

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> <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> <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: 20px; height: 20px; display: inline-table;"></table>								
FIELDWORKER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>								
				YEAR <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>								
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>								
TIME	_____	_____										
NOTES: _____ _____ _____ _____				TOTAL ELIGIBLE CHILDREN <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>								
LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="width: 20px; height: 20px; display: inline-table;"><tr><td>0</td><td>1</td></tr></table>	0	1	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>	NATIVE LANGUAGE OF RESPONDENT**	<table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>	TRANSLATOR (YES = 1, NO = 2)	<table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>			
0	1											
LANGUAGE OF QUESTIONNAIRE**	ENGLISH			**LANGUAGE CODES:								
				01 ENGLISH	03 LANGUAGE 3	05 LANGUAGE 5						
				02 LANGUAGE 2	04 LANGUAGE 4	06 LANGUAGE 6						
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR		KEYED BY						
NAME	<table border="1" style="width: 40px; height: 20px;"></table>	NAME	<table border="1" style="width: 40px; height: 20px;"></table>	NUMBER	<table border="1" style="width: 20px; height: 20px;"></table>	NUMBER	<table border="1" style="width: 20px; height: 20px;"></table>					

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 2010-2015?	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 2010 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 2010 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 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.</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).			
112 (3)	PLACE BAR CODE LABEL FOR MALARIA LAB TEST.	<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.
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
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	<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"> <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 [FIRST LINE MEDICATION] 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	<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)		
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.	[INSERT DOSAGE INSTRUCTIONS] ALSO TELL THE PARENT/OTHER 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 two days, you should take him/her to a health professional for treatment right away. (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) ←
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.		
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 4	CHILD 5	CHILD 6
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 2010-2015?	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 2010 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 4	CHILD 5	CHILD 6
	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 2010 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 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.</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).			
112 (3)	PLACE BAR CODE LABEL FOR MALARIA LAB TEST.	<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 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 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 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD 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
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

		CHILD 4	CHILD 5	CHILD 6																																																																																	
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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 [FIRST LINE MEDICATION] 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 4	CHILD 5	CHILD 6
	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 9.	LINE NUMBER <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> NAME _____	LINE NUMBER <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> NAME _____	LINE NUMBER <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> NAME _____

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)		
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.	[INSERT DOSAGE INSTRUCTIONS] ALSO TELL THE PARENT/OTHER 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 two days, you should take him/her to a health professional for treatment right away. (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) ←
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.		
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.			

BIOMARKER: FOOTNOTES

- (1) This section should be adapted for country-specific survey design.
- (2) Year of fieldwork is assumed to be 2015. For fieldwork beginning in 2016, all references to calendar years should be increased by one; for example, 2010 should be changed to 2011, 2011 should be changed to 2012, 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.