOUSE, ASK THE COMMUNITY LEADER TO INVITE A LOCAL WOMAN TO ACCOMPANY YOU.</p> <p><u>LONG LASTING NETS: VESTERGARD, OLYSET</u></p>	<p>Long lasting net -117 (SKIP TO 40) <—┘</p> <p>Treatable net -----21 Ordinary net -----31 (Not treated) Don't know -----88</p>	<p>Long lasting net -117 (SKIP TO 40) <—┘</p> <p>Treatable net -----21 Ordinary net -----31 (Not treated) Don't know -----88</p>
37	<p>When you got the bednet, was it already factory-treated with an insecticide to kill or repel mosquitoes?</p>	<p>Yes -----1 No -----2 Don't Know -----8</p>	<p>Yes -----1 No -----2 Don't Know -----8</p>
38	<p>Since you got the bednet, was it ever soaked or dipped in a liquid to repel mosquitoes or bugs?</p>	<p>YES -----1 NO -----2 (SKIP TO 41) <—┘ Don't know -----8 (SKIP TO 41) <—┘</p>	<p>YES -----1 NO -----2 (SKIP TO 41) <—┘ Don't know -----8 (SKIP TO 41) <—┘</p>
39	<p>How long ago was the bednet last soaked or dipped?</p> <p>IF LESS EQUAL TO 1 MONTH AGO, RECORD 01' MONTHS. IF LESS THAN 2 YEARS AGO PROBE FOR EXACT NUMBER OF MONTHS.</p>	<p style="text-align: center;"> <input type="text"/> <input type="text"/> Months </p> <p>More than 2 yrs-----95 Don't know -----88</p>	<p style="text-align: center;"> <input type="text"/> <input type="text"/> Months </p> <p>More than 2 yrs-----95 Don't know -----88</p>
40	<p>Total number of LLINs in the household</p>	<p>_____</p>	<p>_____</p>

SECTION 5: BREASTFEEDING AND INFANT/CHILD NUTRITION

No.	Questions and Filters	Coding Categories	Skips
41	<p>Did you ever breastfeed (NAME)?</p>	<p>Yes -----1 No -----2</p>	<p>→ 51</p>
42	<p>How long after birth did you first put (NAME) to the breast?</p>	<p>Immediately / within first hour after birth -----1 After the first hour -----2 Don't remember / don't know -----8</p>	
43	<p>During the first three days after delivery, did you give (NAME) the liquid that came from your breasts?</p>	<p>Yes -----1 No -----2 Don't Know -----8</p>	
44	<p>During the first three days after delivery, did you give (NAME) anything else to eat or drink before feeding him/her breastmilk?</p>	<p>Yes -----1 No -----2 Don't Know -----8</p>	<p>→ 46 →46</p>

45	<p>What did you give (NAME)?</p> <p>PROBE, ANYTHING ELSE?</p> <p>DO NOT READ THE LIST, RECORD ALL MENTIONED BY CIRCLING LETTER FOR EACH ONE MENTIONED</p>	<p>Milk (other than breastmilk) -----11</p> <p>Plain water -----12</p> <p>Water with sugar and/or salt -----13</p> <p>Fruit juice -----14</p> <p>Tea / infusions -----15</p> <p>Liquid or semi-liquid traditional medicine -----16</p> <p>Infant formula -----17</p> <p>Other _____ 77</p> <p>(specify)</p>							
46	<p>Are you currently breastfeeding (NAME)?</p>	<p>Exclusively breastfeeding -----1</p> <p>Not exclusively breastfeeding -----2</p> <p>No -----3</p>	<p>→ 51</p> <p>→ 48</p> <p>→ 47</p>						
47	<p>How many months did you breastfeed (NAME)?</p> <p>a) Exclusively Breastfeed</p> <p>b) Not exclusively Breastfeed</p> <p>IF LESS EQAUL TO ONE MONTH, RECORD "01" MONTHS</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 5px;">a.</td> <td style="width: 40px;"></td> <td style="width: 40px;"></td> </tr> <tr> <td style="padding: 5px;">b.</td> <td></td> <td></td> </tr> </table> <p style="text-align: center;">Months</p>	a.			b.			<p>→ 50</p>
a.									
b.									
48	<p>Did (NAME) drink any of the following liquids yesterday during the day or at night?</p> <p>READ THE LIST OF LIQUIDS. CIRCLE IF CHILD DRANK LIQUID IN QUESTION.</p>	<p>Breast milk ? -----11</p> <p>Plain water? -----12</p> <p>Commercially produced infant formula? -- -----13</p> <p>Any other milk such as tinned, powdered, or fresh animal milk? -----14</p> <p>Fruit juice? -----15</p> <p>Tea or coffee or infusions? -----16</p> <p>Other liquids?-----17</p> <p>Liquid or semi-liquid traditional medicine? -----18</p>							
49	<p>Did (NAME) eat any solid or semi-solid food yesterday during the day or at night?</p>	<p>Yes -----1</p> <p>No -----2</p> <p>Don't Know -----8</p>							
50	<p>Did (NAME) drink anything from a bottle with a nipple yesterday or last night?</p>	<p>Yes -----1</p> <p>No -----2</p> <p>Don't Know -----8</p>							

SECTION 6: DIARRHEA AND FEVER PREVALENCE

No.	Questions and Filters	Coding Categories	Skips
51	<p>Has (NAME) or any other child aged 0-59 months in this house had diarrhoea <u>in the last 2 weeks?</u></p>	<p>Yes -----1</p> <p>No -----2</p> <p>Don't Know -----8</p>	<p>→ ADMINISTER QUESTIONNAIRE ON DIARRHEA FOR (NAME) IF INTERVIEW STILL NEEDED</p>
52	<p>Has (NAME) or any other child aged 0-59 months in this house had fever <u>in the last 2 weeks?</u></p>	<p>Yes -----1</p> <p>No -----2</p> <p>Don't Know -----8</p>	<p>→ ADMINISTER QUESTIONNAIRE ON FEVER FOR (NAME) IF INTERVIEW STILL NEEDED</p>

