

PRISM 2-COHORT STUDY

STUDY ID | 3 | | | | | Household ID | 1 | | | | | | | | | |

Participant's Initials | | | | Date screening began | | | | / | | | | / | | | |
Last First day month year

INDIVIDUAL SCREENING FORM			
First complete the following:		<i>As soon as any box in the "Exclude" column is ticked stop and proceed to the question #7. If not excluded, proceed to the next section.</i>	
<ul style="list-style-type: none"> Enter Study ID, Household ID, name and date of screening into Individual Screening Log <ul style="list-style-type: none"> <input type="checkbox"/> Continuing from PRISM I study (Use same study ID number) <input type="checkbox"/> Not enrolled in PRISM I study (Assign next available study ID number) 			
1) Gender: <input type="checkbox"/> M <input type="checkbox"/> F	2) Date of birth: / / day month year		
Selection criteria		Include	Exclude
3) Household considered their primary residence		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4) Agreement to come to the study clinic for any febrile episode or other illness		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5) Agreement to avoid antimalarial medications given outside the study clinic		<input type="checkbox"/> Yes	<input type="checkbox"/> No
6) Willingness to provide informed consent for child participant and/or self Participant or parent/guardian may return up to 2 weeks from initial screening to consent. Was consent signed after the date screening began? If yes, record date consent signed below Date consent signed (if different from date above): / / day month year		<input type="checkbox"/> Yes	<input type="checkbox"/> No
7) All criteria for study inclusion met?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
8) If enrolled, participant or parents/guardians provided informed consent for use of biological specimens		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Update screening log and if enrolled proceed to the enrollment form Initial: _____			