

Malaria Exposure and Treatment

Collection date for malaria information:

(DD-MM-YYYY)

MALARIA EXPOSURE

Does the participant live in a malaria endemic region?

- ☐ Yes
☐ No

How often does the participant use a mosquito net or insecticide?

- ☐ Consistently
☐ Intermittently
☐ Rarely

MALARIA CONTROL

Has the participant previously taken malaria chemoprophylaxis?

- ☐ Yes
☐ No

(If Yes) What type of malaria chemoprophylaxis was taken?

- ☐ Atovaquone-Proguanil
☐ Chloroquine
☐ Doxycycline
☐ Mefloquine
☐ Primaquine
☐ Other

(If Other) Specify other malaria chemoprophylaxis taken:

MALARIA TREATMENT

Has the participant previously taken treatment for malaria?

- ☐ Yes
☐ No

Is the participant currently on malaria treatment?

- ☐ Yes
☐ No

SICKLE CELL DISEASE

Is the participant a Sickle Cell Disease carrier?

- ☐ Yes
☐ No
☐ Don't know

Has the participant been diagnosed with Sickle Cell Disease?

- ☐ Yes
☐ No

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