

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?	YES.....1 NO.....2	—< 33															
29A	How many mosquito nets does your household have?	NUMBER OF .. <input style="width: 40px; height: 20px;" type="text"/> NETS																
30	ASK RESPONDENT TO SHOW YOU THE NET(S) IN THE HOUSEHOLD. IF MORE THAN 3 NETS, USE AN ADDITIONAL QUESTIONNAIRE.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NET # 1</th> <th style="width: 33%;">NET #2</th> <th style="width: 33%;">NET #3</th> </tr> </thead> <tbody> <tr> <td>OBSERVED.....1 NOT OBSERVED.....2</td> <td>OBSERVED..... 1 NOT OBSERVED..... 2</td> <td>OBSERVED.....1 NOT OBSERVED.....2</td> </tr> </tbody> </table>	NET # 1	NET #2	NET #3	OBSERVED.....1 NOT OBSERVED.....2	OBSERVED..... 1 NOT OBSERVED..... 2	OBSERVED.....1 NOT OBSERVED.....2										
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31	How long ago did your household obtain the mosquito net?	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">MOS AGO .. <input style="width: 40px; height: 20px;" type="text"/></th> <th style="width: 33%;">MOS AGO .. <input style="width: 40px; height: 20px;" type="text"/></th> <th style="width: 33%;">MOS AGO .. <input style="width: 40px; height: 20px;" type="text"/></th> </tr> </thead> <tbody> <tr> <td>MORE THAN 3 YEARS AGO.....96</td> <td>MORE THAN 3 YEARS AGO..... 96</td> <td>MORE THAN 3 YEARS AGO.....96</td> </tr> </tbody> </table>	MOS AGO .. <input style="width: 40px; height: 20px;" type="text"/>	MOS AGO .. <input style="width: 40px; height: 20px;" type="text"/>	MOS AGO .. <input style="width: 40px; height: 20px;" type="text"/>	MORE THAN 3 YEARS AGO.....96	MORE THAN 3 YEARS AGO..... 96	MORE THAN 3 YEARS AGO.....96										
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32	OBSERVE OR ASK THE BRAND OF MOSQUITO NET.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">>PERMANENT= NET¹</th> <th style="width: 33%;">>PERMANENT= NET</th> <th style="width: 33%;">>PERMANENT= NET</th> </tr> </thead> <tbody> <tr> <td>BRAND A.....11 BRAND B.....12 DK BRAND.....18 (SKIP TO 32C)=</td> <td>BRAND A..... 11 BRAND B..... 12 DK BRAND..... 18 (SKIP TO 32C)=</td> <td>BRAND A..... 11 BRAND B..... 12 DK BRAND..... 18 (SKIP TO 32C)=</td> </tr> <tr> <td>>PRETREATED= NET²</td> <td>>PRETREATED= NET</td> <td>>PRETREATED= NET</td> </tr> <tr> <td>BRAND C.....21 BRAND D.....22 DK BRAND.....28</td> <td>BRAND C..... 21 BRAND D..... 22 DK BRAND..... 28</td> <td>BRAND C.....21 BRAND D.....22 DK BRAND.....28</td> </tr> <tr> <td>OTHER.....31 NOT SURE.....98</td> <td>OTHER..... 31 NOT SURE..... 98</td> <td>OTHER.....31 NOT SURE.....98</td> </tr> </tbody> </table>	>PERMANENT= NET ¹	>PERMANENT= NET	>PERMANENT= NET	BRAND A.....11 BRAND B.....12 DK BRAND.....18 (SKIP TO 32C)=	BRAND A..... 11 BRAND B..... 12 DK BRAND..... 18 (SKIP TO 32C)=	BRAND A..... 11 BRAND B..... 12 DK BRAND..... 18 (SKIP TO 32C)=	>PRETREATED= NET ²	>PRETREATED= NET	>PRETREATED= NET	BRAND C.....21 BRAND D.....22 DK BRAND.....28	BRAND C..... 21 BRAND D..... 22 DK BRAND..... 28	BRAND C.....21 BRAND D.....22 DK BRAND.....28	OTHER.....31 NOT SURE.....98	OTHER..... 31 NOT SURE..... 98	OTHER.....31 NOT SURE.....98	
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32A	Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitoes or bugs?	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">YES.....1 NO.....2 (SKIP TO 32C)= NOT SURE.....8</th> <th style="width: 33%;">YES..... 1 NO..... 2 (SKIP TO 32C)= NOT SURE..... 8</th> <th style="width: 33%;">YES.....1 NO.....2 (SKIP TO 32C)= NOT SURE.....8</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	YES.....1 NO.....2 (SKIP TO 32C)= NOT SURE.....8	YES..... 1 NO..... 2 (SKIP TO 32C)= NOT SURE..... 8	YES.....1 NO.....2 (SKIP TO 32C)= NOT SURE.....8													
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32B	How long ago was the net last soaked or dipped? IF LESS THAN 1 MONTH, RECORD >00'.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">MOS AGO .. <input style="width: 40px; height: 20px;" type="text"/></th> <th style="width: 33%;">MOS AGO .. <input style="width: 40px; height: 20px;" type="text"/></th> <th style="width: 33%;">MOS AGO .. <input style="width: 40px; height: 20px;" type="text"/></th> </tr> </thead> <tbody> <tr> <td>MORE THAN 3 YEARS AGO.....96</td> <td>MORE THAN 3 YEARS AGO..... 96</td> <td>MORE THAN 3 YEARS AGO.....96</td> </tr> <tr> <td>NOT SURE.....98</td> <td>NOT SURE..... 98</td> <td>NOT SURE.....98</td> </tr> </tbody> </table>	MOS AGO .. <input style="width: 40px; height: 20px;" type="text"/>	MOS AGO .. <input style="width: 40px; height: 20px;" type="text"/>	MOS AGO .. <input style="width: 40px; height: 20px;" type="text"/>	MORE THAN 3 YEARS AGO.....96	MORE THAN 3 YEARS AGO..... 96	MORE THAN 3 YEARS AGO.....96	NOT SURE.....98	NOT SURE..... 98	NOT SURE.....98							
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32C	Did anyone sleep under this mosquito net last night?	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">YES.....1 NO.....2 (SKIP TO 32E)= NOT SURE.....8</th> <th style="width: 33%;">YES..... 1 NO..... 2 (SKIP TO 32E)= NOT SURE..... 8</th> <th style="width: 33%;">YES.....1 NO.....2 (SKIP TO 32E)= NOT SURE.....8</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	YES.....1 NO.....2 (SKIP TO 32E)= NOT SURE.....8	YES..... 1 NO..... 2 (SKIP TO 32E)= NOT SURE..... 8	YES.....1 NO.....2 (SKIP TO 32E)= NOT SURE.....8													
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32D	Who slept under this mosquito net last night? RECORD THE RESPECTIVE LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NAME _____ LINE NO .. <input style="width: 40px; height: 20px;" type="text"/></th> <th style="width: 33%;">NAME _____ LINE NO .. <input style="width: 40px; height: 20px;" type="text"/></th> <th style="width: 33%;">NAME _____ LINE NO .. <input style="width: 40px; height: 20px;" type="text"/></th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	NAME _____ LINE NO .. <input style="width: 40px; height: 20px;" type="text"/>	NAME _____ LINE NO .. <input style="width: 40px; height: 20px;" type="text"/>	NAME _____ LINE NO .. <input style="width: 40px; height: 20px;" type="text"/>													
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¹ >Permanent= is a pretreated net that does not require any further treatment

