

Seasonal malaria chemoprevention Survey Questionnaire

IDENTIFICATION

LGA	<hr/>		
Ward	<hr/>		
Cluster Number	<input type="text"/> <input type="text"/>	Household Number	<input type="text"/> <input type="text"/>
ID Number	Cluster number followed by Household number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Enter this number ← at the top of each page

HOUSEHOLD VISIT

B1	Household visit details	Visit 1	Visit 2	Visit 3
	0 = recipient not home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 = recipient home and consented to interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 = recipient home but refused			
	3 = Incapacitated			
	4 = Dwelling not found			
	5 = Other			
	Specify _____			
B2	Date of interview	dd/mm/yyyy	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
B3	Interviewer Name	Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
B4	Supervisor	Questionnaire checked after completion	<input type="checkbox"/>	
B5	Native language of the respondent	<input type="checkbox"/>	1 = Hausa / Fulani 2 = Yoruba 3 = Igbo 4 = Other Specify _____	
B6	Translator used	1 = Not at all 2 = All time 3 = Sometimes		

INTRODUCTION AND CONSENT

Go with the respondent through the oral consent form

Hello. My name is _____ and I am working with _____ . On behalf of the Malaria Control Programme we are carrying out a survey to capture the results of the recent distribution of seasonal malaria chemoprevention to young children in this area.

As part of the survey we would first like to ask some questions about your household. Then we would like to interview the care taker of each child under five years of age. All of the answers you give will be confidential and will not be shown to anyone. Participation in the survey is completely voluntary. If we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope you will participate in the survey since your views are important. The survey usually takes between 45 and 60 minutes to complete.

At this time, do you want to ask me anything about the survey?
 May I begin the interview now?

Note: In the field version this section needs to be presented in local language

Respondent (and care takers) agrees to be interviewed.....	1	Go to Q01
Respondent (and care takers) does not agree to be interviewed.....	0	End

SECTION 1: People living in the household

Line No.	Usual residents and visitors	Relationship to head of household	Sex		Residence		Age		Eligibility of child for SMC questionnaire		Caretaker line no		
			Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? If less than 1 year write 0 in the box and give number of months in next column. If don't know write 'NK'	Is (NAME) between 3 months 6 years old?	If child < 6, indicate line number of child's mother / care taker					
Q01	Q02	Q03	Q04		Q05		Q06		Q07		Q08		Q8a
			M	F	Yes	No	Yes	No	Years	Months	Yes	No	
01		<input type="text"/>	1	2	1	0	1	0	<input type="text"/>	<input type="text"/>	1	0	<input type="text"/>
02		<input type="text"/>	1	2	1	0	1	0	<input type="text"/>	<input type="text"/>	1	0	<input type="text"/>
03		<input type="text"/>	1	2	1	0	1	0	<input type="text"/>	<input type="text"/>	1	0	<input type="text"/>
04		<input type="text"/>	1	2	1	0	1	0	<input type="text"/>	<input type="text"/>	1	0	<input type="text"/>
05		<input type="text"/>	1	2	1	0	1	0	<input type="text"/>	<input type="text"/>	1	0	<input type="text"/>
06		<input type="text"/>	1	2	1	0	1	0	<input type="text"/>	<input type="text"/>	1	0	<input type="text"/>
07		<input type="text"/>	1	2	1	0	1	0	<input type="text"/>	<input type="text"/>	1	0	<input type="text"/>
08		<input type="text"/>	1	2	1	0	1	0	<input type="text"/>	<input type="text"/>	1	0	<input type="text"/>
09		<input type="text"/>	1	2	1	0	1	0	<input type="text"/>	<input type="text"/>	1	0	<input type="text"/>
10		<input type="text"/>	1	2	1	0	1	0	<input type="text"/>	<input type="text"/>	1	0	<input type="text"/>
11		<input type="text"/>	1	2	1	0	1	0	<input type="text"/>	<input type="text"/>	1	0	<input type="text"/>
12		<input type="text"/>	1	2	1	0	1	0	<input type="text"/>	<input type="text"/>	1	0	<input type="text"/>
13		<input type="text"/>	1	2	1	0	1	0	<input type="text"/>	<input type="text"/>	1	0	<input type="text"/>

Codes for Q3: Relationship to household head

- 01=head
- 02=wife/husband/partner
- 03=son/daughter
- 04=son/daughter in law
- 05=grandchild
- 06=parent
- 07=parent in law
- 08=brother/sister/in law
- 09=other relative
- 10=adopted/foster/stepchild
- 11=not related
- 98=don't know

In households of the second, third and fourth wife she is the head of household

SECTION 1: People living in the household (CONTINUED)

Line No.	Usual residents and visitors	Relationship to head of household	Sex		Residence		Age		Eligibility of child for SMC questionnaire		Caretaker line no
			Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? If less than 1 year write 0 in the box and give number of months in next column. If don't know write 'NK'	Was (NAME) between 3 months to 6 years?	If child < 6, indicate line number of child's mother / caretaker			
Q01	Q02	Q03	Q04	Q05	Q06	Q07		Q08		Q8a	
			M F	Yes No	Yes No	Years	Months	Yes	No		
14	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?*	1 2	1 0	1 0	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1	0	<input type="text"/> <input type="text"/>	
15			1 2	1 0	1 0	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1	0	<input type="text"/> <input type="text"/>	
16			1 2	1 0	1 0	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1	0	<input type="text"/> <input type="text"/>	
17			1 2	1 0	1 0	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1	0	<input type="text"/> <input type="text"/>	
18			1 2	1 0	1 0	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1	0	<input type="text"/> <input type="text"/>	
19			1 2	1 0	1 0	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1	0	<input type="text"/> <input type="text"/>	
20			1 2	1 0	1 0	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1	0	<input type="text"/> <input type="text"/>	
21			1 2	1 0	1 0	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1	0	<input type="text"/> <input type="text"/>	
22			1 2	1 0	1 0	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1	0	<input type="text"/> <input type="text"/>	
23			1 2	1 0	1 0	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1	0	<input type="text"/> <input type="text"/>	
24			1 2	1 0	1 0	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1	0	<input type="text"/> <input type="text"/>	
25			1 2	1 0	1 0	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1	0	<input type="text"/> <input type="text"/>	
26			1 2	1 0	1 0	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1	0	<input type="text"/> <input type="text"/>	

Only to make sure that I have a complete list:

Are there any other persons such as small children or infants that we have not listed?

IF YES, INTRODUCE EACH ONE IN THE TABLE

Are there any other people such as domestic servants, lodgers or friends who usually live here?

IF YES, INTRODUCE EACH ONE IN THE TABLE

SECTION 2: Household characteristics

No	Question	Categories	Skip
We would first like to ask some questions about the head of household, characteristics of the house and possessions of the household			
Q09	Who is responding to this questionnaire?	Line number of respondent <input type="text"/>	
Q10	Which wife's household is this? >>This question should only be asked for polygamous households.	First wife (with husband)	1
		Second wife	2
		Third wife	3
		Fourth wife	4
		Fifths wife or more	5
Q11	Main occupation of Head of household	Farmer / Peasant	1
		Civil Servant	2
		Business man / woman	3
		Politician	4
		Casual worker	5
		Unemployed	6
		Other Specify	8
Q12	Has the head of the household ever attended school?	Yes	1
		No	0
		Don't know	9
Q13	What was the highest level of school the head of the household attended? (Primary, Secondary, Higher)	Primary	1
		Secondary	2
		Higher	3
		Don't know	9
Questions Q14 to Q21 refer to the compound, not only the wife's household			
Q14	What is the main material of the roof?	Natural roofing	
		Grass / tatch	1
		Mud / Clay	2
		Papyrus / leaves	3
		Finished roofing	
		Wood	4
		Iron / Zinc / Aluminium sheets	5
		Asbestos	6
		Tiles	7
		Tin	8
Cement	9		
Other Specify	88		
Q15	Type of dwelling	Tent	1
		Dwelling of straw mats	2
		Hut made of mud	3
		Hut made of sticks	4
		Flat or apartment	5
		Villa	6
		House of one floor – brick / concrete	7
		House of one floor – wood	8
		Multi storey house	9
		Incomplete house	10
Other spec	88		

Q16	<p>What type of fuel does your household mainly use for cooking?</p> <p>>> CIRCLE ONLY ONE ANSWER</p>	Charcoal	1		
		Firewood	2		
		Paraffin / Kerosene	3		
		Gas	4		
		Electricity	5		
		Crop residual / Straw Grass	6		
		Animal dung	7		
		No food cooked in household	8		
		Other specify _____	88		
		Q17	<p>What is the main source of drinking water?</p> <p>>> CIRCLE ONLY ONE ANSWER</p>	Piped water	
Piped into dwelling	1				
Piped into yard or plot	2				
Public tap / standpipe	3				
Tubewell / borehole with hand pump	4				
Tubewell/borehole with powered pump	5				
Dug well					
Protected well	6				
Unprotected well	7				
Water from spring					
Protected spring	8				
Unprotected spring	9				
Rain water collection	10				
Tanker-truck	11				
Surface water	12				
Bottled water	13				
Other specify _____	88				
Q18	<p>Does the household (any member) have any of the following means of transport?</p>		Yes	No	
		Animal transport / Cart	1	0	
		Bicycle	1	0	
		Motorcycle / Scooter	1	0	
		Car / Truck	1	0	
		Boat	1	0	
		No transport	1	0	
			Yes	No	
		Electricity (fixed line)	1	0	
		Solar power / Generator	1	0	
		Radio	1	0	
		Television	1	0	
		Mobile phone	1	0	
		Refrigerator	1	0	
		Fan	1	0	
		Satellite dish	1	0	
Computer	1	0			
Q20	<p>Number of livestock animals the household owns?</p> <p>>> write 000 if none</p> <p>>> do not read out list</p>	Cows	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Sheep	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Goats	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Horses / donkeys	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Pigs	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Chicken / ducks	<input type="text"/>	<input type="text"/>	<input type="text"/>

ID number

		Other Specify	<input type="text"/>	
Q21	Does the household own land used for agriculture or farming?			
		Yes, bought land	1	
		Yes, gifted land	2	
		Yes, land both bought and gifted	3	
		Yes, land provided free	4	
		No land ownership	5	
		Other specify	8	
Q22	At any time in the past 12 months, has anyone come into your house to spray the interior walls of your dwelling against mosquitoes?			
		Yes	1	
		No	0	
		Don't remember	9	
Q23	Does your household use any of the following against mosquitoes? >> Read out options			
		Spray	Yes 1 No 0	
		Magic paper or coils	1 0	
		Insecticide treated nets (Ilin)	1 0	
		Herbs or plants	1 0	
		Other specify	1 0	
Q24	Does your household have any insecticide treated net that can be used to protect against mosquito bites while sleeping?			No => Q26
		Yes	1	
		No	0	
Q25	If yes, how many mosquito nets does the household have? >> probe for any nets currently not in use		<input type="text"/>	
Q26	Was the household informed about the activity in this area where children between 3 months and 5 years are given free drugs either by CCGs coming to your household or from a central point to prevent them from getting malaria, even when they may not be ill at the time?			No => Q28
		Yes	1	
		No	0	
		Don't know	9	
Q27	If yes, what were the sources of that information? >> Multiple answers possible			
		Friend / neighbour	1	
		Community health worker	2	
		Staff in health centre	3	
		Newspaper	4	
		TV	5	
		Radio	6	
		Government official	7	
		Church / Mosque	8	
		School	9	
		Poster / Flier	10	
		Meeting	11	
		Street announcement	12	
		Other specify	88	
		Don't remember	99	
Q28	Can you recognize any of these images? >> Show the three pictures			
		Yes, respondent points SMC logo	1	
		No	0	
Q29	In your opinion, how many children under five in this community have taken the medicine that prevents malaria during the rainy season?			
		All	1	
		Most	2	
		More than half	3	
		Less than half	4	
		Hardly any child	5	
		Don't know	99	

Q30	Have you ever encouraged anyone to give the medicine that prevents malaria during the rainy season to their children?	Yes	1	No =>Q32
		No	0	
		Don't remember	99	
Q31	If yes, who did you encouraged? >> Multiple answers possible	Friend	1	
		Family member	2	
		Neighbour	3	
		Spouse	4	
		Other	88	
Specify				
Q32	Has anyone encouraged you to give to your child(ren) the medicine that prevents malaria during the rainy season?	Yes	1	No=>Q34
		No	0	
		Don't remember	99	
Q33	If yes, who encouraged you?	Family member	1	
		Neighbour	2	
		Spouse	3	
		Other	88	
		Specify		

I am going to read a series of statements to you and I would like you to tell me how much you agree with them. For each statement, please tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with it.

Q34		Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
A	Children who receive the medicine that prevents malaria during the rainy season can still have malaria	1	2	3	4
B	Malaria has recently decreased in this community	1	2	3	4
C	The medicine that prevents malaria during the rainy season medicines are easy to administer to young children	1	2	3	4
D	People in this community would like to receive more information on the medicine that prevents malaria during the rainy season	1	2	3	4
E	Young children should take the medicine that prevents malaria during the rainy season every month during the rainy season	1	2	3	4
F	The medicine can be harmful to children	1	2	3	4
G	It is impossible that a child gets malaria after being given the medicine that prevents malaria during the rainy season	1	2	3	4
H	When I crush the tablet, most is spilled or spoiled and the child receives only a small quantity of the medicine	1	2	3	4
I	People in this community don't think malaria is a serious disease anymore	1	2	3	4
J	Children often refuse to take the medicine that prevents malaria during the rainy season	1	2	3	4
K	It is easy to get the medicine that prevents malaria during the rainy season drug from the CCG or health facility	1	2	3	4
L	It is enough to give the medicine that prevents malaria during the rainy season only once during the rainy season	1	2	3	4

SECTION 3: Distribution of SMC drugs

Now I would like to ask a few questions to an adult from this household who was involved in the distribution activity of the medicine that prevents malaria during the rainy season.

Q35	Do you know how many days should the child be given the drugs?	One day	1	
		Two days	2	
		Three days	3	
		More than three days	4	
		Don't remember	99	
Q36	Do you know the recommended method to crush the tablets?	With a stone or piece of wood	1	
		With two spoons	2	
		Dilute the tablets in hot water	3	
		Other	88	
		Specify		
	Don't know	99		
Q37	Did anyone from this household ever go to the distribution point to receive the drug or was present during the door to door free drug distribution?	Yes at least once	1	If No => Q55
		No, never	2	
		No eligible child in this household	3	
		Don't know	99	