MALARIA INDICATOR SURVEY
MODEL BIOMARKER QUESTIONNAIRE

[NAME OF COUNTRY]
[NAME OF ORGANIZATION]

IDENTIFICATION (1)

PLACE NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . .

HOUSEHOLD NUMBER . . . .

FIELDWORKER VISITS				
	1	2	3	FINAL VISIT
DATE FIELDWORKER'S NAME	_____	_____	_____	DAY MONTH YEAR
NEXT VISIT: DATE TIME	_____	_____		TOTAL NUMBER OF VISITS
NOTES: _____ _____ _____ _____ _____				TOTAL ELIGIBLE CHILDREN TOTAL ELIGIBLE ADULTS

LANGUAGE OF QUESTIONNAIRE** **0** **1**   LANGUAGE OF INTERVIEW**   NATIVE LANGUAGE OF RESPONDENT**   TRANSLATOR (YES = 1, NO = 2)

LANGUAGE OF QUESTIONNAIRE** **ENGLISH**

**LANGUAGE CODES:
01 ENGLISH   03 LANGUAGE 3   05 LANGUAGE 5
02 LANGUAGE 2   04 LANGUAGE 4   06 LANGUAGE 6

SUPERVISOR		OFFICE EDITOR	KEYED BY
NAME NUMBER		NUMBER	NUMBER

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

101	CHECK COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-14 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 . . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . . ☐☐ NAME _____
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED OR 5 YEARS AND OLDER ASK: What is (NAME)'s date of birth?	DAY . . . . ☐☐ MONTH . . . . ☐☐ YEAR . . . ☐☐☐☐	DAY . . . . ☐☐ MONTH . . . . ☐☐ YEAR . . . ☐☐☐☐	DAY . . . . ☐☐ MONTH . . . . ☐☐ YEAR . . . ☐☐☐☐
104 (2)	CHECK 103 AND CALCULATE IF THE CHILD IS LESS THAN 15 YEARS OLD	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 . . . . . . ☐☐ (RECORD '00' IF NOT LISTED)	LINE NUMBER . . . . . . ☐☐ (RECORD '00' IF NOT LISTED)	LINE NUMBER . . . . . . ☐☐ (RECORD '00' IF NOT LISTED)
109	ASK CONSENT FOR MALARIA TEST FROM PARENT/OTHER ADULT.	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. We ask that all children born in 2003 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. 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?		
110	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED . . . . 1┐ REFUSED . . . . 2┘ ← _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) ☐☐☐☐ NOT PRESENT/OTHER . 3	GRANTED . . . . 1┐ REFUSED . . . . 2┘ ← _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) ☐☐☐☐ NOT PRESENT/OTHER . 3	GRANTED . . . . 1┐ REFUSED . . . . 2┘ ← _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) ☐☐☐☐ 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	PLACE BAR CODE LABEL FOR MALARIA LAB TEST.	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT . . . 99994	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT . . . 99994	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT . . . 99994

		REFUSED . . . . 99995 OTHER . . . . 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	REFUSED . . . . 99995 OTHER . . . . 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	REFUSED . . . . 99995 OTHER . . . . 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.
114	CIRCLE THE CODE FOR THE MALARIA RDT.	TESTED . . . . 1 NOT PRESENT . . . . . . 2 REFUSED . . . . 3 OTHER . . . . 6 (SKIP TO 118)	TESTED . . . . 1 NOT PRESENT . . . . . . 2 REFUSED . . . . 3 OTHER . . . . 6 (SKIP TO 118)	TESTED . . . . 1 NOT PRESENT . . . . . . 2 REFUSED . . . . 3 OTHER . . . . 6 (SKIP TO 118)
115	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE MALARIA PAMPHLET.	POSITIVE . . . . 1 NEGATIVE . . . . 2 OTHER 6	POSITIVE . . . . 1 NEGATIVE . . . . 2 OTHER 6	POSITIVE . . . . 1 NEGATIVE . . . . 2 OTHER 6

118
(4)
	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?
		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
			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
				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

