## Malaria Questions in the DHS Household Questionnaire (Shaded rows are from the core questionnaire)

29	Does your household have any mosquito nets that can be used while sleeping?	YES1 NO2		—< 33
29A	How many mosquito nets does your household have?	NUMBER OF NETS		
30	ASK RESPONDENT TO SHOW YOU THE NET(S) IN	NET # 1	NET #2	NET #3
	THE HOUSEHOLD. IF MORE THAN 3 NETS, USE AN ADDITIONAL QUESTIONNAIRE.	OBSERVED1 NOT OBSERVED2	OBSERVED1 NOT OBSERVED2	OBSERVED1 NOT OBSERVED2
31	How long ago did your household obtain the mosquito net?	MOS	MOS	MOS
		MORE THAN 3 YEARS AGO96	MORE THAN 3 YEARS AGO96	MORE THAN 3 YEARS AGO96
32	OBSERVE OR ASK THE BRAND OF MOSQUITO NET.	>PERMANENT= NET <sup>1</sup> BRAND A11 <sub>1</sub> BRAND B12- DK BRAND18- (SKIP TO 32C)=—  >PRETREATED= NET <sup>2</sup>	>PERMANENT= NET BRAND A11 <sub>7</sub> BRAND B12- DK BRAND18- (SKIP TO 32C)=— >PRETREATED= NET BRAND C21	>PERMANENT= NET BRAND A 11 <sub>1</sub> BRAND B 12- DK BRAND 18- (SKIP TO 32C)=— >PRETREATED= NET BRAND C21
		BRAND C21 BRAND D22 DK BRAND28 OTHER31 NOT SURE98	BRAND D 22 DK BRAND 28 OTHER	BRAND C
32A	Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitoes or bugs?	YES	YES	YES
32B	How long ago was the net last soaked or dipped?	MOS	MOS	MOS
	IF LESS THAN 1 MONTH, RECORD >00'.	AGO AGO	AGO AGO	AGO AGO
		MORE THAN 3 YEARS AGO96	MORE THAN 3 YEARS AGO96	MORE THAN 3 YEARS AGO96
32C	Did anyone sleep under this mosquito net last night?	YES1	NOT SURE 98 YES 1	NOT SURE98 YES1
		NO2 (SKIP TO 32E)=——  NOT SURE8	NO2 (SKIP TO 32E)=  NOT SURE8	NO2 (SKIP TO 32E)=——  NOT SURE8
32D	Who slept under this mosquito net last night?	NAME	NAME	NAME
	RECORD THE RESPECTIVE LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	LINE	LINE	LINE

<sup>1 &</sup>gt;Permanent= is a pretreated net that does not require any further treatment

 $<sup>^{2}</sup>$  >Pretreated= is a net that has been pretreated, but requires further treatment after 6-12 months

		I	
	NAME LINE	NAME LINE	NAME LINE
	NAME LINE	NAME LINE	NAME LINE
	NAME LINE	NAME LINE	NAME LINE
	NAME LINE	NAME LINE	NAME LINE       NO
32E	GO BACK TO 30 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 33.	GO BACK TO 30 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 33.	GO BACK TO 30 IN THE FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 33.

## Malaria Questions in the DHS Woman=s Questionnaire

Section 4A (PREGNANCY, POSTNATAL CARE AND BREASTFEEDING)
[Shaded rows are from the core questionnaire]

	LINE NUMBER FROM 212	LAST BIRTH	NEXT-TO-LAST BIRTH
		LINE NUMBER	LINE NUMBER
		NAME	NAME
421	During this pregnancy, did you take any drugs in order to prevent you from getting malaria?	YES	
422	Which drugs did you take to prevent malaria?	FANSIDAR A	
	RECORD ALL MENTIONED.	CHLOROQUINE B	
	IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	OTHERX	
	RESPONDENT.	DON=T KNOWZ	
422A	CHECK 422:  DRUGS TAKEN FOR MALARIA PREVENTION	CODE >A= CIRCLED NOT CIRCLED	
422B	How many times did you take Fansidar during this pregnancy	TIMES	
422C	CHECK 407:	CODE >A=, >B= OTHER OR >C= CIRCLED	
	ANTENATAL CARE RECEIVED DURING THIS PREGNANCY?	?	
422D	Did you get the Fansidar during an antenatal visit, during another visit to a health facility or from some other source?	ANTENATAL VISIT1 ANOTHER FACILITY VISIT2 OTHER SOURCE	

## INSERTS FOR SECTION 4B (IMMUNIZATION, HEALTH AND NUTRITION) [Shaded rows are from the core questionnaire]

	LINE NUMBER FROM 212	LAST BIRTH	NEXT-TO-LAST BIRTH
		LINE NUMBER	LINE NUMBER
		NAME	NAME
466	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES	YES
467	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES	YES
468	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths?	YES	YES
469	CHECK 466 AND 467: FEVER OR COUGH?	AYES@ IN 466 OTHER OR 467 ? ? ? (SKIP TO 472B)	AYES@ IN 466 OTHER OR 467 ? ? (SKIP TO 472B)
470	Did you seek advice or treatment for the fever/cough?	YES	YES
471	Where did you seek advice or treatment? Anywhere else? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVT HOSPITAL	PUBLIC SECTOR GOVT HOSPITAL
472	CHECK 466: HAD FEVER?	AYES@ IN 466 ANO@ OR ADK@ IN 466 IN 466 ? ? (SKIP TO 472B)	AYES@ IN 466 ANO@ OR ADK@ IN 466 IN 466 ? ? (SKIP TO 472B)
472A	Does (NAME) have a fever now?	YES	YES

