

## CODEBOOK for form: SMC\_SOK\_LQAS\_2019\_Cycle3

Description	End of cycle report template at HF (data summary)
Created	2019-09-22 20:15:23.0
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Owner	d.moroso@malariaconsortium.org
Tags	
GPS stamp	yes
Questions	74

### 1.State

### 2.Local Government Area:

### 3.Ward

Question Type= dropdown (cascading)

Data Field Name : CS

Choose one response:

### 4.Health facility

)

### 5.Village/community

Question Type= Text

Data Field Name : Village

### 6. 5. Select the compound

**7.Before entering the compound, take its GPS coordinates (ensure there is no obstacle between you and the sky)**

Question Type= GPS

Data Field Name : GPS

### 8.Does at least one child between 3 months and 10 years live in this compound ?

Question Type= radio

Data Field Name : Child\_under10

Choose one response:

- Yes (Yes) If this response, jump to 9

- No (No) If this response, jump to 72

### 9.Do you agree to participate in this survey ?

Question Type= dropdown

Data Field Name : Consent

Choose one response:

- I decline to participate (I\_decline\_to\_participate) If this response, jump to 73

- I accept (I\_accept\_to\_participate\_)

### 10.Open the form for all the households in the compound

Question Type= Subform

Data Field Name : Household\_form

Subform Name : subform\_NG\_HH\_SMC\_2019\_copy\_1567010165547\_copy\_1569183365713

Subform Keyword : household\_subform

### **11. Is there at least one household in this compound that was not treated with SMC ?**

Question Type= radio

Data Field Name : Child\_under10\_present

Choose one response:

- Yes (Yes)

- No (No) If this response, jump to 26

### **12. Randomly select one household that was not treated within the compound, with at least one child between 3 and 59 months, and ask the following questions.**

#### **13.13. Why were your children not treated ?**

Question Type= dropdown

Data Field Name : If\_N\_\_why\_not

Choose one response:

- Caregiver and/or children not home during (Caregiver\_and\_or\_children\_not\_home\_during\_visit) If this response, jump to 17

- Refused treatment If this response (Refused\_to\_give\_smc\_drugs\_to\_children) If this response, jump to 15

- Household not visited (Household\_not\_visited\_at\_all\_by\_CHW) If this response, jump to 17

- Other (Any\_other\_response)

- Child is Sick (Child\_sick)

#### **14. Describe the reason in more detail**

Question Type= Text

Data Field Name : Type\_reason\_copy

#### **15. Why was treatment refused**

Question Type= dropdown

Data Field Name : Refusal\_why

Choose one response:

- Husband not at home to give permission (Husband\_not\_at\_home\_to\_give\_permission) If this response, jump to 17

- Husband refused (Husband\_refused) If this response, jump to 17

- The drugs are dangerous (The\_drugs\_are\_dangerous) If this response, jump to 17

- Religious reasons (Religious\_reasons\_\_) If this response, jump to 17

- Other responses (Any\_other\_response\_refuse)

#### **16. Describe the reason in more detail**

Question Type= Text

Data Field Name : Type\_reason

#### **17. Has your house been sprayed during the last month ?**

Question Type= radio

Data Field Name : Indoor\_spray

Choose one response:

- Yes (Yes)

- No (No)

#### **18. Do you have mosquito nets ?**

Question Type= radio  
Data Field Name : Net\_possession  
Choose one response:

- Yes (Yes)
- No (No) If this response, jump to 20

### **19. Did your child spend last night under a mosquito net ?**

Question Type= radio  
Data Field Name : Last\_night\_child\_under\_net  
Choose one response:

- Yes (Yes)
- No (No)

### **20. Has your child had a fever during the last month ?**

Question Type= radio  
Data Field Name : Child\_fever\_last\_month  
Choose one response:

- Yes (Yes)
- No (No) If this response, jump to 24

### **21. Did you take the child to a health facility ?**

Question Type= radio  
Data Field Name : Child\_fever\_visite\_health\_cent  
Choose one response:

- Yes (Yes)
- No (No) If this response, jump to 24

### **22. Was your child tested for malaria at the health facility ?**

Question Type= radio  
Data Field Name : Child\_fever\_malaria\_tested  
Choose one response:

- Yes (Yes)
- No (No) If this response, jump to 24

### **23. Was the test positive for malaria ?**

Question Type= radio  
Data Field Name : Malaria\_positif  
Choose one response:

- Yes (Yes)
- No (No)

