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

**SHEET OF FEBRILE PATIENTS**

**LONGITUDINAL STUDY (F3)**

**CODE OF PATIENT: M 1 \_\_ \_\_ \_\_ \_\_ \_\_**

**HOUSING CODE: M 1 \_\_ \_\_ \_\_ \_\_**

1. **GENERAL INFORMATION: (Complete if the patient is not the study)**

1.1. Last name: **\_\_\_\_\_\_\_\_\_\_\_\_** 1.2.Mother's last name: **\_\_\_\_\_\_\_\_\_\_\_\_** 1.3. Name(s): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1.4. Date of birth: **\_\_ \_\_ / \_\_ \_\_ \_\_/ \_\_ \_\_ \_\_ \_\_** 1.5.IniTials: **\_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_**

1.6. Age: **\_\_ \_\_** years1.7.Gender:M( ) F ( )

1.8. Inclusion date: \_\_ \_\_ / \_\_ \_\_ \_\_ / 20\_\_ \_\_ 1.9. Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.10. Full address (including references): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1.11. Occupation: (Mark with a cross "X")

1. Lumberjack ( )

2. Urban work ( )

3. Fisherman ( )

4. Woodcutter ( )

5. Farmer ( )

6. Biker boat ( )

7. Debt collector ( )

8. Craftsman ( )

9. Merchant ( )

10. Housekeeper ( )

11. Retired ( )

12. Stevedore ( )

13. Biker / Motorcycle ( )

14. Other (Specify):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. Student ( )

16. Minor ( )

17. Housewife ( )

18. It does not work ( )

99. Does not apply ( )

1.12. Level of education: (Mark with a cross "X")

A. Preschool: 0 ( ) (Under 6 years)

B. Primary: 1 ( ) / 2 ( ) / 3 ( ) / 4 ( ) / 5 ( ) / 6 ( )

C. Secondary: 7 ( ) / 8 ( ) / 9 ( ) / 10 ( ) / 11 ( )

D. Technical: 12 ( ) / 13 ( ) / 14 ( ) / 15 ( )

E. Higher: 16 ( ) / 17 ( ) / 18 ( ) / 19 ( ) / 20 ( )

F. Illiterate: 21 ( )

G. Lawyer uneducated: 22 ( )

1.13. Marital Status: (Mark with a cross "X")

1. Single ( )

2. Married / Attached ( )

3. Divorced ( )

4. Separate ( )

5. Widower ( )

99. Does not apply ( )

**2) Symptoms** (present in the last week): **1: Yes 2: No 77: Do not know / No answer**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Day** | **time symptoms** | **-06** | **-05** | **-04** | **-03** | **-02** | **-01** | **0** | **Results** |
| **Date** | **/ /** | **/ /** | **/ /** | **/ /** | **/ /** | **/ /** | **/ /** | **/ /** |
| 2.1. Fever (SATNC) |  |  |  |  |  |  |  |  | 2.15.  MINSA  **\_\_\_\_\_**  2.16.  projectv  **\_\_\_\_\_** |
| 2.2. Chill |  |  |  |  |  |  |  |  |
| 2.3. Headache |  |  |  |  |  |  |  |  |
| 2.4.Stomachache |  |  |  |  |  |  |  |  |
| 2.5. Back pain |  |  |  |  |  |  |  |  |
| 2.6. Rash / eruption |  |  |  |  |  |  |  |  |
| 2.7. Sickness |  |  |  |  |  |  |  |  |
| 2.8. vomiting |  |  |  |  |  |  |  |  |
| 2.9. Anorexia |  |  |  |  |  |  |  |  |
| 2.10. Dizziness |  |  |  |  |  |  |  |  |
| 2.11. Diarrhea |  |  |  |  |  |  |  |  |
| 2.12. Cough |  |  |  |  |  |  |  |  |
| 2.13. other 1 |  |  |  |  |  |  |  |  |
| 2.14. other 2 |  |  |  |  |  |  |  |  |

**3) TRAVEL BACKGROUND (Farther than 10 Km)**

3.1. How long have you lived at this address / community? \_\_ \_\_ \_\_ Years \_\_\_months

3.2. IN GENERAL: (usually / often / usually)

3.2.1Traveling: 1: YES ( ) 2. NO ( ) 3.2.2. How often travels: Every: \_\_ \_\_ \_\_ \_\_ years \_\_ \_ months \_\_\_\_days.

