PRISM 2-CO	OHORT STU	DY STUDY ID	3	Participant	's Initials Last First	Date of Enrollment		/ nonth year	_	
ENROLLM	ENROLLMENT FORM (Page 1 of 2) Household ID number: 1									
Enrollment status (tick one): □ Continuing from PRISM I study □ Not enrolled in PRISM I study				earing age Yes lete the following		Known Drug Allergies Yes No If yes, list drugs below		Chronic Medical Conditions □ Yes □ N If yes, list conditions below		
			Is the woman pr	egnant? 🗆 Yes 🗆 N	No					
Gender: Male Female				er urine pregnancy t ch trimester they are	·					
Date of birth: _ / _			$\Box 1^{st} \Box 2^{nd} \Box 3^{rd}$							
		VITAL SI	IGNS (temperatu	re, height and	weight are mandat	ory; others are op	tional)			
Temperature (°C) Height (cm)		Weight (kg)		Heart rate	Blood Pressure	Blood Pressure (mm Hg)		Respiratory Rate		
					_/minute	///	//		/minute	
CLINICAL ASSESSMENT										
Parameter Circle		Circle	one Duration (days)		Parameter	Yes / No	Yes / No / Cannot assess		Duration (day	/s)
Fever Yes / No / Ca		Yes / No / Ca	nnot assess		Cough	Yes / No	Yes / No / Cannot assess			
Fatigue/ malaise Yes / No / Ca				Headache	Yes / No	Yes / No / Cannot assess				
Abdominal pain Yes / No / Ca		nnot assess		Joint pains	Yes / No	Yes / No / Cannot assess				
Anorexia Yes / No / Ca				Muscle aches	Yes / No	Yes / No / Cannot assess				
Vomiting Yes / No / Ca		nnot assess		Seizure	Yes / No	Yes / No / Cannot assess				
Diarrhea Yes / No / Ca		annot assess		Jaundice	Yes / No	Yes / No / Cannot assess				
Notes Initials:										
Send participant to the lab for collection of blood samples after circling which option applies based on the weight of the participant										
0.41	***	X 7 1 011				Sp	Spin down remaining blood			1
Option	Weight	Volume of blo			ions always done	Plasma	a B	uffy coat	RBC pellet	
			This is among			1				ii .

Thick smear 2-4 kg 4 ml EDTA 2 aliquots 2 aliquots 1 aliquot 1 Filter paper Hemocue WB qPCR (2 aliquots) WB RNA Protect (3 aliquots) \geq 5 kg 10 ml EDTA 2 aliquots 2 aliquots 2 1 aliquot

PRISM 2-COHORT STUDY	STUDY ID	<u> 3 </u>	Participant's Initials	Date of Enrollment	_ /	<u> / </u>	_	_
			Last First		day	month	year	

ENROLLMENT FORM (Page 2 of 2)									
NEW DIAGNOSIS AND MEDICATION RECORD									
Diagnosis	Diagnosis Code Medication			Code	Dose	Frequency	Duration		
Malaria vis	it type (always	tick one)		If complicated malaria tick all criteria below that apply					
□ 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				nvulsions of ty to sit up ing everyth					
LABORATORY TEST RESULTS					Hospitalizations (always tick one)				
Blood smear reading □ urgent □ routine				□ Patient not referred to hospital					
If patient diagnosed with malaria will also need to do				r	☐ Patient referred for hospitalization (complete hospitalization form)				
Test		Result		Initials	Request participants to always attend care at our		•		
Parasite density (/ul)					avoid treatment outside the study clinic. If t should let clinic staff know about it.		hey ever do, they		
Gametocyte density (/ul)				☐ Make sure household has appointment for house		usehold survey			
Parasite Species (circle all that apply) PF / PM / PO /			/ unknown		LLINs will be given at time household survey done				
Hemoglobin (g/dL)	2.2.0				Date of next scheduled visit: _ _ / _ _ / _				
qPCR (/ul)					Initials:				

Version 1 dated 16 July 2017

Entered_____Date___/__/__

Verified_____Date___/__/__