

2012 MALAWI MALARIA INDICATOR SURVEY
BIOMARKER QUESTIONNAIRE

IDENTIFICATION									
PLACE NAME _____	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>								
DISTRICT _____									
CLUSTER NUMBER									
HOUSEHOLD NUMBER									
NAME OF HOUSEHOLD HEAD _____									
HEALTH TECHNICIAN _____									




HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5

		CHILD 1	CHILD 2	CHILD 3
201	CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
202	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	LINE NUMBER <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> NAME _____	LINE NUMBER <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> NAME _____	LINE NUMBER <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> MONTH <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> YEAR <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>	DAY <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> MONTH <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> YEAR <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>	DAY <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> MONTH <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> YEAR <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>
204	CHECK 203: CHILD BORN IN JANUARY 2006 OR LATER?	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW)
205	CHECK 203: WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	YES 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) NO 2	YES 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) NO 2	YES 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) NO 2
206	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>	LINE NUMBER <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>	LINE NUMBER <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>
207	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking children all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>We ask that all children born in 2006 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?</p>		

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5

208	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT..... 5 OTHER 6	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT..... 5 OTHER 6	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT..... 5 OTHER 6
209	ASK CONSENT FOR MALARIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.	As part of this survey, we are asking that children all over the country take a test to see if they have malaria . Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will help the government to develop programs to prevent malaria. We ask that all children born in 2006 or later take part in malaria testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. (We will use blood from the same finger prick made for the anemia test). One blood drop will be tested for malaria immediately, and the result will be told to you right away. A few blood drops will be collected on a slide and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the malaria testing?		
210	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT..... 5 OTHER 6	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT..... 5 OTHER 6	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT..... 5 OTHER 6
211	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
212	BAR CODE LABEL	[Dashed box: PUT THE 1ST BAR CODE LABEL HERE.] NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	[Dashed box: PUT THE 1ST BAR CODE LABEL HERE.] NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	[Dashed box: PUT THE 1ST BAR CODE LABEL HERE.] NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.
213	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA AND MALARIA BROCHURE.	G/DL [] [] . [] NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL [] [] . [] NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL [] [] . [] NOT PRESENT 994 REFUSED 995 OTHER 996
214	RECORD RESULT CODE OF THE MALARIA RDT	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 216) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 216) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 216) ←
215	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE ANEMIA AND MALARIA BROCHURE.	POSITIVE 1 (SKIP TO 218) ← NEGATIVE 2 OTHER 6	POSITIVE 1 (SKIP TO 218) ← NEGATIVE 2 OTHER 6	POSITIVE 1 (SKIP TO 218) ← NEGATIVE 2 OTHER 6
216	CHECK 213: HEMOGLOBIN RESULT	< 8.0 G/DL, SEVERE ANEMIA [] OTHER [] SKIP TO 229	< 8.0 G/DL, SEVERE ANEMIA [] OTHER [] SKIP TO 229	< 8.0 G/DL, SEVERE ANEMIA [] OTHER [] SKIP TO 229
217	SEVERE ANEMIA REFERRAL STATEMENT	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately. SKIP TO 229		

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5

218	<p>Does (NAME) suffer from the any of following illnesses or symptoms:</p> <p>Extreme weakness (Prostration)? Heart problems?</p> <p>Loss of consciousness?</p> <p>Rapid or difficult breathing? Seizures?</p> <p>Abnormal bleeding? Jaundice (Yellow Skin)? Dark urine (brown)?</p>	<p>EXTREME WEAKNESS A</p> <p>HEART PROBLEMS B</p> <p>LOSS OF CONSCIOUSNESS C</p> <p>RAPID BREATHING D</p> <p>SEIZURES E</p> <p>BLEEDING F</p> <p>JAUNDICE G</p> <p>DARK URINE H</p> <p>(SKIP TO 222) ←</p> <p>NO SYMPTOMS Y</p>	<p>EXTREME WEAKNESS A</p> <p>HEART PROBLEMS B</p> <p>LOSS OF CONSCIOUSNESS C</p> <p>RAPID BREATHING D</p> <p>SEIZURES E</p> <p>BLEEDING F</p> <p>JAUNDICE G</p> <p>DARK URINE H</p> <p>NO SYMPTOMS Y</p>	<p>EXTREME WEAKNESS A</p> <p>HEART PROBLEMS B</p> <p>LOSS OF CONSCIOUSNESS C</p> <p>RAPID BREATHING D</p> <p>SEIZURES E</p> <p>BLEEDING F</p> <p>JAUNDICE G</p> <p>DARK URINE H</p> <p>NO SYMPTOMS Y</p>
220	<p>CHECK 213:</p> <p>HEMOGLOBIN RESULT</p>	<p>< 8.0 G/DL, OTHER</p> <p>SEVERE ANEMIA</p>  <p>(SKIP TO 222)</p>	<p>< 8.0 G/DL, OTHER</p> <p>SEVERE ANEMIA</p>  <p>(SKIP TO 222)</p>	<p>< 8.0 G/DL, OTHER</p> <p>SEVERE ANEMIA</p>  <p>(SKIP TO 222)</p>
221	<p>In the past two weeks has (NAME) taken or is taking [FIRST LINE MEDICATION] given by a doctor or health center to treat the malaria?</p> <p>VERIFY BY ASKING TO SEE TREATMENT</p>	<p>YES 1</p> <p>(SKIP TO 223) ←</p> <p>NO 2</p> <p>(SKIP TO 224) ←</p>	<p>YES 1</p> <p>(SKIP TO 223) ←</p> <p>NO 2</p> <p>(SKIP TO 224) ←</p>	<p>YES 1</p> <p>(SKIP TO 223) ←</p> <p>NO 2</p> <p>(SKIP TO 224) ←</p>
222	<p>SEVERE MALARIA REFERRAL STATEMENT</p>	<p>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.</p> <p>SKIP TO 229</p>		
223	<p>ALREADY TAKING [FIRST LINE MEDICATION] REFERRAL STATEMENT</p>	<p>You have told me that (NAME OF CHILD) has already received medication for malaria. Therefore, I cannot give you additional medication. However, the test shows that he/she is positive for malaria. If your child has a fever for two days after the last dose of medication, you should take the child to the nearest health facility for further examination.</p> <p>SKIP TO 229</p>		
224	<p>READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD</p>	<p>The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called LA. LA is 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.</p>		
225	<p>CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.</p>	<p>ACCEPTED MEDICINE 1</p> <p>(SIGN) ←</p> <p>REFUSED 2</p> <p>OTHER 6</p> <p>(SKIP TO 228) ←</p>	<p>ACCEPTED MEDICINE 1</p> <p>(SIGN) ←</p> <p>REFUSED 2</p> <p>OTHER 6</p> <p>(SKIP TO 228) ←</p>	<p>ACCEPTED MEDICINE 1</p> <p>(SIGN) ←</p> <p>REFUSED 2</p> <p>OTHER 6</p> <p>(SKIP TO 228) ←</p>
227	<p>TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS</p>	<p>[INSERT DOSAGE INSTRUCTIONS]</p> <p>ALSO TELL THE PARENT/ADULT RESPONSIBLE FOR THE CHILD (10): 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>		
228	<p>RECORD THE RESULT CODE OF MALARIA TREATMENT OR REFERRAL</p>	<p>MEDICATION GIVEN 1</p> <p>MEDS REFUSED ... 2</p> <p>SEVERE MALARIA REFERRAL 3</p> <p>ALREADY TAKING MEDS REFERRAL 4</p> <p>OTHER 6</p>	<p>MEDICATION GIVEN 1</p> <p>MEDS REFUSED ... 2</p> <p>SEVERE MALARIA REFERRAL 3</p> <p>ALREADY TAKING MEDS REFERRAL 4</p> <p>OTHER 6</p>	<p>MEDICATION GIVEN 1</p> <p>MEDS REFUSED ... 2</p> <p>SEVERE MALARIA REFERRAL 3</p> <p>ALREADY TAKING MEDS REFERRAL 4</p> <p>OTHER 6</p>
229	<p>GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, END INTERVIEW.</p>			