118A	CHECK 118: ANY 'YES' CIRCLED?	NO YES ☐ (SKIP TO 122)	NO YES ☐ (SKIP TO 122)	NO YES ☐ (SKIP TO 122)
119	CHECK 115:	CODE '1' CODE '2 OR 6' IS CIRCLED IS CIRCLED ☐ ☐ (SKIP TO 130)	CODE '1' CODE '2 OR 6' IS CIRCLED IS CIRCLED ☐ ☐ (SKIP TO 130)	CODE '1' CODE '2 OR 6' IS CIRCLED IS CIRCLED ☐ ☐ (SKIP TO 130)
121 (5)	In the past two weeks has (NAME) taken or is taking 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)

122	**SEVERE ILLNESS REFERRAL** RECORD THE RESULT OF THE MALARIA RDT ON THE REFERRAL FORM.	(NAME OF CHILD) has symptoms of severe illness. 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 taked to a health facility right away. (SKIP TO 130)		
123 (5)	ALREADY TAKING COARTEM REFERRAL STATEMENT	You have told me that (NAME OF CHILD) had already received Coartem for malaria. Therefore, I cannot give you additional Coartem. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of Coartem, 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 Coartem 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.		
130	GO BACK TO 106 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, END INTERVIEW.			

MALARIA TESTING FOR CHILDREN AGE 6 months-14 years

		CHILD 4	CHILD 5	CHILD 6
101	CHECK COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-14 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 9.	LINE NUMBER ...... ☐☐ NAME _____	LINE NUMBER ...... ☐☐ NAME _____	LINE NUMBER ...... ☐☐ NAME _____
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED OR 5 YEARS AND OLDER ASK: What is (NAME)'s date of birth?	DAY .... ☐☐ MONTH .... ☐☐ YEAR ... ☐☐	DAY .... ☐☐ MONTH .... ☐☐ YEAR ... ☐☐	DAY .... ☐☐ MONTH .... ☐☐ YEAR ... ☐☐
104	CHECK 103 AND CALCULATE IF THE CHILD IS LESS THAN 15 YEARS OLD	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 ...... ☐☐ (RECORD '00' IF NOT LISTED)	LINE NUMBER ...... ☐☐ (RECORD '00' IF NOT LISTED)	LINE NUMBER ...... ☐☐ (RECORD '00' IF NOT LISTED)
109	ASK CONSENT FOR MALARIA TEST FROM PARENT/OTHER ADULT.	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. We ask that all children born in 2003 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. 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?		
110	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED .... 1⌐ REFUSED .... 2⌐ ← _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) ☐☐☐☐ NOT PRESENT/OTHER . 3	GRANTED .... 1⌐ REFUSED .... 2⌐ ← _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) ☐☐☐☐ NOT PRESENT/OTHER . 3	GRANTED .... 1⌐ REFUSED .... 2⌐ ← _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) ☐☐☐☐ 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	PLACE BAR CODE LABEL FOR MALARIA LAB TEST.	PUT THE 1ST BAR CODE LABEL HERE.	PUT THE 1ST BAR CODE LABEL HERE.	PUT THE 1ST BAR CODE LABEL HERE.

#	Question	Response	Response	Response
		NOT PRESENT ... 99994 REFUSED .... 99995 OTHER .... 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	NOT PRESENT ... 99994 REFUSED .... 99995 OTHER .... 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	NOT PRESENT ... 99994 REFUSED .... 99995 OTHER .... 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.
114	CIRCLE THE CODE FOR THE MALARIA RDT.	TESTED .... 1 NOT PRESENT ...... 2 REFUSED .... 3 OTHER .... 6 (SKIP TO 118)	TESTED .... 1 NOT PRESENT ...... 2 REFUSED .... 3 OTHER .... 6 (SKIP TO 118)	TESTED .... 1 NOT PRESENT ...... 2 REFUSED .... 3 OTHER .... 6 (SKIP TO 118)
115	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE MALARIA PAMPHLET.	POSITIVE 1 NEGATIVE .... 2 OTHER 6	POSITIVE 1 NEGATIVE .... 2 OTHER 6	POSITIVE 1 NEGATIVE .... 2 OTHER 6
118 (4)	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?	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	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	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
118A	CHECK 118: ANY 'YES' CIRCLED?	NO YES ☐ (SKIP TO 122)	NO YES ☐ (SKIP TO 122)	NO YES ☐ (SKIP TO 122)
119	CHECK 115:	CODE '1' CODE '2 OR 3' IS CIRCLED IS CIRCLED ☐ ☐ (SKIP TO 130)	CODE '1' CODE '2 OR 3' IS CIRCLED IS CIRCLED ☐ ☐ (SKIP TO 130)	CODE '1' CODE '2 OR 3' IS CIRCLED IS CIRCLED ☐ ☐ (SKIP TO 130)
121 (5)	In the past two weeks has (NAME) taken or is taking 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)

122	**SEVERE ILLNESS REFERRAL** RECORD THE RESULT OF THE MALARIA RDT ON THE REFERRAL FORM.	(NAME OF CHILD) has symptoms of severe illness. 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 taked to a health facility right away. (SKIP TO 130)
123 (5)	ALREADY TAKING COARTEM REFERRAL STATEMENT	You have told me that (NAME OF CHILD) had already received Coartem for malaria. Therefore, I cannot give you additional Coartem. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of Coartem, 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 Coartem 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.
130	GO BACK TO 106 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, END INTERVIEW.	

201	CHECK COLUMN 10 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ADULTS 15+ YEARS IN QUESTION 202; IF MORE THAN SIX ADULTS, USE ADDITIONAL QUESTIONNAIRE(S).

		ADULT 1	ADULT 2	ADULT 3
202	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 10; NAME FROM COLUMN 2	LINE NUMBER ...... ☐☐ NAME _____	LINE NUMBER ...... ☐☐ NAME _____	LINE NUMBER ...... ☐☐ NAME _____
203	CHECK HOUSEHOLD QUESTIONNAIRE: AGE FROM COLUMN 7.	15-17 YEARS .... 1 18+ YEARS .... 2 (GO TO 208) ↵	15-17 YEARS .... 1 18+ YEARS .... 2 (GO TO 208) ↵	15-17 YEARS .... 1 18+ YEARS .... 2 (GO TO 208) ↵
204	CHECK HOUSEHOLD QUESTIONNAIRE: MARITAL STATUS: FROM COLUMN 7A.	CODE 4 (NEVER IN UNION) .... 1 OTHER .... 2 (GO TO 208) ↵	CODE 4 (NEVER IN UNION) .... 1 OTHER .... 2 (GO TO 208) ↵	CODE 4 (NEVER IN UNION) .... 1 OTHER .... 2 (GO TO 208) ↵
205	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF HOUSEHOLD SCHEDULE.	LINE NUMBER ...... ☐☐ (RECORD '00' IF NOT LISTED)	LINE NUMBER ...... ☐☐ (RECORD '00' IF NOT LISTED)	LINE NUMBER ...... ☐☐ (RECORD '00' IF NOT LISTED)

206	ASK CONSENT FOR MALARIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 205 AS RESPONSIBLE FOR NEVER IN UNION ADULT AGE 15-17.	As part of this survey, we are asking adults 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. We ask that all adults aged 15 or older 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. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF ADULT) to participate in the malaria test?

207	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED .... 1 REFUSED .... 2 (SKIP TO 223) ← NOT PRESENT/OTHER . 3 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) ☐☐☐☐	GRANTED .... 1 REFUSED .... 2 (SKIP TO 223) ← NOT PRESENT/OTHER . 3 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) ☐☐☐☐	GRANTED .... 1 REFUSED .... 2 (SKIP TO 223) ← NOT PRESENT/OTHER . 3 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) ☐☐☐☐

208	ASK CONSENT FOR MALARIA TEST FROM RESPONDENT.	As part of this survey, we are asking people all over the country to take a Malaria test. Malaria is a serious health problem that caused by a parasite transmitted by a mosquito bite This survey will assist the government to develop programs to prevent and treat Malaria. For the Malaria testing, we will need a few drops of blood from a finger. 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 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. 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 take the Malaria test?

