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| Case Report Form | | | |
| **Preliminary Evaluation of Dynamics of Subclinical Malaria** | | | |
| Question | | Responses | Code |
| Participant/Subject ID (A1) | | IP |\_\_| - |\_\_|\_\_| - |\_\_|\_\_|\_\_|  **(Site ID) (VID) (PID)** | |
| State/Region | | ……………………………………… | |\_\_| |
| Township | | ……………………………………… | |\_\_| |
| Station Hospital/RHC | | ……………………………………… | |\_\_| |
| Sub center | | ……………………………………… | |\_\_|\_\_| |
| Village | | ……………………………………… | |\_\_|\_\_|\_\_| |
| Date of Enrollment  (DD/MM/YYYY) | | \_\_ \_\_ /\_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | |
| Section A: IDENTIFICATION AND RESIDENCE | | | |
| A2 | 1. Date of Birth (in English)   (DD/MM/YYYY)   1. Age (completed year) | \_\_ \_\_ /\_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  \_\_ \_\_ \_\_ (year)   1. Don’t remember 2. Don’t know | |\_\_|\_\_|\_\_| |
| A3 | Gender  If male: go to Question A4 | 1. Male (GO TO A4) 2. Female | |\_\_| |
| A3a | Are you pregnant? | 1. No 2. Yes 3. Not Relevant 4. Refused 5. Don’t know | |\_\_| |
| A4 | Residence  (Have you lived in this village for > 6 months?) | 1. No 2. Yes 3. Don’t know | |\_\_| |
| A5 | Type of main occupation | 1. Indoor 2. Outdoor | |\_\_| |
| A5a | What is your main occupation?  Please specify other occupation | 1. Dependent 2. Student 3. Vendor 4. Soldier 5. Refugee 6. Farmer 7. Plantation worker 8. Mine worker 9. Logger 10. Other (Specify)   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |\_\_| |
| A5b | Does your main occupation vary seasonally in the past one year? | 1. No 2. Yes | |\_\_| |

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| Section B: TRAVEL HISTORY | | | |
| B1 | How **far** away is your place of work or study? | 1. I work at home (GO TO B2) 2. Less than 1 km/ 0.6 mile 3. 1-5 km/ 0.6-3 miles 4. 6 - 15 km/ 3.5-9 miles 5. more than 15 km/ 9 miles | |\_\_| |
| B1a | What **mode** of travel do you **use most frequently** when you **travel to work or study**? | 1. Walk 2. Bicycle 3. Motorbike 4. Car/Truck 5. Cart/Trishaw 6. Bus/Taxi 7. Train 8. Boat/Ship | |\_\_| |
| B1b | How would you describe the **route** you **take to work or study during the dry season**?  Please specify other reasons your route changes | 1. Same route every time 2. Change my route because of road conditions 3. Change my route because I visit other places on the way to work 4. Change route for other reasons: SPECIFY | |\_\_| |
| B1c | Does your route to work or study change in the rainy season? | 1. No 2. Yes | |\_\_| |
| B1d | Do you travel less during the rainy season? | 1. No 2. Yes | |\_\_| |
| B1e | What **time** of day do you usually **leave for work or study**?  (If more than once a day, ask the time travel to first work place) | 1. 5:00am – 9:00 am 2. 9:00am -12:00 pm 3. 12:00pm-4:00 pm 4. 4:00pm-8:00pm 5. 8:00pm – midnight 6. After midnight | |\_\_| |
| B1f | What **time** of day do you usually **leave** work or study to travel back home?  (If more than once a day, ask the time travel to home from last work place) | 1. 5:00am – 9:00 am 2. 9:00am -12:00 pm 3. 12:00pm-4:00 pm 4. 4:00pm-8:00pm 5. 8:00pm – midnight 6. After midnight | |\_\_| |
| B1g | Do you stay overnight for work or study? | 1. No 2. Yes | |\_\_| |

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| B2 | How far is the **greatest distance** that you travel **in a typical day** (including travel to work)? | 1. Less than 1 km/ 0.6 mile 2. 1-5 km/ 0.6-3 miles 3. 6 - 15 km/ 3.5-9 miles 4. more than 15 km/ 9 miles | |\_\_| |
| B3 | How far is the **greatest distance** that you travel **in a typical week** (including travel to work)? | 1. Less than 1 km/ 0.6 mile 2. 1-5 km/ 0.6-3 miles 3. 6 - 15 km/ 3.5-9 miles 4. more than 15 km/ 9 miles | |\_\_| |
| B4 | What mode of travel do you **use** **most frequently** to move around **your village during the dry season**? | 1. Walk 2. Bicycle 3. Motorbike 4. Car/Truck 5. Cart/Trishaw 6. Bus/Taxi 7. Boat/Ship | |\_\_| |
| B5 | What mode of travel do you **use** **most frequently** to move around **your village during the rainy season**? | 1. Walk 2. Bicycle 3. Motorbike 4. Car/Truck 5. Cart/Trishaw 6. Bus/Taxi 7. Boat/Ship | |\_\_| |

