FORMATTING DATE: 14 Mar 2016 ENGLISH LANGUAGE: 23 Oct 2014

MALARIA INDICATOR SURVEY MODEL BIOMARKER QUESTIONNAIRE

[NAME OF COUNTRY] [NAME OF ORGANIZATION]

		IDENTIFICAT	TION (1)		
PLACE NAME					
NAME OF HOUSEHOLD I	HEAD				
CLUSTER NUMBER .					
HOUSEHOLD NUMBER					
		FIELDWORKE	R VISITS		
	1	2	3	FINA	L VISIT
DATE FIELDWORKER'S NAME				DAY MONTH YEAR	
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS	
NOTES:				TOTAL ELIGIBLE CHILDREN	
LANGUAGE OF QUESTIONNAIRE** 0 LANGUAGE OF QUESTIONNAIRE**	1 LANGUA INTER	VIEW** **LANGU 01		(YES	RANSLATOR = 1, NO = 2) 05 LANGUAGE 5 06 LANGUAGE 6
SUPERVIS NAME	SOR NUMBER	FIELI NAME	D EDITOR NUMBER	OFFICE EDITOI	KEYED BY NUMBER

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

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5

101	CHECK COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).				
		CHILD 1	CHILD 2	CHILD 3	
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 9.	NAME	NAME	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	MONTHYEAR	MONTHYEAR	
104 (2)	CHECK 103: CHILD BORN IN 2010- 2015?	YES	YES	YES	
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) COLDER 2	0-5 MONTHS 1 (SKIP TO 130) COLDER	
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)	
107 (2)	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT.	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. 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. 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?			
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 3 CHILD 1 CHILD 2 CHECK HOUSEHOLD LINE LINE LINE NUMBER NUMBER NUMBER QUESTIONNAIRE: LINE NUMBER FROM COLUMN 9. NAME NAME NAME ASK CONSENT FOR MALARIA TEST 109 As part of this survey, we are asking children all over the country to take a test to see if they have (2)FROM PARENT/OTHER ADULT. 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 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. 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 GRANTED 17 GRANTED 17 GRANTED 17 REFUSED 2 | REFUSED 2 -NAME, AND ENTER YOUR REFUSED 2 FIELDWORKER NUMBER. (SIGN AND ENTER YOUR (SIGN AND ENTER YOUR (SIGN AND ENTER YOUR FIELDWORKER NUMBER) FIELDWORKER NUMBER) FIELDWORKER NUMBER) NOT PRESENT/OTHER. 3 NOT PRESENT/OTHER. 3 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). PLACE BAR CODE LABEL FOR 112 MALARIA LAB TEST. PUT THE 1ST BAR PUT THE 1ST BAR PUT THE 1ST BAR (3)CODE LABEL HERE. CODE LABEL HERE. CODE LABEL HERE. NOT PRESENT ... 99994 NOT PRESENT ... 99994 NOT PRESENT ... 99994 REFUSED 99995 REFUSED 99995 REFUSED 99995 OTHER 99996 OTHER 99996 OTHER 99996 PUT THE 2ND BAR CODE PUT THE 2ND BAR CODE PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND LABEL ON THE SLIDE AND LABEL ON THE SLIDE AND THE 3RD ON THE THE 3RD ON THE THE 3RD ON THE TRANSMITTAL FORM. TRANSMITTAL FORM. TRANSMITTAL FORM. 113 RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA AND MALARIA G/DL G/DL G/DL PAMPHLET. NOT PRESENT 994 NOT PRESENT 994 NOT PRESENT 994 REFUSED995 REFUSED995 REFUSED995 OTHER OTHER996 OTHER996 114 CIRCLE THE CODE FOR THE TESTED 1 TESTED 1 TESTED 1 NOT PRESENT 2 -NOT PRESENT 2-NOT PRESENT 2 -MALARIA RDT. REFUSED 3-REFUSED 3 -REFUSED 3 -OTHER 6-OTHER 6-OTHER 6 – (SKIP TO 116) ← (SKIP TO 116) **←** (SKIP TO 116) **←** RECORD THE RESULT OF THE **POSITIVE POSITIVE POSITIVE** 115 (SKIP TO 118) ← (SKIP TO 118) ← (SKIP TO 118) ← MALARIA RDT HERE AND IN THE NEGATIVE 2 NEGATIVE 2 NEGATIVE 2 ANEMIA AND MALARIA PAMPHLET. OTHER 6 OTHER 6 OTHER 6

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5 CHILD 1 CHILD 3 CHILD 2 CHECK HOUSEHOLD LINE LINE LINE NUMBER NUMBER NUMBER QUESTIONNAIRE: LINE NUMBER FROM COLUMN 9. NAME NAME NAME CHECK 113: BELOW 8.0 G/DL, BELOW 8.0 G/DL, BELOW 8.0 G/DL, 116 SEVERE ANEMIA ... 1 SEVERE ANEMIA ... 1 HEMOGLOBIN RESULT SEVERE ANEMIA ... 1 8.0 G/DL OR ABOVE ... 2 — 8.0 G/DL OR ABOVE ... 2 — 8.0 G/DL OR ABOVE ... 2 _ NOT PRESENT 3 — NOT PRESENT 3-NOT PRESENT 3 — REFUSED 4 -REFUSED 4-REFUSED 4 -OTHER 6-OTHER 6-OTHER 6 -(SKIP TO 130) ← (SKIP TO 130) < < (SKIP TO 130) ← 117 **SEVERE ANEMIA REFERRAL** 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. (SKIP TO 130) 118 Does (NAME) suffer from any of the following illnesses or symptoms: YES NO YES NO NO (4) YES a) Extreme weakness? a) EXTREME a) EXTREME a) EXTREME WEAKNESS 2 WEAKNESS 1 WEAKNESS 1 b) Heart problems? b) HEART b) HEART b) HEART **PROBLEMS** 2 PROBLEMS 1 2 **PROBLEMS** 2 c) Loss of consciousness? c) LOSS OF c) LOSS OF c) LOSS OF CONSCIOUS. 1 CONSCIOUS. 1 CONSCIOUS, 1 2 2 2 d) Rapid or difficult breathing? d) RAPID d) RAPID d) RAPID BREATHING 1 2 BREATHING 1 2 BREATHING 1 2 e) Seizures? 2 e) SEIZURES 1 2 e) SEIZURES 1 2 e) SEIZURES f) Abnormal bleeding? f) BLEEDING 2 f) BLEEDING f) BLEEDING 2 g) Jaundice or yellow skin? g) JAUNDICE 1 2 g) JAUNDICE 1 2 g) JAUNDICE 1 2 h) Dark urine? h) DARK URINE 2 h) DARK URINE 2 h) DARK URINE 1 1 1 2 119 **CHECK 118:** YES [YES [NO NO NO YES [ANY 'YES' CIRCLED? (SKIP TO 122) < (SKIP TO 122) < (SKIP TO 122) ← 120 CHECK 113: BELOW 8.0 G/DL, BELOW 8.0 G/DL, BELOW 8.0 G/DL, SEVERE ANEMIA ... 17 SEVERE ANEMIA ... 17 SEVERE ANEMIA ... 17 HEMOGLOBIN RESULT (SKIP TO 122) ← (SKIP TO 122) ← (SKIP TO 122) ← 8.0 G/DL OR ABOVE ... 2 8.0 G/DL OR ABOVE ... 2 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 3 NOT PRESENT 3 NOT PRESENT 3 REFUSED 4 REFUSED 4 REFUSED 4 OTHER 6 OTHER 6 OTHER 6 121 In the past two weeks has (NAME) YES1 YES1 ☐ (SKIP TO 123) YES1 ☐ (SKIP TO 123) taken or is taking [FIRST LINE (5)(SKIP TO 123) ← MEDICATION] given by a doctor or health center to treat the malaria?2 ························2¬ NO NO (SKIP TO 124) VERIFY BY ASKING TO SEE (SKIP TO 124) ← (SKIP TO 124) ← TREATMENT

