

**GENERIC QUESTIONNAIRE**

**FIX IMPLEMENTING PARTNER'S NAME**

Questionnaire #

<b>Province/County:</b>	<b>District:</b>	<b>Archdeaconry/Diocese:</b>
<b>Study Area/Community/Village:</b>	<b>Name of Household Head:</b>	<b>Interviewer's Name:</b>
<b>Date:</b>	<b>Status:</b> <b>Complete</b> <input type="checkbox"/> <b>In-complete</b> <input type="checkbox"/>	<b>Checked by:</b>

*Directions: Please answer all questions by circling the number of your choice(s) or writing in the spaces provided where applicable*

No	QUESTIONS	CODING CATEGORY	CODE (For office use)
<b>SECTION A : SOCIODEMOGRAPHIC DATA</b>			
A1	Age of Respondent (in complete years)		<input type="text"/> <input type="text"/>
A2	Sex of Respondent	1 – MALE 2 – FEMALE	<input type="text"/>
A3	Number of people in household		<input type="text"/> <input type="text"/>
A4	Number of children below five (5) years?		<input type="text"/> <input type="text"/>
A5	Number of pregnant women		<input type="text"/> <input type="text"/>
A6	Total number of women who delivered a live baby within the last two years		<input type="text"/> <input type="text"/>
<b>SECTION B : KNOWLEDGE LEVELS AND PERCEPTIONS ABOUT MALARIA</b>			
B1	How is malaria transmitted? / How does one get malaria?	1 – BITTEN BY INFECTED FEMALE MOSQUITO 2 – TAKING IN DIRTY WATER OR FOOD 3 – BEATEN BY RAIN OR EXCESSIVE SUN 4 – DIRTY ENVIRONMENT 5 – WITCHCRAFT 6 – EATING UNRIPE MANGOES/FRUITS 7 – LIVE WITH SICK PERSON	<input type="text"/>

		8 – OTHER; <i>(Pls. Specify)</i> _____ 9 - DON'T KNOW	
B2	Please can you tell us four signs/symptoms of malaria?	1 - FEVER/HIGH TEMPERATURE 2 – HEADACHE 3 - JOINT PAINS/GENERAL BODILY PAIN 4 – TIREDNESS 5 – VOMITING 6 - LACK OF APPETITE/ BITTER TASTE IN MOUTH 7 - DIARRHEA/ ABDOMINAL PAIN 8 – OTHER; <i>(Pls. Specify)</i> _____ 9 - DON'T KNOW <i>(Multiple Response allowed)</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
B3	Where do malaria-transmitting mosquitoes breed?	1 – IN TREES AND BUSHES 2 – STAGNANT WATER BODIES 3 – IN DARK PLACES 4 – RUBBISH DUMP AND OTHER DIRTY PLACES 5 – OTHER; <i>(Pls. Specify)</i> _____ 9 – DON'T KNOW	<input type="checkbox"/>
B4	Which group of people are most vulnerable to malaria	1 – CHILDREN UNDER 5 YEARS 2 – PREGNANT WOMEN 3 – PEOPLE LIVING WITH HIV/AIDS 4 – MALNOURISHED PEOPLE 5 – OTHERS <i>(Pls. Specify)</i> _____ 9 – DON'T KNOW <i>(Multiple Response allowed)</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
B5	Can malaria be fatal (kill)?	1 – YES 2 – NO 9 – DON'T KNOW	<input type="checkbox"/>
B6	Can malaria be prevented at home?	1 – YES 2 – NO 9 – DON'T KNOW	<input type="checkbox"/>
B7	What do you think can be done to prevent malaria?	1 – DRAINING STAGNANT WATER 2 – CLEARING OVERGROWN BUSHES 3 – SLEEPING UNDER ITNS 4 – USING MOSQUITO COIL 5 – BURNING OF HERBS 6 – TAKING ANTIMALARIA DRUGS 7 – INDOOR RESIDUAL SPRAYING 8 – OTHER; <i>(Pls. Specify)</i> _____ 9 – DON'T KNOW <i>(Multiple responses allowed)</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
B8	Can malaria be cured if you use appropriate medicines?	1 – YES 2 – NO 9 – DON'T KNOW	<input type="checkbox"/>
B9	What is the drug/medicine recommended for malaria treatment?	1 – SP/FANSIDAR 2 – CHLOROQUINE 3 – AMODIAQUINE/CAMOQUINE 4 – QUININE 5 – ARTEMISININ-BASED COMBINATIONS 6 – PARACETAMOL 7 – ASPIRIN 8 – IBUPROFEN	<input type="checkbox"/>

		9 – DON'T KNOW 10 – OTHER	
<b>SECTION C : MALARIA PREVENTION BEHAVIOURS AND PRACTICES</b>			
C1	Does your household have at least one mosquito net? [ <i>If 2, skip to C6</i> ]	1 – YES 2 – NO 9 – DON'T KNOW	<input type="text"/> <input type="text"/>
C2	Is there at least one Long Lasting Insecticidal Net (LLIN) in your household?	1 – YES 2 – NO 9 – DON'T KNOW	<input type="text"/>
C3	How many LLINs do your household have?	NUMBER OF NETS	<input type="text"/> <input type="text"/>
C4	How many of these LLINs were used by your household the previous night	NUMBER OF NETS USED	<input type="text"/> <input type="text"/>
C5	Where did you get your mosquito nets from?	1 – NETSforLIFE 2 – GOVERNMENT/HOSPITAL/CLINIC 3 – MARKET/SHOP 4 – OTHER NGOs 5 - OTHER; ( <i>Pls. Specify</i> ) _____ ( <i>Multiple responses allowed</i> )	<input type="text"/>
C6	How many people in your household slept under a net the previous night?	NUMBER OF PEOPLE	<input type="text"/> <input type="text"/>
C7	Do you have pregnant women in your household? [ <i>If 2, skip to C10</i> ]	1 – YES 2 – NO	<input type="text"/>
C8	How many pregnant women in your household slept under mosquito nets the previous night?	PREGNANT WOMEN	<input type="text"/> <input type="text"/>
C9	In the last two years, have pregnant women in your household been receiving SP/Fansidar (Intermittent Preventive Treatment - IPT)	1 – YES 2 – NO 9 – DON'T KNOW	<input type="text"/>
C10	How many of these women who received IPT during their pregnancy in the last two years gave birth to a live baby?		<input type="text"/> <input type="text"/>

