

KENYA MALARIA INDICATOR SURVEY  
BIOMARKER QUESTIONNAIRE

MALARIA CONTROL UNIT  
KENYA NATIONAL BUREAU OF STATISTICS

IDENTIFICATION									
COUNTY	_____								
SUBLOCATION	_____								
NASSEP CLUSTER NUMBER .....			<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> </table>						
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CLUSTER NAME	_____								
STRUCTURE NUMBER .....			<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> </table>						
HOUSEHOLD NUMBER .....			<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> </table>						
NAME OF HOUSEHOLD HEAD	_____								
NAME OF HOUSEHOLD INTERVIEWER	_____								
HEALTH TECHNICIAN VISITS									
	1	2	3	FINAL VISIT					
DATE	_____	_____	_____	DAY					
HEALTH TECHNICIAN'S NAME	_____	_____	_____	MONTH					
				YEAR					
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS					
TIME	_____	_____		<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> </table>					
NOTES:	_____ _____ _____			TOTAL ELIGIBLE CHILDREN					
				TOTAL CHILDREN TESTED ANAEMIA					
				TOTAL CHILDREN TESTED MALARIA					
LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="width: 40px; height: 20px;"> <tr><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">1</td></tr> </table>	0	1	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 60px; height: 20px;"> <tr><td style="width: 30px;"></td><td style="width: 30px;"></td></tr> </table>				TRANSLATOR (YES = 1, NO = 2)
0	1								
LANGUAGE OF QUESTIONNAIRE**	<b>ENGLISH</b>		**LANGUAGE CODES:						
			01 ENGLISH	02 KISWAHILI					
03 BORANA	05 KALENJIN	07 KIKUYU	09 LUHYA	11 LUO	13 MERU				
04 EMBU	06 KAMBA	08 KISII	10 MARAGOLI	12 MAASAI	14 MIJIKENDA				
					15 POKOT				
					16 SOMALI				
					17 TURKANA				
					18 OTHER				
SUPERVISOR:	_____		<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> </table>						
	NAME		NUMBER						

**HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-14 YEARS**

101	CHECK COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-14 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 9.	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____
103	What is (NAME)'s date of birth?	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
104	CHECK 103: CHILD BORN IN 2000-2015?	YES ..... 1 NO ..... 2 (SKIP TO 130) ←	YES ..... 1 NO ..... 2 (SKIP TO 130) ←	YES ..... 1 NO ..... 2 (SKIP TO 130) ←
105	CHECK 103: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS ..... 1 (SKIP TO 130) ← OLDER ..... 2	0-5 MONTHS ..... 1 (SKIP TO 130) ← OLDER ..... 2	0-5 MONTHS ..... 1 (SKIP TO 130) ← OLDER ..... 2
106	NAME OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD	NAME _____	NAME _____	NAME _____
107	CONSENT			
108	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT/OTHER . 3  <input type="text"/> <input type="text"/> <input type="text"/> HEALTH TECH'S NUMBER	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT/OTHER . 3  <input type="text"/> <input type="text"/> <input type="text"/> HEALTH TECH'S NUMBER	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT/OTHER . 3  <input type="text"/> <input type="text"/> <input type="text"/> HEALTH TECH'S NUMBER
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111	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			

