

Questionnaire

Please complete the survey below.

Thank you!

Date and time of visit

Cohort ID

(i.e. "2_1")

Cluster ID is incorrect.

Structure ID

(Typing the ID shown on the structure. i.e, "malela-10-10")

First name

Middle name

Last name

This participant is available for the survey.

- ☐ Yes
☐ No

Please select the reason why the participant is not available.

- ☐ Moved out from the area (will never come back)
☐ Travel to another village in Ndhiwa
☐ Travel to Homa Bay County other than Ndhiwa
☐ Travel to Another county in Kenya
☐ Travel to Another country
☐ Refuse
☐ Do not know (Could not find)
☐ Others

Please indicate when he/she will be back.
(If you do not know, please write 0.)

Specify the reason.

Did [name_f] spend any nights outside [name_f]'s house in the last four weeks?

- ☐ Yes
☐ No

Where did [name_f] spend those nights?

- ☐ Another house in your village
☐ Another village in Ndhiwa
☐ Homa Bay County other than Ndhiwa
☐ Another county in Kenya
☐ Another country

How many nights did [name_f] spend in another house in [name_f]'s village? _____

Did you see the ceiling nets in the household you visited in another house in the village?

- ☐ Yes
☐ No

How many nights did [name_f] spend in another village in Ndhiwa? _____

Did you see the ceiling nets in the household you visited in another village in Ndhiwa?

- ☐ Yes
☐ No

How many nights did [name_f] spend in Homa Bay County other than Mfangano and Mbita? _____

How many nights did [name_f] spend in another county in Kenya? _____

How many nights did [name_f] spend in another country? _____

Did [name_f] visit any health facility in the last four weeks?

- ☐ Yes
☐ No

(Please refer to the booklet)

Did [name_f] have the following symptoms at any point in the past four weeks?

- ☐ Fever
☐ Chills
☐ Profuse sweating
☐ Muscle/joint pain
☐ Abdominal pain
☐ Diarrhoea
☐ Nausea
☐ Vomiting
☐ Irritability
☐ Refusal to feed
☐ Prostration (difficulty to sit upright)
☐ Alteration in the level of consciousness
☐ Convulsions or coma
☐ Difficulty in breathing/respiratory distress
☐ Jaundice
☐ Others
☐ None

Please list other symptoms [name_f] experienced in the past four weeks. _____

How many times did the child visit health facilities?

- ☐ One time
☐ Two time
☐ Three time
☐ More than three

When did [name_f] visit the health facility?

(Please refer to the booklet)

Which health facility did [name_f] visit?

(Please refer to the booklet)

- ☐ Malela level 4 hospital
- ☐ Kabongo HC
- ☐ Andiwo HC
- ☐ Wikomimo HC
- ☐ Abuoro HC
- ☐ Langi HC
- ☐ Kobodo HC
- ☐ Okok HC
- ☐ Other

Please state the health facility [name_f] visited.

Which symptoms did the child have?

(Please refer to the booklet)

- ☐ Fever
- ☐ Headache
- ☐ Muscle pain
- ☐ Abdominal pain
- ☐ Nausea
- ☐ Vomiting
- ☐ Diarrhea
- ☐ Convulsions or coma
- ☐ Jaundice
- ☐ Rapid breathing
- ☐ Difficulty in breathing/respiratory distress
- ☐ Pale conjunctivae/palms
- ☐ Loss of reactivity
- ☐ Others

When did the symptom start?

(Please refer to the booklet)

Was [name_f] diagnosed with malaria?

- ☐ Yes
- ☐ No

(Please refer to the booklet)

What was the diagnosis?

Did [name_f] take any treatment or medication?

- ☐ Yes
- ☐ No

(Please refer to the booklet)

What treatment or medication did [name_f] receive from the health facility?

(Please refer to the booklet)

- ☐ AL
- ☐ DHAP
- ☐ OTHER ACT (NOT AL OR DHAP)
- ☐ SP/FANSIDAR
- ☐ CHLOROQUINE
- ☐ AMODIAQUINE
- ☐ QUININE (PILLS)
- ☐ QUININE (INJECTION/IV)
- ☐ ARTESUNATE (RECTAL)
- ☐ ARTESUNATE (INJECTION/IV)
- ☐ OTHER ANTIMALARIAL
- ☐ AMOXICILLIN
- ☐ COTRIMOXAZOLE
- ☐ OTHER ANTIBIOTIC MEDICINE (PILL/SYRUP)
- ☐ OTHER ANTIBIOTIC MEDICINE (INJECTION/IV)
- ☐ ASPIRIN
- ☐ PARACETAMOL/PANADOL/ACETAMINOPHEN
- ☐ IBUPROFEN
- ☐ OTHER
- ☐ DON'TKNOW

Please list other medications [name_f] received from the health facility.