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| Section C: MOSQUITO EXPOSURE (in last 3 months) | | | |
| C1 | Attending **crops/ farming**: (in last 3 months)  (If answer is No, skip to question no. C2) | 1. No (GO TO C2) 2. Yes | |\_\_| |
| C1a | Frequency of attending crops/ farming | 1. often (almost every day) 2. usually (at least once a month) 3. rarely (special cases,   e.g. burial) | |\_\_| |
| C1b | Timing of attending crops/ farming  **(select all that apply)** | 1. before sunrise 2. morning 3. day-time 4. after dark | |\_\_|  |\_\_|  |\_\_|  |\_\_| |
| C1c | Duration of attending crops/ farming | 1. less than an hour 2. several hours 3. all-day | |\_\_| |
| C2 | Work at **plantations** (in last 3 months)  (If answer is No, skip to question no. C3) | 1. No (GO TO C3) 2. Yes | |\_\_| |
| C2a | Frequency of working at plantations | 1. often (almost every day) 2. usually (at least once a month) 3. rarely (special cases) | |\_\_| |
| C2b | Timing of working at plantations  **(select all that apply)** | 1. before sunrise 2. morning 3. day-time 4. after dark | |\_\_|  |\_\_|  |\_\_|  |\_\_| |
| C2c | Duration of working at plantations | 1. less than an hour 2. several hours 3. all-day | |\_\_| |
| C3 | Work at **Mining areas** (in last 3 months)  (If answer is No, skip to question no. C4) | 1. No (GO TO C4) 2. Yes | |\_\_| |
| C3a | Frequency of working at mining areas | 1. often (almost every day) 2. usually (at least once a month) 3. rarely (special cases) | |\_\_| |
| C3b | Timing of working at mining areas  **(select all that apply)** | 1. before sunrise 2. morning 3. day-time 4. after dark | |\_\_|  |\_\_|  |\_\_|  |\_\_| |
| C3c | Duration of working at mining areas | 1. less than an hour 2. several hours 3. all-day | |\_\_| |

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| C4 | Travel to **refugee camps** (in last 3 months)  (If answer is No, skip to question no. C5) | 1. No (GO TO C5) 2. Yes | |\_\_| |
| C4a | Frequency of travel to refugee camps | 1. often (almost every day) 2. usually (at least once a month) 3. rarely (special cases) | |\_\_| |
| C4b | Timing of travel to refugee camps  (select all that apply) | 1. before sunrise 2. morning 3. day-time 4. after dark | |\_\_|  |\_\_|  |\_\_|  |\_\_| |
| C4c | Duration of travel to refugee camps | 1. less than an hour 2. several hours 3. all-day | |\_\_| |
| C5 | Do household chores that involve **trips to water** (in last 3 months) (e.g. washing, collecting water, fishing)  (If answer is No, skip to question no. C6) | 1. No (GO TO C6) 2. Yes | |\_\_| |
| C5a | Frequency of chores that involve trips to water | 1. often (almost every day) 2. usually (at least once a month) 3. rarely (special cases,   e.g. burial) | |\_\_| |
| C5b | Timing of chores that involve trips to water (select all that apply) | 1. before sunrise 2. morning 3. day-time 4. after dark | |\_\_|  |\_\_|  |\_\_|  |\_\_| |
| C5c | Duration of chores that involve trips to water | 1. less than an hour 2. several hours 3. all-day | |\_\_| |

