|  |  |  |
| --- | --- | --- |
| **Variable / Field Name** | **Field Label**  ***Field Note*** | **Field Attributes (Field Type, Validation, Choices, Calculations, etc.)** |
| part\_id | Participant ID | text |
| hh\_number | Household Number | text |
| hh\_type | Select the type of household for this study: | dropdown   |  |  | | --- | --- | | 1 | cross-sectional | | 2 | longitudinal | |
| today | Date of data collection | text |
| age\_years | Age - years | text |
| age\_months | Age - months (In addition to the years listed. Enter ONLY if child is < 5 years old)  *Months entered should be in addition to years. For example: 3 YEARS, 9 MONTHS* | text |
| gender | Sex | dropdown   |  |  | | --- | --- | | 1 | male | | 2 | female | |
| reason\_no\_part | Reason person is not participating | dropdown   |  |  | | --- | --- | | 1 | Not Available | | 2 | Declined | |
| reside\_diff\_home | Does this person reside in another home during part of the year? | dropdown   |  |  | | --- | --- | | 1 | yes | | 0 | no | |
| reside\_diff\_months | Section Header: *Other home*  How many months does the participant live in the other home?  *MONTHS* | text (integer) |
| reside\_diff\_reason | What is the primary reason the participant lives in the other home? | dropdown   |  |  | | --- | --- | | 1 | 1. The other home is the main home where the participant spends most of their time. | | 2 | 2. The other home is for farming. | | 3 | 3. The other home is for fishing. | | 4 | Other: specify | |
| chld\_relationship\_to\_child | Relationship of Caregiver to Child: | dropdown   |  |  | | --- | --- | | 1 | Mother | | 2 | Father | | 3 | Grandparent | | 4 | Aunt or Uncle | | 5 | Sibling | | 6 | Other relative | | 7 | Other | |
| chld\_caregiver\_id | Caregiver Identification Number: | text |
| mal\_symptoms  Show the field ONLY if:  [age\_years] >= 16 | Q1. There is a disease known as malaria. Do you know any of the symptoms of malaria? | checkbox   |  |  |  | | --- | --- | --- | | 1 | mal\_symptoms\_\_\_1 | Fever | | 2 | mal\_symptoms\_\_\_2 | Headache | | 3 | mal\_symptoms\_\_\_3 | Chills | | 4 | mal\_symptoms\_\_\_4 | Vomiting | | 5 | mal\_symptoms\_\_\_5 | Diarrhea | | 6 | mal\_symptoms\_\_\_6 | Body ache or pain | | 7 | mal\_symptoms\_\_\_7 | Cough | | 8 | mal\_symptoms\_\_\_8 | Weakness or fatigue | | 9 | mal\_symptoms\_\_\_9 | Flu-like symptoms | | 10 | mal\_symptoms\_\_\_10 | Thirst | | 11 | mal\_symptoms\_\_\_11 | Loss of appetite | | 12 | mal\_symptoms\_\_\_12 | Yellow eyes or skin | | 13 | mal\_symptoms\_\_\_13 | Do not know | | 14 | mal\_symptoms\_\_\_14 | Other | |
| mal\_causes  Show the field ONLY if:  [age\_years] >= 16 | Q2. Do you know what causes malaria? | checkbox   |  |  |  | | --- | --- | --- | | 1 | mal\_causes\_\_\_1 | Mosquito bites | | 2 | mal\_causes\_\_\_2 | Breathing bad air | | 3 | mal\_causes\_\_\_3 | Eating bad food | | 4 | mal\_causes\_\_\_4 | Eating fresh maize | | 5 | mal\_causes\_\_\_5 | Eating fresh fruits | | 6 | mal\_causes\_\_\_6 | Eating sugar cane | | 7 | mal\_causes\_\_\_7 | Drinking bad water | | 8 | mal\_causes\_\_\_8 | Sleeping in same room as someone who is sick | | 9 | mal\_causes\_\_\_9 | Breathing the same air as someone who is sick | | 10 | mal\_causes\_\_\_10 | If you do not obey your elders you get malaria | | 11 | mal\_causes\_\_\_11 | Bad luck | | 12 | mal\_causes\_\_\_12 | A cut in the skin | | 13 | mal\_causes\_\_\_13 | It is a curse/punishment | | 14 | mal\_causes\_\_\_14 | Dirty surroundings | | 15 | mal\_causes\_\_\_15 | Flies | | 16 | mal\_causes\_\_\_16 | Do not know | | 17 | mal\_causes\_\_\_17 | Other | |
| mal\_prevent  Show the field ONLY if:  [age\_years] >= 16 | Q3. Do you know how to prevent malaria? | checkbox   |  |  |  | | --- | --- | --- | | 1 | mal\_prevent\_\_\_1 | Burn a fire in the house | | 2 | mal\_prevent\_\_\_2 | Charms | | 3 | mal\_prevent\_\_\_3 | Do not go outside at certain times of day | | 4 | mal\_prevent\_\_\_4 | Have screen on the windows | | 5 | mal\_prevent\_\_\_5 | Keep skin covered | | 6 | mal\_prevent\_\_\_6 | Sleep under a mosquito net | | 7 | mal\_prevent\_\_\_7 | Spray insecticide inside the house | | 8 | mal\_prevent\_\_\_8 | Take medicine to prevent malaria | | 9 | mal\_prevent\_\_\_9 | Wear insect repellent | | 10 | mal\_prevent\_\_\_10 | Drink and eat clean water and food | | 11 | mal\_prevent\_\_\_11 | Bury mosquito breeding sites | | 12 | mal\_prevent\_\_\_12 | Keep surroundings clean | | 13 | mal\_prevent\_\_\_13 | Seek early treatment | | 14 | mal\_prevent\_\_\_14 | Do not know | | 15 | mal\_prevent\_\_\_15 | Other | |
| mal\_learn  Show the field ONLY if:  [age\_years] >= 16 | Q4. Where did you learn about malaria? | checkbox   |  |  |  | | --- | --- | --- | | 1 | mal\_learn\_\_\_1 | Never learned about it | | 2 | mal\_learn\_\_\_2 | Community health worker | | 3 | mal\_learn\_\_\_3 | Health care worker at clinic or hospital | | 4 | mal\_learn\_\_\_4 | Posters in Health Post or Health Center | | 5 | mal\_learn\_\_\_5 | Friends or relatives | | 6 | mal\_learn\_\_\_6 | Traditional healer | | 7 | mal\_learn\_\_\_7 | School | | 8 | mal\_learn\_\_\_8 | Non-governmental organization (NGO) | | 9 | mal\_learn\_\_\_9 | ICEMR study team | | 10 | mal\_learn\_\_\_10 | Radio | | 11 | mal\_learn\_\_\_11 | Newspaper | | 12 | mal\_learn\_\_\_12 | Do not know | | 13 | mal\_learn\_\_\_13 | Other | |
