

2018-19 UGANDA MALARIA INDICATOR SURVEY  
 BIOMARKER QUESTIONNAIRE

Uganda  
 NMCP/UBOS

IDENTIFICATION																				
EA NAME _____																				
NAME OF HOUSEHOLD HEAD _____																				
CLUSTER NUMBER .....				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>																
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	1	2	3	FINAL VISIT																
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; float: right;"><tr><td> </td><td> </td></tr></table>																
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NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"><tr><td> </td></tr></table>																
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HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5

101	<b>INTERVIEWER:</b> USE THE INTERVIEWER'S MENU AND SELECT THE APPROPRIATE OPTION TO LIST ALL CHILDREN AGE 0-5 ELIGIBLE FOR BIOMARKER TESTING. RECORD THE COMPLETE NAME, AGE, AND LINE NUMBER AS THEY APPEAR IN THE REPORT ON YOUR TABLET. LIST EACH CHILD IN THE SAME ORDER SHOWN IN THE REPORT. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). WRITE THE NAME OF EACH ELIGIBLE CHILD ON SUBSEQUENT PAGES.			
		CHILD 1	CHILD 2	CHILD 3
102	INTERVIEWER FOLLOW INSTRUCTIONS IN Q101 - FILL IN LINE NUMBER AND NAME OF EACH CHILD ON ALL PAGES.	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	IF MOTHER INTERVIEWED: INTERVIEWER WILL COPY CHILD'S DATE OF BIRTH FROM BIRTH HISTORY.  IF MOTHER NOT INTERVIEWED: HEALTH TECH WILL ASK: 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 2013 OR LATER?	YES ..... 1 NO ..... 2 (SKIP TO 130) ←	YES ..... 1 NO ..... 2 (SKIP TO 130) ←	YES ..... 1 NO ..... 2 (SKIP TO 130) ←
106	NAME OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD.	_____ NAME	_____ NAME	_____ NAME
107	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT.	<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. We ask that all children born in 2013 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 or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?</p>		
108	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT/OTHER . 3	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT/OTHER . 3	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT/OTHER . 3

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5

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109	ASK CONSENT FOR MALARIA TEST FROM PARENT/OTHER ADULT.	<p>As part of this survey, we are asking children all over the country to 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 assist the government to develop programs to prevent malaria.</p> <p>We ask that all children born in 2013 or later take part in malaria testing in this survey and give a few drops of blood from a finger or heel. 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 slides 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 or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the malaria test?</p>		
110	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED ..... 1 REFUSED ..... 2 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER . 3	GRANTED ..... 1 REFUSED ..... 2 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER . 3	GRANTED ..... 1 REFUSED ..... 2 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER . 3
111	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
112	PLACE BAR CODE LABEL FOR MALARIA LAB TEST.	PUT THE 1ST BAR CODE LABEL HERE.  NOT PRESENT ... 99994 REFUSED ..... 99995 OTHER ..... 99996  PUT THE 2ND BAR CODE LABEL ON THE THICK SMEAR SLIDE, THE 3RD ON THE THIN SMEAR SLIDE, AND THE 4TH 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 THICK SMEAR SLIDE, THE 3RD ON THE THIN SMEAR SLIDE, AND THE 4TH 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 THICK SMEAR SLIDE, THE 3RD ON THE THIN SMEAR SLIDE, AND THE 4TH ON THE TRANSMITTAL FORM.
113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA AND MALARIA PAMPHLET.	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

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114	CIRCLE THE CODE FOR THE MALARIA RDT.	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 116) ←	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 116) ←	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 116) ←																																																																																	
115	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE ANEMIA AND MALARIA PAMPHLET.	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 ANEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 6 (SKIP TO 130) ←	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 6 (SKIP TO 130) ←	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 6 (SKIP TO 130) ←																																																																																	
117	<b><u>SEVERE ANEMIA REFERRAL</u></b> RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL FORM.	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 130)																																																																																			
118	Does (NAME) suffer from any of the following illnesses or symptoms:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>a) EXTREME WEAKNESS</td><td>1</td><td>2</td></tr> <tr><td>b) HEART PROBLEMS</td><td>1</td><td>2</td></tr> <tr><td>c) LOSS OF CONSCIOUS.</td><td>1</td><td>2</td></tr> <tr><td>d) RAPID BREATHING</td><td>1</td><td>2</td></tr> <tr><td>e) SEIZURES</td><td>1</td><td>2</td></tr> <tr><td>f) BLEEDING</td><td>1</td><td>2</td></tr> <tr><td>g) JAUNDICE</td><td>1</td><td>2</td></tr> <tr><td>h) DARK URINE</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	a) EXTREME WEAKNESS	1	2	b) HEART PROBLEMS	1	2	c) LOSS OF CONSCIOUS.	1	2	d) RAPID BREATHING	1	2	e) SEIZURES	1	2	f) BLEEDING	1	2	g) JAUNDICE	1	2	h) DARK URINE	1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>a) EXTREME WEAKNESS</td><td>1</td><td>2</td></tr> <tr><td>b) HEART PROBLEMS</td><td>1</td><td>2</td></tr> <tr><td>c) LOSS OF CONSCIOUS.</td><td>1</td><td>2</td></tr> <tr><td>d) RAPID BREATHING</td><td>1</td><td>2</td></tr> <tr><td>e) SEIZURES</td><td>1</td><td>2</td></tr> <tr><td>f) BLEEDING</td><td>1</td><td>2</td></tr> <tr><td>g) JAUNDICE</td><td>1</td><td>2</td></tr> <tr><td>h) DARK URINE</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	a) EXTREME WEAKNESS	1	2	b) HEART PROBLEMS	1	2	c) LOSS OF CONSCIOUS.	1	2	d) RAPID BREATHING	1	2	e) SEIZURES	1	2	f) BLEEDING	1	2	g) JAUNDICE	1	2	h) DARK URINE	1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>a) EXTREME WEAKNESS</td><td>1</td><td>2</td></tr> <tr><td>b) HEART PROBLEMS</td><td>1</td><td>2</td></tr> <tr><td>c) LOSS OF CONSCIOUS.</td><td>1</td><td>2</td></tr> <tr><td>d) RAPID BREATHING</td><td>1</td><td>2</td></tr> <tr><td>e) SEIZURES</td><td>1</td><td>2</td></tr> <tr><td>f) BLEEDING</td><td>1</td><td>2</td></tr> <tr><td>g) JAUNDICE</td><td>1</td><td>2</td></tr> <tr><td>h) DARK URINE</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	a) EXTREME WEAKNESS	1	2	b) HEART PROBLEMS	1	2	c) LOSS OF CONSCIOUS.	1	2	d) RAPID BREATHING	1	2	e) SEIZURES	1	2	f) BLEEDING	1	2	g) JAUNDICE	1	2	h) DARK URINE	1	2
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119	CHECK 118: ANY 'YES' CIRCLED?	NO <input type="checkbox"/> YES <input type="checkbox"/> (SKIP TO 122) ←	NO <input type="checkbox"/> YES <input type="checkbox"/> (SKIP TO 122) ←	NO <input type="checkbox"/> YES <input type="checkbox"/> (SKIP TO 122) ←																																																																																	
120	CHECK 113: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 122) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 6	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 122) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 6	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 122) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 6																																																																																	

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121	In the past two weeks has (NAME) taken or is taking Coartem/ACT 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 123A) ←	YES ..... 1 (SKIP TO 123) ←  NO ..... 2 (SKIP TO 123A) ←	YES ..... 1 (SKIP TO 123) ←  NO ..... 2 (SKIP TO 123A) ←
122	<b><u>SEVERE MALARIA REFERRAL</u></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	ALREADY TAKING COARTEM/ACT REFERRAL STATEMENT	You have told me that (NAME OF CHILD) had already received Coartem/ACT for malaria. Therefore, I cannot give you additional Coartem/ACT. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of Coartem/ACT, you should take the child to the nearest health facility for further examination.  (SKIP TO 130)		
123A	CHECK 103: IS CHILD AGE 0-3 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR THREE PREVIOUS MONTHS?	0-3 MONTHS ..... 1  OLDER ..... 2 (SKIP TO 124) ←	0-3 MONTHS ..... 1  OLDER ..... 2 (SKIP TO 124) ←	0-3 MONTHS ..... 1  OLDER ..... 2 (SKIP TO 124) ←
123B	<b><u>UNDER 4 MONTHS MALARIA REFERRAL</u></b>  RECORD THE RESULT OF THE MALARIA RDT ON THE REFERRAL FORM.	The malaria test shows that (NAME OF CHILD) has malaria. Your child is also younger than 4 months old and therefore requires special treatment from a health facility. Your child is ill and must be taken to a health facility right away.  (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 LUMARTEM/ACT. LUMARTEM/ACT 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.		
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 ACCEPTED	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) ←

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

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	INTERVIEWER FOLLOW INSTRUCTIONS IN Q101 - FILL IN LINE NUMBER AND NAME OF EACH CHILD ON ALL PAGES.	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 _____

127	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	TREATMENT WITH LUMARTEM/ACT										
		<table border="1"> <thead> <tr> <th align="left">Weight (in Kg) – Approximate age</th> <th align="left">Dosage *</th> </tr> </thead> <tbody> <tr> <td>Under 4 months</td> <td>Refer to health facility</td> </tr> <tr> <td>5 kgs. to 14 kgs. (from 4 months up to 3 years)</td> <td>1 tablet twice daily for 3 days</td> </tr> <tr> <td>15 kgs. to 24 kgs. (from 3 years up to 7 years)</td> <td>2 tablets twice daily for 3 days</td> </tr> <tr> <td colspan="2">* Co-formulated tablets containing 20 mg Artemether and 120 mg Lumefantrine per tablet</td> </tr> </tbody> </table> <p>First day starts by taking first dose followed by the second one 8 hours later; on subsequent days the recommendation is simply "morning" and "evening" (usually around 12 hours apart). Take the medicine (crushed for smaller children) with high fat food or drinks like milk.</p> <p>Make sure that the FULL 3 days treatment is taken at the recommended times, otherwise the infection may return. If your child vomits within an hour of taking the medicine, you will need to get additional tablets and repeat the dose.</p> <p>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.</p> <p>(SKIP TO 130)</p>			Weight (in Kg) – Approximate age	Dosage *	Under 4 months	Refer to health facility	5 kgs. to 14 kgs. (from 4 months up to 3 years)	1 tablet twice daily for 3 days	15 kgs. to 24 kgs. (from 3 years up to 7 years)	2 tablets twice daily for 3 days
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128	CHECK 113: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA/ ..... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT..... 3 REFUSED ..... 4 OTHER ..... 6 (SKIP TO 130) ←	BELOW 8.0 G/DL, SEVERE ANEMIA/ ..... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT..... 3 REFUSED ..... 4 OTHER ..... 6 (SKIP TO 130) ←	BELOW 8.0 G/DL, SEVERE ANEMIA/ ..... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT..... 3 REFUSED ..... 4 OTHER ..... 6 (SKIP TO 130) ←								
129	<b><u>SEVERE ANEMIA REFERRAL</u></b>  RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL FORM.	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.										
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.											