SECTION 7: BCC

No.	Questions and Filters	Coding Categories	Skips
53	What are the symptoms of Malaria? (CIRCLE AS MANY RESPONSES AS MENTIOND)	Fever-----1 Vomitting-----2 Headache -----3 Shivering/Rigor-----4 Convulsion-----5 Don't Know-----8	
54	What can you do to prevent Malaria? (CIRCLE AS MANY RESPONSES AS MENTIOND)	Sleep under mosquito net -----1 Sleep under Insecticide treated bed net-----2 Sleep under Long Lasting Insecticidal Net (LLIN) -----3 Use Insecticide Spray-----4 Use Mosquitoe Coils -----5 Clean up your Surroundings (grass/ garbage) -----6 Others. Specify-----7 Don't know -----8	
55	In the past month, did you hear any message about nets?	Yes -----1 No -----2	→ 57
56	If yes to Q55 what's the source? (CIRCLE AS MANY RESPONSES AS MENTIOND)	Radio -----1 Television -----2 Mosque/Church -----3 Community events-----4 Town Announcers-----5 Neighbours -----6 Others -----7	
57	What can a pregnant woman do to prevent malaria? (CIRCLE AS MANY RESPONSES AS MENTIOND)	Sleep under Bed nets -----1 Take SP given during antenatal care-----2 Take chloroquine -----3 Take Daraprim Tablets (Sunday-Sunday Medicine) -----4 Don't know-----8 Others -----7	
58	How long after fever starts would you seek treatment for Malaria?	Within 24hrs -----1 Next Day -----2 Others Specify-----7	

Record the time the interview ENDS	___ : ___ HOUR: MINUTE
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THANK YOU - THE END

**National Malaria Control Program
Malaria Control Booster Project
2010 LQAS Survey
Mothers of Children 12-23 Months**

Identification	OFFICE USE ONLY												
Number of Questionnaire _____	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>												
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Village/Settlement _____ Ward _____ LGA _____ State _____	<table border="1" style="width: 100%; height: 80px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>												
Household Head's Name _____													
Name of Respondent _____													

DATE INTERVIEW CARRIED OUT _____ / _____ / _____ <small>Day / Mo / Year</small>

Record the time the interview BEGINS	____ : ____ HOUR: MINUTE
--------------------------------------	-----------------------------

QUESTIONNAIRE REVIEWED BY SUPERVISOR	
NAME	
CODE	
SIGNATURE	
DATE (dd/mm/yyyy)	____ / ____ / ____

INFORMED CONSENT

Good morning/afternoon/evening. My name is _____ and I am working with (NAME OF ORGANIZATION). We are conducting a LGA survey about malaria and maternal and child health care. We would very much appreciate your participation in this survey. The information you provide will help the government to plan health services. The survey usually takes between 10 and 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

Signature of interviewer: _____ Date: _____

Respondent agrees to be interviewed	➔ Proceed with interview	Respondent does not agree to be interviewed	➔ Go to the next house and mark this house as a refusal
--	--------------------------	--	---

Recommendations for the interviewer

For this interview select the Woman of the house or the Household Head. An alternative would be a senior adult resident of the household such as the grandmother or aunt.

For all questions in this survey, never read the option responses unless there is a special note requesting it. Wait for the respondent to answer the question and then circle the option response given by respondent.

Please administer informed consent for all respondents and questionnaires.

SECTION 1: MOTHER’S BACKGROUND

No.	Questions and Filters	Coding Categories	Skips
1	What is the date of your birth?	_____ / _____ / _____ Day / Mo / Year Don't Know -----8	
2	IF MOTHER DOES NOT KNOW HER OWN BIRTHDAY, ASK How old are you?	Mother's age in completed years <input type="text"/> <input type="text"/>	
3	Have you ever attended school?	Yes -----1 No -----2	→ 5
4	What is the highest level of school you attended: primary, secondary, or higher?	Primary-----1 Secondary -----2 Higher (post secondary)-----3	
5	What is your marital status? READ THE RESPONSE OPTIONS	Single -----1 Married -----2 Widowed -----3 Other -----7 (specify)	→7 →7
6	What is your spouse's primary occupation during the year?	Unemployed -----1 Farmer -----2 Agricultural labourer -----3 Non-agricultural labourer -----4 Skilled labourer/tradesman - e.g. carpenter -----5 Small Trader -----6 Civil servant -----9 Soldier-----10 Other _____ -----7 (specify)	
7	What is your primary occupation during the year?	Unemployed -----1 Farmer -----2 Agricultural labourer -----3 Non-agricultural labourer -----4 Skilled labourer/tradesman - e.g. carpenter -----5 Small Trader -----6 Civil servant -----9 Soldier-----10 Other _____ -----7 (specify)	

SECTION 2: CHILD'S BACKGROUND

No.	Questions and Filters	Coding Categories	Skips
8	How many children 12-23 months do you have in this household? IF MORE THAN ONE, RECORD THE NAMES AND SELECT ONE AT RANDOM.	<input type="text"/> # of children 12-23 months	
9	a.NAME _____ b.NAME _____ c. NAME _____		
10	RECORD THE NAME OF SELECTED CHILD _____		
11	What is the sex of (NAME)?	Male.....1 Female.....2	
12	What is [NAME]'s birthdate?	<input type="text"/> / <input type="text"/> / <input type="text"/> [day / month/ year]	
13	If mother does not know (NAME)'s birthday How old is (NAME?)	Child's age in completed months <input type="text"/> <input type="text"/>	

