

CONFIDENTIAL

NIGERIA MALARIA INDICATOR SURVEY BIOMARKER QUESTIONNAIRE

NATIONAL MALARIA ELIMINATION PROGRAM
NATIONAL POPULATION COMMISSION
NATIONAL BUREAU OF STATISTICS

National Health Research Ethics Committee
Assigned Number NHREC/01/01/2007-11/05/2015

IDENTIFICATION (INTERVIEWER COMPLETES)																					
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LAB SCIENTIST VISITS (LAB SCIENTIST COMPLETES)																																												
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DATE	_____	_____	_____	DAY <table border="1"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table> MONTH <table border="1"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table> YEAR <table border="1"><tr><td>2</td><td>0</td><td>1</td><td>5</td></tr><tr><td></td><td></td><td></td><td></td></tr></table> FW NO. <table border="1"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table> RESULT* <table border="1"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>																	2	0	1	5																				
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TIME	_____	_____																																										
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				ADDITIONAL INFORMATION (INTERVIEWER COMPLETES) NAME OF HOUSEHOLD INTERVIEWER: _____ NAME OF TEAM SUPERVISOR: _____ TOTAL ELIGIBLE CHILDREN AGE 0-5 YEARS <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																																								
LANGUAGE OF QUESTIONNAIRE** ENGLISH				<table border="1"><tr><td>4</td></tr><tr><td></td></tr></table>	4																																							
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BIOMARKER QUESTIONNAIRE					19 MARCH 2015
HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5 YEARS					
201	CHECK COLUMN 10 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).				
		CHILD 1	CHILD 2	CHILD 3	
202	LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2	LINE NUMBER NAME	LINE NUMBER NAME	LINE NUMBER NAME	
203	What is (NAME)'s birth date?	DAY MONTH YEAR	DAY MONTH YEAR	DAY MONTH YEAR	
204	CHECK 203: CHILD BORN IN JANUARY 2010 OR LATER?	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW)	
205	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, END INTERVIEW) OLDER 2	
206	NAME OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD	NAME	NAME	NAME	
207	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.	<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.</p> <p>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 to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?</p>			
208	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 (SIGN) REFUSED 2 NOT PRESENT 4 OTHER 6	GRANTED 1 (SIGN) REFUSED 2 NOT PRESENT 4 OTHER 6	GRANTED 1 (SIGN) REFUSED 2 NOT PRESENT 4 OTHER 6	
209	ASK CONSENT FOR MALARIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 206 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking that children all over the country 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 help 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. 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. (We will use blood from the same finger or heel prick made for the anemia test). 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 a 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 to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the malaria testing?</p>			
210	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER	GRANTED 1 (SIGN AND ENTER FIELDWORKER NO.) REFUSED 2 NOT PRESENT 4 OTHER 6	GRANTED 1 (SIGN AND ENTER FIELDWORKER NO.) REFUSED 2 NOT PRESENT 4 OTHER 6	GRANTED 1 (SIGN AND ENTER FIELDWORKER NO.) REFUSED 2 NOT PRESENT 4 OTHER 6	

