

INFORMED CONSENT

Hello. My name is _____ and I am working with the National Institute of Statistics. We are conducting a national survey about various health issues. We would very much appreciate your participation in this survey. The survey usually takes between 10 and 15 minutes to complete.

In this survey, I would like to first ask you some questions about your household. 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 INTERVIEWED1
↓
RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 →END

HOUSEHOLD SCHEDULE

| LINE NO. | USUAL RESIDENTS AND VISITORS | RELATIONSHIP TO HEAD OF HOUSEHOLD | SEX | RESIDENCE | | | | AGE | IF 15 + YEARS | ELIGIBILITY | | |
|----------|---|---|---------------------------|--------------------------------|----------------------------------|--|----------------------|--|----------------|---|---|--|
| | | | | | | | | | MARITAL STATUS | CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 | CIRCLE LINE NUMBER OF ALL MEN AGE 15-59 | CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5 |
| | 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. | What is the relationship of (NAME) to the head of the household?* | Is (NAME) male or female? | Does (NAME) usually live here? | Did (NAME) stay here last night? | What is the current marital status of (NAME) | | What is the current marital status of (NAME) | | | | |
| (1) | (2) | (3) | (4) | (5) | (6) | (8) | | | (8) | (9) | (11) | |
| | | | M F | YES NO | YES NO | IN YEAR | | | | | | |
| 01 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | 01 | 01 | 01 | |
| 02 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | 02 | 02 | 02 | |
| 03 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | 03 | 03 | 03 | |
| 04 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | 04 | 04 | 04 | |
| 05 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | 05 | 05 | 05 | |
| 06 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | 06 | 06 | 06 | |
| 07 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | 07 | 07 | 07 | |
| 08 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | 08 | 08 | 08 | |
| 09 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | 09 | 09 | 09 | |
| 10 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | 10 | 10 | 10 | |

*** 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 = CO-WIFE; |
| 10 = OTHER RELATIVE; | 11 = ADOPTED/FOSTER/STEPCHILD; | 12 = NOT RELATED; 98 = DON'T KNOW |

| LINE NO. | USUAL RESIDENTS AND VISITORS | RELATIONSHIP TO HEAD OF HOUSEHOLD | SEX | | RESIDENCE | | AGE | IF 15 + YEARS | ELIGIBILITY | | | | |
|----------|---|---|---|---|---|---|----------------------------------|--------------------------|--------------------|--|---|---|--|
| | | | M | F | YES | NO | YES | NO | IN YEARS | MARITAL STATUS | CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 | CIRCLE LINE NUMBER OF ALL MEN AGE 15-59 | CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5 |
| | 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. | What is the relationship of (NAME) to the head of the household?* | Is (NAME) male or female? | | Does (NAME) usually live here? | | Did (NAME) stay here last night? | | How old is (NAME)? | What is the current marital status of (NAME) | | | |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | | | |
| 11 | | <input type="text"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | 11 | 11 | 11 | | |
| 12 | | <input type="text"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | 12 | 12 | 12 | | |
| 13 | | <input type="text"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | 13 | 13 | 13 | | |
| 14 | | <input type="text"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | 14 | 14 | 14 | | |
| 15 | | <input type="text"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | 15 | 15 | 15 | | |
| 16 | | <input type="text"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | 16 | 16 | 16 | | |
| 17 | | <input type="text"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | 17 | 17 | 17 | | |
| 18 | | <input type="text"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | 18 | 18 | 18 | | |
| 19 | | <input type="text"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | 19 | 19 | 19 | | |
| 20 | | <input type="text"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | 20 | 20 | 20 | | |