SECTION 3: CHILDHOOD IMMUNIZATIONS

No.	Questions and Filters	Coding Categories	Skips																																												
14	Do you have a card where (NAME) vaccinations are written down? IF YES, ASK: MAY I SEE THE CARD PLEASE?	Yes, seen by interviewer -----1 Not available/lost/misplaced -----2 Never had a card -----3 Don't know -----8	→ 17 → 17 → 17																																												
15	COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Vaccines</th> <th>Day</th> <th>Month</th> <th>Year</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>OPV 0</td><td></td><td></td><td></td></tr> <tr><td>OPV 1</td><td></td><td></td><td></td></tr> <tr><td>OPV 2</td><td></td><td></td><td></td></tr> <tr><td>OPV 3</td><td></td><td></td><td></td></tr> <tr><td>DPT 1</td><td></td><td></td><td></td></tr> <tr><td>DPT 2</td><td></td><td></td><td></td></tr> <tr><td>DPT 3</td><td></td><td></td><td></td></tr> <tr><td>Measles</td><td></td><td></td><td></td></tr> <tr><td>Vitamin A</td><td></td><td></td><td></td></tr> </tbody> </table>		Vaccines	Day	Month	Year	BCG				OPV 0				OPV 1				OPV 2				OPV 3				DPT 1				DPT 2				DPT 3				Measles				Vitamin A			
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16	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in an Immunization Plus Days (IPDs)?	Yes -----1 No -----2 Don't Know -----8																																													

17	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	Yes -----1 No -----2 Don't Know -----8	→ 25 → 25
18	Did (NAME) receive a BCG vaccine against tuberculosis, that is, an injection in the left arm or shoulder that usually causes a scar?	Yes -----1 No -----2 Don't Know -----8	
19	Did (NAME) receive a Polio vaccine, that is, drops in the mouth	Yes -----1 No -----2 Don't Know -----8	→ 22 → 22
20	When did (NAME) receive the first polio vaccination, just after birth or later?	Yes -----1 No -----2 Don't Know -----8	
21	How many times did (NAME) receive the polio vaccine?	Number of times <input type="text"/> Don't Know -----8	
22	Did (NAME) receive a DPT vaccine, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	Yes -----1 No -----2 Don't Know -----8	→ 24 → 24
23	How many times?	Number of times <input type="text"/> Don't Know -----8	
24	Did (NAME) receive a measles vaccine, that is, an injection in the right arm?.	Yes -----1 No -----2 Don't Know -----8	

SECTION 4: BEDNETS

No.	Questions and Filters	Coding Categories	Skips
25	Does your household have any bednets that can be used while sleeping?	Yes -----1 No -----2	→ 36
26	How many bednets does your household have?	<input type="text"/> <input type="text"/> # of bednets	
27	Did (NAME) sleep under a bednet last night?	Yes -----1 No -----2	→ 36

FOR THIS NEXT SECTION YOU WILL NEED TO ENTER THE HOUSE/ROOM TO OBSERVE BEDNETS. YOU MAY NOT BE PERMITTED TO ENTER THE SLEEPING AREA. ASK THE COMMUNITY LEADER TO APPOINT A LOCAL WOMAN TO ACCOMPANY YOU (IF NEEDED) SO THAT SHE MAY ENTER THE HOUSE/ROOM ALONG WITH YOU OR FOR YOU. ASK PERMISSION TO GO INTO THE HOUSE/ROOM AND ASK RESPONDENT TO SHOW YOU THE BEDNET (NAME) SLEPT UNDER.

No.	Questions and Filters	(NAME)'s Bednet	Skips
28	OBSERVE IF NAME'S BEDNET IS HANGING OVER SLEEPING AREA	Bednet hanging -----1 No bednet hanging-----2 Could not observe -----3	
29	Did <u>any one else</u> sleep under this bednet last night?	Yes -----1 No -----2 Not sure -----3	

30	<p>How many months ago did your household obtain the bednet?</p> <p>PROBE FOR EXACT NUMBER OF MONTHS AND RECORD IN THE BOXES OR CIRCLE THE APPROPRIATE RESPONSE</p>	<p>Months <input type="text"/> <input type="text"/></p> <p>RECORD THE # OF MONTHS GIVEN BY THE RESPONDENT</p> <p>Less equal to a month-----01 More than 3 yrs-----95 Don't know -----88</p>	
31	<p>OBSERVE TYPE OF BEDNET AND CIRCLE THE APPROPRIATE OPTION THAT IDENTIFIES THE BEDNET</p> <p>IF NOT PERMITTED TO ENTER THE HOUSE, ASK THE COMMUNITY LEADER TO INVITE A LOCAL WOMAN TO ACCOMPANY YOU.</p>	<p>Long Lasting Net-----117 (SKIP TO 35) <input type="checkbox"/> <input type="checkbox"/></p> <p>Treatable Net -----21 Ordinary -----31 (Not Treated) Don't know -----88</p>	
32	<p>When you got the bednet, was it already factory-treated with an insecticide to kill or repel mosquitoes?</p>	<p>Yes -----1 No -----2 Don't know -----8</p>	
33	<p>Since you got the bednet, was it ever soaked or dipped in a liquid to repel mosquitoes or bugs?</p>	<p>Yes -----1 No -----2 Don't know -----8</p>	<p>→ 36 → 36</p>
34	<p>How many months ago was the bednet last soaked or dipped?</p> <p>IF LESS THAN 2 YEARS AGO PROBE FOR EXACT NUMBER OF MONTHS - OTHERWISE CIRCLE THE APPROPRIATE RESPONSE</p>	<p><input type="text"/> <input type="text"/></p> <p>MONTHS</p> <p>Less equal to a Month-----01 More than 2 years -----95 Don't know -----88</p>	<p>-→36 -→36 -→36</p>
35.	<p>Total number of LLIN in the household</p>	<p>_____</p>	