		CHILD 1	CHILD 2	CHILD 3																																																																																	
		NAME _____	NAME _____	NAME _____																																																																																	
112	PLACE BAR CODE LABEL FOR MALARIA LAB TEST.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">           PUT THE 1ST BAR CODE LABEL HERE.         </div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996  PUT THE 2ND BAR CODE LABEL ON THE RDT, THE 3RD AND 4TH ON EACH SLIDE, THE 5TH ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">           PUT THE 1ST BAR CODE LABEL HERE.         </div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996  PUT THE 2ND BAR CODE LABEL ON THE RDT, THE 3RD AND 4TH ON EACH SLIDE, THE 5TH ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">           PUT THE 1ST BAR CODE LABEL HERE.         </div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996  PUT THE 2ND BAR CODE LABEL ON THE RDT, THE 3RD AND 4TH ON EACH SLIDE, THE 5TH ON THE TRANSMITTAL FORM.																																																																																	
113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANAEMIA AND MALARIA BROCHURE.	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996																																																																																	
114	CIRCLE THE CODE FOR THE MALARIA RDT.	TESTED ..... 1 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6 (SKIP TO 116) ←	TESTED ..... 1 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6 (SKIP TO 116) ←	TESTED ..... 1 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6 (SKIP TO 116) ←																																																																																	
115	CIRCLE THE RESULT OF THE MALARIA RDT HERE AND IN THE ANAEMIA AND MALARIA BROCHURE.	POSITIVE ..... 1 (SKIP TO 118) ← NEGATIVE ..... 2 OTHER ..... 6	POSITIVE ..... 1 (SKIP TO 118) ← NEGATIVE ..... 2 OTHER ..... 6	POSITIVE ..... 1 (SKIP TO 118) ← NEGATIVE ..... 2 OTHER ..... 6																																																																																	
116	CHECK 113: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANAEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6 (SKIP TO 130) ←	BELOW 8.0 G/DL, SEVERE ANAEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6 (SKIP TO 130) ←	BELOW 8.0 G/DL, SEVERE ANAEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6 (SKIP TO 130) ←																																																																																	
117	SEVERE ANAEMIA REFERRAL RECORD THE RESULT OF THE ANAEMIA TEST ON THE REFERRAL FORM.	The anaemia test shows that (NAME OF CHILD) has severe anaemia. Your child is very ill and must be taken to a health facility immediately.  (SKIP TO 130)																																																																																			
118	Does (NAME) suffer from any of the following illnesses or symptoms:	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>EXTREME WEAKNESS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HEART PROBLEMS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>LOSS OF CONSCIOUSNESS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RAPID BREATHING ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SEIZURES ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLEEDING ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>JAUNDICE ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DARK URINE ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	EXTREME WEAKNESS ...	1	2	HEART PROBLEMS ...	1	2	LOSS OF CONSCIOUSNESS ...	1	2	RAPID BREATHING ...	1	2	SEIZURES ...	1	2	BLEEDING ...	1	2	JAUNDICE ...	1	2	DARK URINE ...	1	2	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>EXTREME WEAKNESS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HEART PROBLEMS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>LOSS OF CONSCIOUSNESS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RAPID BREATHING ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SEIZURES ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLEEDING ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>JAUNDICE ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DARK URINE ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	EXTREME WEAKNESS ...	1	2	HEART PROBLEMS ...	1	2	LOSS OF CONSCIOUSNESS ...	1	2	RAPID BREATHING ...	1	2	SEIZURES ...	1	2	BLEEDING ...	1	2	JAUNDICE ...	1	2	DARK URINE ...	1	2	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>EXTREME WEAKNESS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HEART PROBLEMS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>LOSS OF CONSCIOUSNESS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RAPID BREATHING ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SEIZURES ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLEEDING ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>JAUNDICE ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DARK URINE ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	EXTREME WEAKNESS ...	1	2	HEART PROBLEMS ...	1	2	LOSS OF CONSCIOUSNESS ...	1	2	RAPID BREATHING ...	1	2	SEIZURES ...	1	2	BLEEDING ...	1	2	JAUNDICE ...	1	2	DARK URINE ...	1	2
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119	CHECK 118: ANY SYMPTOM CIRCLED 'YES'?	ANY SYMPTOM ..... 1 (SKIP TO 122) ← NO SYMPTOM ..... 2	ANY SYMPTOM ..... 1 (SKIP TO 122) ← NO SYMPTOM ..... 2	ANY SYMPTOM ..... 1 (SKIP TO 122) ← NO SYMPTOM ..... 2																																																																																	
120	CHECK 113: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANAEMIA ... 1 (SKIP TO 122) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6	BELOW 8.0 G/DL, SEVERE ANAEMIA ... 1 (SKIP TO 122) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6	BELOW 8.0 G/DL, SEVERE ANAEMIA ... 1 (SKIP TO 122) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6																																																																																	

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		NAME _____	NAME _____	NAME _____																																																												
121	In the past two weeks has (NAME) taken or is taking ACTs given by a doctor or health center to treat the malaria?  VERIFY BY ASKING TO SEE TREATMENT	YES ..... 1 (SKIP TO 123) ←  NO ..... 2 (SKIP TO 124) ←	YES ..... 1 (SKIP TO 123) ←  NO ..... 2 (SKIP TO 124) ←	YES ..... 1 (SKIP TO 123) ←  NO ..... 2 (SKIP TO 124) ←																																																												
122	<b>SEVERE MALARIA REFERRAL</b>  RECORD THE RESULT OF THE MALARIA RDT ON THE REFERRAL FORM.	The malaria test shows that (NAME OF CHILD) has malaria. Your child also has symptoms of severe malaria. The malaria treatment I have will not help your child, and I cannot give you the medication. Your child is very ill and must be taken to a health facility right away.  (SKIP TO 128)																																																														
123	<b>ALREADY TAKING ACTs REFERRAL STATEMENT</b>	You have told me that (NAME OF CHILD) had already received ACTs for malaria. Therefore, I cannot give you additional ACTs. However, the test shows that he/she has malaria. You should take the child to the nearest health facility for further examination.  (SKIP TO 130)																																																														
124	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER	The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called ACT. ACTs are very effective and in a few days it should get rid of the fever and other symptoms. You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.																																																														
125	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE 1 _____ (SIGN) ← REFUSED ..... 2 OTHER ..... 6	ACCEPTED MEDICINE 1 _____ (SIGN) ← REFUSED ..... 2 OTHER ..... 6	ACCEPTED MEDICINE 1 _____ (SIGN) ← REFUSED ..... 2 OTHER ..... 6																																																												
126	CHECK 125:  MEDICATION ACCEPTANCE OR REFUSAL	ACCEPTED MEDICINE 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 130) ←	ACCEPTED MEDICINE 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 130) ←	ACCEPTED MEDICINE 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 130) ←																																																												
127	READ INFORMATION FOR MALARIA TREATMENT TO PARENT/OTHER ADULT.	<p>TELL THE PARENT/OTHER ADULT: If your child has a fever for two days after the last dose of ACTs, you should take the child to the nearest health facility for further examination. If [NAME] has a high fever, fast or difficult breathing, is not able to drink or breastfeed, gets sicker or does not get better in two days, you should take him/her to a health professional for treatment right away.</p> <p>IF CHILD WEIGHS LESS THAN 5 KGS., DO NOT LEAVE DRUGS. TELL PARENT TO TAKE CHILD TO HEALTH FACILITY.</p> <p>First day starts by taking first dose followed by the second dose 8 hours later. On subsequent days, the recommendation is simply "morning" and "evening" (around 12 hours apart). Take the medicine (crushed for small children) with high fat foods or drinks like milk.</p> <p>Make sure the full 3 days treatment is taken at the recommended times, otherwise the infection may return.</p> <p>If your child vomits within an hour of taking the medicine, you will need to get additional tablets and repeat the dose.</p> <table border="1"> <thead> <tr> <th colspan="8">DOSING SCHEDULE WITH ARTEMETHER-LUMEFANTRINE (AL)</th> </tr> <tr> <th rowspan="3">WEIGHT IN KG</th> <th rowspan="3">AGE IN YEARS</th> <th colspan="6">NUMBER OF TABLETS PER DOSE</th> </tr> <tr> <th colspan="2">DAY 1</th> <th colspan="2">DAY 2</th> <th colspan="2">DAY 3</th> </tr> <tr> <th>1st dose</th> <th>8 hours</th> <th>24 hours</th> <th>36 hours</th> <th>48 hours</th> <th>60 hours</th> </tr> </thead> <tbody> <tr> <td>5-14</td> <td>5mos-&lt;3yrs</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>15-24</td> <td>3-7yrs</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>25-34</td> <td>8-11yrs</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> </tr> <tr> <td>35 and above</td> <td>≥12yrs</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> </tr> </tbody> </table> <p>(SKIP TO 130)</p>			DOSING SCHEDULE WITH ARTEMETHER-LUMEFANTRINE (AL)								WEIGHT IN KG	AGE IN YEARS	NUMBER OF TABLETS PER DOSE						DAY 1		DAY 2		DAY 3		1st dose	8 hours	24 hours	36 hours	48 hours	60 hours	5-14	5mos-<3yrs	1	1	1	1	1	1	15-24	3-7yrs	2	2	2	2	2	2	25-34	8-11yrs	3	3	3	3	3	3	35 and above	≥12yrs	4	4	4	4	4	4
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130	GO BACK TO 103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, END INTERVIEW.																																																															

**HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-14 YEARS**

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		CHILD 4	CHILD 5	CHILD 6
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 9.	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____
103	What is (NAME)'s date of birth?	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
104	CHECK 103: CHILD BORN IN 2000-2015?	YES ..... 1 NO ..... 2 (SKIP TO 130) ←	YES ..... 1 NO ..... 2 (SKIP TO 130) ←	YES ..... 1 NO ..... 2 (SKIP TO 130) ←
105	CHECK 103: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS ..... 1 (SKIP TO 130) ← OLDER ..... 2	0-5 MONTHS ..... 1 (SKIP TO 130) ← OLDER ..... 2	0-5 MONTHS ..... 1 (SKIP TO 130) ← OLDER ..... 2
106	NAME OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD	NAME _____	NAME _____	NAME _____
107	CONSENT			
108	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT/OTHER . 3  <input type="text"/> <input type="text"/> <input type="text"/> HEALTH TECH'S NUMBER	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT/OTHER . 3  <input type="text"/> <input type="text"/> <input type="text"/> HEALTH TECH'S NUMBER	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT/OTHER . 3  <input type="text"/> <input type="text"/> <input type="text"/> HEALTH TECH'S NUMBER
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111	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			

		CHILD 4	CHILD 5	CHILD 6																																																																																	
		NAME _____	NAME _____	NAME _____																																																																																	
112	PLACE BAR CODE LABEL FOR MALARIA LAB TEST.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">           PUT THE 1ST BAR CODE LABEL HERE.         </div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	<div style="border: 1px dashed black; padding: 5px; text-align: center;">           PUT THE 1ST BAR CODE LABEL HERE.         </div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	<div style="border: 1px dashed black; padding: 5px; text-align: center;">           PUT THE 1ST BAR CODE LABEL HERE.         </div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996																																																																																	
		PUT THE 2ND BAR CODE LABEL ON THE RDT, THE 3RD AND 4TH ON EACH SLIDE, THE 5TH ON THE TRANSMITTAL FORM.	PUT THE 2ND BAR CODE LABEL ON THE RDT, THE 3RD AND 4TH ON EACH SLIDE, THE 5TH ON THE TRANSMITTAL FORM.	PUT THE 2ND BAR CODE LABEL ON THE RDT, THE 3RD AND 4TH ON EACH SLIDE, THE 5TH ON THE TRANSMITTAL FORM.																																																																																	
113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANAEMIA AND MALARIA BROCHURE.	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/>																																																																																	
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114	CIRCLE THE CODE FOR THE MALARIA RDT.	TESTED ..... 1 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6 (SKIP TO 116) ←	TESTED ..... 1 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6 (SKIP TO 116) ←	TESTED ..... 1 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6 (SKIP TO 116) ←																																																																																	
115	CIRCLE THE RESULT OF THE MALARIA RDT HERE AND IN THE ANAEMIA AND MALARIA BROCHURE.	POSITIVE ..... 1 (SKIP TO 118) ← NEGATIVE ..... 2 OTHER ..... 6	POSITIVE ..... 1 (SKIP TO 118) ← NEGATIVE ..... 2 OTHER ..... 6	POSITIVE ..... 1 (SKIP TO 118) ← NEGATIVE ..... 2 OTHER ..... 6																																																																																	
116	CHECK 113: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANAEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6 (SKIP TO 130) ←	BELOW 8.0 G/DL, SEVERE ANAEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6 (SKIP TO 130) ←	BELOW 8.0 G/DL, SEVERE ANAEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6 (SKIP TO 130) ←																																																																																	
