# GENERIC QUESTIONNAIRE

## FIX IMPLEMENTING PARTNER’S NAME

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<thead>
<tr>
<th>Province/County:</th>
<th>District:</th>
<th>Archdeaconry/Diocese:</th>
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<tbody>
<tr>
<td>Study Area/Community/Village:</td>
<td>Name of Household Head:</td>
<td>Interviewer’s Name:</td>
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<tr>
<td>Date:</td>
<td>Status:</td>
<td>Checked by:</td>
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<td>Complete</td>
<td>In-complete</td>
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*Directions: Please answer all questions by circling the number of your choice(s) or writing in the spaces provided where applicable*

<table>
<thead>
<tr>
<th>No</th>
<th>QUESTIONS</th>
<th>CODING CATEGORY</th>
<th>CODE (For office use)</th>
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<tbody>
<tr>
<td><strong>SECTION A : SOCIODEMOGRAPHIC DATA</strong></td>
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<tr>
<td>A1</td>
<td>Age of Respondent (in complete years)</td>
<td></td>
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<tr>
<td>A2</td>
<td>Sex of Respondent</td>
<td>1 – MALE 2 – FEMALE</td>
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<tr>
<td>A3</td>
<td>Number of people in household</td>
<td></td>
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<tr>
<td>A4</td>
<td>Number of children below five (5) years?</td>
<td></td>
<td></td>
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<tr>
<td>A5</td>
<td>Number of pregnant women</td>
<td></td>
<td></td>
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<tr>
<td>A6</td>
<td>Total number of women who delivered a live baby within the last two years</td>
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| **SECTION B : KNOWLEDGE LEVELS AND PERCEPTIONS ABOUT MALARIA** | | |
| B1 | How is malaria transmitted? / How does one get malaria? | 1 – BITTEN BY INFECTED FEMALE MOSQUITO 2 – TAKING IN DIRTY WATER OR FOOD 3 – BEATEN BY RAIN OR EXCESSIVE SUN 4 – DIRTY ENVIRONMENT 5 – WITCHCRAFT 6 – EATING UNRIPE MANGOES/FRUITS 7 – LIVE WITH SICK PERSON |  |
### Questionnaire on Malaria Symptoms and Prevention

#### B2: Other Symptoms of Malaria
- Fevers/High Temperature
- Headache
- Joint Pains/General Body Pain
- Tiredness
- Vomiting
- Lack of Appetite/Bitter Taste in Mouth
- Diarrhea/Abdominal Pain
- Other: (Pls. Specify) ________________________
- Don’t Know

#### B3: Where do Malaria-Transmitting Mosquitoes Breed?
- In Trees and Bushes
- Stagnant Water Bodies
- In Dark Places
- Rubbish Dump and Other Dirty Places
- Other: (Pls. Specify)______________________
- Don’t Know

#### B4: Which Group of People are Most Vulnerable to Malaria
- Children Under 5 Years
- Pregnant Women
- People Living with HIV/AIDS
- Malnourished People
- Others (Pls. Specify) ________________________
- Don’t Know

#### B5: Can Malaria be Fatal (Kill)?
- Yes
- No
- Don’t Know

#### B6: Can Malaria be Prevented at Home?
- Yes
- No
- Don’t Know

#### B7: What do you think can be done to prevent malaria?
- Draining Stagnant Water
- Clearing Overgrown Bushes
- Sleeping Under Insecticide-Treated Nets
- Using Mosquito Coil
- Burning of Herbs
- Taking Antimalarial Drugs
- Indoor Residual Spraying
- Other: (Pls. Specify) ________________________
- Don’t Know

#### B8: Can Malaria be Cured if you use Appropriate Medicines?
- Yes
- No
- Don’t Know

#### B9: What is the Drug/Medicine recommended for Malaria Treatment?
- SP/Fansidar
- Chloroquine
- Amodiaquine/Camoquine
- Quinine
- Artemisinin-Based Combinations
- Paracetamol
- Aspirin
- Ibuprofen
### SECTION C: MALARIA PREVENTION BEHAVIOURS AND PRACTICES

