PRISM BORDER COHORT STUDY **STUDY ID** |___|___|___| **Participant's Initials** |___|___| ***Last First*** **Date of Enrollment** |___|___|/|___|___|/|___|___| *day month year*

ENROLLMENT FORM (Page 1 of 2)	**Household ID number:** |_ _|___||___|___||___|___||___|___||___|		
Enrollment status (tick one): □ From Busia District □ From Tororo District	**Woman of child bearing age** □ Yes □ No If yes, complete the following	**Known Drug Allergies** □ Yes □ No If yes, list drugs below	**Chronic Medical Conditions** □ Yes □ No If yes, list conditions below
Gender: □ Male □ Female	**Is the woman pregnant?** □ Yes □ No (if unsure may offer urine pregnancy test) If yes, record which trimester they are in □ 1st □ 2nd □ 3rd		
Date of birth: |___|___|/|___|___|/|___|___| *day month year*			

VITAL SIGNS (temperature, height and weight are mandatory; others are optional)

Temperature (°C)	**Height** (cm)	**Weight** (kg)	**MUAC** (cm) if < 5 years	**Heart rate**	**Blood Pressure (**mm Hg)	**Respiratory Rate**	**Sp02**
|___|___| . |___|	|___|___|___|	|___|___| . |___|	|___|___|___|	|___|___|___|/minute	|___|___|___|/ |___|___|___|	|___|___|/minute	|___|___| (%)

CLINICAL ASSESSMENT

Parameter	**Circle one**	**Duration (days)**	**Parameter**	**Yes / No / Cannot assess**	**Duration (days)**
Fever	**Yes / No / Cannot assess**		Cough	**Yes / No / Cannot assess**	
Fatigue/ malaise	**Yes / No / Cannot assess**		Shortness of breath	**Yes / No / Cannot assess**	
Abdominal pain	**Yes / No / Cannot assess**		Headache	**Yes / No / Cannot assess**	
Anorexia	**Yes / No / Cannot assess**		Joint pains	**Yes / No / Cannot assess**	
Vomiting	**Yes / No / Cannot assess**		Muscle aches	**Yes / No / Cannot assess**	
Diarrhea	**Yes / No / Cannot assess**		Seizure	**Yes / No / Cannot assess**	

Note

Initials:___ ___

Send participant to the lab for collection of blood samples after circling which option applies based on the weight of the participant

Option	**Weight**	**Volume of blood to be drawn**	**Collections always done**	**Spin down remaining blood**		
				Plasma	**Buffy coat**	**RBC pellet**
1	2-4 kg	4 ml EDTA	Thick smear Filter paper Hemocue WB qPCR (2 aliquots) WB RNA Protect (1 aliquot) WB Paxgene reagent (2 aliquots)	2 aliquots	2 aliquots	1 aliquot
2	≥ 5 kg	10 ml EDTA		2 aliquots	2 aliquots	1 aliquot

ENROLLMENT FORM (Page 2 of 2)

NEW DIAGNOSIS AND MEDICATION RECORD

Diagnosis	Code	Medication	Code	Dose	Frequency	Duration

Malaria visit type (always tick one)

□ No malaria diagnosed today

□ Uncomplicated malaria treated with AL

□ Uncomplicated malaria treated with quinine for pregnancy

□ Uncomplicated malaria treated with quinine for < 5 kg

□ Complicated malaria treated with IV artesunate or quinine

If complicated malaria tick all criteria below that apply

Danger signs in children <5 years of age

- 1-2 convulsions over a 24 hour period
- Inability to sit up or stand
- Vomiting everything
- Unable to breast feed or drink
- Lethargy

Evidence of severe disease

- Cerebral malaria
- ≥ 3 convulsions over a 24 hour period
- Severe anemia (Hb < 5 gm/dl)
- Respiratory distress
- Jaundice
- Other: Specify _____

LABORATORY TEST RESULTS

Blood smear reading □ urgent □ routine

Test	Result	Initials
Parasite density *(/ul)*		
Gametocyte density *(/ul)*		
Hemoglobin (g/dL)		
qPCR *(/ul)*		

Hospitalizations (always tick one)

□ Patient not referred to hospital

□ Patient referred for hospitalization (complete hospitalization form)

Request participants to always attend care at our study clinic and avoid treatment outside the study clinic. If they ever do, they should let clinic staff know about it.

□ Make sure household has appointment for household survey

LLINs will be given at time household survey done

Date of next scheduled visit: |___|___|/|___|___|/|___|___|
day month year

Initials: