



LQAS HOUSEHOLD SURVEY 2012
QUESTIONNAIRE FOR MOTHERS OF CHILDREN 0-59 MONTHS
FEVER IN THE LAST TWO WEEKS
UNICEF/LSTM

IDENTIFICATION	CODES (OFFICE USE ONLY)
QUESTIONNAIRE IDENTIFICATION	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
LQAS NUMBER OUT OF 19 _____	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
SUPERVISION AREA _____	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
District _____	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
County _____	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Sub-County _____	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Village _____	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Name of Respondent _____	
Interviewer : _____	
Date of Interview ____/____/____ Day /Month / Year	
Checked by (SA Supervisor) _____	

INFORMED CONSENT

Greeting. My name is _____ and I work with _____ district. We are conducting a district survey about maternal and child health care in our communities. We would very much appreciate your participation in this survey. This information you provide will help the district to plan and improve health services. The interview usually takes about 18 minutes to complete.

We very much appreciate your participation in this survey. Whatever information you provide will be kept confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?

Do you agree to participate in this survey? YES NO

IF NO, MARK THIS HOUSE AS A REFUSAL IN THE TABLE FOR SEQUENCE OF HOUSEHOLDS VISITED AND GO TO THE NEXT HOUSE.

THANK YOU

RECOMMENDATIONS FOR THE INTERVIEWER

VERIFY THAT THE MOTHER HAS CHILD AGED 0-59 MONTHS OF AGE WITH FEVER IN THE LAST TWO WEEKS; USE THE VACCINATION CARD OR MATERNAL CARD IF POSSIBLE TO VERIFY.

IF MORE THAN ONE CHILD AGED 0-59 MONTHS WITH FEVER IN THE LAST TWO WEEKS LIVES IN THIS HOUSEHOLD CHOOSE ONE AT RANDOM.

FOR ALL QUESTIONS IN THIS SURVEY, NEVER READ THE POSSIBLE OPTIONS UNLESS THERE IS A SPECIAL INSTRUCTION (CAPITAL AND IN BOLD). WAIT FOR THE RESPONDENT TO ANSWER THE QUESTION AND THEN CIRCLE THE RESPONSE GIVEN.

Record the time the interview BEGINS

____ : ____ HOUR: MINUTE

Section 1: Mother's Background

No.	Questions and Filters	Coding Categories	Skips
MB1	In what month and year were you born?	DATE OF BIRTH MONTH.....__ __ DK MONTH 98 YEAR__ __ __ __ DK YEAR.....98	
MB2	How old are you? PROBE: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	AGE (IN COMPLETED YEARS) __ __	
MB3	Have you ever attended school or preschool?	YES1 NO.....2	→ MB5
MB4	What is the highest level of school you attended?	PRESCHOOL1 PRIMARY2 SECONDARY3 HIGHER4	
MB5	What is your <u>current</u> marital status? READ THE RESPONSE OPTIONS	SINGLE, NO PARTNER1 SINGLE, NON REGULAR PARTNER.....2 SINGLE WITH REGULAR PARTNER.....3 MARRIED.....4 COHABITING5 WIDOWED.....6 DIVORCED/SEPARATED 7	

Section 2: Child's Background

No.	Questions and Filters	Coding Categories	Skips
CB1	RECORD THE NAME OF SELECTED CHILD:	<hr style="width: 20%; margin: auto;"/> NAME OF SELECTED CHILD	
CB2	What is the sex of [NAME]?	MALE.....1 FEMALE.....2	
CB3	<p>Now I would like to ask you some questions about the health of (NAME).</p> <p>In what month and year was (NAME) born?</p> <p>PROBE: WHAT IS HIS / HER BIRTHDAY?</p> <p>IF THE MOTHER/CARETAKER KNOWS THE EXACT BIRTH DATE, ALSO ENTER THE DAY; OTHERWISE, CIRCLE 98 FOR DAY</p> <p>MONTH AND YEAR MUST BE RECORDED.</p>	<p style="text-align: center;">DATE OF BIRTH</p> <p>DAY __ __</p> <p>DK DAY.....98</p> <p>MONTH..... __ __</p> <p>YEAR __ __ __ __</p>	
CB4	<p>How old is (NAME)?</p> <p>PROBE: HOW OLD WAS (NAME) AT HIS / HER LAST BIRTHDAY?</p> <p>RECORD AGE IN COMPLETED YEARS.</p> <p>RECORD '0' IF LESS THAN 1 YEARS.</p>	AGE (IN COMPLETED YEARS) __ __	