208A	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED .... 1 REFUSED .... 2 (SKIP TO 223) ← NOT PRESENT/OTHER . 3 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) □□□□	GRANTED .... 1 REFUSED .... 2 (SKIP TO 223) ← NOT PRESENT/OTHER . 3 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) □□□□	GRANTED .... 1 REFUSED .... 2 (SKIP TO 223) ← NOT PRESENT/OTHER . 3 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) □□□□
209	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
210	PLACE BAR CODE LABEL FOR MALARIA LAB TEST.	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT ... 99994 REFUSED .... 99995 OTHER .... 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT ... 99994 REFUSED .... 99995 OTHER .... 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT ... 99994 REFUSED .... 99995 OTHER .... 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.
211	CIRCLE THE CODE FOR THE MALARIA RDT.	TESTED .... 1 NOT PRESENT ...... 2 REFUSED .... 3 OTHER .... 6 (SKIP TO 223) ←	TESTED .... 1 NOT PRESENT ...... 2 REFUSED .... 3 OTHER .... 6 (SKIP TO 223) ←	TESTED .... 1 NOT PRESENT ...... 2 REFUSED .... 3 OTHER .... 6 (SKIP TO 223) ←

212	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE MALARIA PAMPHLET.	POSITIVE .... 1 NEGATIVE .... 2 OTHER 6	POSITIVE .... 1 NEGATIVE .... 2 OTHER 6	POSITIVE .... 1 NEGATIVE .... 2 OTHER 6
213	CHECK 212:	CODE '1' CODE '2 OR 6' IS CIRCLED IS CIRCLED (SKIP TO 223) ←	CODE '1' CODE '2 OR 6' IS CIRCLED IS CIRCLED (SKIP TO 223) ←	CODE '1' CODE '2 OR 6' IS CIRCLED IS CIRCLED (SKIP TO 223) ←
214	In the past two weeks has you taken or is taking Coartem given by a doctor or health center to treat the malaria? VERIFY BY ASKING TO SEE TREATMENT	YES .... 1 (SKIP TO 215) ← NO .... 2 (SKIP TO 216) ←	YES .... 1 (SKIP TO 215) ← NO .... 2 (SKIP TO 216) ←	YES .... 1 (SKIP TO 215) ← NO .... 2 (SKIP TO 216) ←
215	ALREADY TAKING [FIRST LINE MEDICATION] REFERRAL STATEMENT	You have told me that you had already received Coartem for malaria. Therefore, I cannot give you additional Coartem. However, the test shows that you has malaria. If you has a fever for two days after the last dose of Coartem, you should go to the nearest health facility for further examination. (SKIP TO 223)		
216	CHECK HOUSEHOLD QUESTIONNAIRE: SEX FROM COLUMN 4.	FEMALE .... 1 MALE .... 2 (GO TO 218) ←	FEMALE .... 1 MALE .... 2 (GO TO 218) ←	FEMALE .... 1 MALE .... 2 (GO TO 218) ←
217	Are you currently pregnant?	YES .... 1 (GO TO 222) ← NO 2	YES .... 1 (GO TO 222) ← NO 2	YES .... 1 (GO TO 222) ← NO 2
218	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER	The malaria test shows that you has malaria. We can give you free medicine. The medicine is called Coartem is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to take the medicine. This is up to you. Please tell me whether you accept the medicine or not.		
219	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
220	CHECK 119: MEDICATION ACCEPTED	ACCEPTED MEDICINE . 1 REFUSED .... 2 OTHER .... 6 (SKIP TO 223) ←	ACCEPTED MEDICINE . 1 REFUSED .... 2 OTHER .... 6 (SKIP TO 223) ←	ACCEPTED MEDICINE . 1 REFUSED .... 2 OTHER .... 6 (SKIP TO 223) ←
221	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO ADULT.	[INSERT DOSAGE INSTRUCTIONS] ALSO TELL THE ADULT: If you have a high fever, fast or difficult breathing, is not able to drink, gets sicker or does not get better in two days, you should go to see a health professional for treatment right away.		
222	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	The test shows that you has malaria. However, you have told me that you are currently pregnant. Therefore, I cannot give you Coartem. You should go to the nearest health facility for further examination and treatment.		
223	GO BACK TO 202 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE ADULT, END INTERVIEW.			