| symp\_fever  Show the field ONLY if:  [age\_years] >= 16 | *Q5. In the past DAY, have you experienced any of the following symptoms?*  Fever | radio   |  |  | | --- | --- | | 0 | no | | 1 | yes | | 2 | Do not know |   Custom alignment: RH |
| symp\_headache  Show the field ONLY if:  [age\_years] >= 16 | Headache | radio   |  |  | | --- | --- | | 0 | no | | 1 | yes | | 2 | Do not know |   Custom alignment: RH |
| symp\_chills  Show the field ONLY if:  [age\_years] >= 16 | Chills | dropdown   |  |  | | --- | --- | | 0 | no | | 1 | yes | | 2 | Do not know | |
| symp\_nausvom  Show the field ONLY if:  [age\_years] >= 16 | Vomiting | dropdown   |  |  | | --- | --- | | 0 | no | | 1 | yes | | 2 | Do not know | |
| symp\_diarrhea  Show the field ONLY if:  [age\_years] >= 16 | Diarrhea (> 3 loose/watery stools in 24 hours) | dropdown   |  |  | | --- | --- | | 0 | no | | 1 | yes | | 2 | Do not know | |
| symp\_cough  Show the field ONLY if:  [age\_years] >= 16 | Cough | dropdown   |  |  | | --- | --- | | 0 | no | | 1 | yes | | 2 | Do not know | |
| illsymp\_fever  Show the field ONLY if:  [age\_years] >= 16 | *Q6. Excluding the past day, have you experienced any of the following symptoms in the past TWO WEEKS?*  Fever | dropdown   |  |  | | --- | --- | | 0 | no | | 1 | yes | | 2 | Do not know | |
| illsymp\_headache  Show the field ONLY if:  [age\_years] >= 16 | Headache | dropdown   |  |  | | --- | --- | | 0 | no | | 1 | yes | | 2 | Do not know | |
| illsymp\_chills  Show the field ONLY if:  [age\_years] >= 16 | Chills | dropdown   |  |  | | --- | --- | | 0 | no | | 1 | yes | | 2 | Do not know | |
| illsymp\_nausvom  Show the field ONLY if:  [age\_years] >= 16 | Vomiting | dropdown   |  |  | | --- | --- | | 0 | no | | 1 | yes | | 2 | Do not know | |
| illsymp\_diarrhea  Show the field ONLY if:  [age\_years] >= 16 | Diarrhea (> 3 loose/watery stools in 24 hours) | dropdown   |  |  | | --- | --- | | 0 | no | | 1 | yes | | 2 | Do not know | |
| illsymp\_cough  Show the field ONLY if:  [age\_years] >= 16 | Cough | dropdown   |  |  | | --- | --- | | 0 | no | | 1 | yes | | 2 | Do not know | |
| meds\_month\_yn  Show the field ONLY if:  [age\_years] >= 16 | Q7. Have you taken any medications for malaria in the past MONTH? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 0 | No | | 2 | Do not know | |
| meds\_when  Show the field ONLY if:  [age\_years] >= 16 | Q8. If YES, when? | dropdown   |  |  | | --- | --- | | 1 | 1. Within the past day | | 2 | 2. Not within the past day but within the past week | | 3 | 3. More than one week ago | | 4 | 4. Do not know | |
| meds\_month  Show the field ONLY if:  [age\_years] >= 16 | Q9. If YES, what medications for malaria did you take? | checkbox   |  |  |  | | --- | --- | --- | | 1 | meds\_month\_\_\_1 | 1. Herbal or traditional medicine | | 2 | meds\_month\_\_\_2 | 2. Chloroquine | | 3 | meds\_month\_\_\_3 | 3. Coartem | | 4 | meds\_month\_\_\_4 | 4. Quinine | | 5 | meds\_month\_\_\_5 | 5. SP/Fansidar | | 6 | meds\_month\_\_\_6 | 6. Don't know | | 7 | meds\_month\_\_\_7 | 7. Other | |
| mal\_meds\_source  Show the field ONLY if:  [age\_years] >= 16 | Q10. If yes, where did you get the medications for malaria? | checkbox   |  |  |  | | --- | --- | --- | | 1 | mal\_meds\_source\_\_\_1 | 1. Health post | | 2 | mal\_meds\_source\_\_\_2 | 2. Health center | | 3 | mal\_meds\_source\_\_\_3 | 3. Hospital | | 4 | mal\_meds\_source\_\_\_4 | 4. Traditional healer | | 5 | mal\_meds\_source\_\_\_5 | 5. Had it in the home | | 6 | mal\_meds\_source\_\_\_6 | 6. Relative or friend | | 7 | mal\_meds\_source\_\_\_7 | 7. Local chemist, shop or market | | 8 | mal\_meds\_source\_\_\_8 | 8. Do not know | | 9 | mal\_meds\_source\_\_\_9 | 9. Other | |
| hlthctr\_last\_visit  Show the field ONLY if:  [age\_years] >= 16 | Q12. When was the last time you visited the Health Center for malaria? | dropdown   |  |  | | --- | --- | | 1 | 1. ? 1 month ago | | 2 | 2. 2-6 months ago | | 3 | 3. 7 months to 1 year ago | | 4 | 4. Greater than 1 year | | 5 | 5. Never | | 6 | 6. Do not know | |
| hlthpost\_last\_visit  Show the field ONLY if:  [age\_years] >= 16 | Q14. When was the last time you visited the Health Post for malaria? | dropdown   |  |  | | --- | --- | | 1 | 1. ? 1 month ago | | 2 | 2. 2-6 months ago | | 3 | 3. 7 months to 1 year ago | | 4 | 4. Greater than 1 year | | 5 | 5. Never | | 6 | 6. Do not know | |
| mc\_have\_bednet  Show the field ONLY if:  [age\_years] >= 16 | Q15. Do you have bed nets in the house where you sleep? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 0 | No | | 2 | Do not know | |
| mc\_bednet\_count  Show the field ONLY if:  [age\_years] >= 16 and [mc\_have\_bednet] = '1' | Q15a. If YES, How many bed nets are in the house where you sleep? | text |
| mc\_bednet\_count\_dk  Show the field ONLY if:  [age\_years] >= 16 | Q15b. Participant has bed nets in the house where they sleep but they DON"T KNOW how many: | dropdown   |  |  | | --- | --- | | 2 | Do not know | |
| mc\_why\_no\_bednet  Show the field ONLY if:  [age\_years] >= 16 | Q16. If none, what is the reason you do not have a bed net in your house? | checkbox   |  |  |  | | --- | --- | --- | | 1 | mc\_why\_no\_bednet\_\_\_1 | 1. It is too hot under the net | | 2 | mc\_why\_no\_bednet\_\_\_2 | 2. There is not enough space under the next | | 3 | mc\_why\_no\_bednet\_\_\_3 | 3. It does not protect against mosquitoes | | 4 | mc\_why\_no\_bednet\_\_\_4 | 4. No mosquitoes around | | 5 | mc\_why\_no\_bednet\_\_\_5 | 5. It is only for children/pregnant women | | 6 | mc\_why\_no\_bednet\_\_\_6 | 6. It is too expensive | | 7 | mc\_why\_no\_bednet\_\_\_7 | 7. Bed nets are not available | | 8 | mc\_why\_no\_bednet\_\_\_8 | 8. I do not know where to get a bed net | | 9 | mc\_why\_no\_bednet\_\_\_9 | 9. There are not enough bed nets for everyone | | 10 | mc\_why\_no\_bednet\_\_\_10 | 10. It is not the rainy or malaria season | | 11 | mc\_why\_no\_bednet\_\_\_11 | 11. Cannot hang it over my sleeping place | | 12 | mc\_why\_no\_bednet\_\_\_12 | 12. Sleep outside | | 13 | mc\_why\_no\_bednet\_\_\_13 | 13. Change my sleeping place too often | | 14 | mc\_why\_no\_bednet\_\_\_14 | 14. Do not know | | 15 | mc\_why\_no\_bednet\_\_\_15 | 15. Other | |
| mc\_sleep\_bednet  Show the field ONLY if:  [age\_years] >= 16 | Q17. Do you sleep under a bed net? | dropdown   |  |  | | --- | --- | | 1 | yes | | 0 | no | |
| mc\_no\_sleep\_bednet  Show the field ONLY if:  [age\_years] >= 16 and [mc\_sleep\_bednet] = '0' | Q18. If NO, why not? | checkbox   |  |  |  | | --- | --- | --- | | 1 | mc\_no\_sleep\_bednet\_\_\_1 | 1. It is too hot under the net | | 2 | mc\_no\_sleep\_bednet\_\_\_2 | 2. Net is old, dirty or needs to be retreated | | 3 | mc\_no\_sleep\_bednet\_\_\_3 | 3. There is not enough space under the net | | 4 | mc\_no\_sleep\_bednet\_\_\_4 | 4. There are not enough bed nets for everyone | | 5 | mc\_no\_sleep\_bednet\_\_\_5 | 5. It does not protect against mosquitoes | | 6 | mc\_no\_sleep\_bednet\_\_\_6 | 6. No mosquitoes around | | 7 | mc\_no\_sleep\_bednet\_\_\_7 | 7. It is for only children and pregnant women | | 8 | mc\_no\_sleep\_bednet\_\_\_8 | 8. It is too expensive | | 9 | mc\_no\_sleep\_bednet\_\_\_9 | 9. It is not the rainy or malaria season | | 10 | mc\_no\_sleep\_bednet\_\_\_10 | 10. Cannot hang it over my sleeping place | | 11 | mc\_no\_sleep\_bednet\_\_\_11 | 11. Sleep outside | | 12 | mc\_no\_sleep\_bednet\_\_\_12 | 12. Change my sleeping place too often | | 13 | mc\_no\_sleep\_bednet\_\_\_13 | 13. Net is itchy | | 14 | mc\_no\_sleep\_bednet\_\_\_14 | 14. Do not know | | 15 | mc\_no\_sleep\_bednet\_\_\_15 | 15. Other | |
| mc\_time\_own\_bednet  Show the field ONLY if:  [age\_years] >= 16 | Q19. How long have you owned the bed net that you sleep under? | dropdown   |  |  | | --- | --- | | 1 | 1. < 1 month | | 2 | 2. 1 month - 1 year | | 3 | 3. 2-5 years | | 4 | 4. >5 years | | 5 | 5. Do not know | |
| mc\_last\_treat\_bednet  Show the field ONLY if:  [age\_years] >= 16 | Q20. When was the last time you treated your bed net? | dropdown   |  |  | | --- | --- | | 1 | 1. ? 1 month ago | | 2 | 2. 2-5 months ago | | 3 | 3. 6-12 months | | 4 | 4. Greater than 1 year | | 5 | 5. Never treated | | 6 | 6. Does not need to be retreated | | 7 | 7. Do not know | |
| mc\_wash\_bednet  Show the field ONLY if:  [age\_years] >= 16 | Q21. How many times have you washed your bed net? | text |
| mc\_wash\_bednet\_dk  Show the field ONLY if:  [age\_years] >= 16 | Q21a. Participant DOES NOT KNOW how many times bed net has been washed: | dropdown   |  |  | | --- | --- | | 2 | Do not know | |
| mc\_bednet\_over\_bed  Show the field ONLY if:  [age\_years] >= 16 | Q22. Please ask to see the bednet that the participant sleeps under and document the answers to the following questions:  a. Is the bednet hanging over the bed? | dropdown   |  |  | | --- | --- | | 1 | yes | | 0 | no | |
| mc\_bednet\_brand  Show the field ONLY if:  [age\_years] >= 16 | b. What is the brand of bednet? | dropdown   |  |  | | --- | --- | | 1 | PermaNet 2.0 | | 2 | PermaNet 3.0 | | 3 | PermaNet (version not known) | | 4 | Mama Safenite | | 5 | Other - please describe below | | 6 | Olyset | | 7 | NETPROTECT | |
| mc\_bednet\_cond  Show the field ONLY if:  [age\_years] >= 16 | c. What is the condition of the bed net? | dropdown   |  |  | | --- | --- | | 1 | New | | 2 | Used | | 3 | Well Used | |
| mc\_net\_holes\_2cm  Show the field ONLY if:  [age\_years] >= 16 | d. How many holes are in there in the bed net of each of these sizes? (Do not count holes smaller than 0.5 cm)  Smaller than a thumb (0.5 to 2.0 cm) | text |
| mc\_net\_holes\_10cm  Show the field ONLY if:  [age\_years] >= 16 | Larger than a thumb but smaller than a fist (2 to 10 cm) | text |
| mc\_net\_holes\_25cm  Show the field ONLY if:  [age\_years] >= 16 | Larger than a fist but smaller than a head (10 to 25 cm) | text |
| mc\_net\_holes\_gt25cm  Show the field ONLY if:  [age\_years] >= 16 | Larger than a head (> 25 cm) | text |
| mc\_bednet\_repairs  Show the field ONLY if:  [age\_years] >= 16 | e. Have any repairs been made to the bed net? | dropdown   |  |  | | --- | --- | | 1 | yes | | 0 | no | |
| mc\_house\_spray  Show the field ONLY if:  [age\_years] >= 16 | Q23. Has the inside of your house ever been sprayed with insecticide for mosquitoes? This does not include the DOOM we may have used to collect mosquitoes. | dropdown   |  |  | | --- | --- | | 1 | Yes | | 0 | No | | 2 | Do not know | |
| mc\_house\_spray\_time  Show the field ONLY if:  [age\_years] >= 16 | Q24. If YES, when was the last time it was sprayed? | dropdown   |  |  | | --- | --- | | 1 | 1. ? 1 month ago | | 2 | 2. 2-6 months ago | | 3 | 3. Greater than 6 months ago | | 4 | 4. Do not know | |
| mc\_refuse\_spray  Show the field ONLY if:  [mc\_house\_spray] = '0' | Q24.1 If NO, did you refuse to have your house sprayed? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 0 | No | | 2 | Do not know |   Field Annotation: 2016011 - Added by Bill Moss |
