

TRAVEL FORM	To be completed if there is a history of travel. Please complete one form per trip* in chronological order. Trip number <input type="text"/> (1 = 1 st trip, 2 = 2 nd trip, etc.)
--------------------	---

* trip defined as one or more consecutive nights spent outside of a participant's primary residence.

Date of first night away	Date: <input type="text"/> / <input type="text"/> / <input type="text"/> (DD/MM/YY) (Day 1 below)
Date of last night away	Date: <input type="text"/> / <input type="text"/> / <input type="text"/> (DD/MM/YY) (Last day below)
Name of the district and sub-county travelled to	District: <input type="text"/> Code: <input type="text"/> Sub-county: <input type="text"/> Code: <input type="text"/>
Main reason for travel (tick one answer)	<input type="checkbox"/> work/trading <input type="checkbox"/> holiday <input type="checkbox"/> accompanying parents/guardians <input type="checkbox"/> visiting relatives/friends <input type="checkbox"/> conference/workshop/church <input type="checkbox"/> Other. If other, specify: <input type="text"/> <input type="checkbox"/> funeral rites <input type="checkbox"/> partying/wedding/cultural gathering <input type="checkbox"/> school
Participant's perception of the risk of getting malaria at the place they have travelled to (circle one answer)	<input type="checkbox"/> No risk <input type="checkbox"/> Low risk <input type="checkbox"/> Medium risk <input type="checkbox"/> High risk <input type="checkbox"/> Unknown

Complete the following for each consecutive day of overnight travel		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date (add additional pages if trip more than 7 days)		/ /	/ /	/ /	/ /	/ /	/ /	/ /
Where did the participant stay overnight	1 = Hotel 2 = Friend/relative's home 3 = School; 4 = Hospital 5 = Church 6 = Camp 7 = Other_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Time participant had diner	1 = before 5pm 2 = 5 pm to <9 pm 3 = 9 pm to 12 mid-night 4 = After mid-night 5 = did not have diner	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Time study participant went to bed	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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measures taken by the study participant to prevent malaria during travel (Indicate all that apply)	1 = None 2 = Slept under a bednet 3 = Used mosquito repellents	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	4 = Used mosquito coils 5 = Take antimalarial drugs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	6 = Other_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
What did the study participant do between dinner and going to bed? (Indicate all that apply)	1 = Helped with work in the house/hotel 2 = Sat in the gardens discussing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	3 = Have a drink with friends 4 = Stay at work	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	5 = Listen to news/watch TV 6 = Go to bed right away	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Attach travel form(s) to the corresponding Clinic Visit CRF		<div style="text-align: right;">Initials: _____</div>						