2012 MALAWI MALARIA INDICATOR SURVEY BIOMARKER QUESTIONNAIRE

		IDENTIFICATION					
PLAC	PLACE NAME						
DIST	RICT						
CLUS	TER NUMBER						
HOU	SEHOLD NUMBER						
NAMI	OF HOUSEHOLD HEAD						
HEAL	TH TECHNICIAN						
	HEMOGLOBI	N MEASUREMENT AND MALARI.	A TESTING FOR CHILDREN AGE (<u>)-5</u>			
201	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 1	CHILD 2	CHILD 3			
202	LINE NUMBER FROM COLUMN 9	LINE NUMBER	LINE NUMBER	LINE NUMBER			
	NAME FROM COLUMN 2	NAME	NAME	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?	MONTH	MONTH	MONTH			
204	CHECK 203: CHILD BORN IN JANUARY 2006 OR LATER?	YES	YES	YES			
205	CHECK 203: WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	YES	YES	YES			
206	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER	LINE NUMBER	LINE NUMBER			
207	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.	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. 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. 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. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide.					

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5 GRANTED 1 CIRCLE THE APPROPRIATE GRANTED 1 GRANTED 1 CODE AND SIGN YOUR NAME. (SIGN) (SIGN) (SIGN) REFUSED 2 REFUSED 2 REFUSED 2 NOT PRESENT...... 5 NOT PRESEN1..... 5 NOT PRESENT..... 5 OTHER 6 OTHER 6 OTHER 6 ASK CONSENT FOR MALARIA As part of this survey, we are asking that children all over the country take a test to see if they have TEST FROM PARENT/OTHER malaria. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey ADULT IDENTIFIED IN 206 AS will help the government to develop programs to prevent malaria. RESPONSIBLE FOR CHILD. 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? CIRCLE THE APPROPRIATE 210 GRANTED 1 GRANTED 1 GRANTED CODE AND SIGN YOUR NAME. (SIGN) (SIGN) (SIGN) REFUSED 2 REFUSED 2 REFUSED 2 NOT PRESENT..... 5 NOT PRESENT..... 5 NOT PRESEN1..... 5 OTHER 6 OTHER 6 OTHER 6 PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S) BAR CODE LABEL PUT THE 1ST BAR CODE PUT THE 1ST BAR CODE PUT THE 1ST BAR CODE LABEL HERE. LABEL HERE. LABEL HERE. NOT PRESENT 99994 NOT PRESENT 99994 NOT PRESENT 99994 REFUSED 99995 REFUSED 99995 REFUSED 99995 OTHER 99996 OTHER 99996 OTHER 99996 PUT THE 2ND BAR CODE PUT THE 2ND BAR CODE PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND LABEL ON THE SLIDE AND LABEL ON THE SLIDE AND THE 3RD ON THE THE 3RD ON THE THE 3RD ON THE TRANSMITTAL FORM. TRANSMITTAL FORM TRANSMITTAL FORM. RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA AND MALARIA BROCHURE. NOT PRESENT994 NOT PRESENT994 NOT PRESENT994 REFUSED 995 OTHER996 TESTED 1 TESTED TESTED 1 214 RECORD RESULT CODE OF NOT PRESENT 2-NOT PRESENT 2-NOT PRESENT 2-THE MALARIA RDT REFUSED 3-REFUSED 3-REFUSED 3-OTHER 6_ OTHER 6-OTHER 6-(SKIP TO 216) (SKIP TO 216) (SKIP TO 216) 215 RECORD THE RESULT OF THE POSITIVE POSITIVE..... POSITIVE..... 1 (SKIP TO 218) 🖊 (SKIP TO 218) 🖊 MALARIA RDT HERE AND IN THE (SKIP TO 218) ← NEGATIVE 2 NEGATIVE 2 NEGATIVE 2 ANEMIA AND MALARIA BROCHURE. OTHER 6 OTHER 6 OTHER 6 216 CHECK 213 < 8.0 G/DL. OTHER < 8.0 G/DL. OTHER < 8.0 G/DL. OTHER SEVERE SEVERE SEVERE HEMOGLOBIN RESULT **ANEMIA** ANEMIA **ANEMIA** SKIP TO 229 SKIP TO 229 SKIP TO 229 217 SEVERE ANEMIA REFERRAL The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be STATEMENT taken to a health facility immediately. SKIP TO 229