| mc\_refuse\_spray\_why  Show the field ONLY if:  [mc\_refuse\_spray] = '1' | Q24.2 If YES, why did you not have your house sprayed? | checkbox   |  |  |  | | --- | --- | --- | | 1 | mc\_refuse\_spray\_why\_\_\_1 | 1. Not at home at the time of spraying | | 2 | mc\_refuse\_spray\_why\_\_\_2 | 2. Do not like the smell | | 3 | mc\_refuse\_spray\_why\_\_\_3 | 3. Did not want to move my household belongings outside | | 4 | mc\_refuse\_spray\_why\_\_\_4 | 4. Do not think spraying works | | 5 | mc\_refuse\_spray\_why\_\_\_5 | 5. Do not know |   Field Annotation: 2016011 - Added by Bill Moss |
| hh\_currently\_emp  Show the field ONLY if:  [age\_years] >= 16 | Q25. Is the head of your household in permanent employment? | dropdown   |  |  | | --- | --- | | 1 | yes | | 0 | no | |
| hh\_educ\_level  Show the field ONLY if:  [age\_years] >= 16 | Q26. What is the highest level of school the head of household attended? | dropdown   |  |  | | --- | --- | | 1 | 1. Primary | | 2 | 2. Secondary | | 3 | 3. Higher | |
| hh\_water\_src  Show the field ONLY if:  [age\_years] >= 16 | Q27. What is the main source of drinking water for your household? | dropdown   |  |  | | --- | --- | | 1 | 1. Piped water | | 2 | 2. Bore hole (or bush pump) | | 4 | 4. Open well | | 5 | 5. Surface water | | 6 | 6. Stream/pond | |
| hh\_cook\_energy  Show the field ONLY if:  [age\_years] >= 16 | Q28. What is the main source of energy used for cooking? | dropdown   |  |  | | --- | --- | | 1 | 1. Electricity | | 2 | 2. Gas | | 3 | 3. Solar | | 4 | 4. Paraffin/Kerosene | | 5 | 5. Coal/charcoal/wood | | 6 | 6. Dung | | 7 | 7. Other: | |
| hhloor\_matl  Show the field ONLY if:  [age\_years] >= 16 | Q29. What is the main material of the floor of your home? | dropdown   |  |  | | --- | --- | | 1 | 1. Natural (earth, mud, dung) | | 2 | 2. Rudimentary (wood, planks) | | 3 | 3. Finished flooring (parquet, tiles, brick, ceramic, concrete, carpet) | |
| hh\_appliance  Show the field ONLY if:  [age\_years] >= 16 | Q30. Does your household have any of the following? | checkbox   |  |  |  | | --- | --- | --- | | 1 | hh\_appliance\_\_\_1 | 1. Radio | | 2 | hh\_appliance\_\_\_2 | 2. Television | | 3 | hh\_appliance\_\_\_3 | 3. Refrigerator | | 4 | hh\_appliance\_\_\_4 | 4. Mobile phone | | 5 | hh\_appliance\_\_\_5 | 5. Solar panels | | 0 | hh\_appliance\_\_\_0 | None of these items | |
| hh\_transport  Show the field ONLY if:  [age\_years] >= 16 | Q31. Does any member of your household own any of the following? | checkbox   |  |  |  | | --- | --- | --- | | 1 | hh\_transport\_\_\_1 | 1. Bicycle | | 2 | hh\_transport\_\_\_2 | 2. Motorcycle/scooter | | 3 | hh\_transport\_\_\_3 | 3. Car or truck | | 0 | hh\_transport\_\_\_0 | None of these items | |
| mv\_did\_sleep\_away | Q32. Did you sleep overnight in a location away from your home during the past 4 weeks? | dropdown   |  |  | | --- | --- | | 0 | no | | 1 | yes | |
| mv\_number\_trips | 32.1 If yes, how many times did you travel? | text (integer) |
| mv\_number\_nights | 2.2 How many nights did you sleep away from your home while traveling on your most recent trip? | text (integer) |
| mv\_travel\_purpose | 32.8 What was the purpose of your most recent travel? | checkbox   |  |  |  | | --- | --- | --- | | 1 | mv\_travel\_purpose\_\_\_1 | 1. Job or formal work | | 2 | mv\_travel\_purpose\_\_\_2 | 2. To buy or sell | | 3 | mv\_travel\_purpose\_\_\_3 | 3. Wedding | | 4 | mv\_travel\_purpose\_\_\_4 | 4. Funeral | | 5 | mv\_travel\_purpose\_\_\_5 | 5. Visit family or friends | | 6 | mv\_travel\_purpose\_\_\_6 | 6. Holiday | | 7 | mv\_travel\_purpose\_\_\_7 | 7. School | | 8 | mv\_travel\_purpose\_\_\_8 | 8. Health Care | | 9 | mv\_travel\_purpose\_\_\_9 | 9. Other | |
| mv\_sleep\_home\_type | 32.9 In which type of home did you sleep overnight? | checkbox   |  |  |  | | --- | --- | --- | | 1 | mv\_sleep\_home\_type\_\_\_1 | 1. Family or friends | | 2 | mv\_sleep\_home\_type\_\_\_2 | 2. Rest house, guest house, lodge or motel | | 3 | mv\_sleep\_home\_type\_\_\_3 | 3. School | | 4 | mv\_sleep\_home\_type\_\_\_4 | 4. Church | | 5 | mv\_sleep\_home\_type\_\_\_5 | 5. Outdoors | | 6 | mv\_sleep\_home\_type\_\_\_6 | 6. Other: specify | |
| mv\_mal\_diag\_return | 32.10 After returning from your most recent trip, were you diagnosed with malaria? | dropdown   |  |  | | --- | --- | | 0 | no | | 1 | yes | |
| mv\_mal\_diag\_after\_days | 32.10.1 If yes, how many days after returning home were you diagnosed with malaria? | text (integer) |
| mv\_mal\_diag\_after\_days\_dk | \_ | checkbox   |  |  |  | | --- | --- | --- | | 1 | mv\_mal\_diag\_after\_days\_dk\_\_\_1 | Do not remember | |
| dia\_start  Show the field ONLY if:  [age\_years] >= 16 | *Diarrhea in PAST 2 WEEKS*  Q32. How many days ago did the diarrhea start? | text |
| dia\_stop  Show the field ONLY if:  [age\_years] >= 16 | Q33. Did the diarrhea stop? | dropdown   |  |  | | --- | --- | | 0 | no | | 1 | yes | | 2 | Do not know | |
| dia\_stop\_days  Show the field ONLY if:  [age\_years] >= 16 | Q33a. If yes, how many days ago did the diarrhea stop? | text |
| dia\_blood  Show the field ONLY if:  [age\_years] >= 16 | Q34. Did you pass blood in the stool with the diarrhea? | dropdown   |  |  | | --- | --- | | 0 | no | | 1 | yes | | 2 | Do not know | |
| dia\_fever  Show the field ONLY if:  [age\_years] >= 16 | Q35. Did you have fever with the diarrhea? | dropdown   |  |  | | --- | --- | | 0 | no | | 1 | yes | | 2 | Do not know | |