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5

201	CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	LINE NUMBER <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 2006 OR LATER?	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW)
205	CHECK 203: WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	YES 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) NO 2	YES 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) NO 2	YES 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) NO 2
206	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER <input type="text"/>	LINE NUMBER <input type="text"/>	LINE NUMBER <input type="text"/>
207	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking children all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>We ask that all children born in 2006 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?</p>		
208	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT 5 OTHER 6	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT 5 OTHER 6	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT 5 OTHER 6
209	ASK CONSENT FOR MALARIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking that children all over the country take a test to see if they have malaria. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will help the government to develop programs to prevent malaria.</p> <p>We ask that all children born in 2006 or later take part in malaria testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. (We will use blood from the same finger prick made for the anemia test). One blood drop will be tested for malaria immediately, and the result will be told to you right away. A few blood drops will be collected on a slide and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the malaria testing?</p>		

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5

210	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT 5 OTHER 6	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT 5 OTHER 6	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT 5 OTHER 6
211	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
212	BAR CODE LABEL	[Dashed box: PUT THE 1ST BAR CODE LABEL HERE.] NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	[Dashed box: PUT THE 1ST BAR CODE LABEL HERE.] NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	[Dashed box: PUT THE 1ST BAR CODE LABEL HERE.] NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.
213	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA AND MALARIA BROCHURE.	G/DL [] [] [] NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL [] [] [] NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL [] [] [] NOT PRESENT 994 REFUSED 995 OTHER 996
214	RECORD RESULT CODE OF THE MALARIA RDT	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 216) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 216) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 216) ←
215	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE ANEMIA AND MALARIA BROCHURE.	POSITIVE 1 (SKIP TO 218) ← NEGATIVE 2 OTHER 6	POSITIVE 1 (SKIP TO 218) ← NEGATIVE 2 OTHER 6	POSITIVE 1 (SKIP TO 218) ← NEGATIVE 2 OTHER 6
216	CHECK 213: HEMOGLOBIN RESULT	< 8.0 G/DL, SEVERE ANEMIA [] OTHER [] SKIP TO 229	< 8.0 G/DL, SEVERE ANEMIA [] OTHER [] SKIP TO 229	< 8.0 G/DL, SEVERE ANEMIA [] OTHER [] SKIP TO 229
217	<u>SEVERE ANEMIA REFERRAL STATEMENT</u>	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately. SKIP TO 229		
218	Does (NAME) suffer from the any of following illnesses or symptoms: Extreme weakness (Prostration)? Heart problems? Loss of consciousness? Rapid or difficult breathing? Seizures? Abnormal bleeding? Jaundice (Yellow Skin)? Dark urine (brown)?	EXTREME WEAKNESS A HEART PROBLEMS B LOSS OF CONSCIOUSNESS C RAPID BREATHING D SEIZURES E BLEEDING F JAUNDICE G DARK URINE H (SKIP TO 222) ← NO SYMPTOMS Y	EXTREME WEAKNESS A HEART PROBLEMS B LOSS OF CONSCIOUSNESS C RAPID BREATHING D SEIZURES E BLEEDING F JAUNDICE G DARK URINE H (SKIP TO 222) ← NO SYMPTOMS Y	EXTREME WEAKNESS A HEART PROBLEMS B LOSS OF CONSCIOUSNESS C RAPID BREATHING D SEIZURES E BLEEDING F JAUNDICE G DARK URINE H (SKIP TO 222) ← NO SYMPTOMS Y