*** 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 = CO-WIFE;
 10 = OTHER RELATIVE; 11 = ADOPTED/FOSTER/STEPCHILD; 12 = NOT RELATED; 98 = DON'T KNOW

| | |
|--|--|
| TICK HERE IF CONTINUATION SHEET USED <input type="checkbox"/> | |
| Just to make sure that I have a complete listing: | |
| 1) Are there any other persons such as small children or infants that we have not listed? | YES <input type="checkbox"/> ENTER EACH IN TABLE NO <input type="checkbox"/> |
| 2) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? | YES <input type="checkbox"/> ENTER EACH IN TABLE NO <input type="checkbox"/> |
| 3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? | YES <input type="checkbox"/> ENTER EACH IN TABLE NO <input type="checkbox"/> |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | |
|--------------------|---|---|--|-----|----|-------------------|---|---|-------------|---|---|------------------|---|---|-----------------|---|---|--------------------|---|---|--|
| 101 | What is the main source of drinking water for members of your household? | PIPED WATER PIPED INTO DWELLING11 PIPED INTO YARD/PLOT12 PUBLIC TAP13 WATER FROM OPEN WELL OPEN WELL IN DWELLING21 OPEN WELL IN YARD/PLOT22 OPEN PUBLIC WELL23 WATER FROM COVERED WELL OR BOREHOLE PROTECTED WELL IN DWELLING31 PROTECTED WELL IN YARD/PLOT32 PROTECTED PUBLIC WELL33 SURFACE WATER SPRING41 RIVER/STREAM42 POND/LAKE43 DAM44 RAINWATER51 TANKER TRUCK61 BOTTLED WATER71 OTHER _____ 96 (SPECIFY) | → 203 → 103 → 103 → 103 → 22A → 22A → 103 → 103 → 103 → 103 | | | | | | | | | | | | | | | | | | |
| 102 | How long does it take you to go there, get water, and come back? | MINUTES <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES996 | | | | | | | | | | | | | | | | | | | |
| 103 | What kind of toilet facilities does your household have? | FLUSH TOILET11 PIT TOILET/LATRINE TRADITIONAL PIT TOILET21 VENTILATED IMPROVED PIT (VIP) LATRINE22 NO FACILITY/BUSH/FIELD/BEACH31 OTHER _____ 96 (SPECIFY) | → 105 | | | | | | | | | | | | | | | | | | |
| 104 | Do you share these facilities with other households? | YES1 NO2 | | | | | | | | | | | | | | | | | | | |
| 105 | Does your household have: Electricity? A radio? A television? A land line telephone? A refrigerator? | <table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>ELECTRICITY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEPHONE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>REFRIGERATOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table> | | YES | NO | ELECTRICITY | 1 | 2 | RADIO | 1 | 2 | TELEVISION | 1 | 2 | TELEPHONE | 1 | 2 | REFRIGERATOR | 1 | 2 | |
| | YES | NO | | | | | | | | | | | | | | | | | | | |
| ELECTRICITY | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| RADIO | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| TELEVISION | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| TELEPHONE | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| REFRIGERATOR | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| 106 | What type of fuel does your household mainly use for cooking? | ELECTRICITY01 LPG/NATURAL GAS02 BIOGAS03 KEROSENE04 COAL, LIGNITE05 CHARCOAL06 FIREWOOD, STRAW07 DUNG08 OTHER _____ 96 (SPECIFY) | | | | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | |
|--------------------------|--|--|-----------------------------|-----|----|---------------|---|---|--------------------------|---|---|-----------------|---|---|--------------------|---|---|--|
| 107 | <p>MAIN MATERIAL OF THE FLOOR.</p> <p>RECORD OBSERVATION.</p> | <p>NATURAL FLOOR</p> <p>EARTH/SAND/MUD11</p> <p>MUD MIXED WITH DUNG12</p> <p>RUDIMENTARY FLOOR</p> <p>WOOD PLANKS21</p> <p>PALM/BAMBOO22</p> <p>FINISHED FLOOR</p> <p>PARQUET OR POLISHED WOOD31</p> <p>LINOLEUM32</p> <p>CERAMIC TILES33</p> <p>CEMENT34</p> <p>CARPET35</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> | | | | | | | | | | | | | | | | |
| 108 | <p>Does any member of your household own:</p> <p>A bicycle?</p> <p>A motorcycle or motor scooter?</p> <p>A car or truck?</p> <p>A mobile phone</p> | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR/TRUCK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOBILE PHONE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table> | | YES | NO | BICYCLE | 1 | 2 | MOTORCYCLE/SCOOTER | 1 | 2 | CAR/TRUCK | 1 | 2 | MOBILE PHONE | 1 | 2 | |
| | YES | NO | | | | | | | | | | | | | | | | |
| BICYCLE | 1 | 2 | | | | | | | | | | | | | | | | |
| MOTORCYCLE/SCOOTER | 1 | 2 | | | | | | | | | | | | | | | | |
| CAR/TRUCK | 1 | 2 | | | | | | | | | | | | | | | | |
| MOBILE PHONE | 1 | 2 | | | | | | | | | | | | | | | | |
| 108A | Are your household members covered by health insurance? | <p>YES1</p> <p>NO2</p> | → 108D | | | | | | | | | | | | | | | |
| 108B | What type of health insurance do you have? | <p>MUTUELLE DE SANTÉ A</p> <p>RAMA B</p> <p>MMI C</p> <p>PRIVATE INSURANCE D</p> <p>OTHER X</p> <p>(SPECIFY)</p> | → 108D | | | | | | | | | | | | | | | |
| 108C | How many of your household members are covered by MUTUELLE DE SANTÉ? | <p>TOTAL HH MEMBERS..... <input type="text"/> <input type="text"/></p> <p>NO OF CHILDREN<5..... <input type="text"/> <input type="text"/></p> | | | | | | | | | | | | | | | | |
| 108D | CHECK | | | | | | | | | | | | | | | | | |
| | IF PROVINCE IS 'KIGALI' <input type="checkbox"/> | NO <input type="checkbox"/> | → 109 | | | | | | | | | | | | | | | |
| 108E | Between August and October 2007, did someone come to spray the walls of your home against mosquitoes? | <p>YES1</p> <p>NO2</p> <p>DON'T KNOW8</p> | | | | | | | | | | | | | | | | |
| 109 | Does your household have any mosquito bed nets that can be used while sleeping? | <p>YES1</p> <p>NO2</p> | → SKIP TO TABLE FOR MALARIA | | | | | | | | | | | | | | | |
| 109A | How many mosquito bed nets does your household have? | NUMBER..... <input type="text"/> | | | | | | | | | | | | | | | | |
| | IF THERE IS 7 OR MORE RECORD '7' | | | | | | | | | | | | | | | | | |

