

# K23 Mis Annex 2

Study ID

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Unique Study ID

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(First 3 letters of village / RA number / Day -  
Month - Household )

## Household Information

Date of visit

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(DD-MM-YYYY)

Parish

- Bugoye
- Ibanda
- Katooke
- Kibirizi
- Muhambo
- Mubuku

Village

- Bugoye
- Kanyanamigho
- Kisamba 1
- Kisamba 2
- Muramba 1
- Muramba 2
- Rwakingi 1A
- Rwakingi 1B

Village

- Ibanda 1
- Ibanda 2
- Nyakabugha
- Kiharara
- Mihunga
- Mirimbo
- Ruboni

Village

- Katooke 1
- Katooke 2
- Kemihoko
- Kihindi
- Kinyangoye
- Mapata
- Mulehe
- Nyangonge
- Kirongo

Village

- Bulindiguru
- Ihani
- Kasanzi
- Kibirizi
- Kikokera

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Village  Bunyangoni  
 Katumba  
 Maghoma  
 Muhambo  
 Nduguthu East  
 Nduguthu West

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Village  Izinga

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Latitude \_\_\_\_\_  
(Automatic Pull)

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Longitude \_\_\_\_\_  
(Automatic Pull)

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Tablet GPS Working?  Yes  
 No

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Latitude (Manual Entry) \_\_\_\_\_  
(Example Format = 0.XXXX)

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Longitude (Manual Entry) \_\_\_\_\_  
(Example Format = 30.XXXX)

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If your child was sick with a fever, where would you usually seek care?  VHT  
 Drug Shop or Pharmacy  
 Private Clinic or RMS  
 Level II Facility  
 Bugoye Health Center  
 Other

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If Level 2 Health Center, which one?  Ibanda HC2  
 Katooke HC2  
 Kibirizi HC2  
 Kisamba HC2  
 Maghoma HC2  
 Nyangonge HC2

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If other, please list: \_\_\_\_\_

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### I. Vital Signs - Child

Axillary temperature \_\_\_\_\_  
(degrees Celsius)

**II. Medical History - Child**

Did the child sleep under a bed net last night?  Yes  
 No

Where did you obtain the net?  Government distribution  
 Health Center  
 Purchase from store  
 Other

Has the child had fever in last two days?  Yes  
 No

If yes, when did the fever start

\_\_\_\_\_  
(DD-MM-YYYY)

In the last 2 weeks, has the child been seen at a hospital, health centre, clinic, drug shop, or other medical attendant for these symptoms?  Yes  
 No

If yes, where?  Hospital  
 Health Centre  
 Drug Shop or Pharmacy  
 VHT  
 Traditional Medicine

Did the child receive medicine for malaria?  Yes  
 No

**III. Laboratory Testing - Child**

Malaria RDT performed?  Yes  
 No

Malaria RDT Result  Negative  
 Positive

**Optional Laboratory Testing - Adult**

Does adult choose to have hepatitis B testing?  Yes  
 No

Adult being tested  Mother  
 Father  
 Other caregiver

Hepatitis B RDT Result  Negative  
 Positive

If adult is positive, do they select to test other members of household?  Yes  
 No

If others in the household are tested, please list the age, sex, and RDT result of ALL the others tested.

\_\_\_\_\_  
(Example = (8 - M - POS) or (5 - F - NEG))