

Woman's full name: _____

ID # _____ A _____

.....

**RAPID ASSESSMENT OF MALARIA DURING PREGNANCY
TOOL 1: ANTENATAL CLINIC QUESTIONNAIRE**

Today's date: ____/____/____ Interviewer number _____
Day Month Year

ID number: ____ 1 -- ____ ____ ____
Digit 1 = facility number Digit 2 = A (for antenatal clinic)
Digits 3, 4 & 5 = woman's consecutive number

SCREENING QUESTION

1. Age (years)::.....[]
(If the mother does not know her age, then estimate her age using the categories below)
- | | |
|------------------------------|-------------------------------|
| less than 15 years....[] | 30-34 years.....[] |
| 15-19 years.....[] | 35-39 years.....[] |
| 20-24 years.....[] | 40-44 years.....[] |
| 25-29 years.....[] | more than 44 years.....[] |

If the woman is less than an age deemed appropriate,¹ thank her for her time and DO NOT enroll her in this survey.

2. Have you felt the baby move inside you?.....[]
YES = 1
NO = 2
UNKNOWN = 9

If the woman has not experienced quickening, thank her for her time, and DO NOT enroll her in this survey.

DEMOGRAPHIC INFORMATION

3. Village/town: _____

Interviewer: Skip the next question; it will be coded later so that it is done uniformly.

4. Is this a rural or urban area?[]
- Urban = 1
Rural = 2
Periurban = 3
Unknown = 9

5. What language do you usually speak with family members at home?..[]
- Language a = 1
Language b = 2

¹ Most rapid assessments have used 15 years as a cut-off, but local settings should determine what is appropriate in that setting.

Language c = 3
Other = 8 (*specify*) _____

6. Are you married?[]
yes, married and living with husband = 1
yes, married but do not live with husband = 2
not married but living with a man = 3
separated or divorced = 4
widow of the father of this baby = 5
never married or lived with a man = 6

EDUCATION

7. What is the highest level of school you attended?...[]
Primary = 1
Secondary = 2
Higher = 3
Never attended = 4
Unknown = 9

8. Can you read?.....[]
YES = 1 NO = 2

SOCIOECONOMIC INDICATORS

9. What is the roof of your house made of?[]
corrugated iron = 1
cement or concrete = 2
wood and mud = 3
thatch or grass = 4
reed or bamboo = 5
plastic sheet = 6
mobile roofs of nomads = 7
other = 8 (*specify*) _____

10. What kind of floor does your house have?.....[]
earth or sand = 1
dung = 2
wood planks = 3
reed or bamboo = 4
vinyl tiles or carpet = 5
cement = 6
cement tiles or brick = 7
other = 8 (*specify*) _____

11. What is the main job of the head of household/husband?[]
job a = 1
job b = 2
job c = 3
job d = 4

12. What is the monthly household income for your family? []
income bracket a = 1
income bracket b = 2

income bracket c=3

FOR THE NEXT QUESTION, PLEASE ENTER A 1 OR 2 FOR EACH LINE

13. Do you or any member of your family living in the same compound own:

YES = 1 NO = 2

- A bicycle/scooter/moped?[]
A radio?[]
A TV?.....[]
Own the house you are living in?[]
Own crop land?[]
Grow cash crops?[]

REPRODUCTIVE AND CLINICAL HISTORY

14. How many times have you become pregnant?[]
(including this one and all other pregnancies, including abortions and miscarriages)

14a. How many pregnancies with a live-born child?.....[]

14b. How many pregnancies with loss of the fetus?.....[]

MALARIA PREVENTION

15. Did you take malaria medicine during this pregnancy to prevent/protect from malaria to keep illness from coming into the body when you did not have symptoms? (NOTE: This question does NOT concern treatment for malaria illness.) []

YES = 1

NO = 2

UNKNOWN = 9

If NO OR UNKNOWN, skip to question 16

If YES:

15a. What type of medicine did you take?

Chloroquine[]

Sulfadoxine-Pyrimethamine (SP, Fansidar)[]

Proguanil[]

Other[]

(specify): _____

Unknown[]

15b. When you started taking the medicine, how many months pregnant were you?[]

15c. For the first time you took the medicine, how many total tablets did you take? []

15d. How many times in a week did you take the medicine? []

15e. How many tablets did you take each time?..... []

15f. After the first dose, how often did you take this medicine?..... []