| | | NET # 1 | NET # 2 | NET #3 |
|-------|---|--|--|--|
| 110 | ASK RESPONDENT TO SHOW YOU THE NET(S) IN THE HOUSEHOLD. | PERMANET 1 OLYSET 2 DK 3 NOT OBSERVED 4 | PERMANET 1 OLYSET 2 DK 3 NOT OBSERVED 4 | PERMANET 1 OLYSET 2 DK 3 NOT OBSERVED 4 |
| 111 | How long ago did your household obtain the mosquito bed net? | MONTHS AGO. <input type="text"/> MORE THAN 3 YEARS AGO 96 DK 98 | MONTHS AGO. <input type="text"/> MORE THAN 3 YEARS AGO 96 DK 98 | MONTHS AGO. <input type="text"/> MORE THAN 3 YEARS AGO 96 DK 98 |
| 111A | VERIFY Q. 111 IF MORE THAN 6 MONRHS AGO | YES 1 NO 2 SKIP TO 112 ← | YES 1 NO 2 SKIP TO 112 ← | YES 1 NO 2 SKIP TO 112 ← |
| 111B | Where did you obtain the net? | SECTOR PUBLIC HEALTH CENTER 12 COMMUNITY HW 13 OTHER 16 (SPECIFY) SECTOR PRIVÉ HOSPITAL 21 PHARMACY 22 PRIVATE DOC 23 DISPENSARY 25 OTHER 26 (SPECIFY) OTHER SOURCE MARKET 31 CHURCH 32 PARENT/FRIEND 33 OTHER 96 (SPECIFY) | SECTOR PUBLIC HEALTH CENTER 12 COMMUNITY HW 13 OTHER 16 (SPECIFY) SECTOR PRIVÉ HOSPITAL 21 PHARMACY 22 PRIVATE DOC 23 DISPENSARY 25 OTHER 26 (SPECIFY) OTHER SOURCE MARKET 31 CHURCH 32 PARENT/FRIEND 33 OTHER 96 (SPECIFY) | SECTOR PUBLIC HEALTH CENTER 12 COMMUNITY HW 13 OTHER 16 (SPECIFY) SECTOR PRIVÉ HOSPITAL 21 PHARMACY 22 PRIVATE DOC 23 DISPENSARY 25 OTHER 26 (SPECIFY) OTHER SOURCE MARKET 31 CHURCH 32 PARENT/FRIEND 33 OTHER 96 (SPECIFY) |
| 111BB | How did you obtain the net? | DURING IMMUNIZATION CAMPAIGN 1 DURING SCPECIAL IMMUNIZATION CAMPAIGN IN 2006 2 DURING ANC VISITS 3 MARKET/STORE 4 VOLUNTEER OF THE MALARIA PROGRAM 5 OTHER 6 (SPECIFY) | DURING IMMUNIZATION CAMPAIGN 1 DURING SCPECIAL IMMUNIZATION CAMPAIGN IN 2006 2 DURING ANC VISITS 3 MARKET/STORE 4 VOLUNTEER OF THE MALARIA PROGRAM 5 OTHER 6 (SPECIFY) | DURING IMMUNIZATION CAMPAIGN 1 DURING SCPECIAL IMMUNIZATION CAMPAIGN IN 2006 2 DURING ANC VISITS 3 MARKET/STORE 4 VOLUNTEER OF THE MALARIA PROGRAM 5 OTHER 6 (SPECIFY) |
| 111C | How much did you pay for the net | COST <input type="text"/> FREE 9996 DON'T KNOW 9998 | COST <input type="text"/> FREE 9996 DON'T KNOW 9998 | COST <input type="text"/> FREE 9996 DON'T KNOW 9998 |
| 112 | OBSERVE OR ASK FOR THE BRAND OF MOSQUITO NET | PERMANENT TUZANET 1 MAMANET 2 TREATED ORIGNAL 3 OTHER 4 DK/NOT SURE 5 | PERMANENT TUZANET 1 MAMANET 2 TREATED ORIGNAL 3 OTHER 4 DK/NOT SURE 5 | PERMANENT TUZANET 1 MAMANET 2 TREATED ORIGNAL 3 OTHER 4 DK/NOT SURE 5 |
| 112D | Did anyone sleep under this mosquito bed net last night? | YES 1 NO 2 (SKIP TO 112F) ▶ DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 112F) ▶ DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 112F) ▶ DON'T KNOW 8 |
| 112DD | Did anyone sleep under this mosquito bed net the night before last night? | YES 1 NO 2 (SKIP TO 112F) ▶ DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 112F) ▶ DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 112F) ▶ DON'T KNOW 8 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | | SKIP |
|------|--|---|---|---|
| 112E | <p>Who slept under this mosquito bed net last night?</p> <p>RECORD THE RESPECTIVE LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.</p> | <p>NAME _____</p> <p>LINE NO..... <input type="text"/> <input type="text"/></p> <p>NAME _____</p> <p>LINE NO..... <input type="text"/> <input type="text"/></p> <p>NAME _____</p> <p>LINE NO..... <input type="text"/> <input type="text"/></p> <p>NAME _____</p> <p>LINE NO..... <input type="text"/> <input type="text"/></p> <p>NAME _____</p> <p>LINE NO..... <input type="text"/> <input type="text"/></p> | <p>NAME _____</p> <p>LINE NO..... <input type="text"/> <input type="text"/></p> <p>NAME _____</p> <p>LINE NO..... <input type="text"/> <input type="text"/></p> <p>NAME _____</p> <p>LINE NO..... <input type="text"/> <input type="text"/></p> <p>NAME _____</p> <p>LINE NO..... <input type="text"/> <input type="text"/></p> <p>NAME _____</p> <p>LINE NO..... <input type="text"/> <input type="text"/></p> | <p>NAME _____</p> <p>LINE NO..... <input type="text"/> <input type="text"/></p> <p>NAME _____</p> <p>LINE NO..... <input type="text"/> <input type="text"/></p> <p>NAME _____</p> <p>LINE NO..... <input type="text"/> <input type="text"/></p> <p>NAME _____</p> <p>LINE NO..... <input type="text"/> <input type="text"/></p> <p>NAME _____</p> <p>LINE NO..... <input type="text"/> <input type="text"/></p> |
| 112F | | <p>GO BACK TO 111 IN THE FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO MALARIA TABLE</p> | <p>GO BACK TO 111 IN THE FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO MALARIA TABLE</p> | <p>GO BACK TO 111 IN THE FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO MALARIA TABLE</p> |