472B	Has (NAME) been ill with convulsions at any time during the last 2 weeks?	YES	YES
472C	CHECK 466 AND 472B HAD FEVER OR CONVULSIONS?	AYES@ IN 466 OTHER OR 472B ? (SKIP TO 475)	AYES@ IN 466 OTHER OR 472B ? (SKIP TO 475)
473	Was (NAME) given any drugs for the (fever/convulsions)?	YES	YES
474	What drugs did (NAME) take?  RECORD ALL MENTIONED.  ASK TO SEE DRUG(S) IF TYPE OF DRUG IS NOT KNOWN. IF TYPE OF DRUG IS STILL NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	ANTI-MALARIAL FANSIDAR	ANTI-MALARIAL FANSIDAR A CHLOROQUINE B AMODIAQUINE C QUININE D  OTHER DRUGS ASPIRIN E PANADOL F IBUPFOFEN/ ACETAMINOPHEN E  OTHER X (SPECIFY) DON=T KNOW Z
474A	Did (NAME) get any injection or suppository for the (fever/convulsions)?	INJECTION A SUPPOSITORY B NONE Y DON=T KNOW Z	SUPPOSITORYB NONEY
474B	CHECK 474: WHICH MEDICINES?	CODE AA" CIRCLED NOT CIRCLED ? (SKIP TO 474F)	CODE AA" CIRCLED NOT CIRCLED ? (SKIP TO 474F)
474C	How long after the (fever/convulsions) started did (NAME) first take Fansidar?	SAME DAY	
474D	For how many days did (NAME) take the Fansidar?  IF 7 OR MORE DAYS, RECORD >7'.	DAYS	DAYS
474E	Did you have the Fansidar at home or did you get it from somewhere else?  IF MORE THAN ONE SOURCE MENTIONED, ASK: Where did you get the Fansidar first?	AT HOME	AT HOME
474F	CHECK 474: WHICH MEDICINES?	CODE AB" CIRCLED NOT CIRCLED ? (SKIP TO 474J)	CODE AB" CIRCLED NOT CIRCLED ? ? (SKIP TO 474J)
474G	How long after the (fever/convulsions) started did (NAME) first take chloroquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2	SAME DAY0 NEXT DAY1 TWO DAYS AFTER THE FEVER2

		AFTER THE FEVER 3 DON=T KNOW8	
474H	For how many days did (NAME) take chloroquine?	DAYS	DAYS
	IF 7 OR MORE DAYS, RECORD >7'.	DON=T KNOW 8	DON=T KNOW 8
4741	Did you have the chloroquine at home or did you get it from somewhere else?	AT HOME	AT HOME1 OTHER SOURCE2
	IF MORE THAN ONE SOURCE MENTIONED, ASK: Where did you get the chloroquine first?	DON=T KNOW8	DON=T KNOW8
474J	CHECK 474:	CODE AC" CODE AC"	CODE AC" CODE AC"
	WHICH MEDICINES?	CIRCLED NOT CIRCLED  ? ? (SKIP TO 474N)	CIRCLED NOT CIRCLED  ? ? (SKIP TO 474N)
474K	How long after the (fever/convulsions) started did (NAME) first take Amodiaquine?	SAME DAY	SAME DAY
474L	For how many days did (NAME) take Amodiaquine?	DAYS	DAYS
	IF 7 OR MORE DAYS, RECORD >7'.	DON=T KNOW 8	DON=T KNOW8
474M	Did you have the Amodiaquine at home or did you get it from somewhere else?	AT HOME 1 OTHER SOURCE 2	AT HOME1 OTHER SOURCE2
	IF MORE THAN ONE SOURCE MENTIONED, ASK: Where did you get the Amodiaquine first?	DON=T KNOW8	DON=T KNOW8
474N	CHECK 474:	CODE AD" CODE AD" CIRCLED NOT CIRCLED	CODE AD" CODE AD" CIRCLED NOT CIRCLED
	WHICH MEDICINES?	? (SKIP TO 474R)	? (SKIP TO 474R)
4740	How long after the (fever/convulsions) started did (NAME) first take Quinine	SAME DAY	SAME DAY
474P	For how many days did (NAME) take Quinine?	DAYS	DAYS
	IF 7 OR MORE DAYS, RECORD >7'.	DON=T KNOW 8	DON=T KNOW 8
474Q	Did you have the Quinine at home or did you get it from somewhere else?	AT HOME 1 OTHER SOURCE 2	AT HOME1 OTHER SOURCE2
	IF MORE THAN ONE SOURCE MENTIONED, ASK: Where did you get the Quinine first?	DON=T KNOW 8	DON=T KNOW8
474R	Was anything else done about (NAME)=s (fever/convulsions)?	YES	YES
474S	What was done about (NAME)=s	CONSULTED TRADITIONAL	CONSULTED TRADITIONAL HEALER A

(fever/convulsions)?	GAVE TEPID SPONGINGB	
	GAVE HERBSC	GAVE HERBSC
	OTHER X	OTHER X
	(SPECIFY)	(SPECIFY)
	(6. 26 1)	(6. 26 1)