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**LQAS HOUSEHOLD SURVEY 2012**

**QUESTIONNAIRE FOR MOTHERS OF CHILDREN 0-59 MONTHS**

**FEVER IN THE LAST TWO WEEKS**

**UNICEF/LSTM**

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| IDENTIFICATION | CODES (OFFICE USE ONLY) |
| QUESTIONNAIRE IDENTIFICATION |  |
| LQAS NUMBER OUT OF 19\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**SUPERVISION AREA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sub-County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Village\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****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** |
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| **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 |
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**Section 1: Mother’s Background**

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| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| MB1 | In what month and year were you born? | DATE OF BIRTHMONTH \_\_ \_\_ DK MONTH 98YEAR \_\_ \_\_ \_\_ \_\_ 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? | YES 1NO 2 | 🡺MB5 |
| MB4 | What is the highest level of school you attended? | PRESCHOOL 1PRIMARY 2SECONDARY 3HIGHER …………………………………………..…………4 |  |
| MB5 | What is your current marital status?**READ THE RESPONSE OPTIONS** | SINGLE, NO PARTNER ...............................1SINGLE, NON REGULAR PARTNER…… ...…..2SINGLE WITH REGULAR PARTNER…… ……..3MARRIED....................................... ...........4COHABITING 5WIDOWED............................. 6DIVORCED/SEPARATED 7   |  |

**Section 2: Child’s Background**

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| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| CB1 | **RECORD THE NAME OF SELECTED CHILD:**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NAME OF SELECTED CHILD |  |
| CB2 | What is the sex of [NAME]? | MALE…………….……….………………..…...1FEMALE……………….….…………………….2 |  |
| CB3 | Now I would like to ask you some questions about the health of (NAME). In what month and year was (NAME) born?**PROBE: WHAT IS HIS / HER BIRTHDAY?****IF THE MOTHER/CARETAKER KNOWS THE EXACT BIRTH DATE, ALSO ENTER THE DAY; OTHERWISE, CIRCLE 98 FOR DAY****MONTH AND YEAR MUST BE RECORDED.** |  DATE OF BIRTHDAY \_\_ \_\_DK DAY 98MONTH \_\_ \_\_YEAR \_\_ \_\_ \_\_ \_\_ |  |
| CB4 | How old is (NAME)?**PROBE*:* HOW OLD WAS (NAME) AT HIS / HER LAST BIRTHDAY?****RECORD AGE IN COMPLETED YEARS.****RECORD ‘0’ IF LESS THAN 1 YEARS.** | AGE (IN COMPLETED YEARS) \_\_ \_\_ |  |

**Section 3: Malaria Case Management**

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| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| CM1 | In the last two weeks, has (NAME) been ill with a fever at any time? | YES 1NO 2DON’T KNOW 98 | 🡺select other child🡺select other child |
| CM2 | Did you seek any advice or treatment for the illness from any source? | YES 1NO 2DON’T KNOW 98 | 🡺CM5🡺CM5 |
| CM3 | Where did you seek advice or treatment? **PROBE FOR ANYWHERE ELSE AND****CIRCLE ALL MENTIONED** | PUBLIC SECTORGOVT. HOSPITAL 1GOVT. HEALTH CENTRE 2GOVT. HEALTH POST 3COMMUNITY HEALTH WORKER 4MOBILE / OUTREACH CLINIC 5OTHER PUBLIC (*SPECIFY*) 6PRIVATE MEDICAL SECTORPRIVATE HOSPITAL / CLINIC 7PRIVATE PHYSICIAN 8PRIVATE PHARMACY 9MOBILE CLINIC 10OTHER PRIVATE MEDICAL (*SPECIFY*) 11OTHER SOURCERELATIVE / FRIEND 12SHOP 13TRADITIONAL PRACTITIONER 14OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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** |

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**DAYS**DON’T KNOW 98 |  |

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| CM5 | At any time during the illness, did (NAME) take any medicine for the fever? | YES 1NO 2DON’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 1CHLOROQUINE 2AMODIAQUINE 3QUININE 4COMBINATION WITH ARTEMISININ 5OTHER ANTI-MALARIAL (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_6ANTIBIOTIC DRUGSPILL / SYRUP 7INJECTION 8OTHER MEDICATIONS:PARACETAMOL/ PANADOL /ACETAMINOPHEN 9ASPIRIN 10IBUPROFEN 11OTHER (SPECIFY) ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­96DON’T KNOW 98 |  |
| CM7 | How long after the fever started did (NAME) first take (name of anti-malarial from CM6)?  | SAME DAY 1NEXT DAY 22 DAYS AFTER THE FEVER 33 DAYS AFTER THE FEVER 44 OR MORE DAYS AFTER THE FEVER 5DON’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**  |

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

| Record the time the interview ENDS | \_\_\_ \_\_\_ : \_\_\_ \_\_\_ | HOUR: MINUTE |
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**THANK YOU - THE END**