201	CHECK COLUMN 10 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ADULTS 15+ YEARS IN QUESTION 202; IF MORE THAN SIX ADULTS, USE ADDITIONAL QUESTIONNAIRE(S).

		ADULT 4	ADULT 5	ADULT 6
202	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 10; NAME FROM COLUMN 2	LINE NUMBER ...... ☐☐ NAME _____	LINE NUMBER ...... ☐☐ NAME _____	LINE NUMBER ...... ☐☐ NAME _____
203	CHECK HOUSEHOLD QUESTIONNAIRE: AGE FROM COLUMN 7.	15-17 YEARS .... 1 18+ YEARS .... 2 (GO TO 208) ↵	15-17 YEARS .... 1 18+ YEARS .... 2 (GO TO 208) ↵	15-17 YEARS .... 1 18+ YEARS .... 2 (GO TO 208) ↵
204	CHECK HOUSEHOLD QUESTIONNAIRE: MARITAL STATUS: FROM COLUMN 7A.	CODE 4 (NEVER IN UNION) .... 1 OTHER .... 2 (GO TO 208) ↵	CODE 4 (NEVER IN UNION) .... 1 OTHER .... 2 (GO TO 208) ↵	CODE 4 (NEVER IN UNION) .... 1 OTHER .... 2 (GO TO 208) ↵
205	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF HOUSEHOLD SCHEDULE.	LINE NUMBER ...... ☐☐ (RECORD '00' IF NOT LISTED)	LINE NUMBER ...... ☐☐ (RECORD '00' IF NOT LISTED)	LINE NUMBER ...... ☐☐ (RECORD '00' IF NOT LISTED)

206	ASK CONSENT FOR MALARIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 205 AS RESPONSIBLE FOR NEVER IN UNION ADULT AGE 15-17.	As part of this survey, we are asking adults 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. We ask that all adults aged 15 or older 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. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF ADULT) to participate in the malaria test?

207	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED .... 1 REFUSED .... 2 ⌐ (SKIP TO 223) ← NOT PRESENT/OTHER . 3 ⌐ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) ☐☐☐☐	GRANTED .... 1 REFUSED .... 2 ⌐ (SKIP TO 223) ← NOT PRESENT/OTHER . 3 ⌐ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) ☐☐☐☐	GRANTED .... 1 REFUSED .... 2 ⌐ (SKIP TO 223) ← NOT PRESENT/OTHER . 3 ⌐ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) ☐☐☐☐
208	ASK CONSENT FOR MALARIA TEST FROM RESPONDENT.	As part of this survey, we are asking people all over the country to take a Malaria test. Malaria is a serious health problem that caused by a parasite transmitted by a mosquito bite This survey will assist the government to develop programs to prevent and treat Malaria. For the Malaria testing, we will need a few drops of blood from a finger. 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 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. 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 take the Malaria test?		

208A	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED . . . . 1 REFUSED . . . . 2 ⌐ (SKIP TO 223) ← NOT PRESENT/OTHER . 3 ⌐ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) [ ][ ][ ][ ]	GRANTED . . . . 1 REFUSED . . . . 2 ⌐ (SKIP TO 223) ← NOT PRESENT/OTHER . 3 ⌐ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) [ ][ ][ ][ ]	GRANTED . . . . 1 REFUSED . . . . 2 ⌐ (SKIP TO 223) ← NOT PRESENT/OTHER . 3 ⌐ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) [ ][ ][ ][ ]
209	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
210	PLACE BAR CODE LABEL FOR MALARIA LAB TEST.	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT . . . 99994 REFUSED . . . . 99995 OTHER . . . . 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT . . . 99994 REFUSED . . . . 99995 OTHER . . . . 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT . . . 99994 REFUSED . . . . 99995 OTHER . . . . 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.
211	CIRCLE THE CODE FOR THE MALARIA RDT.	TESTED . . . . 1 NOT PRESENT . . . . . . 2 ⌐ REFUSED . . . . 3 ⌐ OTHER . . . . 6 ⌐ (SKIP TO 223) ←	TESTED . . . . 1 NOT PRESENT . . . . . . 2 ⌐ REFUSED . . . . 3 ⌐ OTHER . . . . 6 ⌐ (SKIP TO 223) ←	TESTED . . . . 1 NOT PRESENT . . . . . . 2 ⌐ REFUSED . . . . 3 ⌐ OTHER . . . . 6 ⌐ (SKIP TO 223) ←

No.	Question	Column 1	Column 2	Column 3
212	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE MALARIA PAMPHLET.	POSITIVE 1 NEGATIVE .... 2 OTHER 6	POSITIVE 1 NEGATIVE .... 2 OTHER 6	POSITIVE 1 NEGATIVE .... 2 OTHER 6
213	CHECK 212:	CODE '1' CODE '2 OR 6' IS CIRCLED IS CIRCLED (SKIP TO 223)	CODE '1' CODE '2 OR 6' IS CIRCLED IS CIRCLED (SKIP TO 223)	CODE '1' CODE '2 OR 6' IS CIRCLED IS CIRCLED (SKIP TO 223)
214	In the past two weeks has you taken or is taking Coartem given by a doctor or health center to treat the malaria? VERIFY BY ASKING TO SEE TREATMENT	YES .... 1 (SKIP TO 215) NO .... 2 (SKIP TO 216)	YES .... 1 (SKIP TO 215) NO .... 2 (SKIP TO 216)	YES .... 1 (SKIP TO 215) NO .... 2 (SKIP TO 216)
215	ALREADY TAKING [FIRST LINE MEDICATION] REFERRAL STATEMENT	You have told me that you had already received Coartem for malaria. Therefore, I cannot give you additional Coartem. However, the test shows that you has malaria. If you has a fever for two days after the last dose of Coartem, you should go to the nearest health facility for further examination. (SKIP TO 223)		
216	CHECK HOUSEHOLD QUESTIONNAIRE: SEX FROM COLUMN 4.	FEMALE .... 1 MALE .... 2 (GO TO 218)	FEMALE .... 1 MALE .... 2 (GO TO 218)	FEMALE .... 1 MALE .... 2 (GO TO 218)
217	Are you currently pregnant?	YES .... 1 (GO TO 222) NO 2	YES .... 1 (GO TO 222) NO 2	YES .... 1 (GO TO 222) NO 2
218	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER	The malaria test shows that you has malaria. We can give you free medicine. The medicine is called Coartem is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to take the medicine. This is up to you. Please tell me whether you accept the medicine or not.		
219	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
220	CHECK 119: MEDICATION ACCEPTED	ACCEPTED MEDICINE . 1 REFUSED .... 2 OTHER .... 6 (SKIP TO 223)	ACCEPTED MEDICINE . 1 REFUSED .... 2 OTHER .... 6 (SKIP TO 223)	ACCEPTED MEDICINE . 1 REFUSED .... 2 OTHER .... 6 (SKIP TO 223)
221	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO ADULT.	[INSERT DOSAGE INSTRUCTIONS] ALSO TELL THE ADULT: If you have a high fever, fast or difficult breathing, is not able to drink, gets sicker or does not get better in two days, you should go to see a health professional for treatment right away.		
222	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	The test shows that you has malaria. However, you have told me that you are currently pregnant. Therefore, I cannot give you Coartem. You should go to the nearest health facility for further examination and treatment.		
223	GO BACK TO 202 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, END INTERVIEW.			

FIELDWORKER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING BIOMARKERS

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS

(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.