| dia\_vomit  Show the field ONLY if:  [age\_years] >= 16 | Q36. Did you have vomiting with the diarrhea? | dropdown   |  |  | | --- | --- | | 0 | no | | 1 | yes | | 2 | Do not know | |
| dia\_loose\_num  Show the field ONLY if:  [age\_years] >= 16 | Q37. What was the highest number of loose or watery stools passed on any day during the illness? | text |
| dia\_loose\_num\_dk  Show the field ONLY if:  [age\_years] >= 16 | Q37a. Participant DOES NOT KNOW highest number of loose or watery stools passed on any day during the illness: | dropdown   |  |  | | --- | --- | | 2 | Do not know | |
| dia\_seek  Show the field ONLY if:  [age\_years] >= 16 | Q38. Did you seek advice or treatment outside home? | dropdown   |  |  | | --- | --- | | 0 | no | | 1 | yes | | 2 | Do not know | |
| dia\_seek\_whom  Show the field ONLY if:  [age\_years] >= 16 | Q39. From whom did you seek advice or treatment? | dropdown   |  |  | | --- | --- | | 1 | 1. Health post | | 2 | 2. Health center | | 3 | 3. Hospital | | 4 | 4. Traditional healer | | 5 | 5. Had it in the home | | 6 | 6. Relative or friend | | 7 | 7. Local chemist, shop or market | | 8 | 8. Do not know | | 9 | 9. Other | |
| rdt\_results  Show the field ONLY if:  [age\_years] >= 16 | Q40. Document the RDT result: | dropdown   |  |  | | --- | --- | | 0 | Negative | | 1 | Positive | | 2 | Not done | |
| hemo\_results  Show the field ONLY if:  [age\_years] >= 16 | Q41. Document hemoglobin result: | text |
| temp\_results  Show the field ONLY if:  [age\_years] >= 16 | Q42. Measure and record participant’s temperature:  *c* | text |
| weight\_results  Show the field ONLY if:  [age\_years] >= 16 | Q43. Measure and record participant?s weight:  *kg* | text |
| rdt\_treat\_male  Show the field ONLY if:  [age\_years] >= 16 | If the participant is RDT positive and male, he should be offered treatment with Coartem. | dropdown   |  |  | | --- | --- | | 1 | Treated with Coartem | | 2 | Refused Treatment | |
| rdt\_treat\_female  Show the field ONLY if:  [age\_years] >= 16 | If the participant is RDT positive and female, she should be offered treatment with Coartem. Before we treat her, we must ask her if she is pregnant. The treatment will be different if she is pregnant. you pregnant? | dropdown   |  |  | | --- | --- | | 1 | yes | | 0 | no | |
| rdt\_treat\_preg  Show the field ONLY if:  [age\_years] >= 16 | If the participant says she is pregnant: | dropdown   |  |  | | --- | --- | | 1 | Treated with quinine ONLY | | 2 | Treated with clindamycin ONLY | | 3 | Treated with BOTH quinine and clindamycin | | 4 | Refused Treatment | |
| rdt\_treat\_not\_preg  Show the field ONLY if:  [age\_years] >= 16 | If the participant says she is NOT pregnant: | dropdown   |  |  | | --- | --- | | 1 | Treated with Coartem | | 2 | Refused Treatment | |
| chld\_symp\_fever  Show the field ONLY if:  [age\_years] < 16 | Q1. In the past DAY, has your child experienced any of the following symptoms?  Fever | radio   |  |  | | --- | --- | | 0 | no | | 1 | yes | | 2 | Do not know |   Custom alignment: RH |
| chld\_symp\_headache  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Headache | dropdown   |  |  | | --- | --- | | 0 | no | | 1 | yes | | 2 | Do not know | |
| chld\_symp\_chills  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Chills | dropdown   |  |  | | --- | --- | | 0 | no | | 1 | yes | | 2 | Do not know | |
| chld\_symp\_nausvom  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Vomiting | dropdown   |  |  | | --- | --- | | 0 | no | | 1 | yes | | 2 | Do not know | |
| chld\_symp\_diarrhea  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Diarrhea (> 3 loose/watery stools in 24 hours) | dropdown   |  |  | | --- | --- | | 0 | no | | 1 | yes | | 2 | Do not know | |
| chld\_symp\_cough  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Cough | dropdown   |  |  | | --- | --- | | 0 | no | | 1 | yes | | 2 | Do not know | |
| chld\_illsymp\_fever  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Q2. Excluding the past DAY, has your child experienced any of the following symptoms in the past TWO WEEKS?  Fever | dropdown   |  |  | | --- | --- | | 0 | no | | 1 | yes | | 2 | Do not know | |
| chld\_illsymp\_headache  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Headache | dropdown   |  |  | | --- | --- | | 0 | no | | 1 | yes | | 2 | Do not know | |
| chld\_illsymp\_chills  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Chills | dropdown   |  |  | | --- | --- | | 0 | no | | 1 | yes | | 2 | Do not know | |
| chld\_illsymp\_nausvom  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Vomiting | dropdown   |  |  | | --- | --- | | 0 | no | | 1 | yes | | 2 | Do not know | |
| chld\_illsymp\_diarrhea  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Diarrhea (> 3 loose/watery stools in 24 hours) | dropdown   |  |  | | --- | --- | | 0 | no | | 1 | yes | | 2 | Do not know | |
| chld\_illsymp\_cough  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Cough | dropdown   |  |  | | --- | --- | | 0 | no | | 1 | yes | | 2 | Do not know | |
| chld\_meds\_month\_yn  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Q3. Has your child taken any medications for malaria in the past MONTH? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 0 | No | | 2 | Do not know | |
| chld\_meds\_when  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" and [chld\_meds\_month\_yn] = '1' | Q4. If YES, when? | dropdown   |  |  | | --- | --- | | 1 | 1. Within the past day | | 2 | 2. Not within the past day but within the past week | | 3 | 3. More than one week ago | | 4 | 4. Do not know | |
