

2014 MALAWI MALARIA INDICATOR SURVEY  
BIOMARKER QUESTIONNAIRE

IDENTIFICATION																			
PLACE NAME _____	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><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><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><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><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><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><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

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).																																		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"></th> <th style="width: 25%;">CHILD 1</th> <th style="width: 25%;">CHILD 2</th> <th style="width: 25%;">CHILD 3</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">202</td> <td style="padding: 5px;">LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2</td> <td style="padding: 5px;">LINE NUMBER..... <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> NAME _____</td> <td style="padding: 5px;">LINE NUMBER..... <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> NAME _____</td> <td style="padding: 5px;">LINE NUMBER..... <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> NAME _____</td> </tr> <tr> <td style="padding: 5px;">203</td> <td style="padding: 5px;">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?</td> <td style="padding: 5px;">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></td> <td style="padding: 5px;">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></td> <td style="padding: 5px;">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></td> </tr> <tr> <td style="padding: 5px;">204</td> <td style="padding: 5px;">CHECK 203: CHILD BORN IN JANUARY 2008 OR LATER?</td> <td style="padding: 5px;">YES..... 1 NO..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW)</td> <td style="padding: 5px;">YES..... 1 NO..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW)</td> <td style="padding: 5px;">YES..... 1 NO..... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW)</td> </tr> <tr> <td style="padding: 5px;">205</td> <td style="padding: 5px;">CHECK 203: WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?</td> <td style="padding: 5px;">YES..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) NO..... 2</td> <td style="padding: 5px;">YES..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) NO..... 2</td> <td style="padding: 5px;">YES..... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) NO..... 2</td> </tr> <tr> <td style="padding: 5px;">206</td> <td style="padding: 5px;">LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). 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This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>We ask that all children born in 2008 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> </td> </tr> </tbody> </table>		CHILD 1	CHILD 2	CHILD 3	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?	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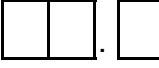
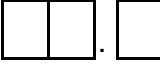
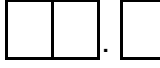
HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5

208	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 _____ ← (SIGN) REFUSED ..... 2 NOT PRESEN..... 5 OTHER ..... 6	GRANTED ..... 1 _____ ← (SIGN) REFUSED ..... 2 NOT PRESEN..... 5 OTHER ..... 6	GRANTED ..... 1 _____ ← (SIGN) REFUSED ..... 2 NOT PRESEN..... 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 <b>malaria</b> . 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 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?		
210	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 _____ ← (SIGN) REFUSED ..... 2 NOT PRESEN..... 5 OTHER ..... 6	GRANTED ..... 1 _____ ← (SIGN) REFUSED ..... 2 NOT PRESEN..... 5 OTHER ..... 6	GRANTED ..... 1 _____ ← (SIGN) REFUSED ..... 2 NOT PRESEN..... 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	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	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.	POSITIVI..... 1 (SKIP TO 218) ← NEGATIVE ..... 2 OTHER ..... 6	POSITIVI..... 1 (SKIP TO 218) ← NEGATIVE ..... 2 OTHER ..... 6	POSITIVI..... 1 (SKIP TO 218) ← NEGATIVE ..... 2 OTHER ..... 6
216	CHECK 213 HEMOGLOBIN RESULT	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) ←	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) ←

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

217	<b><u>SEVERE ANEMIA REFERRAL STATEMENT</u></b>	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 BREATHING . . . D SEIZURES . . . . . E BLEEDING . . . . . F JAUNDICE . . . . . G DARK URINE . . . . . H	EXTREME WEAKNESS A HEART PROBLEM . . . B LOSS OF CONSCIOUSNESS C RAPID BREATHING . . . D SEIZURES . . . . . E BLEEDING . . . . . F JAUNDICE . . . . . G DARK URINE . . . . . H	EXTREME WEAKNESS A HEART PROBLEM . . . B LOSS OF CONSCIOUSNESS C RAPID BREATHING . . . D SEIZURES . . . . . E BLEEDING . . . . . F JAUNDICE . . . . . G DARK URINE . . . . . H
219	CHECK 218  ANY CODE CIRCLED?	NO CODE CIRCLE . . . 1 ANY CODE CIRCLED 2 (SKIP TO 222) ↙	NO CODE CIRCLE . . . 1 ANY CODE CIRCLED 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 . . . . . 1 (SKIP TO 222) ↙  NO . . . . . 2 (SKIP TO 224) ↙	YES . . . . . 1 (SKIP TO 222) ↙  NO . . . . . 2 (SKIP TO 224) ↙	YES . . . . . 1 (SKIP TO 222) ↙  NO . . . . . 2 (SKIP TO 224) ↙
222	<b><u>SEVERE MALARIA REFERRAL STATEMENT</u></b>	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	<b><u>ALREADY TAKING [FIRST LINE MEDICATION] REFERRAL STATEMENT</u></b>	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	<b><u>STATEMENT ON MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD</u></b>	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 . . . . . 2 OTHER . . . . . 6	ACCEPTED MEDICINE 1  _____ ↙ (SIGN) REFUSED . . . . . 2 OTHER . . . . . 6	ACCEPTED MEDICINE 1  _____ ↙ (SIGN) REFUSED . . . . . 2 OTHER . . . . . 6
226	RECORD THE RESULT CODE OF <b><u>MALARIA TREATMENT OR REFERRAL</u></b>	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
227	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.			