		CHILD 1	CHILD 2	CHILD 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
211	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
212	BAR CODE LABEL FOR MALARIA 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.
213	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA AND MALARIA BROCHURE.	G/DL NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL NOT PRESENT 994 REFUSED 995 OTHER 996
214	RECORD RESULT CODE OF THE MALARIA RDT.	TESTED 1 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 216) ←	TESTED 1 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 216) ←	TESTED 1 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 216) ←
215	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE ANEMIA AND MALARIA BROCHURE.	POSITIVE 1 (SKIP TO 218) ← NEGATIVE 2 OTHER 6	POSITIVE 1 (SKIP TO 218) ← NEGATIVE 2 OTHER 6	POSITIVE 1 (SKIP TO 218) ← NEGATIVE 2 OTHER 6
216	CHECK 213: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 229) ←	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 229) ←	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 229) ←
217	SEVERE ANEMIA REFERRAL STATEMENT	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 229		
218	Does (NAME) suffer from the any of following illnesses or symptoms: Extreme weakness? Heart problems? Loss of consciousness? Rapid or difficult breathing? Seizures? Abnormal bleeding? Jaundice or yellow skin? Dark urine? IF NONE OF THE ABOVE SYMPTOMS, CIRCLE CODE Y	EXTREME WEAKNESS A HEART PROBLEMS ... B LOSS OF CONSCIOUSNESS C RAPID BREATHING ... D SEIZURES E BLEEDING F JAUNDICE G DARK URINE H NONE OF ABOVE SYMPTOMS Y	EXTREME WEAKNESS A HEART PROBLEMS ... B LOSS OF CONSCIOUSNESS C RAPID BREATHING ... D SEIZURES E BLEEDING F JAUNDICE G DARK URINE H NONE OF ABOVE SYMPTOMS Y	EXTREME WEAKNESS A HEART PROBLEMS ... B LOSS OF CONSCIOUSNESS C RAPID BREATHING ... D SEIZURES E BLEEDING F JAUNDICE G DARK URINE H NONE OF ABOVE SYMPTOMS Y
219	CHECK 218: ANY CODE A-H CIRCLED?	ONLY CODE Y CIRCLED 1 ANY CODE A-H CIRCLED 2 (SKIP TO 222) ←	ONLY CODE Y CIRCLED 1 ANY CODE A-H CIRCLED 2 (SKIP TO 222) ←	ONLY CODE Y CIRCLED 1 ANY CODE A-H CIRCLED 2 (SKIP TO 222) ←

		CHILD 1	CHILD 2	CHILD 3															
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220	CHECK 213: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 222) ← 8.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6	BELOW 8.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 222) ← 8.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6	BELOW 8.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 222) ← 8.0 G/DL OR ABOVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6															
221	In the past two weeks has (NAME) taken or is taking [FIRST LINE MEDICATION] (10) given by a doctor or health center to treat the malaria? VERIFY BY ASKING TO SEE TREATMENT.	YES 1 (SKIP TO 223) ← NO 2 (SKIP TO 224) ←	YES 1 (SKIP TO 223) ← NO 2 (SKIP TO 224) ←	YES 1 (SKIP TO 223) ← NO 2 (SKIP TO 224) ←															
222	<u>SEVERE MALARIA REFERRAL STATEMENT</u>	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 227A																	
223	<u>ALREADY TAKING [FIRST LINE MEDICATION] REFERRAL STATEMENT</u>	You have told me that (NAME OF CHILD) has already received ACT for malaria. Therefore, I cannot give you additional ACT. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of ACT, you should take the child to the nearest health facility for further examination. SKIP TO 229																	
224	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT OR OTHER ADULT RESPONSIBLE FOR THE CHILD.	The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called ACT. 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.																	
225	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															
226	CHECK 225: MEDICATION ACCEPTED	ACCEPTED MEDICINE 1 REFUSED 2 OTHER 6 (SKIP TO 227A) ←	ACCEPTED MEDICINE 1 REFUSED 2 OTHER 6 (SKIP TO 227A) ←	ACCEPTED MEDICINE 1 REFUSED 2 OTHER 6 (SKIP TO 227A) ←															
227	TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS	<table border="1"> <thead> <tr> <th colspan="3">TREATMENT WITH ACT</th> </tr> <tr> <th>Weight (in kg)</th> <th>Age</th> <th>Artemether-Lumefantrine</th> </tr> </thead> <tbody> <tr> <td>Less than 5 kgs</td> <td>Nothing</td> <td>Nothing</td> </tr> <tr> <td>5-14 kgs</td> <td>6 months - 3 years</td> <td>1 tablet twice a day for 3 days</td> </tr> <tr> <td>15-25 kgs</td> <td>4 - 8 years</td> <td>2 tablets twice a day for 3 days</td> </tr> </tbody> </table> <p>IF CHILD WEIGHS LESS THAN 5 KGS, DO NOT LEAVE DRUGS. TELL PARENT TO TAKE CHILD TO HEALTH FACILITY.</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>			TREATMENT WITH ACT			Weight (in kg)	Age	Artemether-Lumefantrine	Less than 5 kgs	Nothing	Nothing	5-14 kgs	6 months - 3 years	1 tablet twice a day for 3 days	15-25 kgs	4 - 8 years	2 tablets twice a day for 3 days
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227B	<u>SEVERE ANEMIA REFERRAL STATEMENT</u>	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.																	
229	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, END INTERVIEW.																		