**PROJECT: Impact of asymptomatic carriers in the epidemiology and malaria control in the Peruvian Amazon Region**

**MONITORING SHEET M1 - LONGITUDINAL STUDY (F2)**

|  |  |  |  |  |  |  |
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| **M** | **1** |  |  |  |  |  |

1.1. – Patient code: 1.2- House code: **M1** \_\_\_ \_\_\_ \_\_\_ \_\_\_ 1.3.- Firts evaluation date:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 2. **Mes: AUG 20 15** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** |
| 3. **PRESENCE** \* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| \* **1:** YES, **2:** TRAVEL, **3:** OUTSITE OF THE COMMUNITY **4:** REJECT, **5:** DECEASED, **6:** MOVED (write address), **7:** HOSPITALIZED (note detail, where, why) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SYMPTOMS 1:** YES, **2:** No, **-9:** Do not know, **-1:** No data | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Fever (SATNC) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. Chills |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6. Headache |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7. Abdominal pain |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8. Back pain |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9. Rash/Eruption |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10. Nausea |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11. Vomits |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12. Anorexia |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13. Dizziness |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14. Diarrhea |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15. Cough |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16.1. Other 1: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16.2. Other 2: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **17. TEMPERATURE(°C)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **SAMPLING 1:** Yes, **2:** No, **-1:** No data **N:** Negative,  **F:** P. Falciparum, **V:** P. Vivax, **M:** Mixed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18. Thick blood? (1/2) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 19. Smear (N/F/V/M) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20. Filter paper? (1/2) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **21.TREATMENT**  (1/2) | **C:** Chloroquine, **P:** Primaquine, **A:** Artesunate, **M:** Mefloquine, **Q:** Quinine, **L:** Clindamycin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 21.1. Medication |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 21.2. Medication |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 21.3. Medication |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **EXPOSURE TO DISEASE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22. Malaria contact (1/2) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 23. Travel (1/2) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 23.1. Place 1 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23.2. Place 2 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23.3. Place 3 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

1.4.- Sampling by: \_\_\_\_\_\_\_\_\_\_ 1.5.- Supervised by: \_\_\_\_\_\_\_\_\_\_

**24. Comments:**

\_ Date \_\_\_\_/\_\_\_\_\_/20\_\_\_\_: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**25. Sampling:**

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| **Sample code** | **Date** | **Reason \*** | **Results delivery date** | **Signature** |
| **A \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_** | / / 20 | 1 ( ), 2 ( ), 3 ( ): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | / / 20 |  |
| **A \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_** | / / 20 | 1 ( ), 2 ( ), 3 ( ): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | / / 20 |  |
| **A \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_** | / / 20 | 1 ( ), 2 ( ), 3 ( ): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | / / 20 |  |
| **A \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_** | / / 20 | 1 ( ), 2 ( ), 3 ( ): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | / / 20 |  |

\* 1: Monthly 2: Febrile, 3: Other (Specify)