	<u>HEMOGLOBII</u>	N MEASUREMENT AND MALARI	A TESTING FOR CHILDREN AGE (<u>)-5</u>		
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 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		
220	CHECK 213: HEMOGLOBIN RESULT	< 8.0 G/DL, OTHER SEVERE ANEMIA (SKIP TO 222)	< 8.0 G/DL, OTHER SEVERE ANEMIA (SKIP TO 222)	< 8.0 G/DL, OTHER SEVERE ANEMIA (SKIP TO 222)		
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	YES	YES		
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	Therefore, I cannot give you add positive for malaria. If your child	F CHILD) has already received med titional medication. However, the test has a fever for two days after the las child to the nearest health facility for	shows that he/she is t dose of		
224	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD	called LA. LA is very effective an	child has malaria. We can give you d in a few days it should get rid of th medicine. This is up to you. Please t	e fever and other symptoms. You		
225	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE 1 (SIGN) REFUSED	ACCEPTED MEDICINE 1 (SIGN) REFUSED	ACCEPTED MEDICINE 1 (SIGN) REFUSED		
227	TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS	ALSO TELL THE PARENT/ADU fast or difficult breathing, is not al	[INSERT DOSAGE INSTRUCTIONS LT RESPONSIBLE FOR THE CHILL ble to drink or breastfeed, gets sicke a health professional for treatment of	O (10): If [NAME] has a high fever, r or does not get better in two		
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		
229	GO BACK TO 203 IN NEXT COLUMN CHILDREN, END INTERVIEW.	I OF THIS QUESTIONNAIRE OR I	N THE FIRST COLUMN OF THE N	EXT PAGE; IF NO MORE		

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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	LINE NUMBER	LINE NUMBER				
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?	MONTH	MONTH	MONTH				
204	CHECK 203: CHILD BORN IN JANUARY 2006 OR LATER?	YES	2 NO					
205	CHECK 203: WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	YES	YES	YES				
206	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER	LINE NUMBER	LINE NUMBER				
207	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.	As part of this survey, we are asking children all over the country to take an <u>anemia</u> 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. 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. 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. 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?						
208	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 (SIGN) 2 NOT PRESENT 5 OTHER 6	GRANTED 1 (SIGN) REFUSED 2 NOT PRESENT 5 OTHER 6	GRANTED				
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?						

	HEMOGLOBI	N MEASUREMENT AND MALARIA	A TESTING FOR CHILDREN AGE 0	<u>-5</u>	
210	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1	GRANTED 1	GRANTED 1	
		(SIGN) REFUSED 2	(SIGN) REFUSED 2	(SIGN) REFUSED 2	
		NOT PRESENT 5	NOT PRESENT 5	NOT PRESENT 5	
		OTHER 6	OTHER 6	OTHER 6	
211	PREPARE EQUIPMENT AND SUPPL THE TEST(S).	IES ONLY FOR THE TEST(S) FOR	R WHICH CONSENT HAS BEEN OF	BTAINED AND PROCEED WITH	
212	BAR CODE LABEL				
		PUT THE 1ST BAR CODE LABEL HERE.	PUT THE 1ST BAR CODE LABEL HERE.	PUT THE 1ST BAR CODE LABEL HERE.	
		NOT PRESENT 99994 REFUSED 99995 OTHER 99996	NOT PRESENT 99994 REFUSED 99995 OTHER 99996	NOT PRESENT 99994 REFUSED 99995 OTHER 99996	
		PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	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 .	G/DL .	G/DL .	
	WALARIA BROCHURE.	NOT PRESENT 994 REFUSED 995 OTHER 996	NOT PRESENT	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) ↓ J NEGATIVE 2 OTHER 6	POSITIVE	POSITIVE	
216	CHECK 213:	< 8.0 G/DL, OTHER	< 8.0 G/DL, OTHER	< 8.0 G/DL, OTHER	
	HEMOGLOBIN RESULT	SEVERE ANEMIA	SEVERE ANEMIA	SEVERE ANEMIA	
		SKIP TO 229	SKIP TO 229	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	Г		
218	Does (NAME) suffer from the any of following illnesses or symptoms:				
	Extreme weakness (Prostration)?	WEAKNESS A ¬	EXTREME WEAKNESS A ¬	EXTREME WEAKNESS A ¬	
	Heart problems?	HEART PROBLEMS B	HEART PROBLEMS B	HEART PROBLEMS B	
	Loss of consciousness?	LOSS OF CONSCIOUSNESS C	LOSS OF CONSCIOUSNESS C	LOSS OF CONSCIOUSNESS C	
	Rapid or difficult breathing?	RAPID BREATHING D	RAPID BREATHING D -	RAPID BREATHING D	
	Seizures?	SEIZURES E	SEIZURES E	SEIZURES E	
	Abnormal bleeding? Jaundice (Yellow Skin)?	BLEEDING F JAUNDICE G	BLEEDING F JAUNDICE G _	BLEEDING F JAUNDICE G	
	Dark urine (brown)?	DARK URINE H (SKIP TO 222)	DARK URINE H (SKIP TO 222) ◀	DARK URINE H (SKIP TO 222)	
		NO SYMPTOMS Y	NO SYMPTOMS Y	NO SYMPTOMS Y	