SECTION 6 5: BCC

No.	Questions and Filters	Coding Categories	Skips
36	<p>What are the symptoms of Malaria?</p> <p>(CIRCLE AS MANY RESPONSES AS MENTIONED)</p>	<p>Fever -----1 Vomiting-----2 Headache -----3 Shivering/Rigor-----4 Convulsion-----5 Don't Know-----8</p>	
37	<p>What can you do to prevent Malaria?</p> <p>(CIRCLE AS MANY RESPONSES AS MENTIONED)</p>	<p>Sleep under mosquito net -----1 Sleep under Insecticide treated bed net-2 Sleep under Long Lasting Insecticidal Net (LLIN) -----3 Use Insecticide Spray -----4 Use Mosquitoe Coils -----5 Clean up your Surroundings (grass/garbage) -----6 Others. Specify-----7 Don't know -----8</p>	

38	In the past month, did you hear any message about nets?	Yes -----1 No -----2	→ 40
39	If yes to Q38 what's the source? (CIRCLE AS MANY RESPONSES AS MENTIONED)	Radio -----1 Television -----2 Mosque/Church -----3 Community events -----4 Town Announcers -----5 Neighbours -----6 Others -----7	
40	What can a pregnant woman do to prevent malaria? (CIRCLE AS MANY RESPONSES AS MENTIONED)	Sleep under Bed nets -----1 Take SP given during antenatal care ---2 Take chloroquine -----3 Take Daraprim Tablets (Sunday-Sunday Medicine) -----4 Don't know-----8 Others -----7	
41	How long after fever starts would you seek treatment for Malaria?	Within 24hrs -----1 Next Day -----2 Others Specify-----7	

SECTION 6: DIARRHEA AND FEVER PREVALENCE

No.	Questions and Filters	Coding Categories	Skips
42	Has (NAME) or any other child aged 12-23 months in this house had diarrhoea <u>in the last 2 weeks</u> ?	Yes -----1 No -----2 Don't Know -----8	→ ADMINISTER QUESTIONNAIRE ON DIARRHEA FOR (NAME) IF INTERVIEW STILL NEEDED
43	Has (NAME) or any other child aged 12-23 months in this house had fever <u>in the last 2 weeks</u> ?	Yes -----1 No -----2 Don't Know -----8	→ ADMINISTER QUESTIONNAIRE ON FEVER FOR (NAME) IF INTERVIEW STILL NEEDED

Record the time the interview ENDS	____ ____ : ____ ____ HOUR: MINUTE
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THANK YOU - THE END

National Malaria Control Program
Malaria Control Booster Project
 2010 LQAS Survey
Mothers of Children 0-59 Months

Identification	OFFICE USE ONLY												
Number of Questionnaire _____	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>												
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Household Head's Name _____													
Name of Respondent _____													

DATE INTERVIEW CARRIED OUT _____ / _____ / _____ <small>Day / Mo / Year</small>

Record the time the interview BEGINS	____ : ____ HOUR: MINUTE
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QUESTIONNAIRE REVIEWED BY SUPERVISOR		
NAME		
CODE		
SIGNATURE		
DATE (dd/mm/yyyy)		/ /

INFORMED CONSENT

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May I begin the interview now?

Signature of interviewer: _____ Date: _____

Respondent agrees to be interviewed	➔ Proceed with interview	Respondent does not agree to be interviewed	➔ Go to the next house and mark this house as a refusal
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Recommendations for the interviewer

For this interview select the Woman of the house or the Household Head. An alternative would be a senior adult resident of the household such as the grandmother or aunt.

For all questions in this survey, never read the option responses unless there is a special note requesting it. Wait for the respondent to answer the question and then circle the option response given by respondent.

Please administer informed consent for all respondents and questionnaires.

SECTION 2: MOTHER’S BACKGROUND

No.	Questions and Filters	Coding Categories	Skips
6	What is the date of your birth?	_____ / _____ / _____ Day / Mo / Year Don't Know -----8	
7	IF MOTHER DOES NOT KNOW HER OWN BIRTHDAY, ASK How old are you?	Mother's age in Completed years <input type="text"/> <input type="text"/>	
8	Have you ever attended school?	Yes -----1 No -----2	→ 10
9	What is the highest level of school you attended: primary, secondary, or higher?	Primary-----1 Secondary -----2 Higher (post secondary)-----3	
10	What is your marital status? READ THE RESPONSE OPTIONS	Single -----1 Married -----2 Widowed -----3 Other -----7 (specify)	→ 12 → 12
11	What is your spouse's primary occupation during the year?	Unemployed -----1 Farmer -----2 Agricultural labourer -----3 Non-agricultural labourer -----4 Skilled labourer/tradesman - e.g. carpenter -----5 Small Trader -----6 Civil servant -----9 Soldier-----10 Other _____ -----7 (specify)	
12	What is your primary occupation during the year?	Unemployed -----1 Farmer -----2 Agricultural labourer -----3 Non-agricultural labourer -----4 Skilled labourer/tradesman - e.g. carpenter -----5 Small Trader -----6 Civil servant -----9 Soldier-----10 Other _____ -----7 (specify)	

SECTION 3: CHILD’S BACKGROUND

No.	Questions and Filters	Coding Categories	Skips
13	How many children under 5-years do you have? <i>IF MORE THAN ONE, RECORD THE NAMES AND SELECT ONE AT RANDOM.</i>		
14	a.NAME _____ b.NAME _____ c.NAME _____	<input type="text"/> # of children 0-59 months	
15	RECORD THE NAME OF SELECTED CHILD _____		
16	What is the sex of [NAME]?	Male.....1 Female.....2	
17	What is [NAME]’s birthdate?	<input type="text"/> / <input type="text"/> / <input type="text"/> [day / month/ year] Don’t Know----- 8	
18	IF MOTHER DOES NOT KNOW (NAME’S) BIRTHDAY, ASK How old is (NAME?)	Child’s age in completed months <input type="text"/> <input type="text"/> MONTHS	