When did [name_f] FIRST visit the health facility?

(Please refer to the booklet)

Which health facility did [name_f] first visit?

(Please refer to the booklet)

- ☐ Malela level 4 hospital
- ☐ Kabongo HC
- ☐ Andiwo HC
- ☐ Wikomimo HC
- ☐ Abuoro HC
- ☐ Langi HC
- ☐ Kobodo HC
- ☐ Okok HC
- ☐ Other

Please state the health facility [name_f] visited.

Which symptoms did the child have at the first visit?

(Please refer to the booklet)

- ☐ Fever
- ☐ Headache
- ☐ Muscle pain
- ☐ Abdominal pain
- ☐ Nausea
- ☐ Vomiting
- ☐ Diarrhea
- ☐ Convulsions or coma
- ☐ Jaundice
- ☐ Rapid breathing
- ☐ Difficulty in breathing/respiratory distress
- ☐ Pale conjunctivae/palms
- ☐ Loss of reactivity
- ☐ Others

When did the symptoms for the first visit start?

(Please refer to the booklet)

Was [name_f] diagnosed with malaria for the first visit?

- ☐ Yes
☐ No

(Please refer to the booklet)

What was the diagnosis?

Did [name_f] take any treatment or medication for the first visit?

- ☐ Yes
☐ No

(Please refer to the booklet)

What treatment or medication did [name_f] receive from the health facility?

(Please refer to the booklet)

- ☐ AL
☐ DHAP
☐ OTHER ACT (NOT AL OR DHAP)
☐ SP/FANSIDAR
☐ CHLOROQUINE
☐ AMODIAQUINE
☐ QUININE (PILLS)
☐ QUININE (INJECTION/IV)
☐ ARTESUNATE (RECTAL)
☐ ARTESUNATE (INJECTION/IV)
☐ OTHER ANTIMALARIAL
☐ AMOXICILLIN
☐ COTRIMOXAZOLE
☐ OTHER ANTIBIOTIC MEDICINE (PILL/SYRUP)
☐ OTHER ANTIBIOTIC MEDICINE (INJECTION/IV)
☐ ASPIRIN
☐ PARACETAMOL/PANADOL/ACETAMINOPHEN
☐ IBUPROFEN
☐ OTHER
☐ DON'TKNOW

Please list other medications [name_f] received from the health facility.

When did [name_f] SECOND visit the health facility?

(Please refer to the booklet)

Which health facility did [name_f] second visit?

(Please refer to the booklet)

- ☐ Malela level 4 hospital
☐ Kabongo HC
☐ Andiwo HC
☐ Wikomimo HC
☐ Abuoro HC
☐ Langi HC
☐ Kobodo HC
☐ Okok HC
☐ Other

Please state the health facility [name_f] visited.

Which symptoms did the child have at the second visit?

(Please refer to the booklet)

- ☐ Fever
- ☐ Headache
- ☐ Muscle pain
- ☐ Abdominal pain
- ☐ Nausea
- ☐ Vomiting
- ☐ Diarrhea
- ☐ Convulsions or coma
- ☐ Jaundice
- ☐ Rapid breathing
- ☐ Difficulty in breathing/respiratory distress
- ☐ Pale conjunctivae/palms
- ☐ Loss of reactivity
- ☐ Others

When did the symptoms for the second visit start?

(Please refer to the booklet)

Was [name_f] diagnosed with malaria for the second visit?

- ☐ Yes
- ☐ No

(Please refer to the booklet)

What was the diagnosis?

Did [name_f] take any treatment or medication for the second visit?

- ☐ Yes
- ☐ No

(Please refer to the booklet)

What treatment or medication did [name_f] receive from the health facility?

(Please refer to the booklet)

- ☐ AL
- ☐ DHAP
- ☐ OTHER ACT (NOT AL OR DHAP)
- ☐ SP/FANSIDAR
- ☐ CHLOROQUINE
- ☐ AMODIAQUINE
- ☐ QUININE (PILLS)
- ☐ QUININE (INJECTION/IV)
- ☐ ARTESUNATE (RECTAL)
- ☐ ARTESUNATE (INJECTION/IV)
- ☐ OTHER ANTIMALARIAL
- ☐ AMOXICILLIN
- ☐ COTRIMOXAZOLE
- ☐ OTHER ANTIBIOTIC MEDICINE (PILL/SYRUP)
- ☐ OTHER ANTIBIOTIC MEDICINE (INJECTION/IV)
- ☐ ASPIRIN
- ☐ PARACETAMOL/PANADOL/ACETAMINOPHEN
- ☐ IBUPROFEN
- ☐ OTHER
- ☐ DON'TKNOW

Please list other medications [name_f] received from the health facility.

