

Active Data Collection Forms

* Patient Name/code	Gender						
	Age						
* Reporting Health Care	Name						
	Type	Hospital					
		Laboratory					
	Location (GIS)						
* Patient Household Information	Address/Location (GIS tagged)						
	Family Size						
	No of children						
	Sleeping in screen net rooms						
	Use of insecticide						
* Malaria Case	Opening of case date						
		Type		RDT			
				Microscopy			
				PCR			
		Results		+ve	Malaria Type	<i>P. falciparum</i>	
						<i>P. vivae</i>	
						<i>P. ovale</i>	
						<i>P. malariae</i>	
				-ve			
		Parasitemia load (%)					
Comment							
* Morbidity	Dr. (Physician review)						
	Severity	Mild (uncomplicated)					
		Moderate (uncomplicated)					
		Severe (Complicated)					
	Mode of admission	Hospitalized					
		Home treatment					
		Comment					
* Treatment	Type	ACTs					
		Non ACTs					
		Others					
	Period	3 days					
		7 days					
		14 days					
	Follow-up	Date					
		Review (2nd Diagnosis)	Results	+ve	Parasitemia load (%)		
				-ve			
		Further treatment	Required				
Not required							
Comment							

* Mortality	Mortality Date		
	Healed (Discharged)		
	Comment		