SECTION 4: BEDNETS

No.	Questions and Filters	Coding Categories	Skips
19	Does your household have any bednets that can be used while sleeping?	Yes -----1 No -----2	→ 30
20	How many bednets does your household have?	<input type="text"/> <input type="text"/> # of bednets	
21	Did (NAME) sleep under a bednet last night?	Yes -----1 No -----2	→ 30

FOR THIS NEXT SECTION YOU WILL NEED TO ENTER THE HOUSE/ROOM TO OBSERVE BEDNETS. YOU MAY NOT BE PERMITTED TO ENTER THE SLEEPING AREA. ASK THE COMMUNITY LEADER TO APPOINT A LOCAL WOMAN TO ACCOMPANY YOU (IF NEEDED) SO THAT SHE MAY ENTER THE HOUSE/ROOM ALONG WITH YOU OR FOR YOU. ASK PERMISSION TO GO INTO THE HOUSE/ROOM AND ASK RESPONDENT TO SHOW YOU THE BEDNET (NAME) SLEPT UNDER.

No.	Questions and Filters	(NAME)’s Bednet	Skips
22	<u>OBSERVE</u> IF NAME’S BEDNET IS HANGING OVER SLEEPING AREA	Bednet hanging -----1 No bednet hanging-----2 Could not observe -----3	
23	Did <u>any one else</u> sleep under this bednet last night?	Yes -----1 No -----2 Not sure -----3	

24	<p>How many months ago did your household obtain the bednet?</p> <p>PROBE FOR EXACT NUMBER OF MONTHS AND RECORD IN THE BOXES OR CIRCLE THE APPROPRIATE RESPONSE</p>	<p>Months <input type="text"/> <input type="text"/></p> <p>RECORD THE # OF MONTHS GIVEN BY THE RESPONDENT</p> <p>Less equal to a month-----01 More than 3 yrs-----95 Don't know -----88</p>	
25	<p>OBSERVE TYPE OF BEDNET AND CIRCLE THE APPROPRIATE OPTION THAT IDENTIFIES THE BEDNET</p> <p>IF NOT PERMITTED TO ENTER THE HOUSE, ASK THE COMMUNITY LEADER TO INVITE A LOCAL WOMAN TO ACCOMPANY YOU.</p>	<p>Long Lasting Net-----117 (SKIP TO 29) <input type="checkbox"/> <input type="checkbox"/></p> <p>Treatable Net -----21 Ordinary -----31 (Not Treated) Don't know -----88</p>	
26	<p>When you got the bednet, was it already factory-treated with an insecticide to kill or repel mosquitoes?</p>	<p>Yes -----1 No -----2 Don't know -----8</p>	
27	<p>Since you got the bednet, was it ever soaked or dipped in a liquid to repel mosquitoes or bugs?</p>	<p>Yes -----1 No -----2 Don't know -----8</p>	<p>→ 30 → 30</p>
28	<p>How many months ago was the bednet last soaked or dipped?</p> <p>IF LESS THAN 2 YEARS AGO PROBE FOR EXACT NUMBER OF MONTHS - OTHERWISE CIRCLE THE APPROPRIATE RESPONSE</p>	<p><input type="text"/> <input type="text"/></p> <p>MONTHS</p> <p>Less equal to a Month-----01 More than 2 years -----95 Don't know -----88</p>	
29.	<p>Total number of LLIN in the household</p>	<p>_____</p>	

SECTION 5: DIARRHEA AND FEVER PREVALENCE

No.	Questions and Filters	Coding Categories	Skips
30	<p>Has (NAME) or any other child aged 0-59 months in this house had diarrhoea <u>in the last 2 weeks</u>?</p>	<p>Yes-----1 No -----2 Don't know -----8</p>	<p>→ ADMINISTER QUESTIONNAIRE ON DIARRHEA FOR (NAME) IF INTERVIEW STILL NEEDED</p>
31	<p>Has (NAME) or any other child aged 0-59 months in this house had fever <u>in the last 2 weeks</u>?</p>	<p>Yes-----1 No -----2 Don't know -----8</p>	<p>→ ADMINISTER QUESTIONNAIRE ON FEVER FOR (NAME) IF INTERVIEW STILL NEEDED</p>

SECTION 6: BCC

No.	Questions and Filters	Coding Categories	Skips
32	What are the symptoms of Malaria? CIRCLE AS MANY RESPONSES AS MENTIONED	Fever -----1 Vomiting-----2 Headache -----3 Shivering/Rigor-----4 Convulsion-----5 Don't Know-----8 Others -----7	
33	What can you do to prevent Malaria? CIRCLE AS MANY RESPONSES AS MENTIONED	Sleep under mosquito net -----1 Sleep under Insecticide treated bed net-2 Sleep under Long Lasting Insecticidal Net (LLIN) -----3 Use Insecticide Spray -----4 Use Mosquito Coils -----5 Clean up your Surroundings (grass/garbage) -----6 Others. Specify-----7 Don't know -----8	
34	In the past month, did you hear any message about nets?	Yes -----1 No -----2	→36
35	If yes to Q33 what's the source? CIRCLE AS MANY RESPONSES AS MENTIONED	Radio -----1 Television -----2 Mosque/Church -----3 Community events -----4 Town Announcers -----5 Neighbours -----6 Others -----7	
36	What can a pregnant woman do to prevent malaria? CIRCLE AS MANY RESPONSES AS MENTIONED	Sleep under Bed nets -----1 Take SP given during antenatal care ---2 Take chloroquine -----3 Take Daraprim Tablets (Sunday-Sunday Medicine) -----4 Don't know-----8 Others -----7	
37	How long after fever starts would you seek treatment for Malaria?	Within 24hrs -----1 Next Day -----2 Others Specify-----7	
Record the time the interview ENDS		____ : ____	HOUR: MINUTE

THANK YOU - THE END

**National Malaria Control Program
Malaria Control Booster Project
2010 LQAS Survey**

Mothers of Children 0-59 Months with Diarrhea in the Last Two Weeks

Identification	OFFICE USE ONLY												
Number of Questionnaire _____	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td> </tr> </table>												
LQAS Number Out of 19 _____	<table border="1"> <tr> <td> </td><td> </td> </tr> </table>												
Interviewer's Name _____ Interviewer's Code _____ Interviewer's Organization _____	<table border="1"> <tr> <td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td> </tr> </table>												
Village/Settlement _____ Ward _____ LGA _____ State _____	<table border="1"> <tr> <td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td> </tr> </table>												
Household Head's Name _____ Name of Respondent _____													

DATE INTERVIEW CARRIED OUT _____ / _____ / _____ <small>Day / Mo / Year</small>

Record the time the interview BEGINS	____ : ____ HOUR: MINUTE
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QUESTIONNAIRE REVIEWED BY SUPERVISOR		
NAME	_____	_____
CODE	_____	_____
SIGNATURE	_____	_____
DATE (dd/mm/yyyy)	_____	____ / ____ / ____

INFORMED CONSENT

Good morning/afternoon/evening. My name is _____ and I am working with (NAME OF ORGANIZATION). We are conducting a LGA survey about malaria and maternal and child health care. We would very much appreciate your participation in this survey. The information you provide will help the government to plan health services. The survey usually takes between 10 and 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

Signature of interviewer: _____ Date: _____

Respondent agrees to be interviewed	➔ Proceed with interview	Respondent does not agree to be interviewed	➔ Go to the next house and mark this house as a refusal
--	--------------------------	--	---

Recommendations for the interviewer

For this interview select the Woman of the house or the Household Head. An alternative would be a senior adult resident of the household such as the grandmother or aunt.

For all questions in this survey, never read the option responses unless there is a special note requesting it. Wait for the respondent to answer the question and then circle the option response given by respondent.

Please administer informed consent for all respondents and questionnaires.

**RECORD THIS INFORMATION EVEN IF IT HAS BEEN ALREADY
ENTERED ON ANOTHER QUESTIONNAIRE**

SECTION 1: MOTHER'S BACKGROUND

No.	Questions and Filters	Coding Categories	Skips
1	What is the date of your birth?	_____ / _____ / _____ Day / Mo / Year Don't Know -----8	
2	IF MOTHER DOES NOT KNOW HER OWN BIRTHDAY, ASK: How old are you?	Mother's age in completed years <input type="text"/> <input type="text"/>	
3	Have you ever attended school?	Yes -----1 No -----2	→ 5
4	What is the highest level of school you attended: primary, secondary, or higher?	Primary-----1 Secondary -----2 Higher (post secondary)-----3	
5	What is your marital status? READ THE RESPONSE OPTIONS	Single -----1 Married -----2 Widowed -----3 Other -----7 (specify)	→ 7 → 7
6	What is your spouse's primary occupation during the year?	Unemployed -----1 Farmer -----2 Agricultural labourer -----3 Non-agricultural labourer -----4 Skilled labourer/tradesman - e.g. carpenter -----5 Small Trader -----6 Civil servant -----9 Soldier-----10 Other _____ -----7 (specify)	
7	What is your primary occupation during the year?	Unemployed -----1 Farmer -----2 Agricultural labourer -----3 Non-agricultural labourer -----4 Skilled labourer/tradesman - e.g. carpenter -----5 Small Trader -----6 Civil servant -----9 Soldier-----10 Other _____ -----7 (specify)	

SECTION 2: CHILD’S BACKGROUND

No.	Questions and Filters	Coding Categories	Skips
8	How many children aged 0-59 months who have diarrhea <i>in the last two weeks</i> live in this household?		
9.	<p>IF MORE THAN ONE CHILD 0-59 MONTHS WITH DIARRHEA IN THE LAST TWO WEEKS LIVE IN THIS HOUSEHOLD RECORD THE NAMES AND CHOOSE ONE AT RANDOM.</p> <p>a.NAME _____</p> <p>b.NAME _____</p> <p>c.NAME _____</p>	<p style="text-align: center;"> <input type="text"/> # of children 0-59 months with diarrhea in the last 2-weeks </p>	
10.	RECORD THE NAME OF SELECTED CHILD _____		
11.	What is the sex of [NAME]?	Male.....1 Female.....2	
12.	What is (NAME)’s birth day?	<p style="text-align: center;"> <input type="text"/> / <input type="text"/> / <input type="text"/> Day / Mo / Year </p> Don’t know 8	
13.	<p>IF MOTHER DOES NOT KNOW (NAME’S) BIRTHDAY, ASK</p> <p>How old is (NAME?)</p>	Child’s age in completed months	<input type="text"/> <input type="text"/> Months

SECTION 3: DIARRHEA CASE MANAGEMENT

No.	Questions and Filters	Coding Categories	Skips
14.	Was there any blood in the Stool?	Yes -----1 No -----2 I don’t know -----8	
15	<p>What was given to (NAME) to treat the diarrhea?</p> <p>DO NOT READ THE POSSIBLE RESPONSES</p> <p>PROBE FOR ANYTHING ELSE AND CIRCLE ALL MENTIONED.</p>	Nothing -----11 Fluid from ORS packet -----12 Sugar, salt Solution -----13 Home-made fluid -----14 Pill or syrup -----15 Injection -----16 (IV) intravenous -----17 Home remedies / Herbal medicines -----18 Other 77	
16.	When (NAME) had diarrhea, did you breastfeed him/her less than usual, about the same amount, or more than usual?	Less -----1 Same -----2 More -----3 Child not breastfed -----4 Don’t know -----8	

17.	When (NAME) had diarrhea, was he/she offered less than usual to drink, about the same amount, or more than usual to drink?	Less -----1 Same -----2 More -----3 Child exclusively breastfed -----4 Don't know -----8	
18.	When (NAME) had diarrhea, was he/she offered less than usual to eat, about the same amount, more than usual to eat, or nothing to eat?	Less -----1 Same -----2 More -----3 Too young to eat solids -----4 Don't know -----8	
19.	Did you seek advice or treatment outside the home for (NAME)'s diarrhea?	Yes -----1 No -----2	→ 21
20.	Where did you seek advice or treatment? PROBE FOR ANYWHERE ELSE AND CIRCLE ALL MENTIONED	Public Sector Govt. Hospital -----11 Govt. Health Center -----12 Community Health Volunteers -----13 Other public _____ 77 (specify) Private Medical Sector Pvt. hospital/clinic-----21 Private doctor/Nurse -----22 Patent Medicine Vendor -----23 Mission Hospital -----24 Other pvt _____ 77 (specify) Other Source Traditional Medical Practitioner ----26 Other _____ 77 (specify)	
21.	Who decided that you should go there for advice or treatment for (NAME)? CIRCLE ALL MENTIONED	Respondent-----11 Husband/partner-----12 Respondent's mother -----13 Mother-in-law-----14 Friends/neighbours-----15 Health worker-----16 Other _____ 77 (specify)	
22.	During the period when (NAME) was recovering from diarrhea, did you give him/her less than usual to drink, about the same amount, or more than usual to drink?	Nothing to drink -----1 Less-----2 Same -----3 More -----4 Don't know-----8	
23.	Have you heard of ORS/ORT?	Yes -----1 No -----2	→ END
24.	Have you ever used ORS/ORT?	Yes -----1 No -----2 Don't know-----8	→ 25

25.	Where do you usually get ORS?	Govt. Hospital -----1 Govt. Clinic-----2 Health Center -----3 Health Post -----4 Private Clinic -----5 Patent Medicine Vendor -----6 Local Shops -----9 Other _____7 (specify)	
26.	Could you please describe how to prepare ORS/ORT? <u>ONCE MOTHER HAS GIVEN A DESCRIPTION OF ORT PREPARATION USING EITHER SACHETS OR THE HOME PREPARATION RECORD WHETHER SHE DESCRIBED THE PROCESS CORRECTLY</u> <u>CIRCLE 1 [CORRECTLY] IF THE MOTHER MENTIONED THE FOLLOWING:</u> <u>ORS (SACHETS)</u> 1. Use 600 mls of clean drinking water (600 mls = 2 mineral bottles) _____ 2. Use the entire packet _____ 3. Dissolve the powder fully _____ <u>ORT (HOME PREPARATION)</u> 1. Use 600 mls of clean drinking water (600 mls = 2 soda bottles) _____ 2. 1 level teaspoon of salt _____ 3. 10 level teaspoons of sugar _____	Described correctly-----1 Described incorrectly -----2	

Record the time the interview ENDS	_____ : _____ HOUR: MINUTE
------------------------------------	-------------------------------

THANK YOU - THE END

**National Malaria Control Program
Malaria Control Booster Project
2010 LQAS Survey**

Mothers of Children 0-59 Months with Fever in the Last Two Weeks

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Household Head's Name _____													
Name of Respondent _____													

DATE INTERVIEW CARRIED OUT _____ / _____ / _____ <small>Day / Mo / Year</small>

Record the time the interview BEGINS	____ : ____ HOUR: MINUTE
--------------------------------------	-----------------------------

QUESTIONNAIRE REVIEWED BY SUPERVISOR		
NAME		
CODE		
SIGNATURE		
DATE (dd/mm/yyyy)		/ /

INFORMED CONSENT

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Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

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Signature of interviewer: _____ Date: _____

Respondent agrees to be interviewed	➔ Proceed with interview	Respondent does not agree to be interviewed	➔ Go to the next house and mark this house as a refusal
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RECORD THIS INFORMATION EVEN IF IT HAS BEEN ALREADY ENTERED ON ANOTHER QUESTIONNAIRE

SECTION 1: MOTHER'S BACKGROUND

No.	Questions and Filters	Coding Categories	Skips
1	What is the date of your birth?	<p align="center">____ / ____ / ____ Day / Mo / Year</p> Don't Know -----8	
2	IF MOTHER DOES NOT KNOW HER OWN BIRTHDAY, ASK How old are you?	Mother's age in completed years <input type="text"/> <input type="text"/>	
3	Have you ever attended school?	Yes -----1 No -----2	→ 5
4	What is the highest level of school you attended: primary, secondary, or higher?	Primary-----1 Secondary -----2 Higher (post secondary)-----3	
5	What is your marital status? READ THE RESPONSE OPTIONS	Single -----1 Married -----2 Widowed -----3 Other -----7 (specify)	→7 →7
6	What is your spouse's primary occupation during the year?	Unemployed -----1 Farmer -----2 Agricultural labourer -----3 Non-agricultural labourer -----4 Skilled labourer/tradesman - e.g. carpenter -----5 Small Trader -----6 Civil servant -----9 Soldier-----10 Other _____ -----7 (specify)	
7	What is your primary occupation during the year?	Unemployed -----1 Farmer -----2 Agricultural labourer -----3 Non-agricultural labourer -----4 Skilled labourer/tradesman - e.g. carpenter -----5 Small Trader -----6 Civil servant -----9 Soldier-----10 Other _____ -----7 (specify)	