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5 CHECK 213: < 8.0 G/DL, OTHER < 8.0 G/DL, OTHER < 8.0 G/DL, OTHER SEVERE SEVERE SEVERE HEMOGLOBIN RESULT A<u>NE</u>MIA ANEMIA A<u>NEM</u>IA (SKIP TO 222) (SKIP TO 222) (SKIP TO 222) 221 YES YES YES 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? (SKIP TO 223) (SKIP TO 223) (SKIP TO 223) NO NO NO VERIFY BY ASKING TO SEE TREATMENT (SKIP TO 224) (SKIP TO 224) (SKIP TO 224) SEVERE MALARIA REFERRAL The malaria test shows that (NAME OF CHILD) has malaria. Your child also has symptoms of severe STATEMENT 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 You have told me that (NAME OF CHILD) has already received medication for malaria. ALREADY TAKING [FIRST LINE MEDICATION] Therefore, I cannot give you additional medication. However, the test shows that he/she is **REFERRAL** STATEMENT 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 The malaria test shows that your child has malaria. We can give you free medicine. The medicine is MALARIA TREATMENT AND called LA. LA is very effective and in a few days it should get rid of the fever and other symptoms. You CONSENT STATEMENT TO do not have to give the child the medicine. This is up to you. Please tell me whether you accept the PARENT OR OTHER ADULT medicine or not. RESPONSIBLE FOR THE CHILD CIRCLE THE APPROPRIATE 225 ACCEPTED MEDICINE ACCEPTED MEDICINE ACCEPTED MEDICINE CODE AND SIGN YOUR NAME. (SIGN) (SIGN) (SIGN) REFUSED 27 REFUSED 2 7 REFUSED 2 7 OTHER 6-OTHER 6 -OTHER 6-(SKIP TO 228) 🛧 (SKIP TO 228) 🛧 (SKIP TO 228) 🛧 TREATMENT FOR CHILDREN [INSERT DOSAGE INSTRUCTIONS] WITH POSITIVE MALARIA TESTS 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. MEDICATION GIVEN MEDICATION GIVEN MEDICATION GIVEN 228 RECORD THE RESULT CODE OF MEDS REFUSED MEDS REFUSED ... 2 MEDS REFUSED ... 2 MALARIA TREATMENT OR ... 2 SEVERE MALARIA SEVERE MALARIA SEVERE MALARIA REFERRAL REFERRAL ... REFERRAL ... REFERRAL ... 3 ALREADY TAKING MEDS ALREADY TAKING MEDS ALREADY TAKING MEDS REFERRAL 4 REFERRAL 4 REFERRAL 4 OTHER GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE: IF NO MORE 229 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 Arthemether-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.

Body weight in kg (age in	Number of AL tablets at approximate timing of dosing					
years)	DAY 1 DAY 2		Y 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.