117	SEVERE ANAEMIA REFERRAL RECORD THE RESULT OF THE ANAEMIA TEST ON THE REFERRAL FORM.	The anaemia test shows that (NAME OF CHILD) has severe anaemia. Your child is very ill and must be taken to a health facility immediately.  (SKIP TO 130)																																																																																			
118	Does (NAME) suffer from any of the following illnesses or symptoms:	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>EXTREME WEAKNESS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HEART PROBLEMS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>LOSS OF CONSCIOUSNESS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RAPID BREATHING ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SEIZURES ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLEEDING ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>JAUNDICE ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DARK URINE ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	EXTREME WEAKNESS ...	1	2	HEART PROBLEMS ...	1	2	LOSS OF CONSCIOUSNESS ...	1	2	RAPID BREATHING ...	1	2	SEIZURES ...	1	2	BLEEDING ...	1	2	JAUNDICE ...	1	2	DARK URINE ...	1	2	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>EXTREME WEAKNESS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HEART PROBLEMS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>LOSS OF CONSCIOUSNESS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RAPID BREATHING ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SEIZURES ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLEEDING ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>JAUNDICE ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DARK URINE ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	EXTREME WEAKNESS ...	1	2	HEART PROBLEMS ...	1	2	LOSS OF CONSCIOUSNESS ...	1	2	RAPID BREATHING ...	1	2	SEIZURES ...	1	2	BLEEDING ...	1	2	JAUNDICE ...	1	2	DARK URINE ...	1	2	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>EXTREME WEAKNESS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HEART PROBLEMS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>LOSS OF CONSCIOUSNESS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RAPID BREATHING ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SEIZURES ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLEEDING ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>JAUNDICE ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DARK URINE ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	EXTREME WEAKNESS ...	1	2	HEART PROBLEMS ...	1	2	LOSS OF CONSCIOUSNESS ...	1	2	RAPID BREATHING ...	1	2	SEIZURES ...	1	2	BLEEDING ...	1	2	JAUNDICE ...	1	2	DARK URINE ...	1	2
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119	CHECK 118: ANY SYMPTOM CIRCLED 'YES'?	ANY SYMPTOM ..... 1 (SKIP TO 122) ← NO SYMPTOM ..... 2	ANY SYMPTOM ..... 1 (SKIP TO 122) ← NO SYMPTOM ..... 2	ANY SYMPTOM ..... 1 (SKIP TO 122) ← NO SYMPTOM ..... 2																																																																																	
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121	In the past two weeks has (NAME) taken or is taking ACTs given by a doctor or health center to treat the malaria?  VERIFY BY ASKING TO SEE TREATMENT	YES ..... 1 (SKIP TO 123) ←  NO ..... 2 (SKIP TO 124) ←	YES ..... 1 (SKIP TO 123) ←  NO ..... 2 (SKIP TO 124) ←	YES ..... 1 (SKIP TO 123) ←  NO ..... 2 (SKIP TO 124) ←																																																												
122	<b>SEVERE MALARIA REFERRAL</b>  RECORD THE RESULT OF THE MALARIA RDT ON THE REFERRAL FORM.	The malaria test shows that (NAME OF CHILD) has malaria. Your child also has symptoms of severe malaria. The malaria treatment I have will not help your child, and I cannot give you the medication. Your child is very ill and must be taken to a health facility right away.  (SKIP TO 128)																																																														