		CHILD 4	CHILD 5	CHILD 6
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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"/> <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"/>
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"/> <input type="text"/>	LINE NUMBER . . . . . <input type="text"/> <input type="text"/>	LINE NUMBER . . . . . <input type="text"/> <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 <b>anemia</b> 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. 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 PRESEN . . . . . 5 OTHER . . . . . 6	GRANTED . . . . . 1 _____ ← (SIGN) REFUSED . . . . . 2 NOT PRESEN . . . . . 5 OTHER . . . . . 6	GRANTED . . . . . 1 _____ ← (SIGN) REFUSED . . . . . 2 NOT PRESEN . . . . . 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 <b>malaria</b>. 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</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>		

210	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED ..... 1  (SIGN) REFUSED ..... 2 NOT PRESEN..... 5 OTHER ..... 6	GRANTED ..... 1  (SIGN) REFUSED ..... 2 NOT PRESEN..... 5 OTHER ..... 6	GRANTED ..... 1  (SIGN) REFUSED ..... 2 NOT PRESEN..... 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	<div style="border: 2px 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 SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 2px 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 SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 2px 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 SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.
213	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.	POSITIV ..... 1 (SKIP TO 218) ← NEGATIVE ..... 2 OTHER ..... 6	POSITIV ..... 1 (SKIP TO 218) ← NEGATIVE ..... 2 OTHER ..... 6	POSITIV ..... 1 (SKIP TO 218) ← NEGATIVE ..... 2 OTHER ..... 6
216	CHECK 213 HEMOGLOBIN RESULT	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) ←	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) ←
217	<b><u>SEVERE ANEMIA REFERRAL STATEMENT</u></b>	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 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 BREATHIN ... 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 CIRCLED 2 (SKIP TO 222) ↙	NO CODE CIRCLE . . . 1 ANY CODE CIRCLED 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 . . . . . 1 (SKIP TO 222) ↙ NO . . . . . 2 (SKIP TO 222) ↙	YES . . . . . 1 (SKIP TO 222) ↙ NO . . . . . 2 (SKIP TO 222) ↙	YES . . . . . 1 (SKIP TO 222) ↙ NO . . . . . 2 (SKIP TO 222) ↙
222	<b><u>SEVERE MALARIA REFERRAL STATEMENT</u></b>	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	<b><u>ALREADY TAKING [FIRST LINE MEDICATION] REFERRAL STATEMENT</u></b>	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	<b><u>READ AND SIGNATURE ON MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD</u></b>	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.		
225	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
226	RECORD THE RESULT CODE OF <b><u>MALARIA TREATMENT OR REFERRAL</u></b>	MEDICATION GIVEN 1 MEDS REFUSE . . . . . 2 SEVERE MALARIA REFERRAL . . . . . 3 ALREADY TAKING MEDS REFERRAL . . . . . 4 OTHER . . . . . 6	MEDICATION GIVEN 1 MEDS REFUSE . . . . . 2 SEVERE MALARIA REFERRAL . . . . . 3 ALREADY TAKING MEDS REFERRAL . . . . . 4 OTHER . . . . . 6	MEDICATION GIVEN 1 MEDS REFUSE . . . . . 2 SEVERE MALARIA REFERRAL . . . . . 3 ALREADY TAKING MEDS REFERRAL . . . . . 4 OTHER . . . . . 6
227	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE IF NO MORE CHILDREN, END INTERVIEW.			

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**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.

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.

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