C11	How many times did they take SP/Fansidar (IPT) during pregnancy to prevent malaria?	NUMBER OF TIMES	<input type="text"/>
C12	Do you have children below five years in your household? <i>[If 2, skip to C12]</i>	1 – YES 2 – NO	<input type="text"/>
C13	How many children below five years slept under a net the previous night?	CHILDREN BELOW 5 YEARS	<input type="text"/>
C14	Apart from mosquito nets, what other preventive measure(s) do you do to prevent malaria in your household?	1 – GET RID OF STAGNANT WATER 2 – USE MOSQUITO REPELLENT/SPRAYING 3 – IN-DOOR RESIDUAL SPRAYING 4 – SLASHING OF WEEDS 5 – CLEANING NEIGHBOURHOOD 6 – COVERING OF WATER CONTAINERS 7 – BURNING OF COILS, LEAVES, DUNGS,etc 8 – NOTHING 9 – OTHER; <i>(Pls. Specify)</i> _____  <i>(Multiple responses allowed)</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
C15	In the last 12 months, has your household benefited from Indoor Residual Spraying (IRS)? / Has your house been sprayed using IRS in the last 12 months?	1 – YES 2 – NO 9 – DON'T KNOW	<input type="text"/>
<b>SECTION D : PROGRAM EVALUATION</b>			
D1	For the past six months, do you remember receiving or hearing or seeing some education on malaria prevention/treatment?	1 – YES 2 – NO 3 – DON'T REMEMBER	<input type="text"/>
D2	If yes to C10, what was your source of information (where did you hear, see or receive the information)?	1 – RADIO 2 – TELEVISION 3 – VOLUNTEERS/MCAs 4 – MOBILE VANS 5 – POSTERS 6 – COMMUNITY SENSITIZATION SESSIONS 7 – OTHER; <i>(Pls. Specify)</i> _____  <i>(Multiple responses allowed)</i>	<input type="text"/>
D3	Have you heard of NetsforLife malaria prevention campaign?	1 – YES 2 – NO	<input type="text"/>

D4	Do you think that NetsforLife activities in your community have helped you to understand and prevent malaria better?	1 – YES 2 – NO 3 – NOT MUCH 9 – DON'T KNOW	<input type="text"/>
<b>SECTION E : MALARIA TREATMENT SEEKING BEHAVIOURS</b>			
E1	In the last two weeks, has a child under 5 years been ill with fever? <i>[If 2 or 9, skip to the end of the questionnaire]</i>	1 – YES 2 – NO 9 – DON'T KNOW	<input type="text"/>
E2	How many children under five had fever in the last two weeks?	NUMBER OF CHILDREN	
E3	Did the child have a finger or heel stick (collection of blood sample for laboratory test from the heel or the finger) when they were sick with fever in the last two weeks?	1 – YES 2 – NO 9 – DON'T KNOW	<input type="text"/>
E4	If Yes, how many children under five had a finger or heal stick		<input type="text"/> <input type="text"/>
E5	Was advice or treatment sought for the child/children when sick?	1 – YES 2 – NO 9 – DON'T KNOW	
E6	If yes, how many children were advise or treatment sought for when they were sick?		<input type="text"/> <input type="text"/>
E7	Was the child given medicine for fever or malaria during this illness? <i>[If 2, skip to E4]</i>	1 – YES 2 – NO 9 – DON'T KNOW	<input type="text"/>
E8	What drug/medicine did the child take?	1 – SP/FANSIDAR 2 – CHLOROQUINE 3 – AMODIAQUINE/CAMOQUINE 4 – QUININE 5 – ARTEMISININ-BASED COMBINATIONS 6 – PARACETAMOL 7 – ASPIRIN 8 – IBUPROFEN 9 – DON'T KNOW 10 - OTHER	<input type="text"/>
E9	How long did it take you to start medication after seeing the onset of fever?	1 – LESS THAN 24 HOURS 2 – LESS THAN 48 HOURS 3 – LESS THAN 72 HOURS	<input type="text"/>

E10	Was the child seen at a health facility during this illness?	1 – YES 2 – NO 9 – DON'T KNOW	<input type="text"/>
E11	Now I would like to take blood sample from your child/children under five to test for malaria parasites.  <i>Kindly indicate the total number of children under five tested in the household</i>	NUMBER OF CHILDREN UNDER FIVE TESTED USING RDT	<input type="text"/> <input type="text"/>
E12	How many of the children under five tested positive for malaria parasites?  <i>Please indicate the number of children under five who tested positive for malaria in the HH</i>	NUMBER OF CHILDREN UNDER FIVE WHO TESTED POSITIVE FOR MALARIA	<input type="text"/> <input type="text"/>

*Thank you for your cooperation*