

MALARIA INDICATOR SURVEY
 MODEL BIOMARKER QUESTIONNAIRE

[NAME OF COUNTRY]
 [NAME OF ORGANIZATION]

IDENTIFICATION (1)																
PLACE 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>												
HOUSEHOLD NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>												
[FIELDWORKER] VISITS																
	1	2	3	FINAL VISIT												
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> </table>												
[FIELDWORKER'S] NAME	_____	_____	_____	MONTH <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> </table>												
				YEAR <table border="1" style="width: 60px; height: 20px; float: right;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>												
NEXT VISIT: DATE TIME	_____ _____	_____ _____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td></tr> </table>												
NOTES: _____ _____ _____ _____				TOTAL ELIGIBLE CHILDREN <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> </table>												
LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="width: 20px; height: 20px;">0</table> <table border="1" style="width: 20px; height: 20px;">1</table>	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 20px; height: 20px;"> </table> <table border="1" style="width: 20px; height: 20px;"> </table>	NATIVE LANGUAGE OF RESPONDENT**	<table border="1" style="width: 20px; height: 20px;"> </table> <table border="1" style="width: 20px; height: 20px;"> </table>	TRANSLATOR (YES = 1, NO = 2)	<table border="1" style="width: 20px; height: 20px;"> </table>									
LANGUAGE OF QUESTIONNAIRE**	ENGLISH		**LANGUAGE CODES:													
			01 ENGLISH	03 LANGUAGE 3	05 LANGUAGE 5											
			02 LANGUAGE 2	04 LANGUAGE 4	06 LANGUAGE 6											
TEAM	TEAM SUPERVISOR		CAPI SUPERVISOR (2)													
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Note: Brackets [] indicate items that should be adapted on a country-specific basis.

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 6 MONTHS TO 4 YEARS

101	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN AGE 0-5 YEARS IN QUESTION 102 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).	
	CHILD 1	SKIP
102	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____ LINE NUMBER <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
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 style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> MONTH <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> YEAR <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
104	IF MOTHER INTERVIEWED: COPY CHILD'S AGE FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED ASK: How old was (NAME) at (NAME)'s last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input style="width:30px; height:20px;" type="text"/>
105	CHECK 104: CHILD AGE 0-4 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 129
106	CHECK 103: IS THE CHILD AGE 0-5 MONTHS OLDER <input type="checkbox"/> AGE 0-5 MONTHS <input type="checkbox"/>	→ 129
107	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD.	NAME _____ LINE NUMBER <input style="width:20px; height:20px; border: 1px dashed black;" type="text"/>
108	ASK CONSENT FOR MALARIA AND ANEMIA TESTS FROM PARENT/RESPONSIBLE ADULT: As part of this survey, we are asking children all over the country to take a test to see if they have malaria and a test to see if they have anemia. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. Anemia is a serious health problem that usually results from poor nutrition, malaria and other infections, or chronic disease. This survey will assist the government to develop programs to prevent and treat malaria and anemia. We ask that all children age 6 months through 4 years take part in malaria and anemia testing. The tests require 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 malaria and anemia immediately, and the results will be told to you right away. [A few blood drops will be collected on slide(s) 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 or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the malaria and anemia tests?	
109	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
110	SIGN NAME AND ENTER [FIELDWORKER] NUMBER.	_____ (SIGN) <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> [FIELDWORKER] NUMBER

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	CHILD 1	SKIP																												
111	IF CONSENT GRANTED, PREPARE EQUIPMENT AND SUPPLIES FOR THE TESTS AND PROCEED WITH THE TESTS.																													
112 (3)	PLACE 1ST BAR CODE LABEL FOR MALARIA LAB TEST IN SPACE TO THE RIGHT. PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996																												
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																												
114	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE ANEMIA AND MALARIA PAMPHLET.	POSITIVE 1 NEGATIVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6	→ 126 → 128 → 126																											
115	Does (NAME) suffer from any of the following illnesses or symptoms: a) Extreme weakness? b) Heart problems? c) Loss of consciousness? d) Rapid or difficult breathing? e) Seizures? f) Abnormal bleeding? g) Jaundice or yellow skin? h) Dark urine?	<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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117 (4)	CHECK 113: HEMOGLOBIN RESULT	BELOW [8.0 G/DL], SEVERE ANEMIA 1 [8.0 G/DL] OR ABOVE 2 OTHER 6	→ 119																											
118	<p><u>SEVERE MALARIA REFERRAL</u></p> <p>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.</p> <p>RECORD THE RESULT OF THE MALARIA RDT ON THE REFERRAL FORM.</p>		→ 126																											
119	In the past 2 weeks has (NAME) taken or is (NAME) taking [FIRST LINE MEDICATION] given by a doctor or health center to treat the malaria? VERIFY BY ASKING TO SEE TREATMENT.	YES 1 NO 2	→ 121																											
120	<p><u>ALREADY TAKING [FIRST LINE MEDICATION] REFERRAL STATEMENT</u></p> <p>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 2 days after the last dose of [FIRST LINE MEDICATION], you should take the child to the nearest health facility for further examination.</p>		→ 128																											

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 6 MONTHS TO 4 YEARS

CHILD 1		SKIP
121	<p>ASK CONSENT FOR MALARIA TREATMENT FROM PARENT/RESPONSIBLE ADULT:</p> <p>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.</p>	
122	<p>CIRCLE THE APPROPRIATE CODE.</p>	<p>ACCEPTED MEDICINE 1 REFUSED MEDICINE 2 OTHER 6</p> <p>→ 128</p>
123	<p>SIGN NAME AND ENTER [FIELDWORKER] NUMBER.</p>	<p>_____</p> <p>(SIGN)</p> <p>□ □ □ □</p> <p>[FIELDWORKER] NUMBER</p>
124	<p>CHECK 122: ACCEPTED MEDICINE? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>→ 128</p>
125	<p>PROVIDE DOSAGE INSTRUCTIONS TO PARENT/RESPONSIBLE ADULT. [INSERT INSTRUCTIONS HERE:]</p> <p>TELL THE PARENT/RESPONSIBLE ADULT: 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 2 days, you should take him/her to a health professional for treatment right away.</p>	<p>→ 128</p>
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127	<p><u>SEVERE ANEMIA REFERRAL</u></p> <p>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.</p> <p>RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL FORM.</p>	
128	<p>TODAY'S DATE:</p>	<p>DAY □ □</p> <p>MONTH □ □</p> <p>YEAR □ □ □ □</p>
129	<p>IF ANOTHER CHILD, GO TO 102 ON THE NEXT PAGE; IF NO MORE CHILDREN, END INTERVIEW.</p>	

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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"/>
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123	SIGN NAME AND ENTER [FIELDWORKER] NUMBER.	_____ (SIGN) [][][][] [FIELDWORKER] NUMBER	
124	CHECK 122: ACCEPTED MEDICINE?	YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 128
125	PROVIDE DOSAGE INSTRUCTIONS TO PARENT/RESPONSIBLE ADULT. [INSERT INSTRUCTIONS HERE:] TELL THE PARENT/RESPONSIBLE ADULT: 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 2 days, you should take him/her to a health professional for treatment right away.		→ 128
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127	<p><u>SEVERE ANEMIA REFERRAL</u></p> 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. RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL FORM.		
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CHILD 3		SKIP
102	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>
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114	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE ANEMIA AND MALARIA PAMPHLET.	POSITIVE 1 NEGATIVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6																											
115	Does (NAME) suffer from any of the following illnesses or symptoms: a) Extreme weakness? b) Heart problems? c) Loss of consciousness? d) Rapid or difficult breathing? e) Seizures? f) Abnormal bleeding? g) Jaundice or yellow skin? h) Dark urine?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>a) EXTREME WEAKNESS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) HEART PROBLEMS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) LOSS OF CONSCIOUS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) RAPID BREATHING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) SEIZURES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f) BLEEDING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g) JAUNDICE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>h) DARK URINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">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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116	CHECK 115: ANY 'YES' CIRCLED? NO <input type="checkbox"/> YES <input type="checkbox"/>	→ 118																											
117 (4)	CHECK 113: HEMOGLOBIN RESULT	BELOW [8.0 G/DL], SEVERE ANEMIA 1 [8.0 G/DL] OR ABOVE 2 OTHER 6																											
118	<p><u>SEVERE MALARIA REFERRAL</u></p> <p>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.</p> <p>RECORD THE RESULT OF THE MALARIA RDT ON THE REFERRAL FORM.</p>																												
119	In the past 2 weeks has (NAME) taken or is (NAME) taking [FIRST LINE MEDICATION] given by a doctor or health center to treat the malaria? VERIFY BY ASKING TO SEE TREATMENT.	YES 1 NO 2																											
120	<p><u>ALREADY TAKING [FIRST LINE MEDICATION] REFERRAL STATEMENT</u></p> <p>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 2 days after the last dose of [FIRST LINE MEDICATION], you should take the child to the nearest health facility for further examination.</p>																												

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 6 MONTHS TO 4 YEARS

	CHILD 3		SKIP								
121	ASK CONSENT FOR MALARIA TREATMENT FROM PARENT/RESPONSIBLE ADULT: 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.										
122	CIRCLE THE APPROPRIATE CODE.	ACCEPTED MEDICINE 1 REFUSED MEDICINE 2 OTHER 6	→ 128								
123	SIGN NAME AND ENTER [FIELDWORKER] NUMBER.	_____ (SIGN) <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> [FIELDWORKER] NUMBER									
124	CHECK 122: ACCEPTED MEDICINE?	YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 128								
125	PROVIDE DOSAGE INSTRUCTIONS TO PARENT/RESPONSIBLE ADULT. [INSERT INSTRUCTIONS HERE:] TELL THE PARENT/RESPONSIBLE ADULT: 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 2 days, you should take him/her to a health professional for treatment right away.		→ 128								
126 (4)	CHECK 113: HEMOGLOBIN RESULT	BELOW [8.0 G/DL], SEVERE ANEMIA 1 [8.0 G/DL] OR ABOVE 2 OTHER 6	→ 128								
127	<p><u>SEVERE ANEMIA REFERRAL</u></p> 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. RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL FORM.										
128	TODAY'S DATE:	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
129	IF ANOTHER CHILD, GO TO 102 IN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, END INTERVIEW.										

BIOMARKER: FOOTNOTES

- (1) This section should be adapted for country-specific survey design.
- (2) Remove the section for recording the name and ID number of the CAPI supervisor if the survey does not have CAPI supervisors who are separate from the team supervisors.
- (3) If the survey does not include blood smears, delete Q112.
- (4) Cutoff for severe anemia should be adapted to country standard.