123	<b>ALREADY TAKING ACTs REFERRAL STATEMENT</b>	You have told me that (NAME OF CHILD) had already received ACTs for malaria. Therefore, I cannot give you additional ACTs. However, the test shows that he/she has malaria. You should take the child to the nearest health facility for further examination.  (SKIP TO 130)																																																														
124	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER	The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called ACT. ACTs are very effective and in a few days it should get rid of the fever and other symptoms. You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.																																																														
125	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE 1 _____ (SIGN) ← REFUSED ..... 2 OTHER ..... 6	ACCEPTED MEDICINE 1 _____ (SIGN) ← REFUSED ..... 2 OTHER ..... 6	ACCEPTED MEDICINE 1 _____ (SIGN) ← REFUSED ..... 2 OTHER ..... 6																																																												
126	CHECK 125:  MEDICATION ACCEPTANCE OR REFUSAL	ACCEPTED MEDICINE 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 130) ←	ACCEPTED MEDICINE 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 130) ←	ACCEPTED MEDICINE 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 130) ←																																																												
127	READ INFORMATION FOR MALARIA TREATMENT TO PARENT/OTHER ADULT.	<p>TELL THE PARENT/OTHER ADULT: If your child has a fever for two days after the last dose of ACTs, you should take the child to the nearest health facility for further examination. If [NAME] has a high fever, fast or difficult breathing, is not able to drink or breastfeed, gets sicker or does not get better in two days, you should take him/her to a health professional for treatment right away.</p> <p>IF CHILD WEIGHS LESS THAN 5 KGS., DO NOT LEAVE DRUGS. TELL PARENT TO TAKE CHILD TO HEALTH FACILITY.</p> <p>First day starts by taking first dose followed by the second dose 8 hours later. On subsequent days, the recommendation is simply "morning" and "evening" (around 12 hours apart). Take the medicine (crushed for small children) with high fat foods or drinks like milk.</p> <p>Make sure the full 3 days treatment is taken at the recommended times, otherwise the infection may return.</p> <p>If your child vomits within an hour of taking the medicine, you will need to get additional tablets and repeat the dose.</p> <table border="1"> <thead> <tr> <th colspan="8">DOSING SCHEDULE WITH ARTEMETHER-LUMEFANTRINE (AL)</th> </tr> <tr> <th rowspan="3">WEIGHT IN KG</th> <th rowspan="3">AGE IN YEARS</th> <th colspan="6">NUMBER OF TABLETS PER DOSE</th> </tr> <tr> <th colspan="2">DAY 1</th> <th colspan="2">DAY 2</th> <th colspan="2">DAY 3</th> </tr> <tr> <th>1st dose</th> <th>8 hours</th> <th>24 hours</th> <th>36 hours</th> <th>48 hours</th> <th>60 hours</th> </tr> </thead> <tbody> <tr> <td>5-14</td> <td>5mos-&lt;3yrs</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>15-24</td> <td>3-7yrs</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>25-34</td> <td>8-11yrs</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> </tr> <tr> <td>35 and above</td> <td>≥12yrs</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> </tr> </tbody> </table> <p>(SKIP TO 130)</p>			DOSING SCHEDULE WITH ARTEMETHER-LUMEFANTRINE (AL)								WEIGHT IN KG	AGE IN YEARS	NUMBER OF TABLETS PER DOSE						DAY 1		DAY 2		DAY 3		1st dose	8 hours	24 hours	36 hours	48 hours	60 hours	5-14	5mos-<3yrs	1	1	1	1	1	1	15-24	3-7yrs	2	2	2	2	2	2	25-34	8-11yrs	3	3	3	3	3	3	35 and above	≥12yrs	4	4	4	4	4	4
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130	GO BACK TO 103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, END INTERVIEW.																																																															

HEALTH TECHNICIAN'S OBSERVATIONS  
TO BE FILLED IN AFTER COMPLETING BIOMARKERS

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SUPERVISOR'S OBSERVATIONS

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