<table>
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<tr>
<th>Section</th>
<th>Question</th>
<th>Options</th>
<th>Notes</th>
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</table>
| C1 | Does your household have at least one mosquito net? [If 2, skip to C6] | 1 – YES  
2 – NO  
9 – DON’T KNOW | |
| C2 | Is there at least one Long Lasting Insecticidal Net (LLIN) in your household? | 1 – YES  
2 – NO  
9 – DON’T KNOW | |
| C3 | How many LLINs do your household have? | NUMBER OF NETS | |
| C4 | How many of these LLINs were used by your household the previous night | NUMBER OF NETS USED | |
| C5 | Where did you get your mosquito nets from? | 1 – NETSforLIFE  
2 – GOVERNMENT/HOSPITAL/CLINIC  
3 – MARKET/SHOP  
4 – OTHER NGOs  
5 – OTHER; (Pls. Specify)________________________  
(Multiple responses allowed) | |
| C6 | How many people in your household slept under a net the previous night? | NUMBER OF PEOPLE | |
| C7 | Do you have pregnant women in your household? [If 2, skip to C10] | 1 – YES  
2 – NO | |
| C8 | How many pregnant women in your household slept under mosquito nets the previous night? | PREGNANT WOMEN | |
| C9 | In the last two years, have pregnant women in your household been receiving SP/Fansidar (Intermittent Preventive Treatment - IPT) | 1 – YES  
2 – NO  
9 – DON’T KNOW | |
<p>| C10 | How many of these women who received IPT during their pregnancy in the last two years gave birth to a live baby? | |</p>
<table>
<thead>
<tr>
<th>C11</th>
<th>How many times did they take SP/Fansidar (IPT) during pregnancy to prevent malaria?</th>
<th>NUMBER OF TIMES</th>
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| C12 | Do you have children below five years in your household? [If 2, skip to C12] | 1 – YES  
2 – NO |
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<tr>
<th>C13</th>
<th>How many children below five years slept under a net the previous night?</th>
<th>CHILDREN BELOW 5 YEARS</th>
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| C14 | Apart from mosquito nets, what other preventive measure(s) do you do to prevent malaria in your household? | 1 – GET RID OF STAGNANT WATER  
2 – USE MOSQUITO REPELLENT/SPRAYING  
3 – IN-DOOR RESIDUAL SPRAYING  
4 – SLASHING OF WEEDS  
5 – CLEANING NEIGHBOURHOOD  
6 – COVERING OF WATER CONTAINERS  
7 – BURNING OF COILS, LEAVES, DUNGS, etc  
8 – NOTHING  
9 – OTHER; (Pls. Specify)________________________ |
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| C15 | In the last 12 months, has your household benefited from Indoor Residual Spraying (IRS)? / Has your house been sprayed using IRS in the last 12 months? | 1 – YES  
2 – NO  
9 – DON’T KNOW |
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**SECTION D : PROGRAM EVALUATION**

| D1  | For the past six months, do you remember receiving or hearing or seeing some education on malaria prevention/treatment? | 1 – YES  
2 – NO  
3 – DON’T REMEMBER |
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| D2  | If yes to C10, what was your source of information (where did you hear, see or receive the information)? | 1 – RADIO  
2 – TELEVISION  
3 – VOLUNTEERS/MCAs  
4 – MOBILE VANS  
5 – POSTERS  
6 – COMMUNITY SENSITIZATION SESSIONS  
7 – OTHER; (Pls. Specify)________________________ |
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| D3  | Have you heard of NetsforLife malaria prevention campaign? | 1 – YES  
2 – NO |
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**D4** | Do you think that NetsforLife activities in your community have helped you to understand and prevent malaria better?  
1 – YES  
2 – NO  
3 – NOT MUCH  
9 – DON’T KNOW

**SECTION E : MALARIA TREATMENT SEEKING BEHAVIOURS**

| E1 | In the last two weeks, has a child under 5 years been ill with fever? [If 2 or 9, skip to the end of the questionnaire]  
1 – YES  
2 – NO  
9 – DON’T KNOW

| E2 | How many children under five had fever in the last two weeks?  
NUMBER OF CHILDREN

| E3 | Did the child have a finger or heel stick (collection of blood sample for laboratory test from the heel or the finger) when they were sick with fever in the last two weeks?  
1 – YES  
2 – NO  
9 – DON’T KNOW

| E4 | If Yes, how many children under five had a finger or heal stick

| E5 | Was advice or treatment sought for the child/children when sick?  
1 – YES  
2 – NO  
9 – DON’T KNOW

| E6 | If yes, how many children were advise or treatment sought for when they were sick?

| E7 | Was the child given medicine for fever or malaria during this illness? [If 2, skip to E4]  
1 – YES  
2 – NO  
9 – DON’T KNOW

| E8 | What drug/medicine did the child take?  
1 – SP/FANSIDAR  
2 – CHLOROQUINE  
3 – AMODIAQUINE/CAMOQUINE  
4 – QUININE  
5 – ARTEMISININ-BASED COMBINATIONS  
6 – PARACETAMOL  
7 – ASPIRIN  
8 – IBUPROFEN  
9 – DON’T KNOW  
10 - OTHER

| E9 | How long did it take you to start medication after seeing the onset of fever?  
1 – LESS THAN 24 HOURS  
2 – LESS THAN 48 HOURS  
3 – LESS THAN 72 HOURS
| E10 | Was the child seen at a health facility during this illness? | 1 – YES  
2 – NO  
9 – DON’T KNOW |
|-----|----------------------------------------------------------|------------------------------------------------|
| E11 | Now I would like to take blood sample from your child/children under five to test for malaria parasites.  
*Kindly indicate the total number of children under five tested in the household* | NUMBER OF CHILDREN UNDER FIVE TESTED USING RDT |
| E12 | How many of the children under five tested positive for malaria parasites?  
*Please indicate the number of children under five who tested positive for malaria in the HH* | NUMBER OF CHILDREN UNDER FIVE WHO TESTED POSITIVE FOR MALARIA |

*Thank you for your cooperation*