| chld\_meds\_month  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" and [chld\_meds\_month\_yn] = '1' | Q5. If YES, what medications for malaria did your child take? | checkbox   |  |  |  | | --- | --- | --- | | 1 | chld\_meds\_month\_\_\_1 | 1. Herbal or traditional medicine | | 2 | chld\_meds\_month\_\_\_2 | 2. Chloroquine | | 3 | chld\_meds\_month\_\_\_3 | 3. Coartem | | 4 | chld\_meds\_month\_\_\_4 | 4. Quinine | | 5 | chld\_meds\_month\_\_\_5 | 5. SP/Fansidar | | 6 | chld\_meds\_month\_\_\_6 | 6. Don't know | | 7 | chld\_meds\_month\_\_\_7 | 7. Other | |
| chld\_mal\_meds\_source  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Q6. If yes, where did you get the medications for your child? | checkbox   |  |  |  | | --- | --- | --- | | 1 | chld\_mal\_meds\_source\_\_\_1 | 1. Health post | | 2 | chld\_mal\_meds\_source\_\_\_2 | 2. Health center | | 3 | chld\_mal\_meds\_source\_\_\_3 | 3. Hospital | | 4 | chld\_mal\_meds\_source\_\_\_4 | 4. Traditional healer | | 5 | chld\_mal\_meds\_source\_\_\_5 | 5. Had it in the home | | 6 | chld\_mal\_meds\_source\_\_\_6 | 6. Relative or friend | | 7 | chld\_mal\_meds\_source\_\_\_7 | 7. Local chemist, shop or market | | 8 | chld\_mal\_meds\_source\_\_\_8 | 8. Do not know | | 9 | chld\_mal\_meds\_source\_\_\_9 | 9. Other | |
| chld\_hlthctr\_last\_visit  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Q7. When was the last time your child visited the Health Center for malaria? | dropdown   |  |  | | --- | --- | | 1 | 1. ? 1 month ago | | 2 | 2. 2-6 months ago | | 3 | 3. 7 months to 1 year ago | | 4 | 4. Greater than 1 year | | 5 | 5. Never | | 6 | 6. Do not know | |
| chld\_hlthctr\_last\_visit\_post  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Q8. When was the last time your child visited the Health Post for malaria? | dropdown   |  |  | | --- | --- | | 1 | 1. ? 1 month ago | | 2 | 2. 2-6 months ago | | 3 | 3. 7 months to 1 year ago | | 4 | 4. Greater than 1 year | | 5 | 5. Never | | 6 | 6. Do not know | |
| chld\_mc\_bednet\_child  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Q9. Does your child usually sleep under a bed net? | dropdown   |  |  | | --- | --- | | 1 | Yes | | 0 | No | | 2 | Do not know | |
| chld\_mc\_why\_no\_bednet  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" and [chld\_mc\_bednet\_child] = '0' | Q10. If NO, why not? | checkbox   |  |  |  | | --- | --- | --- | | 1 | chld\_mc\_why\_no\_bednet\_\_\_1 | 1. It is too hot under the net | | 2 | chld\_mc\_why\_no\_bednet\_\_\_2 | 2. Net is old, dirty or needs to be retreated | | 3 | chld\_mc\_why\_no\_bednet\_\_\_3 | 3. There is not enough space under the net | | 4 | chld\_mc\_why\_no\_bednet\_\_\_4 | 4. There are not enough bed nets for everyone | | 5 | chld\_mc\_why\_no\_bednet\_\_\_5 | 5. It does not protect against mosquitoes | | 6 | chld\_mc\_why\_no\_bednet\_\_\_6 | 6. No mosquitoes around | | 8 | chld\_mc\_why\_no\_bednet\_\_\_8 | 7. It is too expensive | | 9 | chld\_mc\_why\_no\_bednet\_\_\_9 | 8. It is not the rainy or malaria season | | 10 | chld\_mc\_why\_no\_bednet\_\_\_10 | 9. Cannot hang it over the child's sleeping place | | 11 | chld\_mc\_why\_no\_bednet\_\_\_11 | 10. The child sleeps outside | | 12 | chld\_mc\_why\_no\_bednet\_\_\_12 | 11. The child changes sleeping places too often | | 13 | chld\_mc\_why\_no\_bednet\_\_\_13 | 12. Net is itchy | | 14 | chld\_mc\_why\_no\_bednet\_\_\_14 | 13. Do not know | | 15 | chld\_mc\_why\_no\_bednet\_\_\_15 | 14. Other | |
| chld\_mc\_time\_own\_bednet  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Q11. How long have you owned the bed net that your child sleeps under? | dropdown   |  |  | | --- | --- | | 1 | 1. < 1 month | | 2 | 2. 1 month - 1 year | | 3 | 3. 2-5 years | | 4 | 4. >5 years | | 5 | 5. Do not know | |
| chld\_mc\_last\_treat\_bednet  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Q12. When was the last time you treated your child?s bed net? | dropdown   |  |  | | --- | --- | | 1 | 1. ? 1 month ago | | 2 | 2. 2-5 months ago | | 3 | 3. 6-12 months | | 4 | 4. Greater than 1 year | | 5 | 5. Never treated | | 6 | 6. Does not need to be retreated | | 7 | 7. Do not know | |
| chld\_mc\_wash\_bednet  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Q13. How many times have you washed your childs bed net? | text |
| chld\_mc\_wash\_bednet\_dk  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Q13a. Caregiver DOES NOT KNOW number of times bed net has been washed: | dropdown   |  |  | | --- | --- | | 2 | Do not know | |
| chld\_mc\_bednet\_over\_bed  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Q14. Please ask to see the bed net that the child sleeps under and document the answers to the following questions:   a. Is the bednet hanging over the bed? | dropdown   |  |  | | --- | --- | | 1 | yes | | 0 | no | |
| chld\_mc\_bednet\_brand  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | b. What is the brand of bednet? | dropdown   |  |  | | --- | --- | | 1 | PermaNet 2.0 | | 2 | PermaNet 3.0 | | 3 | PermaNet (version not known) | | 4 | Mama Safenite | | 5 | Other - please describe below | | 6 | Olyset | | 7 | NETPROTECT | |
| chld\_mc\_bednet\_cond  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | c. What is the condition of the bed net? | dropdown   |  |  | | --- | --- | | 1 | New | | 2 | Used | | 3 | Well Used | |