Section 3: Malaria Case Management

No.	Questions and Filters	Coding Categories	Skips		
CM1	In the last two weeks, has (NAME) been ill with a fever at any time?	YES 1 NO..... 2 DON'T KNOW 98	→select other child →select other child		
CM2	Did you seek any advice or treatment for the illness from any source?	YES 1 NO..... 2 DON'T KNOW 98	→CM5 →CM5		
CM3	Where did you seek advice or treatment? PROBE FOR ANYWHERE ELSE AND CIRCLE ALL MENTIONED	PUBLIC SECTOR GOVT. HOSPITAL..... 1 GOVT. HEALTH CENTRE 2 GOVT. HEALTH POST 3 COMMUNITY HEALTH WORKER 4 MOBILE / OUTREACH CLINIC 5 OTHER PUBLIC (<i>SPECIFY</i>) 6 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL / CLINIC 7 PRIVATE PHYSICIAN 8 PRIVATE PHARMACY 9 MOBILE CLINIC 10 OTHER PRIVATE MEDICAL (<i>SPECIFY</i>) 11 OTHER SOURCE RELATIVE / FRIEND 12 SHOP 13 TRADITIONAL PRACTITIONER 14 OTHER (<i>SPECIFY</i>) _____ 96			
CM4	How many days after the fever began did you first seek treatment for (NAME)? PROBE FOR EXACT NUMBER OF DAYS AND RECORD IN THE BOX. IF SAME DAY THEN RECORD 00	<div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table> <p>DAYS</p> </div> DON'T KNOW 98			

CM5	At any time during the illness, did (NAME) take any medicine for the fever?	YES 1 NO..... 2 DON'T KNOW 98	→CM10 →CM10		
CM6	What medicine was (NAME) given during the fever? ASK TO SEE THE MEDICINE. IF TYPE OF MEDICINE IS NOT KNOWN, SHOW TYPICAL ANTI-MALARIAL TO THE RESPONDENT FOR IDENTIFICATION. CIRCLE ALL RESPONSES MENTIONED	ANTI-MALARIALS: SP / FANSIDAR 1 CHLOROQUINE 2 AMODIAQUINE 3 QUININE 4 COMBINATION WITH ARTEMISININ 5 OTHER ANTI-MALARIAL (SPECIFY) _____ 6 ANTIBIOTIC DRUGS PILL / SYRUP 7 INJECTION..... 8 OTHER MEDICATIONS: PARACETAMOL/ PANADOL /ACETAMINOPHEN 9 ASPIRIN 10 IBUPROFEN 11 OTHER (SPECIFY) _____ 96 DON'T KNOW 98			
CM7	How long after the fever started did (NAME) first take (<i>name of anti-malarial from CM6</i>)?	SAME DAY 1 NEXT DAY 2 2 DAYS AFTER THE FEVER 3 3 DAYS AFTER THE FEVER 4 4 OR MORE DAYS AFTER THE FEVER 5 DON'T KNOW 98			
CM8	For how many days did (NAME) take the medicine? PROBE FOR EXACT NUMBER OF DAYS AND RECORD IN THE BOX. IF SAME DAY THEN RECORD 00	<div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table> <p>DAYS</p> </div> DON'T KNOW 98			

CM9	Where was the medicine obtained?	GOVT. HOSPITAL..... 1 HEALTH CENTER 2 CHW..... 3 PRIVATE CLINIC..... 4 PRIVATE HOSPITAL 5 PRIVATE DOCTOR 6 PRIVATE PHARMACY 7 OUTREACH SERVICE POINT 8 TRADITIONAL (HERBAL) HEALER 9 RELATIVE OR FRIEND 10 DON'T KNOW 98 OTHER (SPECIFY) _____ 96	
CM10	At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?	YES1 NO.....2	→ END
CM11	Were you told the test result?	YES1 NO.....2	

Record the time the interview ENDS	_____ : _____ HOUR: MINUTE
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THANK YOU - THE END