

Section 7 Fever in last two weeks

(Ask questions directly to the person who had fever during the last two weeks. If the person is not available, or if the patient is a child younger than 12 years, ask a responsible adult informant from the same family)

Name		ID CODE <input style="width: 50px;" type="text"/>	
Age	Years..... Months.....	Sex.....	Pregnant Y.....1 N.....2
Household Number			
Usual resident of this village?	Yes.....1 No.....2		

7.1	Did you have fever in the last two weeks?	Yes.....1 No2	
7.2	What symptoms other than fever do you have / did you have during this illness? Yes.....1 No2 Don't Know-98	- chills	
		- cough	
		- running nose	
		- sore throat	
		- breathlessness	
		- ear ache	
		- ear discharge	
		- burning urination	
		- frequent urination	
		- skin rash	
		- skin boils	
		- abscess	
		- pain in lower abdomen	
		- foul vaginal discharge	
- diarrhea			
- dysentery			
- painful joints			
- Other (list)			

Timeline for testing and treatment in cases of fever in the last two weeks

Question number <small>(Please refer to hints in next page)</small>	Days	20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	No action	Codes
7.3	7.4	Fever																				X	S, E
7.5	7.6	Time																					M,N,A,E,O
7.7		Contact																				X	C
7.8		Time																					M,N,A,E,O
7.9	7.10	RDT																				X	T, R
7.11	7.12	Slide																				X	T, R
7.13	7.14	Trtm.																				X	S, E

Ask the following questions and mark the answers in the table above as instructed:

	Questions	Instructions
7.3	When did you first get fever? How many days ago?	Mark "S" in "Fever" row in appropriate column.
7.4	Can you tell me the time of day when you developed fever?	Mark appropriate code: M-morning (6 AM-10 AM), N-noon (10 AM-12 PM), A-afternoon (12PM-5PM), E-evening (5PM-10PM), O-night (10PM-6AM)
7.5	When did the fever end?	Mark "E" in "Fever" row in appropriate column
7.6	Can you tell me the time of day when your fever subsided?	Mark appropriate code: M-morning (6 AM-10 AM), N-noon (10 AM-12 PM), A-afternoon (12PM-5PM), E-evening (5PM-10PM), O-night (10PM-6AM)
7.7	When did you first contact a health worker / AWW / ASHA / doctor / hospital for this illness?	Mark "C" in "Contact" row, in the appropriate column. If never contacted any such care provider until today, circle "X" in "No action" column
7.8	Can you tell me the time of day when you contacted a health worker / AWW / ASHA / doctor / hospital?	Mark appropriate code: M-morning (6 AM-10 AM), N-noon (10 AM-12 PM), A-afternoon (12PM-5PM), E-evening (5PM-10PM), O-night (10PM-6AM)
	Was your blood tested during this illness?	Yes No--- circle "X" in row "RDT" and "Slide" in "No action" column, and skip to 13
	Which test was done? [show test strip and slide]	If RDT not done, circle "X" in "No action" column in "RDT" row. If slide not done, circle "X" in "No action" column in "slide" row
	If RDT was done, ask –	
7.9	When was RDT done?	Mark "T" in row "RDT" in the appropriate column
7.10	When were you told the result of RDT?	Mark "R" in row "RDT" in appropriate column. If result was not told, circle "X" in row "RDT" in the "No action" column"
	If slide was taken, ask –	
7.11	When was the slide taken?	Mark "T" in row "Slide" in the appropriate column
7.12	When were you told the result of the slide?	Mark "R" in row "slide" in appropriate column. If result was not told, circle "RX" in row "Slide" in the "Today" column"
	Whether treatment was given	
	If no treatment for malaria was given, circle "X" in "No action" column, in "Trtm" row	
7.13	If treatment for malaria was given, ask – When did the treatment start?	Mark "S" in row "Trtm" in the appropriate column
7.14	When did the treatment end?	Mark "E" in "Fever" row in appropriate column

[At the end, examine the table to see if the marked sequence makes sense. Else, check and correct]

7.15	Who did you contact first?	ASHA.....1 AWW.....2 ANM.....3 Male MPW.....4 Allopathic doctor.....5 AYUSH doctor.....6 Quack.....7 Traditional healer.....8	
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		Other (Specify).....	
7.16	Why did you contact this provider first?	PROXIMITY.....1 CHEAP.....2 GOOD ATTITUDE.....3 HAVE FAITH.....4 GOOD DRUGS.....5 OTHER (SPECIFY).....	
7.17	Did you contact anybody else afterwards?	YES.....1 NO.....2 →	Skip-7.19
7.18	Who did you contact?	ASHA.....1 AWW.....2 ANM.....3 Male MPW.....4 Allopathic doctor.....5 AYUSH doctor.....6 Quack.....7 Traditional healer.....8 Other (Specify).....	
7.19	Where was your blood test done? [If multiple tests were done, and this included a test done in the village, mark only that]	Not done 0 → Health Sub-center 1 Govt hospital / PHC 2 Private hospital / laboratory 3 In the village 4	Skip-7.21
7.20	Who conducted the test?	ASHA.....1 AWW.....2 ANM.....3 Male MPW.....4 Quack-----5 Other (Specify).....	
7.21	Which anti-malarials were given?	Not given.....0 Do not know.....1 ACT.....2 CQ.....3 Other(Specify).....	
7.22	Who gave you these medicines?	Govt. hospital / PHC1 Private hospital / laboratory.....2 ASHA.....3 AWW.....4 ANM.....5 Male MPW.....6 Other(Specify).....	
7.23	Did you consume all the tablets given to you?	Yes, consumed all tablets.....1→ No, consumed some tablets.....2 No, did not consume any tablet.....3	Skip-7.25
7.24	Why did you not consume all the tablets?	TOO MANY TABLETS.....1 TABLETS NOT EFFECTIVE.....2 TOO BUSY.....3 SYMPTOMS SUBSIDED WITHIN A DAY/TWO.....4 OTHERS (SPECIFY).....5	

7.25	Were you admitted to a hospital for treatment of this illness?	Yes.....1 No.....2	
7.26	In all, how much money did you spend on this illness?	For medicines <input data-bbox="1149 180 1214 212" type="text"/> For doctor's fees / hospital bill <input data-bbox="1149 212 1214 243" type="text"/> For transportation <input data-bbox="1149 243 1214 275" type="text"/> Other <input data-bbox="1149 275 1214 306" type="text"/> Total <input data-bbox="1149 306 1214 338" type="text"/>	
7.27	How many days did you needed to miss work or school because of this illness?	No of days <input data-bbox="911 369 1013 422" type="text"/>	