3.2.3. Reason for frequent travel: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

3.3. IN THE LAST MONTH:

3.3.1. Travel in the last 30 days (10 Km away): 1. Yes ( ) 2. NO ( ) → Go to 4

3.3.2. When returns?: \_\_ \_\_ days ago.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 3.3.3. Duration of each trip days.  (Put 0 if the trip is less than 24 hours) | | | | 3.3.4. River which sailed on each trip. (See table Tab 1 / Put code) | | | | 3.3.5. Place or community visited on every trip or nearest. | | | |
| TRIP | | | | TRIP | | | | TRIP | | | |
| 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
|  |  |  |  |  |  |  |  |  |  |  |  |

**4) BACKGROUND OF MALARIA (Do not consider the current episode - indicate month and year)**

4.1. At some point in his life he has had malaria: 1: YES( ) 2. NO ( ) → GO TO 5

4.2. How many times have you had malaria? \_\_ \_\_ times.

4.3. Indicate the dates of malaria episodes in the last 12 months, starting from the last (specify month and year: Ejm: Jun / 2011):

4.3.1. Date: **\_ \_ \_ / 20\_\_\_ 🡪** 1. Vivax ( ) 2.Falciparum ( ) 3.Mixta ( ) 77.No know / No answer ( )

4.3.2. Date: **\_ \_ \_ / 20\_\_\_ 🡪** 1. Vivax ( ) 2.Falciparum ( ) 3.Mixta ( ) 77.No know / No answer ( )

4.3.3. Date: **\_ \_ \_ / 20\_\_\_ 🡪** 1. Vivax ( ) 2.Falciparum ( ) 3.Mixta ( ) 77.No know / No answer ( )

4.3.4. Date: **\_ \_ \_ / 20\_\_\_ 🡪** 1. Vivax ( ) 2.Falciparum ( ) 3.Mixta ( ) 77.No know / No answer ( )

4.3.5. Date: **\_ \_ \_ / 20\_\_\_ 🡪** 1. Vivax ( ) 2.Falciparum ( ) 3.Mixta ( ) 77.No know / No answer ( )

4.3.6. Date: **\_ \_ \_ / 20\_\_\_ 🡪** 1. Vivax ( ) 2.Falciparum ( ) 3.Mixta ( ) 77.No know / No answer ( )

4.4. He received antimalarial treatment in the last episode: 1. Yes ( ) 2. No ( ) 77.No know / No answer ( )

**5) FAMILY HISTORY** (if someone has fever or malaria home side sample)

5.1. Someone in the family besides you have a fever or headache or chills today:

1. Yes ( ) 2. No ( ) 77.No know / No answer ( )

5.2. Someone in your family has currently malaria: 1. Yes ( ) 2. No ( ) 77.No know / No answer ( )

**6) OTHER DATA**

6.1. He has net at home: 1. Yes ( ) 2. No ( ) 🡪Go To 6.9

6.2. What material is your net: 1. Tocuyo ( ) 2. Nylon ( ) 3. Olyset/Permanet ( )

4. Other (6.2.1. Specify): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

6.3. His fly was once treated or impregnated: 1. Yes ( ) 2. No ( ) 🡪Go To 6.5

6.3.1. How long ago it was the last time was impregnated mosquito net?:

1. Less than 6 months ( ) 2. 6 to 12 months ( ) 3. 13-24 months ( ) 4.> 24 months ( )

5. Factory ( )

6.4. Who impregnated the mosquito net:

1. Factory ( ) 🡪 6.4.1. What brand: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

2. A person's home ( ) 3. MINSA ( ) 4.Other ( ) 6.4.2. Specify: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

6.5. In the last 15 days, how often have you used the mosquito net?:

1. Daily ( ) 2. 10-14 days ( ) 3. 7-8 days () 4. Less than 7 days ( )

6.6. How long has your net? \_\_ \_\_ Years \_\_ \_\_ months \_\_ \_\_ days

6.7. When do you use your mosquito net, it manages to avoid mosquito bites me? 1. Yes ( ) 2. ( )

6.8. How often do you wash your net: Every: \_\_ \_\_ years \_\_ \_\_ months \_\_ \_\_ days

6.9. Date of last fumigation of your house: **\_\_ \_\_ /\_\_ \_\_ \_\_/ \_\_ \_\_ \_\_ \_\_** 99/999/9999: There has never fumigated

6.10. In what area of your home, you cook: 1. Away from home (in the area not covered, outdoor) ( )

2. Within house (indoor) ( )

3. Other-Specify (6.10.1):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

6.11. That fuel used for cooking : 1. Gas ( ) 2. Kerosene ( ) 3. Carbon ( ) 4. Firewood ( )

6. Other (6.11.1):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**