## **SUPPORTING INFORMATION**

## SCC 1318 MALARIA TRANSMISION DYNAMICS IN GAMBIA



## PARTICIPANT MONTHLY CASE REPORT FORM (2013)

| SERIAL           | _ |
|------------------|---|
| NUMBER _ _ _ _ _ |   |

| GENERAL INFORMATION                                     |   |  |  |  |  |
|---|---|--|--|--|--|
| 1   | Date of visit:   _/  /   ( DD/MM/YYYY)  |  |  |  |  |
| 2   | Study ID:      (e.g. A00200101)   |  |  |  |  |
|   | MALARIA   |  |  |  |  |
| 3   | Have you had a fever in the last month? 1- Yes 2- No 3- Don't know (If No skip to Q 8)  |  |  |  |  |
| 4   | Did you do a RDT? 1- Yes  |  |  |  |  |
| 5   | What was the RDT result 1- Positive 2- Negative 3- Don't know   |  |  |  |  |
| 6a  | Where did you receive treatment for your fever?   |  |  |  |  |
|   | 1- Government hospital 2- Private clinic/hospital 3- Pharmacy 4- VHW 5 - Mobile clinic  |  |  |  |  |
|   | 6- Shop 7- Traditional healer 8- Marabou 9- Friends/family  |  |  |  |  |
|   | 10- No treatment 11- Other specify  |  |  |  |  |
| 6b  | Did you consult anyone else for your illness (such as another health worker, or marabout or someone else for your health? 1- Yes 2-No                                       |  |  |  |  |
| 7   | What antimalarial medication did you receive? (Tick all that apply)  1- Coartem 2- Fansidar 3- Chloroquine 4- Other specify  5 - Don't know                                 |  |  |  |  |
| 8   | Have you had a fever in the last 24 hours? 1- Yes 0- No (If No skip to Q 10)  |  |  |  |  |
| If history of fever in the last 24 hours perform an RDT |   |  |  |  |  |
| 9   | RDT result 1- Positive 2- Negative 3- Don't know  |  |  |  |  |
| BEDNET USE  |   |  |  |  |  |
| 10  | Did you sleep under your bed net  |  |  |  |  |
| Α   | Last night 1- Yes 0- No   |  |  |  |  |
| В   | The night before last 1- Yes 0- No  |  |  |  |  |
| 11  | In the past 1 month have you sometimes slept outside the house?  1 - Yes 0 - No   |  |  |  |  |
| 12  | If yes, did you use a bed net when you slept outside?  1 - Yes 0 - No   |  |  |  |  |
| 13  | In the last 1 month have you travelled out of the village? e.g. cultivating the fields, herding cattle, or during other work activities? (If No skip to Q 16)  1- Yes 0- No |  |  |  |  |
| 14  | If Yes how many days did you stay outside the village? \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  |  |  |  |  |

| 15  | Did you sleep under a bed net when you stayed outside the village?                    |                                |  |  |  |
|---|---|--------------------------------|--|--|--|
|   | 1- Yes 0- No  |                                |  |  |  |
| PHYSICAL EXAMINATION  |   |                                |  |  |  |
| 16  | Axillary Temperature   .  ° C (If axillary temperature 37.5°C or more, perform a RDT) |                                |  |  |  |
| 17  | 17 RDT result? 1- Positive 2-Negative   |                                |  |  |  |
| SAMPLE COLLECTION,<br>(always take a blood slide, collect 3 blood spots samples on filter paper and check<br>haemoglobin) |   |                                |  |  |  |
|   | ,   |                                | ple label Unique ID  |  |  |
|   |   | (Village letter  Compour<br>Ye | d No.  HH No.  Collection Time point (A-G)  ar (e.g. C0010101A1) |  |  |
| 18  | Thick blood smear collected on slide  | 1- Yes 0- N                    | Record Sample Label ID   |  |  |
| 19  | Three (3) dried blood spots collected?  | 1- Yes 0- N                    |  |  |  |
| 20  | Hemoglobin result   | .  .   g                       | ′dl  |  |  |
| Nurse Field Workers Name: Initials:<br>   <br>Date:   _/  /  _  |   |                                |  |  |  |