Every week = 1

Almost every week = 2

Some weeks = 3
Monthly = 4
Rarely = 5
Do not know = 6

16. Did you sleep under a bed net during this pregnancy?[]]
YES = 1
NO = 2
UNKNOWN = 9
If no, skip to question 17
- 16a. *If yes, how frequently?*[]]
all the time = 1
most of the time = 2
sometimes = 3
rarely = 4
- 16b. Did you sleep under the net last night?[]]
YES = 1
NO = 2
UNKNOWN = 9
- 16c. Has this net ever been treated with insecticide?[]]
YES = 1
NO = 2
UNKNOWN = 9
- 16d. *If yes, has the net been treated with insecticide
in the past one year?*[]]
YES = 1
NO = 2
UNKNOWN = 9
- 16e. Is the net a long-lasting insecticide-treated
net (LLN)?[]]
YES = 1
NO = 2
UNKNOWN = 9

HISTORY OF FEVER OR MALARIA

17. Have you had a fever that you thought was malaria
during this pregnancy?..... []]
YES = 1
NO = 2
UNKNOWN = 9
If NO, skip to question 18
- 17a. Did you get a convulsion with fever/malaria? []]
YES = 1
NO = 2
UNKNOWN = 9
- 17b. Did you stay in hospital overnight for treatment of fever/malaria? []]

YES = 1
NO = 2
UNKNOWN = 9

17c. Did you get a blood transfusion? []
YES = 1
NO = 2
UNKNOWN = 9

17d. Did you take iron and folic acid tablets? []
YES = 1
NO = 2
UNKNOWN = 9

17e. Have you taken a medication to **treat** malaria or fever during this pregnancy?..... []
YES = 1
NO = 2
UNKNOWN = 9

17f. Type of medication taken (*check all that apply*)
Chloroquine.....[]
Sulfadoxine-Pyrimethamine (SP)....[]
Quinine.....[]
Antipyretics[]
Coartem.....[]
Other.....[]
(*specify*): _____
Unknown.....[]

18. Have you had a fever that you thought was malaria during the past week?.....[]

(IF yes, perform a rapid diagnostic test and treat accordingly.)

ANTENATAL RECORD INFORMATION

(*Copy the following information from the antenatal record*)

19. ANTENATAL CLINIC VISITS

19a. Total number of visits (*including this one*)[]

19b. Timing of visits:

	Date of visit	Gestational age (weeks)	Fundal height
first visit: / [] []
this visit: / [] []

19c. Last menstrual period (LMP)(if recorded)... ____ / ____ / ____

TODAY'S EXAMINATION BY ASSESSMENT TEAM

20. Hemoglobin (g/dl): _____ . _____

If Hgb < 11, ensure that treatment for anemia is given
If Hgb < 7, ensure that treatment for severe anemia given and refer to ANC staff

21. Temperature (Celsius)
(If temperature >37.5, do a rapid diagnostic test.)

22. Rapid diagnostic test result..... []
Positive = 1
Negative = 2
Result available and examined, but undetermined = 9

23. Blood film result []
Positive = 1
Negative = 2
Result available and examined, but undetermined = 9

(If febrile, or history of fever in past 7 days with negative RDT, then read the slide in the clinic immediately.)

24. Malaria species. *Check all that apply.*
Plasmodium falciparum = 1 []
P. vivax = 2..... []
P. malariae = 3..... []
P. ovale = 4 []
Undetermined = 9

25. Parasite density []

26. Antimalarial drug given? []
YES = 1
NO = 2

If NO, skip to Q27

26a. *If YES*, what type []
Chloroquine = 1
Sulfadoxine-pyrimethamine (SP) = 2
Chloroquine and SP = 3
Quinine = 4
Coartem = 5
Other = 8 (specify and explain): _____

26b. Date administered: ____ / ____ / ____

26c. Name of person administering antimalarial drugs

27. Treatment given for anemia, according to national policy? []
YES = 1
NO = 2 (If no, go to end of questionnaire)

27a. What was the dose? _____

27b. Was she given the appropriate amount to take home and complete her anemia treatment?

Note to Interviewer: If a woman is currently febrile or reports having had a fever in the last 7 days, she should wait to receive her blood smear results prior to leaving clinic that day, and her blood slides should be promptly read. If the slide is positive, she should receive treatment with the appropriate antimalarial drug. If a woman is currently afebrile, with no history of fever in the past week, she need not wait for smear results but can return for them the following day. If a woman is anemic or severely anemic, she should receive appropriate treatment.

OR

If above differs from the country's national policy, follow national policy.

PLEASE CHECK OVER THE QUESTIONNAIRE NOW TO MAKE SURE THAT ALL QUESTIONS HAVE BEEN ANSWERED, THEN CHECK THIS BOX[]

Thank the woman for her time.

28. QUALITY CONTROL

Site supervisor should check all questionnaires for completeness every day at the end of all interviews. Data entry clerks should initial at the end of every entry.

	Person	Name/Signature	Date
28a	Site Supervisor		
28b	Data Entry Clerk 1		
28c	Data Entry Clerk 2		
28d	Assessment Coordinator		