| chld\_mc\_net\_holes\_2cm  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | *d. How many holes are in there in the bed net of each of these sizes? (Do not count holes smaller than 0.5 cm)*  Smaller than a thumb (0.5 to 2.0 cm) | text |
| chld\_mc\_net\_holes\_10cm  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Larger than a thumb but smaller than a fist (2 to 10 cm) | text |
| chld\_mc\_net\_holes\_25cm  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Larger than a fist but smaller than a head (10 to 25 cm) | text |
| chld\_mc\_net\_holes\_gt25cm  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Larger than a head (> 25 cm) | text |
| chld\_mc\_bednet\_repairs  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | e. Have any repairs been made to the bed net? | dropdown   |  |  | | --- | --- | | 1 | yes | | 0 | no | |
| chld\_mc\_house\_spray  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Q15. Has the inside of your house ever been sprayed with insecticide for mosquitoes? This does not include the DOOM we may have used to collect mosquitoes. | dropdown   |  |  | | --- | --- | | 1 | Yes | | 0 | No | | 2 | Do not know | |
| chld\_mc\_house\_spray\_time  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" and [chld\_mc\_house\_spray] = '1' | Q16. If YES, when was the last time it was sprayed? | dropdown   |  |  | | --- | --- | | 1 | 1. ? 1 month ago | | 2 | 2. 2-6 months ago | | 3 | 3. Greater than 6 months ago | | 4 | 4. Do not know | |
| chld\_mv\_did\_sleep\_away | Q17. Did your child sleep overnight in a location away from your home during the past 4 weeks? | dropdown   |  |  | | --- | --- | | 0 | no | | 1 | yes | |
| chld\_mv\_number\_trips | 17.1 If yes, how many times did your child travel? | text (integer) |
| chld\_mv\_number\_nights | 17.2 How many nights did your child sleep away from your home while traveling on the most recent trip? | text (integer) |
| chld\_mv\_sleep\_home\_type | 17.8 In which type of home did your child sleep overnight? | checkbox   |  |  |  | | --- | --- | --- | | 1 | chld\_mv\_sleep\_home\_type\_\_\_1 | 1. Family or friends | | 2 | chld\_mv\_sleep\_home\_type\_\_\_2 | 2. Rest house, guest house, lodge or motel | | 3 | chld\_mv\_sleep\_home\_type\_\_\_3 | 3. School | | 4 | chld\_mv\_sleep\_home\_type\_\_\_4 | 4. Church | | 5 | chld\_mv\_sleep\_home\_type\_\_\_5 | 5. Outdoors | | 6 | chld\_mv\_sleep\_home\_type\_\_\_6 | 6. Other: specify | |
| chld\_mv\_mal\_diag\_return | 17.10 After returning from the most recent trip, was your child diagnosed with malaria? | dropdown   |  |  | | --- | --- | | 0 | no | | 1 | yes | |
| chld\_mv\_mal\_diag\_after\_days | 17.10.1 If yes, how many days after returning home was your child diagnosed with malaria? | text (integer) |
| chld\_mv\_mal\_diag\_after\_days\_dk | \_ | checkbox   |  |  |  | | --- | --- | --- | | 1 | chld\_mv\_mal\_diag\_after\_days\_dk\_\_\_1 | Do not remember | |
| chld\_cough\_fast  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Q17. When your child had a cough, did your child breathe faster than usual  with short, fast breaths? | dropdown   |  |  | | --- | --- | | 0 | no | | 1 | yes | | 2 | Do not know | |
| chld\_cough\_nose  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Q18. Was the difficult breathing due to a problem in the chest or to a blocked or runny nose? | dropdown   |  |  | | --- | --- | | 1 | 1. Problem in the chest | | 2 | 2. Blocked nose | | 3 | 3. Both | | 4 | 4. Other | | 5 | 5. Do not know | |
| chld\_cough\_treat  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Q19. Did you seek advice or treatment for the cough? | dropdown   |  |  | | --- | --- | | 0 | no | | 1 | yes | | 2 | Do not know | |
| chld\_cough\_treat\_where  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Q20. Where did you seek advice or treatment? | dropdown   |  |  | | --- | --- | | 1 | 1. Health post | | 2 | 2. Health center | | 3 | 3. Hospital | | 4 | 4. Traditional healer | | 5 | 5. Had it in the home | | 6 | 6. Relative or friend | | 7 | 7. Local chemist, shop or market | | 8 | 8. Do not know | | 9 | 9. Other | |
| chld\_dia\_start  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Q21. How many days ago did the diarrhea start? | text |
| chld\_dia\_stop  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Q22. Did the diarrhea stop? | dropdown   |  |  | | --- | --- | | 0 | no | | 1 | yes | | 2 | Do not know | |
| chld\_dia\_stop\_days  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Q22a. If yes, how many days ago did the diarrhea stop? | text |
| chld\_dia\_stop\_days\_dk  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Q22a. Participant DOES NOT KNOW how many days since diarrhea stopped: | dropdown   |  |  | | --- | --- | | 2 | Do not know | |
| chld\_dia\_blood  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Q23. Did your child pass blood in the stool with the diarrhea? | dropdown   |  |  | | --- | --- | | 0 | no | | 1 | yes | | 2 | Do not know | |
| chld\_dia\_fever  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Q24. Did your child have fever with the diarrhea? | dropdown   |  |  | | --- | --- | | 0 | no | | 1 | yes | | 2 | Do not know | |
| chld\_dia\_vomit  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Q25. Did your child have vomiting with the diarrhea? | dropdown   |  |  | | --- | --- | | 0 | no | | 1 | yes | | 2 | Do not know | |
| chld\_dia\_thirsty  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Q26. Was the child very thirsty? | dropdown   |  |  | | --- | --- | | 0 | no | | 1 | yes | | 2 | Do not know | |
