## 2014 MALAWI MALARIA INDICATOR SURVEY BIOMARKER QUESTIONNAIRE

		IDENTIFICATION				
PLAC	PLACE NAME					
DISTR	.					
CLUSTER NUMBER						
HOUSEHOLD NUMBER						
NAME	OF HOUSEHOLD HEAD			.		
HEAL.	TH TECHNICIAN			_		
	HEMOGLOBIN I	MEASUREMENT AND MALARIA	A TESTING FOR CHILDREN AGE	<u>E 0-5</u>		
201	CHECK COLUMN 9 IN HOUSEHOL YEARS IN QUESTION 202. IF MOI					
		CHILD 1	CHILD 2	CHILD 3		
202	LINE NUMBER FROM COLUMN 9	NUMBER	LINE NUMBER	LINE NUMBER		
-22	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?	DAY	DAY  MONTH  YEAR	MONTH		
204	CHECK 203: CHILD BORN IN JANUARY 2008 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.	Anemia is a serious health pro disease. This survey will assist anemia.  We ask that all children born ir a few drops of blood from a fin completely safe. It has never be the blood will be tested for an result will be kept strictly conficur survey team.  Do you have any questions? You can say yes to the test, or	asking children all over the country oblem that usually results from poor it the government to develop program 2008 or later take part in anemia ager or heel. The equipment used been used before and will be thrownemia immediately, and the result idential and will not be shared with a ryou can say no. It is up to you to LD) to participate in the anemia te	or nutrition, infection, or chronic grams to prevent and treat a testing in this survey and give to take the blood is clean and wn away after each test.  will be told to you right away. The n anyone other than members of the decide.		

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5 208 CIRCLE THE APPROPRIATE GRANTED ..... 1 GRANTED ..... 1 GRANTED ..... 1 CODE AND SIGN YOUR NAME. (SIGN) (SIGN) (SIGN) REFUSED ..... 2 REFUSED ..... 2 REFUSED ..... 2 NOT PRESEN..... 5 NOT PRESEN..... 5 NOT PRESEN..... 5 OTHER ..... 6 OTHER ..... 6 OTHER ..... 6 209 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 malaria. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. TEST FROM PARENT/OTHER This survey will help the government to develop programs to prevent malaria. ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD. We ask that all children born in 2008 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? GRANTED ..... 1 GRANTED ..... 1 210 CIRCLE THE APPROPRIATE GRANTED ..... 1 CODE AND SIGN YOUR NAME. (SIGN) (SIGN) (SIGN) REFUSED ..... 2 REFUSED ..... 2 REFUSED ..... 2 NOT PRESEN..... 5 NOT PRESEN..... 5 NOT PRESEN..... 5 OTHER ..... 6 OTHER ..... 6 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 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. 213 RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA G/DI G/DI G/DI AND MALARIA BROCHURE. NOT PRESENT .... 994 NOT PRESENT .... 994 NOT PRESENT .... 994 REFUSED ......995 REFUSED ......995 REFUSED ......995 OTHER .....996 OTHER .....996 OTHER .....996 RECORD RESULT CODE OF TESTED ..... 1 TESTED . . . . . . . . . 1 TESTED . . . . . . . . . 1 214 NOT PRESENT ..... 27 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 POSITIVI...... 1 RECORD THE RESULT OF THE (SKIP TO 218) 🚚 (SKIP TO 218) ← (SKIP TO 218) 🚚 MAI ARIA RDT HERE AND IN NEGATIVE ..... 2 THE ANEMIA AND MALARIA NEGATIVE ..... 2 NEGATIVE ..... 2 BROCHURE. OTHER ..... 6 OTHER ..... 6 OTHER ..... 6 CHECK 213 BELOW 8.0 G/DL, BELOW 8.0 G/DL, BELOW 8.0 G/DL, 216 SEVERE ANEMIA 1 SEVERE ANEMIA 1 SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 HEMOGLOBIN RESULT 8.0 G/DL OR ABOVE 2 -8.0 G/DL OR ABOVE 2 T NOT PRESENT ..... 4 -NOT PRESENT ..... 4 -NOT PRESENT ..... 4 -REFUSED ..... 5 -REFUSED ..... 5 REFUSED ..... 5 -OTHER ..... 6 -OTHER ..... 6 7 OTHER ..... 6 -(SKIP TO 229) (SKIP TO 229) ◆ (SKIP TO 229)

## HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5

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		
218	Does (NAME) suffer from 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 PROBLEM B LOSS OF CONSCIOUSNESS C RAPID BREATHIN D SEIZURES E BLEEDING F JAUNDICE G DARK URINE H	EXTREME WEAKNESS A HEART PROBLEM B LOSS OF CONSCIOUSNESS C RAPID BREATHINI D SEIZURES E BLEEDING F JAUNDICE G DARK URINE H	EXTREME WEAKNESS A HEART PROBLEM B LOSS OF CONSCIOUSNESS C RAPID BREATHIN: D SEIZURES E BLEEDING F JAUNDICE G DARK URINE H
219	CHECK 218  ANY CODE CIRCLED?	NO CODE CIRCLE 1 ANY CODE CIRCLEC 2 (SKIP TO 222)	NO CODE CIRCLE 1 ANY CODE CIRCLEE 2 (SKIP TO 222)	NO CODE CIRCLE 1 ANY CODE CIRCLED 2 (SKIP TO 222)
220	CHECK 213  HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 222) 8.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6	BELOW 8.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 222) 8.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6	BELOW 8.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 222) 8.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6
221	In the past two weeks has (NAME) taken or is taking LA 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	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	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 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.		
225	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE 1  (SIGN)  REFUSED	ACCEPTED MEDICINE 1  (SIGN)  REFUSED	ACCEPTED MEDICINE 1  (SIGN)  REFUSED
226	RECORD THE RESULT CODE OF MALARIA TREATMENT OR REFERRAL	MEDICATION GIVEN 1 MEDS REFUSE[ 2 SEVERE MALARIA REFERRAL 3 ALREADY TAKING MEDS REFERRAL 4 OTHER 6	MEDICATION GIVEN 1 MEDS REFUSEI 2 SEVERE MALARIA REFERRAL 3 ALREADY TAKING MEDS REFERRAL 4 OTHER 6	MEDICATION GIVEN 1 MEDS REFUSEI 2 SEVERE MALARIA REFERRAL 3 ALREADY TAKING MEDS REFERRAL 4 OTHER 6
227	GO BACK TO 203 IN NEXT COLUI CHILDREN, END INTERVIEW.	MN OF THIS QUESTIONNAIRE	OR IN THE FIRST COLUMN OF	THE NEXT PAGE; IF NO MORE

		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 9	NAME	LINE NUMBEF	LINE NUMBEF
203	IF MOTHER INTERVIEWED, COPMONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY	DAY	DAY MONTH YEAR
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
206	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE N NUMBEF	LINE NUMBEF	LINE NUMBEF
207	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.	Anemia is a serious health prodisease. This survey will assis anemia.  We ask that all children born i give a few drops of blood from and completely safe. It has not the blood will be tested for an The result will be kept strictly members of our survey team.  Do you have any questions? You can say yes to the test, o	asking children all over the count oblem that usually results from post the government to develop progen 2006 or later take part in anem a finger or heel. The equipment ever been used before and will be demia immediately, and the result confidential and will not be shared by the con	oor nutrition, infection, or chronic grams to prevent and treat is testing in this survey and used to take the blood is clean thrown away after each test. It will be told to you right away. It with anyone other than to decide.
208	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED	GRANTED	GRANTED
209	ASK CONSENT FOR MALARIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.	have malaria. Malaria is a ser This survey will help the gover We ask that all children born i give a few drops of blood from and completely safe. It has no (We will use blood from the sa- be tested for malaria immedia drops will be collected on a sli results of the laboratory testin Do you have any questions? You can say yes to the test, o	asking that children all over the crious illness caused by a parasite rement to develop programs to prove a finger or heel. The equipment ever been used before and will be tame finger prick made for the ane tely, and the result will be told to de and taken to a laboratory for the g. All results will be kept strictly or you can say no. It is up to you to LD) to participate in the malaria to	transmitted by a mosquito bite. event malaria.  ia testing in this survey and used to take the blood is clean thrown away after each test. emia test). One blood drop will you right away. A few blood esting. You will not be told the onfidential and will not be

210	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED	GRANTED	GRANTED
		OTHER 6	OTHER 6	OTHER 6
211	PREPARE EQUIPMENT AND SUF PROCEED WITH THE TEST(S).	PPLIES ONLY FOR THE TEST(	S) FOR WHICH CONSENT HAS	BEEN OBTAINED AND
212	BAR CODE LABEL	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.	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.	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	LEVEL HERE AND IN THE ANEMIA AND MALARIA BROCHURE.	G/DL	G/DL	G/DL
214	RECORD RESULT CODE OF THE MALARIA RDT	TESTED	TESTED	TESTED
215	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE ANEMIA AND MALARIA BROCHURE.	POSITIV	POSITIV	POSITIV
216	CHECK 213 HEMOGLOBIN RESULT	BELOW 8.0 G/DL,	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 229)	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 — NOT PRESENT 4 — REFUSED 5 — OTHER 6 — (SKIP TO 229)
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219	CHECK 218  ANY CODE CIRCLED?	NO CODE CIRCLE 1 ANY CODE CIRCLEI 2 (SKIP TO 222)	NO CODE CIRCLE 1 ANY CODE CIRCLEI 2 (SKIP TO 222)	NO CODE CIRCLE 1 ANY CODE CIRCLED 2 (SKIP TO 222)
220	CHECK 213  HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 222) 4 8.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6	BELOW 8.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 222) 8.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6	BELOW 8.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 222) 8.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6
221	In the past two weeks has (NAME) taken or is taking LA given by a doctor or health center to treat the malaria?  VERIFY BY ASKING TO SEE TREATMENT	YES	YES	YES
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223	ALREADY TAKING [FIRST LINE MEDICATION] REFERRAL STATEMENT	You nave told me that (NAIME 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		
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225	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE 1  (SIGN)  REFUSED	ACCEPTED MEDICINE 1  (SIGN)  REFUSED	ACCEPTED MEDICINE 1  (SIGN)  REFUSED
225		(SIGN) REFUSED 2	(SIGN) REFUSED 2	ACCEPTED MEDICINE 1  (SIGN)  REFUSED 2

## 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.

fou do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.

INSERT DOSING SCHEDULE

**INSERT DOSAGE INSTRUCTIONS** 

## ALSO TELL THE PARENT/ADULT RESPONSIBLE FOR THE CHILD (10):

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.