**Serosurvey Children’s Questionnaire**

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| MODULE : Children’s (6 months- 17 years) Form (CQ) |
| *This questionnaire is for children aged 6 months to 17 years who were selected for the survey. The questionnaire is to be administered to the parent or legal guardian of the child after obtaining consent.* |
| 1b. Interviewer Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1c. Date of interview (dd-mm-yyyy) \_\_ \_\_ - \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ |
| 2a. Household ID | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |
| 2b. Participant ID | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *Do not read aloud:*3a. Did respondent provide consent for child to participate in the study? Children age 12-17 years need parental permission and assent. | Yes …………………………………………………01No, refused due to blood collection ……….….02 No, refused due to other reason ………………..03Participant lives in household but not available….04Participant does not live in household anymore (moved, died, other)……………………………....05Other, specify………………………………….… 083b. Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*If response is 01, then continue with survey. If response is 02-08, do not collect any more data. Stop interview, thank household, and leave.* |
| 3c. Did respondent consent for rapid HIV testing for the child? | Yes ……………………….……………………………01No ……………………………………….…………….02 (skip 45-49)No, shows HIV diagnosis documentation.03 (skip 45-49)No, less than age 18 months ………………04 (skip 45-49) |
| 3d. Did respondent consent for rapid malaria testing for the child? | Yes …………………………………..………………01No ..………………………………….………….….02 (skip 43-44)Not eligible. Do not have malaria symptoms ……..03 (skip 43-44) |
| ***Verification that correct person has been identified.*** *Ask questions below and compare with data from random selection list:* |
| Participant response: | Does response match with data from random selection list? |
|  | 4b.yes…...1 No……0 🡪 STOP AND VERIFY DISCREPANCY |
| 5A. Sex of childMale…………….01Female…………02 | 5b.yes..….1 No……0 🡪 STOP AND VERIFY DISCREPANCY |
| 6a. Do you know the child’s date of birth? Yes………………01 (go to Q6b)No……………….02 (go to Q6c) |  |
| 6b. Date of birth of child\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_D D M M Y Y Y Y*If day unknown, enter 15 in DD (example: 15-10-1978 indicates person born October 1978)**If day and month unknown, go to 6c and enter age* |  |
| 6c. If year of birth is not known, how old is child?Age (in completed years) \_\_ \_\_ \_\_Age (in completed months, if less than 2 years of age) \_\_ \_\_ \_\_ | 6d.yes..….1 No……0 🡪 STOP AND VERIFY DISCREPANCY  |
| 6e. Do not read: Does age fall within selected age group? | Autocalculates whether age falls within correct age group (based on participant ID)yes..….1 No……0 🡪 STOP AND VERIFY DISCREPANCYIf no longer in the age group, thank respondent and stop interview. |
| 9. What is the occupation of the child’s mother? | Unemployed (not at work) ............. 01Employed (any work that provides income including small business, farming).................... 02Homemaker ..................................... 03Pensioner.......................................... 04Student.............................................. 05Other.................................................. 999b. Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Don’t know/refused to answer............ 88 |
| 10. What is the highest level of school attended by the child’s mother? | Pre-school (01-02-03)…………………………………0Literacy class (Year: 01-02-03)……………………..1Primary EP1 (Grade: 01-05)…………………………..2Primary EP2 (Grade: 06-07)……………………………3Secondary ESG1 (Grade: 08-10)……………………..4Secondary ESG2 (Grade:11-12)………………………5Elementary Technical (Year: 01-03)………………...6Basic Technical (Year: 01-03)……………………………7Mid-Level Technical (Year: 01-03)……………………8Teacher Training (Year: 01-03)…………………………9Higher (Year: 01-07)…………………………………………10Don’t know/refused to answer…………..……………88 |

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| **ASK QUESTIONS FOR ALL CHILDREN: Malaria and HIV** |
| 41a. Did your child sleep under a mosquito net last night? | Yes………..01No…………02 (go to Q42a)Refuse to answer…………99 (go to Q42a)Don’t know………………88 (go to Q42a) |
| 41b. Ask the respondent to show you the net that the child slept under the night before the interview.  | Observed……01Not observed…….02 |
| 42a. Have your child ever been tested for HIV? | Yes………..01 (go to Q42b)No…………02 (go to Q43)Refuse to answer…………99 (go to Q42c)Don’t know………………88 (go to Q42c) |
| 42b. If yes, what was the result of the most recent test? | Positive…….01 (skip 45-49)Negative……..02 Refuse to answer…………99Don’t know………………88 |
| 42c. Is your child currently taking medication to treat HIV?  | Yes…….01No……..02 Refuse to answer…………99Don’t know………………88  |

**ONLY ASK Q11-13 FOR CHILDREN LESS THAN 5 YEARS OF AGE:**

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| 11a. What type of health facility would you usually take your child to for vaccinations?  | Public health sector....................01 (go to 11c)Private health sector..................02 (go to 11c)None. Do not get vaccinated .….03 (skip to 41)Don’t know …….…………….…..88 (skip to 41)Other, specify…..………………. 99  |
| 11b If other, specify | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 11c. Is the vaccination clinic where you usually take your child in the district where the child resides? | Yes……………………01No……………………..02Don’t know……………88 |
| 11d. Is the vaccination clinic where you usually take your child in Zambezia Province? | Yes……………………..01No………………………02Don’t know…………….88 |
| 11e. How long does it take you to get to the facility where your child receives vaccinations? | \_\_ \_\_ hours\_\_ \_\_ minutes |
| 11f. How do you travel to this healthcare facility from your home?If more than one way of travel is mentioned, select the one most frequently used or highest on the list. | Motorized car/truck……….………..………………01Public bus ………………………………………….02Motorcycle/scooter ………………………………..03Boat with motor ……………………………………04Non-motorized animal drawn cart ….……………05Bicycle ……………………………………………...06Boat without motor ………………………………..07Walking …………………………………………….08Other, specify ………………………………………………..9911g. Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 11g. What is the name of the health facility? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 12. Has child ever received any vaccine? Yes……………………………………………01 No……………………………………..……...02 (go to Q43)Refuse to answer……………………………99Don’t know………………..………..………...88 (if don’t know, probe further: Vaccines are sometimes given as a shot in the arm or thigh and sometimes given as drops in the mouth to prevent your child from getting some illnesses. |
| 13. Do you have a routine immunization card for child?Yes, shows card……………………………………………………………………01 (go to Q21)Yes, but does not show/find card………………………………………………...02 No……………………………………………………………………………………03 |

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| **ONLY ASK Q14-20 FOR CHILDREN LESS THAN 5 YEARS OF AGE WHO DO NOT SHOW A ROUTINE VACCINATION CARD:**  |
| . Fill the following table for children less than 5 years of age based on parental recall. Questions should be asked to child’s primary caregiver. If the child has a routine immunization card, skip to Q21. |
|  | Please tell me if <NAME> received any of the following vaccinations: | If yes, number of doses (if unknown, enter ‘88’) | Recall script |
| 14. BCG vaccine | Yes….01 No…02 Don’t know….88 | N/A | *Shot usually in left arm or shoulder given soon after birth to protect against tuberculosis; usually causes a scar.* |
| 15. Oral polio vaccine | Yes….01 No…02 Don’t know….88 | 15a. \_\_ \_\_ | *Two drops in the mouth to protect against polio.* *Note: Probe about birth dose as well as other doses from routine or campaign system.* |
| 16. Injectable polio vaccine (IPV) | Yes….01 No…02 Don’t know….88 | N/A | *Shot in the right arm or shoulder to protect against polio. Sometimes given at the same time as the 3rd dose of pentavalent vaccine.* |
| 17. DPT (*can be given as either DPT alone or as Pentavalent vaccine*)  | Yes….01 No…02 Don’t know….88 | 17a. \_\_ \_\_ | *Shot given in the thigh or buttocks, sometimes at the same time as polio drops.**If yes, how many times was the DPT/Pentavalent vaccine received?* |
| 18. Measles/MR *(can be given as Measles only or as Measles-Rubella vaccine)* | Yes….01 No…02 Don’t know….88 | 18a. \_\_ \_\_ | *Shot usually in right arm or shoulder given at 9 month and older to protect against measles.* *Note: Probe about routine and campaign doses and clarify if measles only or combined measles and rubella vaccine.* |
| 18b. If yes, did any dose include rubella vaccine (such as combined Measles-Rubella vaccine)? | Yes……………………...01 No…………………….…02 Don’t know…………….88 |  |  |
| 19. Rotavirus vaccine | Yes….01 No…02 Don’t know….88 | 19a. \_\_ \_\_ | *Five drops in the mouth to protect against rotavirus, a diarrheal disease, sometimes at the same time as polio drops.**If yes, how many times was the Rotavirus vaccine received?* |
| 20. PCV or pneumococcal conjugate vaccine | Yes….01 No…02 Don’t know….88 | 20a. \_\_ \_\_ | *Shot usually in right arm to protect against pneumonia sometimes at the same time as polio drops.**If yes, how many times was the PCV vaccine received?* |
| 20b. Did your child receive any other vaccines I haven’t described yet?  | Yes, specify….01 No…02  | Specify other vaccines: 20c. \_\_\_\_\_\_\_\_\_\_\_\_\_\_20d. \_\_\_\_\_\_\_\_\_\_\_\_\_20e. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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| **ONLY ASK FOR CHILDREN LESS THAN 5 YEARS OF AGE WHO SHOW A ROUTINE IMMUNIZATION CARD:** Record information for the following vaccines from the immunization card. If dose is not reported on card, ask caregiver if they recall their child receiving that vaccine (refer to recall script). |
| Vaccine | Vaccine received?  | Date Received (DD/MM/YY) |
| 21. BCG vaccine*Probe for recall: Shot usually in left arm or shoulder given soon after birth to protect against tuberculosis; usually causes a scar.*  | Yes, received ……………01Yes, date not legible……02Yes, (recall)………………03No…………………………04 | 21a. Date received: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ D D M M Y Y Y Y21c. Outside Zambezia Province?Yes ……………………………………………01No …………………………………………….02Don’t know …………………………………..88 21b. If received in Zambezia Province:District Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Code \_\_\_\_ |
| Oral Polio Vaccine (OPV)*Probe for recall: Two drops in the mouth to protect against polio. Typically given soon after birth then additional times in the first year of life. If yes, how many times was the polio vaccine received?* |
| 22. OPV-Birth dose | Yes, received ……………01Yes, date not legible……02Yes, (recall)………………03No…………………………04 | 22a. Date received: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ D D M M Y Y Y Y22c. Outside Zambezia Province?Yes ……………………………………………01No …………………………………………….02Don’t know …………………………………..88If received in Zambezia Province:22b. District Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Code \_\_\_\_ |
| 23. OPV Dose 1 | Yes, received ……………01Yes, date not legible……02Yes, (recall)………………03No…………………………04 | 23a. Date received: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ D D M M Y Y Y Y23c. Outside Zambezia Province?Yes ……………………………………………01No …………………………………………….02Don’t know …………………………………..88If received in Zambezia Province:23b. District Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Code \_\_\_\_ |
| 24. OPV Dose 2 | Yes, received ……………01Yes, date not legible……02Yes, (recall)………………03No…………………………04 | 24a. Date received: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ D D M M Y Y Y Y24c. Outside Zambezia Province?Yes ……………………………………………01No …………………………………………….02Don’t know …………………………………..88If received in Zambezia Province:24b. District Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Code \_\_\_\_ |
| 25. OPV Dose 3 | Yes, received ……………01Yes, date not legible……02Yes, (recall)………………03No…………………………04 | 25a. Date received: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ D D M M Y Y Y Y25c. Outside Zambezia Province?Yes ……………………………………………01No …………………………………………….02Don’t know …………………………………..8825b. If received in Zambezia Province:District Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Code \_\_\_\_ |
