

SUPPLEMENTARY 1

QUESTIONNAIRE

Seasonal Malaria Chemoprevention: Effect on Malaria burden and molecular markers of resistance of *Plasmodium falciparum* among under-five children in Oyo state, Nigeria.

Dear respondent,

This questionnaire was designed to generate information on the topic above. The information will be used for academic purpose only. Your confidentiality is guaranteed. Before proceeding, we would like to know if you are willing to answer our questions.

Sign/Thumbprint

Thanks for your cooperation

Serial No: _____

Section A: Socio-Demographic Data of Mother/ Caregiver

1. Place of residence a) Rural b) Urban
2. Age (in years) as at your last birthday?
3. Religion a) Christianity b) Islam c) Traditionalist d) Others (Specify)
4. Ethnicity a) Yoruba b) Hausa/Fulani c) Igbo d) Others (Specify)
5. Marital Status a) Single b) Married c) Widowed d) Separated e) Divorced f) Cohabiting
6. Setting of marriage (Polygamous / Monogamous)
7. If Polygamous, what is your position? a) First wife b) Second wife c) Third wife d) Others (Specify) _____
8. Educational Status a) No formal education b) Primary c) Secondary d) Tertiary
9. What is your occupation: a) Unemployed b) Skilled c) Semiskilled d) Professional
10. Average monthly income a) Less than #10,000 b) #10,000 – #50,000 c) Above #50,000 d) None.
11. Your Spouse's Educational Status a) No formal education b) Primary c) Secondary d) Tertiary
12. What is your Spouse's occupation: a) Unemployed b) Skilled c) Semiskilled d) Professional
13. What is your Spouse's average monthly income a) Less than #10,000 b) #10,000 – #50,000 c) Above #50,000 d) I don't know.
14. Number of Children.....
15. Number of Children under-5.....

Section B: Socio-Demographic Data of Index child

16. Age (in months)
17. Sex
18. Has the child started school? a) Yes b) No
19. Where was the child delivered? a) Home b) Skilled c) Semiskilled d) Professional

20. Does the child sleep under Insecticide treated net? Yes/No
21. Where does the child stay? a) Flat apartment b) Shared apartment c) Others (Specify)
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Section C: Adherence to Seasonal Malaria Chemoprevention

22. Did your child receive SMC? Yes/No
23. If yes, at what age did your child start taking Seasonal Malaria Chemoprevention?
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24. Has your child had the Seasonal Malaria Chemoprevention drug this year? Yes/No
25. If yes, how many doses? a) 1 b) 2 c) 3 d) 4 e) 5
26. Was the first dose administered in the presence of a facilitator? Yes/No
27. If no, why?
28. Did you complete the remaining drugs for the child for the next two days? Yes/No
29. If no, which one was missed? a) First b) Second c) Both
30. If no, why was the drug missed? a) I forgot b) Drug reactions c) child's refusal d) I have no information on drug usage e) Others (Specify)
31. Did a lead mother visit you to remind you of the drug usage? Yes/No
32. Does your child have a drug card? Yes/No
33. If yes, can I see it? Yes/No
34. Number of completed doses seen on the drug card
35. Number of completed cycles seen on the drug card
36. List of doses skipped?
37. List of cycles skipped?

Section D: Laboratory testing for the index child

1. RDT - Positive/ Negative
2. Thick film result
3. PCR result
 - a. *Pf dhfr* gene mutation - Present/ Absent
 - b. *Pf dhps* gene mutation - Present/ Absent
 - c. *Pf crt* gene mutation - Present/ Absent