

Passive Data Collection Forms

* Health Care Centre	Name					
	Type	Hospital				
		Diagnostoc Centre				
		Laboratories				
	Location/Address					
* Household Information	Address					
	Family Size					
	No. of Children	Females				
		Males				
	Sheep in Screen House with Screen Windows/Door	Yes				
		No				
	Drainage System	Open				
		Closed				
* Malaria Incidence	Report Date					
	Diagnosis	Yes	Type	RDT		
				Microscopy		
				PCR		
	Treatment	No				
		Type		ACTs		
				Non ACTs		
		Mode of Admission		Hospitalize		
				Out of Hospital treatment		
	Follow-up history	Yes				
		No				
		Comment				
* Morbidity/Mortality	Type of Malaria	P.F				
		P.M				
		P.O				
		P.M				
	Severity	Mild (uncomplicated)				
		Moderate (uncomplicated)				
		Severe (complicated)				
	Mortality	Daily report (+ve cases)				
		Weekly (+ve cases)				
		Monthly (+ve cases)				
		Annually (+ve cases)				
		Comment				

* Mass Screening/Treatment Form	Governmental outpost	Yes	No. of screened/treated		
		No			
	Private own outpost	Yes	No. of screened/treated		
		No			
	Non Governmental outpost	Yes	No. of screened/treated		
		No			
* Community Camp case detection form	Community owned	Yes		No. of treated	
		No			
	Government owned	Yes	No. of cases		
		No			
	Non Governmental owned	Yes	No. of cases		
		No			
	Privately owned	Yes	No. of cases		
		No			
	* Preventive Measures	IRS	Insecticide		
			Mosquito coil		
Fumigation			Period	Weekly	
				Monthly	
				3 months	
				6 months	
Use of mosquito net		LLINs			
		ITNs			



