

PRISM BORDER COHORT STUDY STUDY ID |__|__|__|

Participant's Initials |__|__|
Last FirstDate of Clinic Visit |__|__|/|__|__|/|__|__|
day month year

VISITOR FORM	To be completed by the head of household ONLY. Please complete one form for each visitor*. Visitor number __ (1 = 1 st visitor, 2 = 2 nd visitor, etc.)
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* a visitor is defined as a non-cohort individual who spent one or more consecutive nights sleeping in the household.

Date of first night of visit __ __ / __ __ / __ __ (DD/MM/YY) (Day 1 below)	Date of last night of visit __ __ / __ __ / __ __ (DD/MM/YY) (Last day below)
Name of district and sub-county travelled from: District: _____ Code: __ __ __ __ Sub-county: _____ Code: __ __ __ __	
Main reason for visit <input type="checkbox"/> work/trading <input type="checkbox"/> funeral rites <input type="checkbox"/> holiday <input type="checkbox"/> partying/wedding/cultural gathering <input type="checkbox"/> Other (tick one answer) <input type="checkbox"/> visiting relatives/friends <input type="checkbox"/> school <input type="checkbox"/> conference/workshop/church <input type="checkbox"/> accompanying parents/guardians If other, specify: _____	
Visitor gender: <input type="checkbox"/> male <input type="checkbox"/> female	Visitor age in year (approximate): __ __

Complete the following for each day of overnight visit		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date (add additional pages if visit more than 7 days)		/ /	/ /	/ /	/ /	/ /	/ /	/ /
Time visitor went to bed (tick one)	1 = before 5pm; 2 = 5 pm to <9 pm; 3 = 9 pm to 12 mid-night; 4 = After mid-night; 5 = did not go to bed	__	__	__	__	__	__	__
What did the visitor do between dinner and going to bed? (circle yes or no for each option)	Helped with work in the house	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Sat in the gardens talking	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Went out to walk or to meet friends	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Stay at work	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Listen to news/watch TV	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Went to bed right away	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
In which room did the visitor sleep overnight?	List study ID of a household member who typically uses the room that was shared with or given to visitor:	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __	__ __ __
Did the visitor sleep under a bednet during this night?		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
If yes, did the visitor's bednet use lead to another household member not using a bednet?		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
If the visitor did NOT use a bednet, why not? (circle yes or no for each option)	No spare net	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Nowhere to hang the net	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Too hot to use a net	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	No mosquitoes/no risk	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Attach visitor form(s) to the corresponding Clinic Visit CRF		Initials: _____						