TABLE FOR MALARIA DIAGNOSIS FOR CHILDREN

INFORMAED CONSENT STATEMENT FORM ANEMIA FOR CHILDREN

In the survey we measure the level of anemia in women and children aged less than 5 years. We ask the women and the children to participate in the malaria and anemia testing part of this survey by giving a few drops of blood from a finger. The tests use disposable sterile instruments that are clean and completely safe. The blood will be taken with new equipment and the results of the test will be given to you immediately after. These results will be kept confidential.

Now I would like to ask that you and (NAME OF CHILDREN) agree to participate in the anemia test. However, if you decide not to have the test done, it is your right and we will respect your decision. Now please tell me if you agree to have the test done.

Do you have any question?

Now please tell me if you agree to have the test done.

SKIP TO COLUMN 113 AND CIRCLE APPROPRIATE CODES

| LINE NO. FROM COL.(9) | NAME FROM COL.(2) | AGE FROM COL.(7) | What is (NAME)'s date of birth?* | LINE NO. OF PARENT/ RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE | READ CONSENT STATEMENT TO PARENT/RESPONSIBLE ADULT* CIRCLE CODE (AND SIGN) | RESULT OF THE RAPID TEST | RESULT 1 RAPID TEST 2 THICK SMEAR 3 ABSENCE 4 REFUSED 5 TEACH/PROB 6 OTHER (SPECIFY) | PLACE BAR CODES PUT 1 ST BAR CODE HERE PUT 2 ND BAR CODE ON RAPID TEST FOR MALARIA PUT 3 RD BAR CODE ON THE SLIDE |
|--------------------------|----------------------|---------------------|----------------------------------|--|--|--|--|--|
| 113 | 114 | 115 | 116 | 117 | 118 | 119 | 120 | 121 |
| | | | | | GRANTED 1 ↓ SIGN _____ 2 SKIP TO 120 ▶ | POSITIVE.....1 NEGATIVE.....2 INDETERMIN.....3 | <input type="checkbox"/> | PUT 1 ST BAR CODE HERE |
| | | | | | REFUSED OR NOT READ 2 SKIP TO 120 ▶ | POSITIVE.....1 NEGATIVE.....2 INDETERMIN.....3 | <input type="checkbox"/> | PUT 1 ST BAR CODE HERE |
| | | | | | GRANTED 1 ↓ SIGN _____ 2 SKIP TO 120 ▶ | POSITIVE.....1 NEGATIVE.....2 INDETERMIN.....3 | <input type="checkbox"/> | PUT 1 ST BAR CODE HERE |
| | | | | | REFUSED OR NOT READ 2 SKIP TO 120 ▶ | POSITIVE.....1 NEGATIVE.....2 INDETERMIN.....3 | <input type="checkbox"/> | PUT 1 ST BAR CODE HERE |
| | | | | | GRANTED 1 ↓ SIGN _____ 2 SKIP TO 120 ▶ | POSITIVE.....1 NEGATIVE.....2 INDETERMIN.....3 | <input type="checkbox"/> | PUT 1 ST BAR CODE HERE |
| | | | | | REFUSED OR NOT READ 2 SKIP TO 120 ▶ | POSITIVE.....1 NEGATIVE.....2 INDETERMIN.....3 | <input type="checkbox"/> | PUT 1 ST BAR CODE HERE |
| | | | | | GRANTED 1 ↓ SIGN _____ 2 SKIP TO 120 ▶ | POSITIVE.....1 NEGATIVE.....2 INDETERMIN.....3 | <input type="checkbox"/> | PUT 1 ST BAR CODE HERE |
| | | | | | REFUSED OR NOT READ 2 SKIP TO 120 ▶ | POSITIVE.....1 NEGATIVE.....2 INDETERMIN.....3 | <input type="checkbox"/> | PUT 1 ST BAR CODE HERE |

TABLE FOR MALARIA DIAGNOSIS FOR WOMEN

INFORMAED CONSENT STATEMENT FORM ANEMIA FOR WOMEN

We request that you and all children aged less than 5 years participate in the anemia testing part of this survey by giving a few drops of blood from a finger. The test uses disposable sterile instruments that are clean and completely safe. The blood will be taken with new equipment and the results of the test will be given to you immediately after. These results will be kept confidential.

Do you have any question?

Now please tell me if you agree to have the test done.

IF WOMEN AGED 15-17, ASK THE CONSENT STATEMENT FROM THE RESPONSIBLE PARENT/GUARDIEN

Now please tell me if you agree to have the test done for (NAME OF THE WOMAN 15-17).

SKIP TO COLUMN 122 AND CIRCLE APPROPRIATE CODES

| LINE NO. FROM COL.(9) | NAME FROM COL.(2) | AGE FROM COL.(7) | VERIFY AGE IN COLUMN 123 | READ CONSENT STATEMENT TO PARENT/RESPONSIB LE ADULT* CIRCLE CODE (AND SIGN) | 126 | READ CONSENT STATEMENT TO THE WOMEN CIRCLE CODE (AND SIGN) | 127 | RESULT OF THE RAPID TEST | 128 | 129 | PREGNANT WOMEN | RESULT | PLACE BAR CODES |
|--------------------------|----------------------|---------------------|---|--|-----|--|-----|--|-----|-----|--|--------|--|
| 122 | | | AGE 15-17 1 2 ↓ SKIP TO 127 | AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN..... | 126 | AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN..... | 127 | IF 127 NOT EQUAL 1 → 130 POSITIVE.....1 NEGATIVE.....2 INDETERMIN.....8 | 128 | 129 | YES.....1 NO.....2 DONT KNOW.....3 | 130 | 131 |
| | | | AGE 18+ 1 2 ↓ SKIP TO 127 | AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN..... | | AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN..... | | IF 127 NOT EQUAL 1 → 130 POSITIVE.....1 NEGATIVE.....2 INDETERMIN.....8 | | | YES.....1 NO.....2 DONT KNOW.....3 | | PUT 1 ST BAR CODE HERE PUT 2 ND BAR CODE ON RAPID TEST FOR MALARIA PUT 3 RD BAR CODE ON THE SLIDE |
| | | | AGE 15-17 1 2 ↓ SKIP TO 127 | AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN..... | | AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN..... | | IF 127 NOT EQUAL 1 → 130 POSITIVE.....1 NEGATIVE.....2 INDETERMIN.....8 | | | YES.....1 NO.....2 DONT KNOW.....3 | | PUT 1 ST BAR CODE HERE |
| | | | AGE 18+ 1 2 ↓ SKIP TO 127 | AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN..... | | AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN..... | | IF 127 NOT EQUAL 1 → 130 POSITIVE.....1 NEGATIVE.....2 INDETERMIN.....8 | | | YES.....1 NO.....2 DONT KNOW.....3 | | PUT 1 ST BAR CODE HERE |
| | | | AGE 15-17 1 2 ↓ SKIP TO 127 | AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN..... | | AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN..... | | IF 127 NOT EQUAL 1 → 130 POSITIVE.....1 NEGATIVE.....2 INDETERMIN.....8 | | | YES.....1 NO.....2 DONT KNOW.....3 | | PUT 1 ST BAR CODE HERE |
| | | | AGE 18+ 1 2 ↓ SKIP TO 127 | AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN..... | | AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN..... | | IF 127 NOT EQUAL 1 → 130 POSITIVE.....1 NEGATIVE.....2 INDETERMIN.....8 | | | YES.....1 NO.....2 DONT KNOW.....3 | | PUT 1 ST BAR CODE HERE |
| | | | AGE 15-17 1 2 ↓ SKIP TO 127 | AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN..... | | AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN..... | | IF 127 NOT EQUAL 1 → 130 POSITIVE.....1 NEGATIVE.....2 INDETERMIN.....8 | | | YES.....1 NO.....2 DONT KNOW.....3 | | PUT 1 ST BAR CODE HERE |

TABLE FOR HEMOGLOBIN FOR CHILDREN

GO TO COLUMN 132 AND CIRCLE APPROPRIATE CODES

| LINE NO. FROM COL.(11) | NAME FROM COL.(2) | AGE FROM COL.(7) | What is (NAME)'s date of birth?* | | | LINE NO. OF PARENT/ RESPONSIBLE ADULT RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE** | 137 | 138 | 139 |
|------------------------------|-------------------------|------------------------|----------------------------------|-------|------|---|------------------------------------|-----|-----|
| | | | DAY | MONTH | YEAR | | | | |
| 132 | 133 | 134 | 135 | 135 | 135 | 136 | 137 | 138 | 139 |
| | | | | | | | GRANTED | | |
| | | | | | | | REFUSED | | |
| | | | | | | | 1 ↓ SIGN _____ SKIP TO 139 ▶ | | |
| | | | | | | | 2 | | |
| | | | | | | | 1 ↓ SIGN _____ SKIP TO 139 ▶ | | |
| | | | | | | | 2 | | |
| | | | | | | | 1 ↓ SIGN _____ SKIP TO 139 ▶ | | |
| | | | | | | | 2 | | |
| | | | | | | | 1 ↓ SIGN _____ SKIP TO 139 ▶ | | |
| | | | | | | | 2 | | |
| | | | | | | | 1 ↓ SIGN _____ SKIP TO 139 ▶ | | |
| | | | | | | | 2 | | |
| | | | | | | | 1 ↓ SIGN _____ SKIP TO 139 ▶ | | |
| | | | | | | | 2 | | |

* FOR CHILDREN NOT INCLUDED IN ANY BIRTH HISTORY (SECTION 2), SUCH AS ORPHAN, ADOPTED CHILDREN ETC, ASK DAY, MONTH, AND YEAR OF BIRTH. FOR ALL OTHER CHILDREN COPY MONTH AND YEAR FROM Q. 215 IN MOTHER'S BIRTH HISTORY (SECTION 2) AND ASK DAY OF BIRTH.