| 26. Inactivated polio vaccine (IPV) *Probe for recall: Shot in the right arm or shoulder to protect against polio. Sometimes given at the same time as the 3rd dose of DTP/Pentavalent vaccine.* | Yes, received ……………01Yes, date not legible……02Yes, (recall)………………03No…………………………04 | 26a. Date received: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ D D M M Y Y Y YOutside Zambezia Province?26c. Yes ……………………………………………01No …………………………………………….02Don’t know …………………………………..88If received in Zambezia Province:26b. District Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Code \_\_\_\_ |
| DTP/Pentavalent vaccine*Probe for recall: Shot given in the thigh or buttocks, sometimes at the same time as polio drops.**If yes, how many times was the pentavalent vaccine received?* |
| 27. DPT 1/Penta 1*(child may have received either DPT or Penta)*  | Yes, received ……………01Yes, date not legible……02Yes, (recall)………………03No…………………………04 | 27a. Date received: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ D D M M Y Y Y Y27c. Outside Zambezia Province?Yes ……………………………………………01No …………………………………………….02Don’t know …………………………………..88If received in Zambezia Province:27b. District Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Code \_\_\_\_ |
| 28. DPT 2/Penta *2* *(child may have received either DPT or Penta)* | Yes, received ……………01Yes, date not legible……02Yes, (recall)………………03No…………………………04 | 28a. Date received: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ D D M M Y Y Y Y28c. Outside Zambezia Provnice?Yes ……………………………………………01No …………………………………………….02Don’t know …………………………………..88If received in Zambezia Province:28b. District Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Code \_\_\_\_ |
| 29 DPT 3/Penta *3* *(child may have received either DPT or Penta)* | Yes, received ……………01Yes, date not legible……02Yes, (recall)………………03No…………………………04 | 29a. Date received: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ D D M M Y Y Y Y29c. Outside Zambezia Province?Yes ……………………………………………01No …………………………………………….02Don’t know …………………………………..88If received in Zambezia Province:29b. District Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Code \_\_\_\_ |
| Measles vaccine*Probe for recall: Shot usually in right arm or shoulder first given at 9-12 months to protect against measles.* |
| 30. Measles 1/MR 1*(can be given as measles only or as measles-rubella)* | Yes, received ……………01Yes, date not legible……02Yes, (recall)………………03No…………………………04 | 30a. Date received: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ D D M M Y Y Y Y30c. Outside Zambezia Province?Yes ……………………………………………01No …………………………………………….02Don’t know …………………………………..88If received in Zambezia Province:30b. District Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Code \_\_\_\_ |
| 31. If yes, did the dose include rubella vaccine (such as combined Measles-Rubella vaccine)? | Measles-Rubella……...01 Measles-only……….…02 Don’t know…………….88 |  |
| 32. Measles 2/MR 2*(can be given as measles only or as measles-rubella)* | Yes, received ……………01Yes, date not legible……02Yes, (recall)………………03No…………………………04 | 32a. Date received: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ D D M M Y Y Y Y32c. Outside Zambezia Province?Yes ……………………………………………01No …………………………………………….02Don’t know …………………………………..88If received in Zambezia Province:32b. District Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Code \_\_\_\_ |
| 32d. If yes, did any dose include rubella vaccine (such as combined Measles-Rubella vaccine)? | Measles-Rubella……...01 Measles-only……….…02 Don’t know…………….88 |  |
| Rotavirus vaccine*Probe for recall: Five drops in the mouth to protect against rotavirus, a diarrheal disease, sometimes at the same time as polio drops.* *If yes, how many times was the Rotavirus vaccine received?* |
| 33. Rota 1 | Yes, received ……………01Yes, date not legible……02Yes, (recall)………………03No…………………………04 | 33a. Date received: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ D D M M Y Y Y Y33c. Outside Zambezia Province?Yes ……………………………………………01No …………………………………………….02Don’t know …………………………………..88If received in Zambezia Province:33b. District Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Code \_\_\_\_ |