### **24. Have you heard about SMC ?**

Question Type= radio  
Data Field Name : Heard\_SMC\_not\_visit  
Choose one response:

- Yes (Yes)
- No (No)

## **25.Has any Town Announcer gone round to give information about SMC?**

Question Type= radio

Data Field Name : Has\_any\_Town\_Announcer\_gone\_ro

Choose one response:

- Yes (Yes)
- No (No)

## **26. Randomly select a household that was treated with SMC from within the compound, with at least one child between 3 months and 59 months, and ask the following questions about the second child of the household.**

### **27.Did the child receive SMC last week ?**

Question Type= radio

Data Field Name : Child\_treated

Choose one response:

- Yes (Yes) If this response, jump to 32
- No (No)

### **28.. If no, why not ?**

Question Type= dropdown

Data Field Name : If\_N\_\_why\_not\_

Choose one response:

- Child absent during the visit (Child\_Absent\_during\_the\_visit) If this response, jump to 32
- Child refused to take drugs (Child\_refused\_to\_take\_smc\_drugs) If this response, jump to 30
- - Child was sick (Child\_was\_sick) If this response, jump to 32
- Child is allergic to the medicine (Child\_allergic\_to\_the\_medicine) If this response, jump to 32
- Other (Any\_other\_response)

### **29.Describe the reason in more detail**

Question Type= Text

Data Field Name : Type\_reason\_no\_treat\_copy1

### **30.If the child refused to take the medicine, why ?**

Question Type= dropdown

Data Field Name : Refusal\_why\_child

Choose one response:

- drug too bitter (drug\_too\_bitter) If this response, jump to 32
- CHW was rude (CHW\_rough) If this response, jump to 32
- - Other responses (Other\_response)

### **31.. Describe the reason in more detail**

Question Type= Text

Data Field Name : Type\_reason\_child\_refused

### **32.Has your house been sprayed during the last month ?**

Question Type= radio

Data Field Name : Indoor\_spray\_treat

Choose one response:

- Yes (Yes)
- No (No)

### **33.Do you have mosquito nets ?**

Question Type= radio

Data Field Name : Net\_possession\_treat

Choose one response:

- Yes (Yes)
- No (No) If this response, jump to 35

### **34.Did your child spend last night under a mosquito net**

Question Type= radio

Data Field Name : Last\_night\_child\_under\_net\_tre

Choose one response:

- Yes (Yes)
- No (No)

### **35.Has your child had a fever during the last month ?**

Question Type= radio

Data Field Name : Child\_fever\_last\_month\_treat

Choose one response:

- Yes (Yes)
- No (No) If this response, jump to 39

### **36.Did you take the child to a health facility ?**

Question Type= radio

Data Field Name : Child\_fever\_visite\_healt\_treat

Choose one response:

- Yes (Yes)
- No (No) If this response, jump to 39

### **37.Was your child tested for malaria at the health facility ?**

Question Type= radio

Data Field Name : Child\_fever\_malaria\_test\_treat

Choose one response:

- Yes (Yes)
- No (No) If this response, jump to 39

### **38.Was the test positive for malaria ?**

Question Type= radio

Data Field Name : Malaria\_positif\_treat

Choose one response:

- Yes (Yes)
- No (No)

### **39.Had you heard about SMC before the drug distributors visited ?**

Question Type= radio

Data Field Name : Heard\_SMC

Choose one response:

- Yes (Yes)
- No (No) If this response, jump to 41

**40.If yes, where and how ? (select one or several options and always select CHECK at the end)**

Question Type= checkbox  
Data Field Name : N\_Channel  
Choose all that apply:

- Health worker (Health\_worker)
- Community health worker distributor (Community\_health\_worker\_\_\_distributor)
- Local Leaders (Local\_Leaders)
- Religious leader (4\_\_Religious\_leaders\_\_church\_mosque\_)
- Town announcers (Town\_announcers)
- Radio (Radio)
- Television (Television)
- Printed materials (Printed\_materials)
- Word of mouth (word\_of\_mouth)
- Other responses (Any\_other\_response2)
- CHECK (CHECK)

**41.Does the child have an SMC card ?**

Question Type= radio  
Data Field Name : Card\_Y\_N  
Choose one response:

- Yes (Oui) If this response, jump to 43
- No (Non)

**42.If no, why ?**

Question Type= dropdown  
Data Field Name : Why\_no\_card  
Choose one response:

- Caregiver lost or misplaced card (1\_\_Caregiver\_lost\_or\_misplaced\_card) If this response, jump to 44
- Card was not given (Caregiver\_claims\_card\_was\_not\_given) If this response, jump to 44
- Others (Any\_other\_response3) If this response, jump to 44

**43.Has the date of the last SMC cycle been marked on the card ?**

Question Type= radio  
Data Field Name : child\_treat\_card  
Choose one response:

- Yes (Yes)
- No (No)

**44.Can you tell us if it was the drug distributor who administered the drugs during the visit?**

Question Type= radio  
Data Field Name : ReCo\_admin  
Choose one response:

- Yes (Oui)
- No (Non)

**45.Did you know the drug distributor who administered the SMC drugs**

Question Type= radio  
Data Field Name : CHW\_known

Choose one response:

- Yes (Yes)
- No (No) If this response, jump to 47

**46. Was this drug distributor from this community/village/neighbourhood ?**

Question Type= radio

Data Field Name : CHW\_from\_community

Choose one response:

- Yes (Yes)
- No (No)

**47. Did Lead Mother visit to remind caregiver of day 2 and 3 treatments ?**

Question Type= radio

Data Field Name : Did\_Lead\_Mother\_visit\_to\_remin

Choose one response:

- Yes (Yes)
- No (No)

**48. Is this your child's first time of receiving SMC this year?**

Question Type= dropdown

Data Field Name : Is\_this\_your\_child\_s\_first\_tim

Choose one response:

- Yes (Yes)
- No (No)

**49. If no, how many times has your child received SMC in this year ?**

Question Type= numeric

Data Field Name : If\_no\_\_how\_many\_times\_has\_your

Min 1  
Max 4

**50. For which of these months has your child been given SMC drug this year ?**

Question Type= checkbox

Data Field Name : For\_which\_of\_these\_months\_has\_

Choose all that apply:

- July (July)
- August (August)
- September (September)

**51. Did you or another caregiver administer the second dose to your child ?**

Question Type= radio

Data Field Name : Dose2

Choose one response:

- Yes (Oui) If this response, jump to 53
- No (Non)

**52. If not, why not ?**

Question Type= dropdown  
Data Field Name : Why\_no\_2dose  
Choose one response:

- Didn't know I had to administer a second dose er (Didnt\_Know)
- Lost blister (Blister\_Lost)
- Child refused the drug (Refus\_drug\_bitter)
- Other responses (Any\_other\_response4)

### **53. Did you or another caregiver adminster the third dose to your child ?**

Question Type= radio  
Data Field Name : Dose3  
Choose one response:

- Yes (Oui) If this response, jump to 56
- No (Non)

### **54.If no, why not ?**

Question Type= dropdown  
Data Field Name : Why\_no\_3dose  
Choose one response:

- Didn't know I had to administer a third dose (Didnt\_Know1)
- Lost blister (Blister\_Lost1)
- Child refused the drug (Refus\_drug\_bitter1)
- Others (Any\_other\_response5)

### **55.Describe the reason in more detail**

Question Type= Text  
Data Field Name : Type\_other\_reason\_no\_D3

### **56.Ask to see the blister. Is it available ?**

Question Type= radio  
Data Field Name : Bilster\_present  
Choose one response:

- Yes (Yes)
- No (No) If this response, jump to 60

### **57.Verify if there are any tablets left in the blister**

Question Type= dropdown  
Data Field Name : Tablets  
Choose one response:

- 0\_tablets (0\_tablets) If this response, jump to 60
- 1\_tablets (1\_tablets)
- 2\_tablets (2\_tablets)
- 3\_tablets (3\_tablets)
- 4\_tablets (4\_tablets)

### **58.Why did you not give the tablets to your child ?**

Question Type= dropdown  
Data Field Name : Why\_tablets  
Choose one response:

- Didn't know I had to give the drugs er (Didnt\_Know3) If this response, jump to 60



- Forgot (Forgot3) If this response, jump to 60
- Refused (Refus\_drug\_bitter3) If this response, jump to 60
- Others (Any\_other\_response6)

### **59. Describe the reason in more detail**

Question Type= Text

Data Field Name : Type\_other\_reason\_blisters\_pres

### **60. The following questions are about your child's reaction after the drugs were administered (the minutes after the drug was given)**

#### **61. Ask if the child has had an immediate reaction. Did the child:**

Question Type= dropdown

Data Field Name : SMC\_immediate\_reaction

Choose one response:

- Swallow all the drugs (Swallow\_OK) If this response, jump to 65
- Swallow some of the drugs, but rejected some (Swallow\_partial\_rejection)
- Swallow the drugs but then vomited them out (Swallow\_but\_vomited\_all)
- Refuse to swallow (Refuse\_to\_swallow) If this response, jump to 65

#### **62. If the child vomited or spat out the drug, did you receive another blister from the drug distributor or the health facility ?**

Question Type= radio

Data Field Name : Vomiting

Choose one response:

- Yes (Yes) If this response, jump to 66
- No (No)

#### **63. If no, why not ?**

Question Type= dropdown

Data Field Name : N\_Extra\_AQ

Choose one response:

- Didn't know this was an option (Didnt\_know\_this\_was\_an\_option) If this response, jump to 65
- Too far (CHW\_HW\_too\_far) If this response, jump to 65
- Others (Any\_other\_reason)

#### **64. Describe any other reasons why a second blister was not received**

Question Type= Text

Data Field Name : Why\_no\_2nd\_blisters

### **65. 62. The following questions are about adverse reactions several hours after the drugs were received.**

#### **66. Did the child have any adverse reactions to the drugs?**

Question Type= radio

Data Field Name : Reaction

Choose one response:

- Yes (Oui)
- No (Non) If this response, jump to 71

#### **67. If yes, which?**

Question Type= checkbox  
Data Field Name : Yes\_whichReact  
Choose all that apply:

- Vomited (Vomited)
- Diarrhoea (Diarrhoea)
- Skin reaction (\_\_Skin\_reaction)
- Itch (Itch)
- Yellow eyes (\_Yellow\_eyes)
- Sleeplessness (\_Sleeplessness\_)
- Fever (Fever)
- Loss of appetite (\_Loss\_of\_appetite\_\_)
- Other responses (Other\_responses)
- CHECK (CHECK)

**68.. Did you tell the drug distributor/health facility about this adverse reaction?**

Question Type= radio  
Data Field Name : Report\_reaction  
Choose one response:

- Yes (Oui) If this response, jump to 71
- No (Non)

**69.If not, why not?**

Question Type= dropdown  
Data Field Name : N\_Report\_Why  
Choose one response:

- Didn't know this was an option (Didnt\_know\_this\_was\_an\_option1) If this response, jump to 71
- Too far If this response (CHW\_HW\_too\_far1) If this response, jump to 71
- Limited physical access (Limit\_physical\_access) If this response, jump to 71
- Other responses (Any\_other\_reason1)

**70.Describe the reason in more detail.**

Question Type= Text  
Data Field Name : Why\_no\_communicate\_advers

**71.Observe if the household has been marked correctly by the drug distributors?**

Question Type= radio  
Data Field Name : House\_marked  
Choose one response:

- Yes (Yes)
- No (No)

**72. If no child under 10 years lives in the household, this household does not qualify as one of the 19 households to be surveyed. Register this and move to the next household.**

**73. Thank the household despite the refusal. This household does not qualify as one of the 19 households to be surveyed. Register this and move to the next household.**

**74. 71. End of the questionnaire. Move to the next household.**

Description	
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GPS stamp	yes
Questions	6

## **1. Information child**

### **2.What is the child's age in years?**

Question Type= dropdown

Data Field Name : Child\_age\_year1

Choose one response:

- 0 (0)
- 1 (1) If this response, jump to 4
- 2 (2) If this response, jump to 4
- 3 (3) If this response, jump to 4
- 4 (4) If this response, jump to 4
- 5 (5) If this response, jump to 4
- 6 (6) If this response, jump to 4
- 7 (7) If this response, jump to 4
- 8 (8) If this response, jump to 4
- 9 (9) If this response, jump to 4
- 10 (10) If this response, jump to 4

### **3.3. What is the child's age in months?**

Question Type= numeric

Data Field Name : Child\_age\_month1

Min 1

Max 11

### **4.Is the child a boy or a girl?**

Question Type= radio

Data Field Name : Gender1

Choose one response:

- Male (Male)
- Female (Female)

### **5.Did this child receive the SMC cycle last week?**

Question Type= radio

Data Field Name : Treated\_cycle1

Choose one response:

- Yes (Yes)
- No (No)

### **6.Is there another child in the household?**

Question Type= radio

Data Field Name : Next\_child1

Choose one response:

- Yes (Yes)
- No (No)