Supplemental Material: Questionnaire used at the private clinic

ID No. _____ Date: ____/____/_____ dd/mm/yyyy
Time: _____

PATIENT DETAILS

AGE _____ (in yrs) SEX M ❑ F ❑

CURRENT SYMPTOMS

Duration of current illness Symptoms (current)
_____days

Temperature _____^{0}C

	No	Yes
Fever	❑	❑
Chills	❑	❑
Sweating	❑	❑
Headache	❑	❑
Other	❑	❑

Specify:_____

RECENT CLINICAL HISTORY

Symptoms (past month)

	No	Yes
Fever	❑	❑
Chills	❑	❑
Sweating	❑	❑
Headache	❑	❑
Other	❑	❑

Specify:_____

TREATMENT

(In the past month, what type of medicines have you taken?)

	No	Yes
Chloroquine	❑	❑
Sulfadoxine/Pyrimethamine	❑	❑
Primaquine	❑	❑
Alu	❑	❑
Other	❑	❑

Specify:_____

QUESTIONS

Did you immigrate to Mwaya? If so, from where did you immigrate?
_____

Do you have a bed net at home?
_____

If you have a bed bet, do you regularly sleep under the bed net at nighttime?
_____

If you have a bed net, how often do you wash it? _____

Mang'ula RDT?_____