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5

220	CHECK 213: HEMOGLOBIN RESULT	< 8.0 G/DL, SEVERE ANEMIA <input type="checkbox"/> (SKIP TO 222)	OTHER <input type="checkbox"/>	< 8.0 G/DL, SEVERE ANEMIA <input type="checkbox"/> (SKIP TO 222)	OTHER <input type="checkbox"/>	< 8.0 G/DL, SEVERE ANEMIA <input type="checkbox"/> (SKIP TO 222)	OTHER <input type="checkbox"/>
221	In the past two weeks has (NAME) taken or is taking [FIRST LINE MEDICATION] given by a doctor or health center to treat the malaria? VERIFY BY ASKING TO SEE TREATMENT	YES 1 (SKIP TO 223) NO 2 (SKIP TO 224)	YES 1 (SKIP TO 223) NO 2 (SKIP TO 224)	YES 1 (SKIP TO 223) NO 2 (SKIP TO 224)	YES 1 (SKIP TO 223) NO 2 (SKIP TO 224)	YES 1 (SKIP TO 223) NO 2 (SKIP TO 224)	YES 1 (SKIP TO 223) NO 2 (SKIP TO 224)
222	SEVERE MALARIA REFERRAL STATEMENT	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 229					
223	ALREADY TAKING [FIRST LINE MEDICATION] REFERRAL STATEMENT	You have told me that (NAME OF CHILD) has already received medication for malaria. Therefore, I cannot give you additional medication. However, the test shows that he/she is positive for malaria. If your child has a fever for two days after the last dose of medication, you should take the child to the nearest health facility for further examination. SKIP TO 229					
224	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD	The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called LA. LA is 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.					
225	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE 1 REFUSED 2 OTHER 6 (SKIP TO 228)	ACCEPTED MEDICINE 1 (SIGN) REFUSED 2 OTHER 6 (SKIP TO 228)	ACCEPTED MEDICINE 1 (SIGN) REFUSED 2 OTHER 6 (SKIP TO 228)	ACCEPTED MEDICINE 1 (SIGN) REFUSED 2 OTHER 6 (SKIP TO 228)	ACCEPTED MEDICINE 1 (SIGN) REFUSED 2 OTHER 6 (SKIP TO 228)	ACCEPTED MEDICINE 1 (SIGN) REFUSED 2 OTHER 6 (SKIP TO 228)
227	TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS	[INSERT DOSAGE INSTRUCTIONS] ALSO TELL THE PARENT/ADULT RESPONSIBLE FOR THE CHILD: 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.					
228	RECORD THE RESULT CODE OF MALARIA TREATMENT OR REFERRAL	MEDICATION GIVEN 1 MEDS REFUSED ... 2 SEVERE MALARIA REFERRAL 3 ALREADY TAKING MEDS REFERRAL 4 OTHER 6	MEDICATION GIVEN 1 MEDS REFUSED ... 2 SEVERE MALARIA REFERRAL 3 ALREADY TAKING MEDS REFERRAL 4 OTHER 6	MEDICATION GIVEN 1 MEDS REFUSED ... 2 SEVERE MALARIA REFERRAL 3 ALREADY TAKING MEDS REFERRAL 4 OTHER 6	MEDICATION GIVEN 1 MEDS REFUSED ... 2 SEVERE MALARIA REFERRAL 3 ALREADY TAKING MEDS REFERRAL 4 OTHER 6	MEDICATION GIVEN 1 MEDS REFUSED ... 2 SEVERE MALARIA REFERRAL 3 ALREADY TAKING MEDS REFERRAL 4 OTHER 6	MEDICATION GIVEN 1 MEDS REFUSED ... 2 SEVERE MALARIA REFERRAL 3 ALREADY TAKING MEDS REFERRAL 4 OTHER 6
229	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, END INTERVIEW.						

TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS

The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called Artemether-Lumefantrine or LA. LA is 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.

Dosage schedule for Artemether-Lumefantrine-(A-20mg tablets/L-120mg)

Body weight in kg (age in years)	Number of AL tablets at approximate timing of dosing					
	DAY 1		DAY 2		DAY 3	
	Start	After 8	AM	PM	AM	PM
Less than 5 kg	0	0	0	0	0	0
5-14 kg (under 3)	1	1	1	1	1	1
15-24 kg (3 to under 5)	2	2	2	2	2	2

ALSO TELL THE PARENT/ADULT RESPONSIBLE FOR THE CHILD:

If (NAME) has a fever for [TWO DAYS] after completing the last dose of LA, you should take him/her to a health professional for treatment right away.
