

Baseline Household Questionnaire. (To be completed by the interviewer.)

Date of Visit: --
 day month year

Endemicity ID (circle one): 01 02 03 04

Village ID:

Household ID:

X Coord:

Y Coord:

Household characteristics:

1. What is the material used for construction of this house? *Circle all that apply.*

Roof material:

No roof	00	Palm leaves/bamboo	04	Wood	08	Shingles	12
Thatching/leaves	01	Wooden planks	05	Zinc/cement fiber	09	Other	97
Earth clods	02	Cardboard	06	Tiles	10	Don't know	98
Mats	03	Sheet metal	07	Concrete (cement)	11	Refused	99

If other, please list: _____

Outside wall of house:

No walls	00	Stones with mud	04	Cement	09	Wooden planks/shingles	14
Earth	01	Uncovered adobe	05	Stones with cement/lime	10	Other	97
Bamboo/cane/ palms/tree trunks	02	Plywood	06	Bricks	11	Don't know	98
Bamboo with mud	03	Cardboard	07	Cement blocks	12	Refused	99
		Reclaimed wood	08	Covered adobe	13		

If other, please list: _____

Floor material:

Earth/sand	01	Bamboo/palm leaves	04	Tiles	07	Other	97
Dung	02	Parquet/polished wood	05	Cement	08	Don't know	98
Wooden planks	03	Vinyl strips/asphalt	06	Carpet	09	Refused	99

If other, please list: _____

Windows:

No windows	00	Open	03	Planks	05	Don't know	98
Glass	01	Plastic paper/carton	04	Other	97	Refused	99
Screens	02						

If other, please list: _____

2. Are there visible holes, cracks, or open eaves in the walls of the house?

No	00	Yes	01	Don't know	98	Refused	99
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3. In this household, do you have (circle all that apply):

Electricity	01	A refrigerator	05	One or more beds	08	A sewing machine	12
A toilet	02	A gas or electric stove/ cooktop	06	One or more lamps	09	Don't know	98
A radio	03			An oven	10	Refused	99
A TV	04	A generator	07	One or more hoes	11		

4. Is there someone in this household who has (circle all that apply):

A watch	01	A motorcycle or scooter	04	A motorboat	07	A house for rent	10
A cell phone	02	A car or truck	05	A bicycle	08	Don't know	98
A whaleboat/motorized canoe	03	A cart pulled by an animal	06	A computer	09	Refused	99

5. Does someone in your household own cultivable land?

No	00	Yes	01	Don't know	98	Refused	99
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5a. If yes, how many hectares of cultivable land do they own?

If 0, enter 00. If ≥95, enter 95. If N/A, enter 96. If don't know, enter 98. If refused, enter 99.

hectares

Interviewer Code: _____

Baseline Household Questionnaire. (Continued)

Endemicity-Village-Household ID:

01	02	03	04	05	06	07	08	09	10	11
Line #	List the names of people who usually live in this household and visitors who spent last night here, starting with the head of the house.	What is the relationship of (NAME) to the head of the house? See codes below.	Is (NAME) male or female?	Does (NAME) usually live in this house?	Did (NAME) spend last night here?	What age is (NAME)? If <5 years, enter age in months. Circle years or months for age as appropriate. If ≥95 years, enter 95. If don't know, enter 98. If refused, enter 99.	If age ≥15, what is the marital status of (NAME)? 00=Never married or lived together 01=Married/live together 02=Divorced/separated 03=Widowed 96=N/A 99=Refused	If age ≥5, what is the highest level of education (NAME) has completed? See codes below.	If age ≥15, what is the usual occupation of (NAME)? See codes below.	What religion does (NAME) identify with? See codes below.
01		<input type="text"/>	F M 1 0	Y N 1 0	Y N 1 0	<input type="text"/> Years <input type="text"/> Months	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02		<input type="text"/>	1 0	1 0	1 0	<input type="text"/> Years <input type="text"/> Months	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03		<input type="text"/>	1 0	1 0	1 0	<input type="text"/> Years <input type="text"/> Months	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04		<input type="text"/>	1 0	1 0	1 0	<input type="text"/> Years <input type="text"/> Months	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05		<input type="text"/>	1 0	1 0	1 0	<input type="text"/> Years <input type="text"/> Months	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06		<input type="text"/>	1 0	1 0	1 0	<input type="text"/> Years <input type="text"/> Months	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07		<input type="text"/>	1 0	1 0	1 0	<input type="text"/> Years <input type="text"/> Months	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08		<input type="text"/>	1 0	1 0	1 0	<input type="text"/> Years <input type="text"/> Months	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
09		<input type="text"/>	1 0	1 0	1 0	<input type="text"/> Years <input type="text"/> Months	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10		<input type="text"/>	1 0	1 0	1 0	<input type="text"/> Years <input type="text"/> Months	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Code for Q3:

- 00 = Unrelated
- 01 = Head of house
- 02 = Spouse
- 03 = Son or daughter
- 04 = Step-son/daughter
- 05 = Grandson/daughter
- 06 = Father or mother
- 07 = In-laws
- 08 = Brother or sister
- 09 = Nephew or niece
- 10 = Nephew/niece by marriage
- 11 = Child adopted by/in custody of head of house
- 97 = Other
- 98 = Don't know
- 99 = Refused

Code for Q9:

- 00 = No school
- 01 = Some primary school
- 02 = Primary school certificate
- 03 = 1st orientation cycle
- 04 = 2nd orientation cycle
- 05 = 3rd year secondary school
- 06 = 4th year secondary school
- 07 = 5th year secondary school
- 08 = 6th year secondary school
- 09 = 3-year university
- 10 = 5-year university
- 11 = Doctorate
- 96 = N/A
- 97 = Other
- 98 = Don't know
- 99 = Refused

Code for Q10:

- 00 = No employment
- 01 = State employee
- 02 = Soldier or policeman
- 03 = Private company employee
- 04 = Farmer
- 05 = Fisherman
- 06 = Driver
- 07 = Hotel worker
- 08 = Road cleaner
- 09 = Market seller
- 10 = Boutique owner
- 11 = Street vendor
- 12 = Money changer
- 13 = Artist
- 14 = Tailor
- 15 = Small personal business
- 16 = Student
- 96 = N/A
- 97 = Other
- 98 = Don't know
- 99 = Refused

Code for Q11:

- 00 = None
- 01 = Traditional religion
- 02 = Catholic
- 03 = Evangelical
- 04 = The Awakening Church
- 05 = Adventist
- 06 = Protestant
- 07 = Muslim
- 97 = Other
- 98 = Don't know
- 99 = Refused

Interviewer Code: _____

Baseline Household Questionnaire. (Continued)

Endemicity-Village-Household ID:

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13		<input type="text"/>	1 0	1 0	1 0	<input type="text"/> Years <input type="text"/> Months	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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18		<input type="text"/>	1 0	1 0	1 0	<input type="text"/> Years <input type="text"/> Months	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19		<input type="text"/>	1 0	1 0	1 0	<input type="text"/> Years <input type="text"/> Months	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Baseline Household Questionnaire. (Continued)

Endemicity-Village-Household ID:

6. Is there water within a two-minute walk from your house?

No	00	Yes	01	Don't know	98	Refused	99
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6a. If yes, what type of water is it?

Stream	01	Pond/lake	02	Swamp/ marsh	03	Frequent puddles	04	N/A	96	Other	97	Don't know	98	Refused	99
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If other, please list: _____

7. Does your household have mosquito nets for sleeping?

No	00	Yes	01	Don't know	98	Refused	99
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6a. If yes, how many mosquito nets do you have in your house?

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 nets

*If ≥7, enter 07.
If N/A, enter 96.
If don't know, enter 98.
If refused, enter 99.*

IF HOUSEHOLD DOES NOT HAVE MOSQUITO NETS FOR SLEEPING: skip to page 7.