| chld\_dia\_lethargic  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Q27. Was the child lethargic or irritable? | dropdown   |  |  | | --- | --- | | 0 | no | | 1 | yes | | 2 | Do not know | |
| chld\_dia\_sunken  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Q28. Did your child have sunken eyes? | dropdown   |  |  | | --- | --- | | 0 | no | | 1 | yes | | 2 | Do not know | |
| chld\_dia\_dehyd  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Q29. Did your child have dehydration? | dropdown   |  |  | | --- | --- | | 0 | no | | 1 | yes | | 2 | Do not know | |
| chld\_dia\_loose\_num  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Q30. What was the highest number of loose or watery stools passed on any day during the illness? | text |
| chld\_dia\_loose\_num\_dk  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Q30a. Participant DOES NOT KNOW highest number of loose or watery stools passed on any day during the illness: | dropdown   |  |  | | --- | --- | | 2 | Do not know | |
| chld\_dia\_drink  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Q31. How much did the child drink during this illness? | dropdown   |  |  | | --- | --- | | 1 | 1. None | | 2 | 2. Less than normal | | 3 | 3. Same as normal | | 4 | 4. More than normal | | 5 | 5. Do not know | |
| chld\_dia\_food  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Q32. Did you offer the child food and did the child eat during this illness? | dropdown   |  |  | | --- | --- | | 1 | 1. Did not offer and did not eat | | 2 | 2. Ate less than normal | | 3 | 3. Ate the same as normal | | 4 | 4. Ate more than normal | | 5 | 5. Do not know | |
| chld\_dia\_seek  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Q33. Did you seek advice or treatment outside home? | dropdown   |  |  | | --- | --- | | 0 | no | | 1 | yes | | 2 | Do not know | |
| chld\_dia\_seek\_whom  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Q34. From whom did you seek advice or treatment? | dropdown   |  |  | | --- | --- | | 1 | 1. Health post | | 2 | 2. Health center | | 3 | 3. Hospital | | 4 | 4. Traditional healer | | 5 | 5. Had it in the home | | 6 | 6. Relative or friend | | 7 | 7. Local chemist, shop or market | | 8 | 8. Do not know | | 9 | 9. Other | |
| chld\_rdt\_results  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Q40. Document the RDT result: | dropdown   |  |  | | --- | --- | | 0 | Negative | | 1 | Positive | | 2 | Not done | |
| chld\_hemo\_results  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Q41. Document hemoglobin result:  *mg/dL* | text |
| chld\_temp\_results  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Q42. Measure and record participant’s temperature:  *c* | text |
| chld\_weight\_results  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | Q43. Measure and record participant’s weight:  *kg* | text |
| chld\_rdt\_treat\_child  Show the field ONLY if:  [age\_years] < 16 and [age\_years] <> "" | If the child is RDT positive, he or she must be treated with Coartem. | dropdown   |  |  | | --- | --- | | 1 | Treated with Coartem | | 2 | Refused Treatment | |
| thk\_par\_pres\_ex1 | Are malaria parasites present? | yesno, Required   |  |  | | --- | --- | | 1 | Yes | | 0 | No |   Custom alignment: RH |
| asex\_par\_ex1 | Asexual parasites:  *parasites/ 500 WBC* | text (integer), Required |
| gametocyt\_ex1 | Gametocytes:  *gametocytes/ 500 WBC* | text (integer), Required |
| num\_wbc\_ex1 | Number of WBC counted | text (integer) |
| thn\_par\_pres\_ex1 | Section Header: *Thin Film*  Are malaria parasites present? | yesno, Required   |  |  | | --- | --- | | 1 | Yes | | 0 | No |   Custom alignment: RH |
| thn\_species\_ex1 | Species: | radio   |  |  | | --- | --- | | 1 | P. falciparum | | 2 | P. malariae | | 3 | P. ovale | | 4 | P. vivax | |
| thk\_par\_pres\_ex2 | Section Header: *Thick Film*  Are malaria parasites present? | yesno, Required   |  |  | | --- | --- | | 1 | Yes | | 0 | No |   Custom alignment: RH |
| asex\_par\_ex2 | Asexual parasites:  *parasites/ 500 WBC* | text (integer), Required |
| gametocyt\_ex2 | Gametocytes:  *gametocytes/ 500 WBC* | text (integer), Required |
| num\_wbc\_ex2 | Number of WBC counted | text (integer) |
| thn\_par\_pres\_ex2 | Section Header: *Thin Film*  Are malaria parasites present? | yesno, Required   |  |  | | --- | --- | | 1 | Yes | | 0 | No |   Custom alignment: RH |
| thn\_species\_ex2 | Species: | radio   |  |  | | --- | --- | | 1 | P. falciparum | | 2 | P. malariae | | 3 | P. ovale | | 4 | P. vivax | |
| thk\_par\_pres\_ex3 | Section Header: *Thick Film*  Are malaria parasites present? | yesno, Required   |  |  | | --- | --- | | 1 | Yes | | 0 | No |   Custom alignment: RH |
| asex\_par\_ex3 | Asexual parasites:  *parasites/ 500 WBC* | text (integer), Required |
| gametocyt\_ex3 | Gametocytes:  *gametocytes/ 500 WBC* | text (integer), Required |
| num\_wbc\_ex3 | Number of WBC counted | text (integer) |
| thn\_par\_pres\_ex3 | Section Header: *Thin Film*  Are malaria parasites present? | yesno, Required   |  |  | | --- | --- | | 1 | Yes | | 0 | No |   Custom alignment: RH |
| thn\_species\_ex3 | Species: | radio   |  |  | | --- | --- | | 1 | P. falciparum | | 2 | P. malariae | | 3 | P. ovale | | 4 | P. vivax | |
| icemr\_site | ICEMR Study Site | dropdown   |  |  | | --- | --- | | 1 | Choma District | | 2 | Nchelenge District | | 3 | Mutasa District | |