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| C6 | Do household chores that involve **trip to the forest** (in last 3 months) (e.g. hunting, firewood and construction material collection, fruit gathering):  (If answer is No, skip to question no. C7) | 1. No (GO TO C7) 2. Yes | |\_\_| |
| C6a | Frequency of chores that involve trips to forest | 1. often (almost every day) 2. usually (at least once a month) 3. rarely (special cases,   e.g. burial) | |\_\_| |
| C6b | Timing of chores that involve trips to forest (select all that apply) | 1. before sunrise 2. morning 3. day-time 4. after dark | |\_\_|  |\_\_|  |\_\_|  |\_\_| |
| C6c | Duration of chores that involve trips to forest | 1. less than an hour 2. several hours 3. all-day | |\_\_| |
| C7 | Do you have any **mosquito net**?  (If answer is No, skip to section D) | 1. No (GO TO Section D) 2. Yes | |\_\_| |
| C7a | What kind of mosquito net do you have? (select all that apply) | 1. Ordinary net 2. LLIN 3. Impregnated with insecticide (ITN) | |\_\_|  |\_\_|  |\_\_| |
| C7b | Did you sleep under this mosquito net last night? | 1. No 2. Yes | |\_\_| |
| C7c | Do you use a mosquito net regularly (at least 4-5 nights per week)? | 1. No 2. Yes | |\_\_| |

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| Section D: POPULATION MOBILITY | | | |
| D1 | How many outsiders (not from your village) come into the village on the monthly basis? | 1. none 2. 1 – 5 3. 6-10 4. more than 10 5. Don’t know | |\_\_| |
| D2 | Have you traveled outside your village within your township during last year?  (If answer is #0 – I don’t leave my village, skip to question no. E1) | 1. I don’t leave my village (GOTO E1) 2. Once a year 3. 2 – 4 times a year 4. More than 4 times a year 5. Every week 6. Every day | |\_\_| |
| D2a | What mode of travel do you **use most frequently** to travel **outside your** **village last year**? | 1. Walk 2. Bicycle 3. Motorbike 4. Car/Truck 5. Cart/Trishaw 6. Bus/Taxi 7. Boat/ ship 8. Other | |\_\_| |
| D2b | How many times in the past 6 months?  (If answer is #0 – I don’t leave my village, skip to question no. D3) | 1. I don’t leave my village (GOTO D3) 2. 1 – 5 times 3. 6-10 times 4. More than 10 times | |\_\_| |
| D2c | Where did you go in the past 6 months? (the most recent travel) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Village  \_\_\_\_\_\_\_\_\_\_\_\_\_Township | |\_\_|\_\_|\_\_|  |\_\_|\_\_| |
| D2d | How far away? Estimated kilometers? | \_\_ \_\_ \_\_ \_\_ (km)   1. Don’t know | |\_\_|\_\_|\_\_|\_\_| |
| D3 | Have you traveled outside your township within your country during last year?  (If answer is #0 – I don’t leave my township, skip to question no. E1) | 1. I don’t leave my township (GOTO E1) 2. Once a year 3. 2 - 4 times a year 4. More than 4 times a year 5. Every week 6. Every day | |\_\_| |

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| D3a | What mode of travel do you use most frequently to travel **outside your** **township last year**? | 1. Walk 2. Bicycle 3. Motorbike 4. Car/Truck 5. Cart/Trishaw 6. Bus/Taxi 7. Train 8. Boat/Ship 9. Airplane 10. Other | |\_\_| |
| D3b | How many times in the past 6 months?  (If answer is #0 – I don’t leave my township, skip to question no. D4) | 1. I don’t leave my township (GOTO D4) 2. 1 – 5 times 3. 6-10 times 4. More than 10 times | |\_\_| |
| D3c | Where did you go in the past 6 months? (the most recent travel) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Village  \_\_\_\_\_\_\_\_\_\_\_\_\_Township | |\_\_|\_\_|\_\_|  |\_\_|\_\_| |
| D3d | How far away? Estimated kilometers? | \_\_ \_\_ \_\_ \_\_ (km)   1. Don’t know | |\_\_|\_\_|\_\_|\_\_| |
| D4 | Did you cross the country border during last year?  (If answer is #0 – I don’t leave my country, skip to question no. E1) | 1. I don’t leave my country (GOTO E1) 2. Once a year 3. 2 - 4 times a year 4. More than 4 times a year 5. Every week 6. Every day | |\_\_| |
| D4a | What mode of travel do you use most frequently to travel **outside your** **country last year**? | 1. Motorbike 2. Car/Truck 3. Cart/Trishaw 4. Bus/Taxi 5. Train 6. Boat/Ship 7. Airplane | |\_\_| |
| D4b | How many times in the past 6 months? | 1. I don’t leave my country (GOTO E1) 2. 1 – 5 times 3. 6-10 times 4. More than 10 times | |\_\_| |
| D4c | Where did you go in the past 6 months? (the most recent travel) | \_\_\_\_\_\_\_\_\_\_\_\_\_Country | |\_\_|\_\_| |
| D4d | How far away? Estimated kilometers? | \_\_ \_\_ \_\_ \_\_ (km)   1. Don’t know | |\_\_|\_\_|\_\_|\_\_| |

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| Section E: RECENT MALARIA HISTORY | | | | | | |
| E1 | In the past 2 months, have you had fever? | | | 1. No 2. Yes 3. Don’t know | | |\_\_| |
| E2 | In the past 2 months, have you had any of the following symptoms? **(to probe)** | a. Headache | 0.No | 1.Yes | 9.Don’t know | |\_\_|  |\_\_|  |\_\_|  |\_\_|  |\_\_|  |\_\_|  |\_\_| |
| b. Body ache/pain | 0.No | 1.Yes | 9.Don’t know |
| c. Nausea | 0.No | 1.Yes | 9.Don’t know |
| d. Vomiting | 0.No | 1.Yes | 9.Don’t know |
| e. Abdominal discomfort | 0.No | 1.Yes | 9.Don’t know |
| f. Decreased appetite | 0.No | 1.Yes | 9.Don’t know |
| g. Fatigue | 0.No | 1.Yes | 9.Don’t know |
| h. Fever with chill and rigor | 0.No | 1.Yes | 9.Don’t know |
| E3 | Other than today, in the past two months, did you receive a malaria test?  (If no or don’t know, go to E6) | | | 1. No (GOTO E6) 2. Yes 3. Don’t know (GOTO E6) | | |\_\_| |
| E4 | What was the malaria test result?  (If the answer is Negative or Don’t know, go to E6) | | | 1. Malaria negative (GOTO E6) 2. Malaria positive 3. Don’t know (GOTO E6) | | |\_\_| |
| E5 | What was the type of malaria parasite detected?  Please specify other malaria parasite detected | | | 1. P.f. 2. P.v. 3. Mixed 4. Other (Specify) 5. Don’t know   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |\_\_| |
| E6 | In the past 2 months, have you taken any anti-malaria drug?  (If the answer is No or Don’t know, skip to Section F) | | | 1. No (GOTO Section F) 2. Yes 3. Don’t know (GOTO Section F) | | |\_\_| |
| E6a | Have you taken anti-malaria drug completely? | | | 1. No, I never completed it. 2. Yes, completed. 3. Don’t know | | |\_\_| |

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| Section F: CURRENT MALARIA TESTING | | | | | | |  |
| F1 | In the past 24 hours, have you had a fever (Not including the fever you reported in E1 above)? | | | 1. No 2. Yes 3. Don’t know | | | |\_\_| |
| F2 | Interviewer enters measured body temperature | | | \_\_ \_\_ . \_\_ degree C | | | |\_\_|\_\_|\_\_| |
| F3 | Interviewer enters source of blood collected | | | 1. Refuse (GOTO ‘Name of interviewer’) 2. Finger prick 3. Earlobe 4. Both | | | |\_\_| |
| F4 | Interviewer enters the test performed and/or sample collected | | a. Hemoglobin | 0.No | | 1.Yes | |\_\_|  |\_\_|  |\_\_|  |\_\_| |
| b. cRDT | 0.No | | 1.Yes |
| c. 3MM filter paper | 0.No | | 1.Yes |
| d. 903 filter paper | 0.No | | 1.Yes |
| F5 | Interviewer enters the result of Hemoglobin level | | | \_\_ \_\_ . \_\_ g/dl | | | |\_\_|\_\_|\_\_| |
| F6a | Expiry date (DD/MM/YYYY)  and LOT number of cRDT test kits | | | cRDT \_\_ \_\_ /\_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  LOT # |\_\_||\_\_||\_\_||\_\_||\_\_||\_\_||\_\_||\_\_||\_\_| | | | |
| F6b | Interviewer enters if control line of cRDT is active | | | 1. No 2. Yes | | | |\_\_| |
| F6c | Interviewer enters result of cRDT test | | | 1. Negative 2. P.f. 3. P.v. 4. Mixed | | | |\_\_| |
| F7 | Interviewer enters if venous blood was collected | | | 1. No 2. Yes | | | |\_\_| |
| Name of interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |\_\_|\_\_| | | | | Date \_\_ \_\_ /\_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | | | |
| Name of data checking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |\_\_|\_\_| | | | | Date \_\_ \_\_ /\_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | | | |
| Supervisor certification: I have reviewed all data recorded and certify that the form is accurate and complete | | | | | | | |
| Supervisor Name  ------------------------------- | | Supervisor Signature  ------------------------------- | | | Date \_\_ \_\_ /\_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | | |