

Index case form

Date *		Health Facility / Dept	
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*please list all dates as Day/Month/Year e.g. 20/02/11

Patient Identity			
Surname	First Name	Date of Birth *	Sex (circle one)
			M
			F

Diagnostics and Treatment											
Symptoms (tick all that apply)											
Fever	Headache	Cough	Diarrhoea	Vomiting	Problems breathing	Chest Pain	Other (specify)				
Test Type (tick one)		Result (tick one)		Treatment provided today (tick one)							
				Coartem (pack size)				Fansidar	Quinine Tablets	Quinine Injection	Other (specify)
RDT		Positive		6	12	18	24				
Microscopy		Negative									

Travel History (in last 1 month)					
Has this person travelled outside Lusaka in the last month? (circle one)		Y	N		
		If Yes, fill in details below			
Places Travelled To Outside of Lusaka Use one line per trip and be specific e.g. country, or if within Zambia then district or at least Province)					
Total number of days spent outside Lusaka in the last 1 month:					

Malaria History (in last 1 month)			
Has this person had any Malaria in the last month? (circle one)		Y	N
		If Yes, fill in details below	
Treatment Taken (tick all that apply)			Diagnosed by (tick all that apply)
Coartem	Fansidar	Quinine	Other (specify)

Patient Household Location and Contact Information	
Physical Address (include landmarks as required)	
Contact Telephone Number	

Response to Index case			
Net given to patient (circle one)	Y	Response required (circle one)	Y
	N		N