² >Pretreated= is a net that has been pretreated, but requires further treatment after 6-12 months

		NAME LINE NO [] [] NAME LINE NO [] [] NAME LINE NO [] [] NAME LINE NO [] []	NAME LINE NO [] [] NAME LINE NO [] [] NAME LINE NO [] [] NAME LINE NO [] []	NAME LINE NO [] [] NAME LINE NO [] [] NAME LINE NO [] [] 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.

472B	Has (NAME) been ill with convulsions at any time during the last 2 weeks?	YES 1 NO 2 DON=T KNOW 8	YES..... 1 NO 2 DON=T KNOW 8
472C	CHECK 466 AND 472B HAD FEVER OR CONVULSIONS?	AYES@ IN 466 OR 472B <input type="checkbox"/> ? OTHER <input type="checkbox"/> ? (SKIP TO 475)	AYES@ IN 466 OR 472B <input type="checkbox"/> ? OTHER <input type="checkbox"/> ? (SKIP TO 475)
473	Was (NAME) given any drugs for the (fever/convulsions)?	YES 1 NO 2 (SKIP TO 474R) =— DON=T KNOW 8	YES..... 1 NO 2 (SKIP TO 474R) =— DON=T KNOW 8
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 A CHLOROQUINE B AMODIAQUINE C QUININE D OTHER DRUGS ASPIRIN E PANADOL F IBUPFOFEN/ ACETAMINOPHEN E OTHER X (SPECIFY) DON=T KNOW Z	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	INJECTION A SUPPOSITORY B NONE Y DON=T KNOW Z
474B	CHECK 474: WHICH MEDICINES?	CODE AA" CIRCLED <input type="checkbox"/> ? CODE AA" NOT CIRCLED <input type="checkbox"/> ? (SKIP TO 474F)	CODE AA" CIRCLED <input type="checkbox"/> ? CODE AA" NOT CIRCLED <input type="checkbox"/> ? (SKIP TO 474F)
474C	How long after the (fever/convulsions) started did (NAME) first take Fansidar?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3 DON=T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3 DON=T KNOW 8
474D	For how many days did (NAME) take the Fansidar? IF 7 OR MORE DAYS, RECORD >7'.	DAYS <input type="text"/> DON=T KNOW 8	DAYS <input type="text"/> DON=T KNOW 8
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 1 OTHER SOURCE 2 DON=T KNOW 8	AT HOME 1 OTHER SOURCE 2 DON=T KNOW 8
474F	CHECK 474: WHICH MEDICINES?	CODE AB" CIRCLED <input type="checkbox"/> ? CODE AB" NOT CIRCLED <input type="checkbox"/> ? (SKIP TO 474J)	CODE AB" CIRCLED <input type="checkbox"/> ? CODE AB" NOT CIRCLED <input type="checkbox"/> ? (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 THREE OR MORE DAYS	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS

		AFTER THE FEVER 3 DON=T KNOW 8	AFTER THE FEVER 3 DON=T KNOW 8
474H	For how many days did (NAME) take chloroquine? IF 7 OR MORE DAYS, RECORD >7'.	DAYS <input type="text"/> DON=T KNOW 8	DAYS <input type="text"/> DON=T KNOW 8
474I	Did you have the chloroquine at home or did you get it from somewhere else? IF MORE THAN ONE SOURCE MENTIONED, ASK: Where did you get the chloroquine first?	AT HOME 1 OTHER SOURCE 2 DON=T KNOW 8	AT HOME 1 OTHER SOURCE 2 DON=T KNOW 8
474J	CHECK 474: WHICH MEDICINES?	CODE AC" CIRCLED <input type="checkbox"/> ? CODE AC" NOT CIRCLED <input type="checkbox"/> ? (SKIP TO 474N)	CODE AC" CIRCLED <input type="checkbox"/> ? CODE AC" NOT CIRCLED <input type="checkbox"/> ? (SKIP TO 474N)
474K	How long after the (fever/convulsions) started did (NAME) first take Amodiaquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3 DON=T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3 DON=T KNOW 8
474L	For how many days did (NAME) take Amodiaquine? IF 7 OR MORE DAYS, RECORD >7'.	DAYS <input type="text"/> DON=T KNOW 8	DAYS <input type="text"/> DON=T KNOW 8
474M	Did you have the Amodiaquine at home or did you get it from somewhere else? IF MORE THAN ONE SOURCE MENTIONED, ASK: Where did you get the Amodiaquine first?	AT HOME 1 OTHER SOURCE 2 DON=T KNOW 8	AT HOME 1 OTHER SOURCE 2 DON=T KNOW 8
474N	CHECK 474: WHICH MEDICINES?	CODE AD" CIRCLED <input type="checkbox"/> ? CODE AD" NOT CIRCLED <input type="checkbox"/> ? (SKIP TO 474R)	CODE AD" CIRCLED <input type="checkbox"/> ? CODE AD" NOT CIRCLED <input type="checkbox"/> ? (SKIP TO 474R)
474O	How long after the (fever/convulsions) started did (NAME) first take Quinine	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3 DON=T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3 DON=T KNOW 8
474P	For how many days did (NAME) take Quinine? IF 7 OR MORE DAYS, RECORD >7'.	DAYS <input type="text"/> DON=T KNOW 8	DAYS <input type="text"/> DON=T KNOW 8
474Q	Did you have the Quinine at home or did you get it from somewhere else? IF MORE THAN ONE SOURCE MENTIONED, ASK: Where did you get the Quinine first?	AT HOME 1 OTHER SOURCE 2 DON=T KNOW 8	AT HOME 1 OTHER SOURCE 2 DON=T KNOW 8
474R	Was anything else done about (NAME)=s (fever/convulsions)?	YES 1 NO 2 (SKIP TO 475) = <input type="checkbox"/> DON=T KNOW 8	YES 1 NO 2 (SKIP TO 475) = <input type="checkbox"/> DON=T KNOW 8
474S	What was done about (NAME)=s	CONSULTED TRADITIONAL HEALER A	CONSULTED TRADITIONAL HEALER A

(fever/convulsions)?	GAVE TEPID SPONGING B	GAVE TEPID SPONGING B
	GAVE HERBS C	GAVE HERBS C
	OTHER _____ X (SPECIFY)	OTHER _____ X (SPECIFY)