SECTION 2: CHILD’S BACKGROUND

No.	Questions and Filters	Coding Categories	Skips
8	How many children aged 0-59 months who have fever in the last two weeks live in this household?		
9.	IF MORE THAN ONE CHILD 0-59 MONTHS WITH FEVER IN THE LAST TWO WEEKS LIVE IN THIS HOUSEHOLD RECORD THE NAMES AND CHOOSE ONE AT RANDOM. a.NAME _____ b.NAME _____ c. NAME _____	<div style="text-align: center;"> <input style="width: 40px; height: 20px;" type="text"/> # of children 0-59 months with fever in the last 2-weeks </div>	
10.	RECORD THE NAME OF SELECTED CHILD _____		
11.	What is the sex of [NAME]?	Male-----1 Female -----2	
12.	What is [NAME]’s birthday?	<div style="text-align: center;"> ____/____/____ Day / Mo / Year Don’t know -----8 </div>	
13.	IF MOTHER DOES NOT KNOW (NAME’S) BIRTHDAY, ASK How old is (NAME?)	Child’s age in completed months	<div style="display: inline-block; border: 1px solid black; width: 40px; height: 20px; vertical-align: middle;"></div> <div style="display: inline-block; border: 1px solid black; width: 40px; height: 20px; vertical-align: middle; margin-left: 10px;"></div> Months

SECTION 3: MALARIA CASE MANAGEMENT

No.	Questions and Filters	Coding Categories	Skips
14.	How many days ago did the fever start? PROBE FOR EXACT NUMBER OF DAYS AND WRITE IT IN THE BOX. OTHERWISE, CIRCLE THE APPROPRIATE OPTION RESPONSE	<div style="text-align: center;"> <input style="width: 40px; height: 20px;" type="text"/> DAYS If less equal to one day-----01 Don’t know -----88 </div>	
15.	Did you seek advice or treatment for the fever from any source?	Yes -----1 No -----2	→ 19
16.	Where did you seek advice or treatment? PROBE. ANYWHERE ELSE? RECORD ALL SOURCES MENTIONED	Public Sector Govt. Hospital -----11 Govt. Health Center -----12 Community Health Volunteers -----13 Role Model Mothers -----14 Other public _____ 77 (specify)	
		Private Medical Sector Pvt. hospital/clinic-----21 Private doctor/Nurse -----22 Patent Medicine Vendor -----23 Mission Hospital -----24 Other pvt _____ 77 (specify)	
		Other Source Traditional Medical Practitioner-----26 Other _____ 77 (specify)	

17.	<p>How many days after the fever began did you first seek treatment for (NAME)?</p> <p>PROBE FOR EXACT NUMBER OF DAYS AND WRITE IT IN THE BOX</p> <p>OTHERWISE CIRCLE THE APPROPRIATE OPTION RESPONSE</p>	<div style="text-align: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> </div> <p style="text-align: center;">DAYS</p> <p>If the same day-----01 Don't know -----88</p>	
18.	<p>Who decided that you should go there for (NAME'S) illness?</p> <p>RECORD ALL MENTIONED</p>	<p>Respondent-----11 Husband/partner -----12 Respondent's mother-----13 Mother-in-law-----14 Friends/neighbours-----15</p> <p>Other _____ -----77 (specify)</p>	
19.	<p>At any time during the illness, did (NAME) take any medicine for the fever?</p>	<p>Yes -----1 No -----2 Don't know -----8</p>	<p>→ END → END</p>
20.	<p>Did (NAME) take SP/Fansidar? ASK TO SEE THE MEDICINE</p>	<p>Yes -----1 No -----2 Don't know -----8</p>	
21.	<p>Did (NAME) take Chloroquine? ASK TO SEE THE MEDICINE</p>	<p>Yes -----1 No -----2 Don't know -----8</p>	
22.	<p>Did (NAME) take Amodiaquine? ASK TO SEE THE MEDICINE</p>	<p>Yes -----1 No -----2 Don't know -----8</p>	
23.	<p>Did (NAME) take Quinine? ASK TO SEE THE MEDICINE</p>	<p>Yes -----1 No -----2 Don't know -----8</p>	
24.	<p>Did (NAME) take ACT? ASK TO SEE THE MEDICINE</p>	<p>Yes -----1 No -----2 Don't know -----8</p>	<p>→ 27 → 27</p>
25.	<p>How long after the fever started did (NAME) start taking the ACT?</p> <p>PROBE FOR EXACT NUMBER OF DAYS AND CIRCLE THE APPROPRIATE OPTION RESPONSE</p>	<p>SAME DAY-----1 NEXT DAY-----2 2 DAYS AFTER THE FEVER-----3 3 DAYS AFTER THE FEVER-----4 4 OR MORE DAYS AFTER THE FEVER-----5 DON'T KNOW-----8</p>	
26.	<p>For how many days did (NAME) take the ACT?</p> <p>PROBE FOR EXACT NUMBER OF DAYS AND WRITE IT IN THE BOX</p> <p>OTHERWISE CIRCLE THE APPROPRIATE OPTION RESPONSE</p>	<div style="text-align: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> </div> <p style="text-align: center;">DAYS</p> <p>If 7 or more days-----7 Don't know-----8</p>	

27.	Did you have the ACT at home or did you get it from somewhere else? If somewhere else, probe where did you get the ACT first?	At home-----1 Gov. health facility/worker-----2 Private health facility/worker-----3 Community Health Worker -----4 Role Model Mother-----5 Patent Medicine Vendor-----6 Other _____ 7 (specify) Don't know-----8	
28.	Did (NAME) take any other medicines against malaria ? If yes Specify the name: _____	Yes -----1 No -----2 Don't know -----8	
Record the time the interview ENDS		_____ : _____ HOUR: MINUTE	

THANK YOU - THE END