Interviewer Code: _____

Baseline Household Questionnaire. (Continued)

Endemicity-Village-Household ID:

#	Bed Net Questions	Net #1		Net #2		Net #3																																																							
01	INTERVIEWER RESPONDS: Did you observe this net?	Observed Not observed	01 00	Observed Not observed	01 00	Observed Not observed	01 00																																																						
02	INTERVIEWER RESPONDS: Are there holes in this net?	Yes No N/A	01 00 96	Yes No N/A	01 00 96	Yes No N/A	01 00 96																																																						
03	INTERVIEWER RESPONDS: Is this net correctly installed?	Yes No N/A	01 00 96	Yes No N/A	01 00 96	Yes No N/A	01 00 96																																																						
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06	Did someone sleep under this net last night? IF NO: return to Question 1 for the next net or skip to page 7 if this is the last net.	Yes No N/A Don't know Refused	01 00 96 98 99	Yes No N/A Don't know Refused	01 00 96 98 99	Yes No N/A Don't know Refused	01 00 96 98 99																																																						
06a	If yes to Question 6: who slept under this net? Enter the name and age of each person.	<table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Age</th> </tr> </thead> <tbody> <tr><td>Person 1</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Person 2</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Person 3</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Person 4</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Person 5</td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>		Name	Age	Person 1	<input type="text"/>	<input type="text"/>	Person 2	<input type="text"/>	<input type="text"/>	Person 3	<input type="text"/>	<input type="text"/>	Person 4	<input type="text"/>	<input type="text"/>	Person 5	<input type="text"/>	<input type="text"/>		<table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Age</th> </tr> </thead> <tbody> <tr><td>Person 1</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Person 2</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Person 3</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Person 4</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Person 5</td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>		Name	Age	Person 1	<input type="text"/>	<input type="text"/>	Person 2	<input type="text"/>	<input type="text"/>	Person 3	<input type="text"/>	<input type="text"/>	Person 4	<input type="text"/>	<input type="text"/>	Person 5	<input type="text"/>	<input type="text"/>		<table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Age</th> </tr> </thead> <tbody> <tr><td>Person 1</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Person 2</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Person 3</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Person 4</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Person 5</td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>		Name	Age	Person 1	<input type="text"/>	<input type="text"/>	Person 2	<input type="text"/>	<input type="text"/>	Person 3	<input type="text"/>	<input type="text"/>	Person 4	<input type="text"/>	<input type="text"/>	Person 5	<input type="text"/>	<input type="text"/>	
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06b	If yes to Question 6: in the last 7 nights, how many nights did each person from Question 6 sleep under this net?	<table border="1"> <tbody> <tr><td>Person 1</td><td><input type="text"/></td><td>night(s)</td></tr> <tr><td>Person 2</td><td><input type="text"/></td><td>night(s)</td></tr> <tr><td>Person 3</td><td><input type="text"/></td><td>night(s)</td></tr> <tr><td>Person 4</td><td><input type="text"/></td><td>night(s)</td></tr> <tr><td>Person 5</td><td><input type="text"/></td><td>night(s)</td></tr> </tbody> </table>	Person 1	<input type="text"/>	night(s)	Person 2	<input type="text"/>	night(s)	Person 3	<input type="text"/>	night(s)	Person 4	<input type="text"/>	night(s)	Person 5	<input type="text"/>	night(s)		<table border="1"> <tbody> <tr><td>Person 1</td><td><input type="text"/></td><td>night(s)</td></tr> <tr><td>Person 2</td><td><input type="text"/></td><td>night(s)</td></tr> <tr><td>Person 3</td><td><input type="text"/></td><td>night(s)</td></tr> <tr><td>Person 4</td><td><input type="text"/></td><td>night(s)</td></tr> <tr><td>Person 5</td><td><input type="text"/></td><td>night(s)</td></tr> </tbody> </table>	Person 1	<input type="text"/>	night(s)	Person 2	<input type="text"/>	night(s)	Person 3	<input type="text"/>	night(s)	Person 4	<input type="text"/>	night(s)	Person 5	<input type="text"/>	night(s)		<table border="1"> <tbody> <tr><td>Person 1</td><td><input type="text"/></td><td>night(s)</td></tr> <tr><td>Person 2</td><td><input type="text"/></td><td>night(s)</td></tr> <tr><td>Person 3</td><td><input type="text"/></td><td>night(s)</td></tr> <tr><td>Person 4</td><td><input type="text"/></td><td>night(s)</td></tr> <tr><td>Person 5</td><td><input type="text"/></td><td>night(s)</td></tr> </tbody> </table>	Person 1	<input type="text"/>	night(s)	Person 2	<input type="text"/>	night(s)	Person 3	<input type="text"/>	night(s)	Person 4	<input type="text"/>	night(s)	Person 5	<input type="text"/>	night(s)										
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Baseline Household Questionnaire. (Continued)

Endemicity-Village-Household ID:

#	Bed Net Questions	Net #4		Net #5		Net #6																																																							
01	INTERVIEWER RESPONDS: Did you observe this net?	Observed Not observed	01 00	Observed Not observed	01 00	Observed Not observed	01 00																																																						
02	INTERVIEWER RESPONDS: Are there holes in this net?	Yes No N/A	01 00 96	Yes No N/A	01 00 96	Yes No N/A	01 00 96																																																						
03	INTERVIEWER RESPONDS: Is this net correctly installed?	Yes No N/A	01 00 96	Yes No N/A	01 00 96	Yes No N/A	01 00 96																																																						
04	How many months have you had this net? If <1 month, enter 00. If >36 months, enter 95. If don't know, enter 98. If refused, enter 99.	<input type="text"/> <input type="text"/> months		<input type="text"/> <input type="text"/> months		<input type="text"/> <input type="text"/> months																																																							
05	Where did you get this net?	Purchased at market Mass distribution Antenatal clinic Hospital N/A Other <i>Please list:</i> _____ Don't know Refused	01 02 03 04 96 97 98 99	Purchased at market Mass distribution Antenatal clinic Hospital N/A Other <i>Please list:</i> _____ Don't know Refused	01 02 03 04 96 97 98 99	Purchased at market Mass distribution Antenatal clinic Hospital N/A Other <i>Please list:</i> _____ Don't know Refused	01 02 03 04 96 97 98 99																																																						
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06a	If yes to Question 6: who slept under this net? Enter the name and age of each person.	<table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Age</th> </tr> </thead> <tbody> <tr><td>Person 1</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Person 2</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Person 3</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Person 4</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Person 5</td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>			Name	Age	Person 1	<input type="text"/>	<input type="text"/>	Person 2	<input type="text"/>	<input type="text"/>	Person 3	<input type="text"/>	<input type="text"/>	Person 4	<input type="text"/>	<input type="text"/>	Person 5	<input type="text"/>	<input type="text"/>	<table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Age</th> </tr> </thead> <tbody> <tr><td>Person 1</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Person 2</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Person 3</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Person 4</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Person 5</td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>			Name	Age	Person 1	<input type="text"/>	<input type="text"/>	Person 2	<input type="text"/>	<input type="text"/>	Person 3	<input type="text"/>	<input type="text"/>	Person 4	<input type="text"/>	<input type="text"/>	Person 5	<input type="text"/>	<input type="text"/>	<table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Age</th> </tr> </thead> <tbody> <tr><td>Person 1</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Person 2</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Person 3</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Person 4</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Person 5</td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>			Name	Age	Person 1	<input type="text"/>	<input type="text"/>	Person 2	<input type="text"/>	<input type="text"/>	Person 3	<input type="text"/>	<input type="text"/>	Person 4	<input type="text"/>	<input type="text"/>	Person 5	<input type="text"/>	<input type="text"/>
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06b	If yes to Question 6: in the last 7 nights, how many nights did each person from Question 6 sleep under this net?	<table border="1"> <tbody> <tr><td>Person 1</td><td><input type="text"/></td><td>night(s)</td></tr> <tr><td>Person 2</td><td><input type="text"/></td><td>night(s)</td></tr> <tr><td>Person 3</td><td><input type="text"/></td><td>night(s)</td></tr> <tr><td>Person 4</td><td><input type="text"/></td><td>night(s)</td></tr> <tr><td>Person 5</td><td><input type="text"/></td><td>night(s)</td></tr> </tbody> </table>		Person 1	<input type="text"/>	night(s)	Person 2	<input type="text"/>	night(s)	Person 3	<input type="text"/>	night(s)	Person 4	<input type="text"/>	night(s)	Person 5	<input type="text"/>	night(s)	<table border="1"> <tbody> <tr><td>Person 1</td><td><input type="text"/></td><td>night(s)</td></tr> <tr><td>Person 2</td><td><input type="text"/></td><td>night(s)</td></tr> <tr><td>Person 3</td><td><input type="text"/></td><td>night(s)</td></tr> <tr><td>Person 4</td><td><input type="text"/></td><td>night(s)</td></tr> <tr><td>Person 5</td><td><input type="text"/></td><td>night(s)</td></tr> </tbody> </table>		Person 1	<input type="text"/>	night(s)	Person 2	<input type="text"/>	night(s)	Person 3	<input type="text"/>	night(s)	Person 4	<input type="text"/>	night(s)	Person 5	<input type="text"/>	night(s)	<table border="1"> <tbody> <tr><td>Person 1</td><td><input type="text"/></td><td>night(s)</td></tr> <tr><td>Person 2</td><td><input type="text"/></td><td>night(s)</td></tr> <tr><td>Person 3</td><td><input type="text"/></td><td>night(s)</td></tr> <tr><td>Person 4</td><td><input type="text"/></td><td>night(s)</td></tr> <tr><td>Person 5</td><td><input type="text"/></td><td>night(s)</td></tr> </tbody> </table>		Person 1	<input type="text"/>	night(s)	Person 2	<input type="text"/>	night(s)	Person 3	<input type="text"/>	night(s)	Person 4	<input type="text"/>	night(s)	Person 5	<input type="text"/>	night(s)									
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Interviewer Code: _____

Baseline Malaria Diagnostic Results. (To be completed for each subject.)Endemicity-Village-Household ID:

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Participant Name:

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 Participant Age:

--

 Participant Number:

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BASELINE MALARIA QUESTIONS

1. In the last 6 months has the participant been diagnosed with malaria by the Health Center or Hospital?

No	00	Yes, once	01	Yes, more than once	02	Don't know	98	Refused	99
----	----	-----------	----	---------------------	----	------------	----	---------	----

2. In the last 6 months, has the participant been treated with an antimalarial medicine?

No	00	Yes	01	Don't know	98	Refused	99
----	----	-----	----	------------	----	---------	----

2a. If so, which one:

None	00	Artemisinin-based combination therapy (ACT): artesunate/amodiaquine, artémether/lumefantrine	05	Malaxin	07	N/A	96
SP/Fansidar	01			Malaritab	08	Other	97
Chloroquine	02			Arinate	09	Don't know	98
Amodiaquine	03	Other ACT: arsucam/ co-arinate, etc.	06	Artesunate	10	Refused	99
Quinine	04			Mefloquine	11		

If other, please list: _____

3. In the past week, has the participant had a fever?

No	00	Yes	01	Don't know	98	Refused	99
----	----	-----	----	------------	----	---------	----

3a. If a thermometer was used, what was the temperature?

	°C	N/A	96	Don't know	98	Refused	99
--	----	-----	----	------------	----	---------	----

4. Is participant pregnant?

No	00	Yes	01	N/A	96	Don't know	98	Refused	99
----	----	-----	----	-----	----	------------	----	---------	----

4a. If yes to Q7, is an antimalarial being taken for malaria prevention?

No	00	Yes, SP (Fansidar)	01	Yes, other antimalarial	02	N/A	96	Don't know	98	Refused	99
----	----	--------------------	----	-------------------------	----	-----	----	------------	----	---------	----

If other, please list: _____**BLOOD TESTS**Collection date and time:

		-			-				
day			month			year			

		:		
hours			minutes	

5. Was a rapid diagnostic test performed?

No	00	Yes	01
----	----	-----	----

If no, please state reason: _____

5a. If yes to Q5, rapid diagnostic test results:

Negative	00	Positive for <i>P. falciparum</i>	01	Positive for a species other than <i>P. falciparum</i>	02	Positive for mixed infection	03	Indeterminate	04	N/A	96
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If indeterminate, please state reason: _____

5b. If positive, referred to Health Clinic?

No	00	Yes	01
----	----	-----	----

If no, please state reason: _____

Interviewer Code: _____

Baseline Malaria Diagnostic Results. (Continued)

Endemicity-Village-Household ID:

--	--	--	--	--	--

Participant Name:

Participant Age:

Participant Number:

--	--

6. Was a dried blood spot (DBS) collected?

No	00	Yes	01
----	----	-----	----

If no, please state reason: _____

7. The filter paper must be labeled with the 8-digit code (household ID followed by subject number).

I have checked to make sure the filter paper number is correct.

No	00	Yes	01
----	----	-----	----

If no, please state reason: _____

SIGNATURES

Lab technician: _____

Interviewer: _____

Interviewer Code: _____