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5 CHILD 3 CHILD 1 CHILD 2 CHECK HOUSEHOLD LINE LINE LINE NUMBER NUMBER NUMBER QUESTIONNAIRE: LINE NUMBER FROM COLUMN 9. NAME NAME NAME The malaria test shows that (NAME OF CHILD) has malaria. Your child also has symptoms of 122 **SEVERE MALARIA REFERRAL** 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 taked to a health facility right away. RECORD THE RESULT OF THE MALARIA RDT ON THE REFERRAL FORM. (SKIP TO 128) 123 ALREADY TAKING IFIRST LINE You have told me that (NAME OF CHILD) had already received [FIRST LINE OF MEDICATION] for MEDICATION] REFERRAL malaria. Therefore, I cannot give you additional [FIRST LINE OF MEDICATION]. However, the test (5)**STATEMENT** 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) READ INFORMATION FOR MALARIA The malaria test shows that your child has malaria. We can give you free medicine. The medicine is 124 (2)TREATMENT AND CONSENT called [FIRST LINE OF MEDICATION]. [FIRST LINE OF MEDICATION] is very effective and in a STATEMENT TO PARENT/OTHER 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 ACCEPTED MEDICINE . 17 ACCEPTED MEDICINE . 1 7 ACCEPTED MEDICINE . 1 -AND SIGN YOUR NAME. (SIGN) (SIGN) (SIGN) REFUSED 2 REFUSED 2 REFUSED 2-OTHER 6 OTHER 6 OTHER 6 126 CHECK 125: ACCEPTED MEDICINE . 1 ACCEPTED MEDICINE . 1 ACCEPTED MEDICINE . 1 REFUSED 27 MEDICATION ACCEPTED REFUSED 27 REFUSED 27 OTHER 6-OTHER 6 ┥ OTHER 6-(SKIP TO 130) < (SKIP TO 130) < (SKIP TO 130) < 127 READ INFORMATION FOR MALARIA [INSERT DOSAGE INSTRUCTIONS] (5)TREATMENT AND CONSENT ALSO TELL THE PARENT/OTHER ADULT: If [NAME] has a high fever, fast or difficult breathing, is STATEMENT TO PARENT/OTHER ADULT. 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: BELOW 8.0 G/DL. BELOW 8.0 G/DL. BELOW 8.0 G/DL. HEMOGLOBIN RESULT SEVERE ANEMIA SEVERE ANEMIA SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 8.0 G/DL OR ABOVE 8.0 G/DL OR ABOVE 2. NOT PRESENT NOT PRESENT NOT PRESENT 3-3-3 -**REFUSED REFUSED REFUSED** 4-4 OTHER OTHER **OTHER** 6 -6-(SKIP TO 130) < (SKIP TO 130) **◄** (SKIP TO 130) < 129 **SEVERE ANEMIA REFERRAL** 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. GO BACK TO 103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE 130

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.	NAME	NAME	NAME
<u> </u>				
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	DAY	DAY
104 (2)	CHECK 103: CHILD BORN IN 2010- 2015?	YES	YES	YES
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) CDDER 2	0-5 MONTHS 1 (SKIP TO 130)
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)
107 (2)	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT.	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. 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. 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?		
108	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED	GRANTED	GRANTED

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5 CHILD 4 CHILD 5 CHILD 6 CHECK HOUSEHOLD LINE LINE LINE QUESTIONNAIRE: NUMBER ... NUMBER NUMBER LINE NUMBER FROM COLUMN 9. NAME NAME NAME 109 ASK CONSENT FOR MALARIA TEST 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 FROM PARENT/OTHER ADULT. (2) will assist the government to develop programs to prevent malaria. 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. 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? GRANTED 17 CIRCLE THE CODE. SIGN YOUR GRANTED 1 7 GRANTED 17 110 NAME, AND ENTER YOUR REFUSED 2 -REFUSED 2 -REFUSED 2-FIELDWORKER NUMBER. (SIGN AND ENTER YOUR (SIGN AND ENTER YOUR (SIGN AND ENTER YOUR FIELDWORKER NUMBER) FIELDWORKER NUMBER) FIELDWORKER NUMBER) NOT PRESENT/OTHER . 3 NOT PRESENT/OTHER . 3 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). PLACE BAR CODE LABEL FOR 112 MALARIA LAB TEST. PUT THE 1ST BAR CODE PUT THE 1ST BAR CODE PUT THE 1ST BAR CODE (3) LABEL HERE. LABEL HERE. LABEL HERE. NOT PRESENT ... 99994 NOT PRESENT ... 99994 NOT PRESENT ... 99994 REFUSED 99995 REFUSED 99995 REFUSED 99995 OTHER 99996 OTHER 99996 OTHER 99996 PUT THE 2ND BAR CODE PUT THE 2ND BAR CODE PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND LABEL ON THE SLIDE AND LABEL ON THE SLIDE AND THE 3RD ON THE THE 3RD ON THE THE 3RD ON THE TRANSMITTAL FORM. TRANSMITTAL FORM. TRANSMITTAL FORM. RECORD HEMOGLOBIN LEVEL HERE 113 AND IN THE ANEMIA AND MALARIA G/DL G/DL G/DL PAMPHLET. NOT PRESENT 994 NOT PRESENT 994 NOT PRESENT 994 REFUSED995 OTHER996 OTHER996 OTHER996 CIRCLE THE CODE FOR THE 114 TESTED 1 TESTED 1 TESTED 1 MALARIA RDT. NOT PRESENT 2 NOT PRESENT 2 -NOT PRESENT 2-REFUSED 3-REFUSED 3 -REFUSED 3 -OTHER 6-OTHER 6-OTHER 6 - (SKIP TO 116) ← (SKIP TO 116) **←** (SKIP TO 116) ← 115 RECORD THE RESULT OF THE **POSITIVE POSITIVE** POSITIVE (SKIP TO 118) ← MALARIA RDT HERE AND IN THE (SKIP TO 118) ← (SKIP TO 118) ← NEGATIVE 2 ANEMIA AND MALARIA PAMPHLET. NEGATIVE 2 NEGATIVE 2 OTHER 6 OTHER 6 OTHER 6

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5 CHILD 6 CHILD 4 CHILD 5 CHECK HOUSEHOLD LINE LINE LINE QUESTIONNAIRE: NUMBER NUMBER NUMBER LINE NUMBER FROM COLUMN 9. NAME NAME NAME 116 **CHECK 113:** BELOW 8.0 G/DL. BELOW 8.0 G/DL. BELOW 8.0 G/DL. HEMOGLOBIN RESULT SEVERE ANEMIA ... 1 SEVERE ANEMIA ... 1 SEVERE ANEMIA ... 1 8.0 G/DL OR ABOVE ... 2 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 3 8.0 G/DL OR ABOVE ... 2 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 3 NOT PRESENT 3 -REFUSED 4-REFUSED 4 -REFUSED 4-OTHER 6-OTHER 6-OTHER 6 -(SKIP TO 130) < (SKIP TO 130) < (SKIP TO 130) ← The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be 117 **SEVERE ANEMIA REFERRAL** taken to a health facility immediately. RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL (SKIP TO 130) FORM. 118 Does (NAME) suffer from any of the following illnesses or symptoms: YES NO YES NO YES NO a) Extreme weakness? a) EXTREME a) EXTREME a) EXTREME WEAKNESS 1 2 WEAKNESS 1 2 WEAKNESS 1 2 b) Heart problems? b) HEART b) HEART b) HEART PROBLEMS 2 **PROBLEMS** 2 PROBLEMS 2 c) LOSS OF c) LOSS OF c) LOSS OF c) Loss of consciousness? CONSCIOUS. 1 CONSCIOUS. 1 CONSCIOUS. 1 2 2 2 d) RAPID d) Rapid or difficult breathing? d) RAPID d) RAPID BREATHING 1 2 BREATHING 1 2 BREATHING 2 e) Seizures? e) SEIZURES 2 e) SEIZURES 1 2 e) SEIZURES 2 f) Abnormal bleeding? f) BLEEDING 2 f) BLEEDING 2 f) BLEEDING 2 1 1 1 g) JAUNDICE g) Jaundice or yellow skin? g) JAUNDICE 2 2 g) JAUNDICE 2 h) Dark urine? h) DARK URINE h) DARK URINE h) DARK URINE 119 **CHECK 118:** YES 🗌 YES 🗌 YES | NO NO NO ANY 'YES' CIRCLED? (SKIP TO 122) ← (SKIP TO 122) ← (SKIP TO 122) < BELOW 8.0 G/DL, BELOW 8.0 G/DL, BELOW 8.0 G/DL, 120 **CHECK 113:** SEVERE ANEMIA ... 1 SEVERE ANEMIA ... 1 SEVERE ANEMIA ... 1 HEMOGLOBIN RESULT (SKIP TO 122) ← (SKIP TO 122) ← (SKIP TO 122) ← 8.0 G/DL OR ABOVE ... 2 8.0 G/DL OR ABOVE ... 2 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 3 NOT PRESENT 3 NOT PRESENT 3 REFUSED 4 REFUSED 4 REFUSED 4 OTHER 6 OTHER 6 OTHER 6 In the past two weeks has (NAME) taken or is taking [FIRST LINE MEDICATION] YES17 (5) given by a doctor or health center to (SKIP TO 123) ← treat the malaria? (SKIP TO 124) (SKIP TO 124) (SKIP TO 124) VERIFY BY ASKING TO SEE TREATMENT

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5 CHILD 4 CHILD 5 CHILD 6 CHILD 6 CHILD 6 LINE NUMBER NAME NAME NAME NAME 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 taked to a health facility right away. (SKIP TO 128) 123 ALREADY TAKING [FIRST LINE You have told me that (NAME OF CHILD) had already received [FIRST LINE OF MEDICATION] for

122	SEVERE MALARIA REFERRAL RECORD THE RESULT OF THE	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 taked to a health facility right away.			
	MALARIA RDT ON THE REFERRAL FORM.	(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] malaria. Therefore, I cannot give you additional [FIRST LINE OF MEDICATION]. However, the to 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)		DICATION]. However, the test after the last dose of [FIRST	
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	ACCEPTED MEDICINE . 1	ACCEPTED MEDICINE . 1	
126	CHECK 125: MEDICATION ACCEPTED	ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 (SKIP TO 130) ←	ACCEPTED MEDICINE . 1 REFUSED	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	SEVERE ANEMIA REFERRAL RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL FORM.	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately.			
130	GO BACK TO 103 IN NEXT COLUMN OF END INTERVIEW.	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.			

FIELDWORKER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING BIOMARKERS

SUPERVISOR'S OBSERVATIONS
EDITOR'S OBSERVATIONS

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.