

TANZANIA MALARIA INDICATOR SURVEY
 MODEL BIOMARKER QUESTIONNAIRE

UNITED REPUBLIC OF TANZANIA
 NATIONAL BUREAU OF STATISTICS

IDENTIFICATION					
REGION			<input type="text"/>	<input type="text"/>
DISTRICIT			<input type="text"/>	<input type="text"/>
WARD			<input type="text"/>	<input type="text"/>
NAME OF HOUSEHOLD HEAD _____					
CLUSTER NUMBER			<input type="text"/>	<input type="text"/>
HOUSEHOLD NUMBER			<input type="text"/>	<input type="text"/>
FIELDWORKER VISITS					
	1	2	3	FINAL VISIT	
DATE	_____	_____	_____	DAY	<input type="text"/>
FIELDWORKER'S NAME	_____	_____	_____	MONTH	<input type="text"/>
				YEAR	<input type="text"/>
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS	<input type="text"/>
TIME	_____	_____			
NOTES: _____ _____ _____ _____				TOTAL ELIGIBLE CHILDREN	<input type="text"/>
LANGUAGE OF QUESTIONNAIRE**	<input type="text" value="0"/> <input type="text" value="1"/>	LANGUAGE OF INTERVIEW**	<input type="text"/> <input type="text"/>	NATIVE LANGUAGE OF RESPONDENT**	<input type="text"/>
LANGUAGE OF QUESTIONNAIRE**	ENGLISH		**LANGUAGE CODES: 01 ENGLISH 02 KISWAHILI		
SUPERVISOR					
NAME	<input type="text"/>	<input type="text"/>			
	NUMBER				

Note: Brackets [] indicate items that should be adapted on a country-specific basis.

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5

101	CHECK COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 9.	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: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED 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 (2)	CHECK 103: CHILD BORN IN 2012-2017?	YES 1 NO 2 (SKIP TO 130) ←	YES 1 NO 2 (SKIP TO 130) ←	YES 1 NO 2 (SKIP TO 130) ←
105	CHECK 103: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS 1 (SKIP TO 130) ← OLDER 2	0-5 MONTHS 1 (SKIP TO 130) ← OLDER 2	0-5 MONTHS 1 (SKIP TO 130) ← OLDER 2
106	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF HOUSEHOLD SCHEDULE.	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)
107 (2)	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 2012 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

		CHILD 1	CHILD 2	CHILD 3
	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 9.	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 _____
109 (2)	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 2012 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. 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"/> <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"/> <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"/> <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).			
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 REFUSED995 OTHER996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED995 OTHER996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED995 OTHER996
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

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5

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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	SEVERE ANEMIA REFERRAL 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 (4)	Does (NAME) suffer from any of the following illnesses or symptoms:	<table border="0"> <tr><td></td><td>YES</td><td>NO</td></tr> <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> </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"> <tr><td></td><td>YES</td><td>NO</td></tr> <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> </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"> <tr><td></td><td>YES</td><td>NO</td></tr> <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> </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																																																																																	
121 (5)	In the past two weeks has (NAME) taken or is taking Alu/Coartem 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 124) ←	YES 1 (SKIP TO 123) ← NO 2 (SKIP TO 124) ←	YES 1 (SKIP TO 123) ← NO 2 (SKIP TO 124) ←																																																																																	

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5

		CHILD 1	CHILD 2	CHILD 3						
	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 9.	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 _____						
122	SEVERE MALARIA REFERRAL 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 (5)	ALREADY TAKING [FIRST LINE MEDICATION] REFERRAL STATEMENT	You have told me that (NAME OF CHILD) had already received [FIRST LINE OF MEDICATION] for malaria. Therefore, I cannot give you additional [FIRST LINE OF MEDICATION]. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of [FIRST LINE MEDICATION], you should take the child to the nearest health facility for further examination. (SKIP TO 130)								
124 (2)	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 [FIRST LINE OF MEDICATION]. [FIRST LINE OF MEDICATION] 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) ←						
127 (5)	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	<table border="1"> <thead> <tr> <th>Weight (in Kg) – Approximate Age</th> <th>Dosage *</th> </tr> </thead> <tbody> <tr> <td>5 to less than 15 – under 3 years of age</td> <td>1 tablet ALu twice daily for 3 days</td> </tr> <tr> <td>15 to less than 25 – 3 to 8 years of age</td> <td>2 tablets ALu twice daily for 3 days</td> </tr> </tbody> </table> <p>ALSO TELL THE PARENT/OTHER ADULT: 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). Put the tablet in a little water, mix water and tablet well, and give to the child with fatty food or drinks like milk or breast milk. Make sure that the FULL 3 days (SKIP TO 130)</p>			Weight (in Kg) – Approximate Age	Dosage *	5 to less than 15 – under 3 years of age	1 tablet ALu twice daily for 3 days	15 to less than 25 – 3 to 8 years of age	2 tablets ALu 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	SEVERE ANEMIA REFERRAL 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.									

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5

101	CHECK COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 9.	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 _____
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104 (2)	CHECK 103: CHILD BORN IN 2012-2017?	YES 1 NO 2 (SKIP TO 130) ←	YES 1 NO 2 (SKIP TO 130) ←	YES 1 NO 2 (SKIP TO 130) ←
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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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HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5

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117	<u>SEVERE ANEMIA REFERRAL</u> 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 (4)	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) ←																																																																																	
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121 (5)	In the past two weeks has (NAME) taken or is taking Alu/Coartem 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 124) ←	YES 1 (SKIP TO 123) ← NO 2 (SKIP TO 124) ←	YES 1 (SKIP TO 123) ← NO 2 (SKIP TO 124) ←																																																																																	

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5

		CHILD 1	CHILD 2	CHILD 3
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122	<u>SEVERE MALARIA REFERRAL</u> 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)		
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123 (5)	ALREADY TAKING [FIRST LINE MEDICATION] REFERRAL STATEMENT	You have told me that (NAME OF CHILD) had already received [FIRST LINE OF MEDICATION] for malaria. Therefore, I cannot give you additional [FIRST LINE OF MEDICATION]. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of [FIRST LINE MEDICATION], you should take the child to the nearest health facility for further examination. (SKIP TO 130)		
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124 (2)	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 [FIRST LINE OF MEDICATION]. [FIRST LINE OF MEDICATION] 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.		
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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
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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) ←
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127 (5)	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	Weight (in Kg) – Approximate Age		Dosage *
		5 to less than 15 – under 3 years of age		1 tablet ALu twice daily for 3 days
		15 to less than 25 – 3 to 8 years of age		2 tablets ALu twice daily for 3 days
ALSO TELL THE PARENT/OTHER ADULT: 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). Put the tablet in a little water, mix water and tablet well, and give to the child with fatty food or drinks like milk or breast milk. Make sure that the FULL 3 days (SKIP TO 130)				

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) ←
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129	<u>SEVERE ANEMIA REFERRAL</u> 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.		
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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.			
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BIOMARKER: FOOTNOTES

- (1) This section should be adapted for country-specific survey design.
- (2) Year of fieldwork is assumed to be 2017. For fieldwork beginning in 2018, all references to calendar years should be increased by one; for example, 2012 should be changed to 2013, 2013 should be changed to 2014, and similarly for all years throughout the questionnaire.
- (3) This question should be deleted in surveys that do not collect blood smears.
- (4) This is a list of generic symptoms indicative of severe malaria. Symptoms should be revised according to the country's national malaria treatment guidelines.
- (5) The referral statement should be revised to reflect the country's national malaria treatment guidelines in reference to antimalarial treatment failure.