** RECORD '00' IF NOT LISTED IN THE HOUSEHOLD QUESTIONNAIRE

TABLE FOR HEMOGLOBIN FOR WOMEN

SKIP TO COLUMN 121 AND CIRCLE APPROPRIATE CODES

| LINE NO. FROM COL.(9) | NAME FROM COL.(2) | AGE FROM COL.(7) | VERIFY AGE IN COLUMN 142 | READ CONSENT STATEMENT TO PARENT/RESPONSIB LE ADULT* CIRCLE CODE (AND SIGN) | 144 | READ CONSENT STATEMENT TO THE WOMEN CIRCLE CODE (AND SIGN) | 145 | LEVEL OF HEMOGLOBINE (G/DL) | 146 | PREGNANT WOMEN | 147 | RESULT 1 RAPID TEST 2 ABSENCE 3 REFUSED 4 TEACH/PROB 6 OTHER (SPECIFY) | 148 |
|-----------------------------|-------------------------|------------------------|---|--|----------------------|--|---|---|----------------------|----------------------|----------------------|---|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | AGE 143 15-17 18+ 2 ↓ SKIP TO 145 | AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN | <input type="text"/> | AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN | IF 145 NOT EQUAL 1 SKIP TO 148 <input type="text"/> | YES.....1 NO.....2 DON'T KNOW.....8 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | 2 ↓ SKIP TO 145 | AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN | <input type="text"/> | AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN | IF 145 NOT EQUAL 1 SKIP TO 148 <input type="text"/> | YES.....1 NO.....2 DON'T KNOW.....8 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | 2 ↓ SKIP TO 145 | AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN | <input type="text"/> | AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN | IF 145 NOT EQUAL 1 SKIP TO 148 <input type="text"/> | YES.....1 NO.....2 DON'T KNOW.....8 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | 2 ↓ SKIP TO 145 | AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN | <input type="text"/> | AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN | IF 145 NOT EQUAL 1 SKIP TO 148 <input type="text"/> | YES.....1 NO.....2 DON'T KNOW.....8 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | 2 ↓ SKIP TO 145 | AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN | <input type="text"/> | AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN | IF 126 NOT EQUAL 1 SKIP TO 148 <input type="text"/> | YES.....1 NO.....2 DON'T KNOW.....8 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | 2 ↓ SKIP TO 145 | AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN | <input type="text"/> | AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN | IF 145 NOT EQUAL 1 SKIP TO 148 <input type="text"/> | YES.....1 NO.....2 DON'T KNOW.....8 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | |
|-----|--|
| 149 | <p>CHECK QUESTIONS 46 (FOR CHILDREN) AND 56/57 (FOR ADULTS) :</p> <p>NUMBER OF HOUSEHOLD MEMBERS FOR WHICH THE LEVEL OF HEMOGLOBIN IS BELOW THE CUT-OFF POINTS : LESS THAN 7g/dL FOR CHILDREN, FOR MEN, AND FOR WOMEN WHO ARE NOT PREGNANT (OR WHO DO NOT KNOW IF THEY ARE PREGNANT); LESS THAN 9g/dL FOR PREGNANT WOMEN.</p> <p>ONE OR MORE <input type="checkbox"/> → NONE <input type="checkbox"/> →</p> <p>GIVE EACH WOMAN, MAN OR RESPONSIBLE ADULT THE RESULTS OF THE HEMOGLOBIN TEST. READ THE DECLARATION BELOW (Q.150) TO THESE PERSONS WITH HEMOGLOBIN LEVELS BELOW CUT-OFF POINTS.</p> <p>GIVE EACH WOMAN, MAN OR RESPONSIBLE ADULT THE RESULTS OF THE HEMOGLOBIN TEST.</p> |
| 150 | <p>The results of the test show that (your blood/the blood of NAME OF CHILD/CHILDREN) has a very low level of hemoglobin. This indicates that (you/NAME OF CHILD/CHILDREN) are severely anemic, which is a serious health problem. We recommend that you visit a health facility as soon as possible to be examined and obtain the proper treatment. GIVE THE ADULT THE REFERENCE FORM FOR ANEMIA.</p> |