When did [name_f] THIRD visit the health facility?

(Please refer to the booklet)

Which health facility did [name_f] third visit?

(Please refer to the booklet)

- ☐ Malela level 4 hospital
- ☐ Kabongo HC
- ☐ Andiwo HC
- ☐ Wikomimo HC
- ☐ Abuoro HC
- ☐ Langi HC
- ☐ Kobodo HC
- ☐ Okok HC
- ☐ Other

Please state the health facility [name_f] visited.

Which symptoms did the child have at the third visit?

(Please refer to the booklet)

- ☐ Fever
- ☐ Headache
- ☐ Muscle pain
- ☐ Abdominal pain
- ☐ Nausea
- ☐ Vomiting
- ☐ Diarrhea
- ☐ Convulsions or coma
- ☐ Jaundice
- ☐ Rapid breathing
- ☐ Difficulty in breathing/respiratory distress
- ☐ Pale conjunctivae/palms
- ☐ Loss of reactivity
- ☐ Others

When did the symptoms for the third visit start?

(Please refer to the booklet)

Was [name_f] diagnosed with malaria for the third visit?

- ☐ Yes
- ☐ No

(Please refer to the booklet)

What was the diagnosis?

Did [name_f] take any treatment or medication for the third visit?

- ☐ Yes
- ☐ No

(Please refer to the booklet)

What treatment or medication did [name_f] receive from the health facility?

(Please refer to the booklet)

- ☐ AL
- ☐ DHAP
- ☐ OTHER ACT (NOT AL OR DHAP)
- ☐ SP/FANSIDAR
- ☐ CHLOROQUINE
- ☐ AMODIAQUINE
- ☐ QUININE (PILLS)
- ☐ QUININE (INJECTION/IV)
- ☐ ARTESUNATE (RECTAL)
- ☐ ARTESUNATE (INJECTION/IV)
- ☐ OTHER ANTIMALARIAL
- ☐ AMOXICILLIN
- ☐ COTRIMOXAZOLE
- ☐ OTHER ANTIBIOTIC MEDICINE (PILL/SYRUP)
- ☐ OTHER ANTIBIOTIC MEDICINE (INJECTION/IV)
- ☐ ASPIRIN
- ☐ PARACETAMOL/PANADOL/ACETAMINOPHEN
- ☐ IBUPROFEN
- ☐ OTHER
- ☐ DON'TKNOW

Please list other medications [name_f] received from the health facility.

Did [name_f] take treatment or medication from the following in the past four weeks?

- ☐ No
- ☐ Friends
- ☐ Relatives
- ☐ Pharmacy/chemist
- ☐ Traditional healers

What medications did [name_f] take from the friends?

- ☐ AL
- ☐ DHAP
- ☐ OTHER ACT (NOT AL OR DHAP)
- ☐ SP/FANSIDAR
- ☐ CHLOROQUINE
- ☐ AMODIAQUINE
- ☐ QUININE (PILLS)
- ☐ QUININE (INJECTION/IV)
- ☐ ARTESUNATE (RECTAL)
- ☐ ARTESUNATE (INJECTION/IV)
- ☐ OTHER ANTIMALARIAL
- ☐ AMOXICILLIN
- ☐ COTRIMOXAZOLE
- ☐ OTHER ANTIBIOTIC MEDICINE (PILL/SYRUP)
- ☐ OTHER ANTIBIOTIC MEDICINE (INJECTION/IV)
- ☐ ASPIRIN
- ☐ PARACETAMOL/PANADOL/ACETAMINOPHEN
- ☐ IBUPROFEN
- ☐ OTHER
- ☐ DON'TKNOW

Please list other medications [name_f] took from the friends.

What medications did [name_f] take from the relatives?

- ☐ AL
- ☐ DHAP
- ☐ OTHER ACT (NOT AL OR DHAP)
- ☐ SP/FANSIDAR
- ☐ CHLOROQUINE
- ☐ AMODIAQUINE
- ☐ QUININE (PILLS)
- ☐ QUININE (INJECTION/IV)
- ☐ ARTESUNATE (RECTAL)
- ☐ ARTESUNATE (INJECTION/IV)
- ☐ OTHER ANTIMALARIAL
- ☐ AMOXICILLIN
- ☐ COTRIMOXAZOLE
- ☐ OTHER ANTIBIOTIC MEDICINE (PILL/SYRUP)
- ☐ OTHER ANTIBIOTIC MEDICINE (INJECTION/IV)
- ☐ ASPIRIN
- ☐ PARACETAMOL/PANADOL/ACETAMINOPHEN
- ☐ IBUPROFEN
- ☐ OTHER
- ☐ DON'TKNOW

Please list other medications [name_f] took from the relatives.

What medications did [name_f] take from the pharmacy/chemist?

- ☐ AL
- ☐ DHAP
- ☐ OTHER ACT (NOT AL OR DHAP)
- ☐ SP/FANSIDAR
- ☐ CHLOROQUINE
- ☐ AMODIAQUINE
- ☐ QUININE (PILLS)
- ☐ QUININE (INJECTION/IV)
- ☐ ARTESUNATE (RECTAL)
- ☐ ARTESUNATE (INJECTION/IV)
- ☐ OTHER ANTIMALARIAL
- ☐ AMOXICILLIN
- ☐ COTRIMOXAZOLE
- ☐ OTHER ANTIBIOTIC MEDICINE (PILL/SYRUP)
- ☐ OTHER ANTIBIOTIC MEDICINE (INJECTION/IV)
- ☐ ASPIRIN
- ☐ PARACETAMOL/PANADOL/ACETAMINOPHEN
- ☐ IBUPROFEN
- ☐ OTHER
- ☐ DON'TKNOW

Please list other medications [name_f] took from the pharmacy.

What medications did [name_f] take from the traditional healer?

- ☐ AL
- ☐ DHAP
- ☐ OTHER ACT (NOT AL OR DHAP)
- ☐ SP/FANSIDAR
- ☐ CHLOROQUINE
- ☐ AMODIAQUINE
- ☐ QUININE (PILLS)
- ☐ QUININE (INJECTION/IV)
- ☐ ARTESUNATE (RECTAL)
- ☐ ARTESUNATE (INJECTION/IV)
- ☐ OTHER ANTIMALARIAL
- ☐ AMOXICILLIN
- ☐ COTRIMOXAZOLE
- ☐ OTHER ANTIBIOTIC MEDICINE (PILL/SYRUP)
- ☐ OTHER ANTIBIOTIC MEDICINE (INJECTION/IV)
- ☐ ASPIRIN
- ☐ PARACETAMOL/PANADOL/ACETAMINOPHEN
- ☐ IBUPROFEN
- ☐ OTHER
- ☐ DON'TKNOW

Please list other medications [name_f] took from the traditional healer.

Does [name_f] have the following symptoms now or in the last 24 hours?

- ☐ Fever
- ☐ Chills
- ☐ Profuse sweating
- ☐ Muscle/joint pain
- ☐ Abdominal pain
- ☐ Diarrhoea
- ☐ Nausea
- ☐ Vomiting
- ☐ Irritability
- ☐ Refusal to feed
- ☐ Prostration (difficulty to sit upright)
- ☐ Alteration in the level of consciousness
- ☐ Convulsions or coma
- ☐ Difficulty in breathing/respiratory distress
- ☐ Jaundice
- ☐ Others
- ☐ None

Please list other symptoms [name_f] experience now or in the last 24 hours.

Did [name_f] receive the malaria vaccine within four weeks?

- ☐ Yes
- ☐ No

How many times has [name_f] received the malaria vaccine, including the latest one?

- ☐ 1 dose
- ☐ 2 doses
- ☐ 3 doses
- ☐ 4 doses
- ☐ Don't know

Does the structure where [name_f] usually sleeps have ceiling nets?

- ☐ Yes
- ☐ No

Sample

Please complete the survey below.

Thank you!

Cohort ID	
First name	
Middle name	
Last name	
Did you sleep under a bed net last night?	<div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div>
Axillary temperature (degrees Celsius)	
Perform finger prick	<div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div>
Blood spots on filter paper?	<div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div>
Thick and thin blood films?	<div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div>
RDT results for P.f	<div><input type="radio"/> Negative</div> <div><input type="radio"/> Positive</div>
RDT results for Pan	<div><input type="radio"/> Negative</div> <div><input type="radio"/> Positive</div>