| 34. Rota 2 | Yes, received ……………01Yes, date not legible……02Yes, (recall)………………03No…………………………04 | 34a. Date received: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ D D M M Y Y Y Y34c. Outside Zambezia Province?Yes ……………………………………………01No …………………………………………….02Don’t know …………………………………..88If received in Zambezia Province:34b. District Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Code \_\_\_\_ |
| 35. Rota 3 | Yes, received ……………01Yes, date not legible……02Yes, (recall)………………03No…………………………04 | 35a .Date received: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ D D M M Y Y Y Y35c. Outside Zambezia Province?Yes ……………………………………………01No …………………………………………….02Don’t know ……………………………….….8835b. If received in Zambezia Province:District Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Code \_\_\_\_ |
| PCV (Pneumococcal Conjugate Vaccine)*Probe for recall: Shot usually given in arm, sometimes at the same time as polio drops.**If yes, how many times was PCV received? If yes, how many times was the PCV vaccine received?* |
| 36. PCV 1 | Yes, received ……………01Yes, date not legible……02Yes, (recall)………………03No…………………………04 | 36a. Date received: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ D D M M Y Y Y Y36c. Outside Zambezia Province?Yes ……………………………………………01No …………………………………………….02Don’t know …………………………………..8836b. If received in Zambezia Province:District Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Code \_\_\_\_ |
| 37. PCV 2 | Yes, received ……………01Yes, date not legible……02Yes, (recall)………………03No…………………………04 | 37a. Date received: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ D D M M Y Y Y Y37c. Outside Zambezia Province?Yes ……………………………………………01No …………………………………………….02Don’t know ………………………………….8837b. If received in Zambezia Province:District Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Code \_\_\_\_ |
| 38. PCV 3 | Yes, received ……………01Yes, date not legible……02Yes, (recall)………………03No…………………………04 | 38a. Date received: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ D D M M Y Y Y Y38c. Outside Zambezia Province?Yes ……………………………………………01No …………………………………………….02Don’t know …………………………………..8838b. If received in Zambezia Province:District Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Code \_\_\_\_ |
| 39. Other vaccine 1 | Specify \_\_\_\_\_\_\_\_\_\_\_\_\_ | 39a. Date received : \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ D D M M Y Y Y Y39c. Outside Zambezia Province?Yes ……………………………………………01No …………………………………………….02Don’t know …………………………………..8839b. If received in Zambezia Province:District Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Code \_\_\_\_ |
| 39.1. Other vaccine 2 | Specify \_\_\_\_\_\_\_\_\_\_\_\_\_ | 39.1a. Date received : \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ D D M M Y Y Y Y39.1c. Outside Zambezia Province?Yes ……………………………………………01No …………………………………………….02Don’t know …………………………………..8839.1b. If received in Zambezia Province:District Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Code \_\_\_\_ |
| 39.2 Other vaccine 3 | Specify: \_\_\_\_\_\_\_\_\_\_\_\_ | 39.2a. Date received : \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ D D M M Y Y Y Y39.2c. Outside Zambezia Province?Yes ……………………………………………01No …………………………………………….02Don’t know …………………………………..8839.2b. If received in Zambezia Province:District Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Code \_\_\_\_ |
| 39.3. Other vaccine 4 | Specify: \_\_\_\_\_\_\_\_\_\_\_\_ | 39.3a. Date received : \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ D D M M Y Y Y Y39.3c. Outside Zambezia Province?Yes ……………………………………………01No …………………………………………….02Don’t know …………………………………..8839.3b. If received in Zambezia Province:District Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Code \_\_\_\_ |

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| 40. Interviewer’s comments related to vaccination history: |

**Districts codes**

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| **District** | **Code** |
| Cidade de Quelimane | 01 |
| [Alto Molocue District](https://en.wikipedia.org/wiki/Alto_Molocue_District)  | 02 |
| [Chinde District](https://en.wikipedia.org/wiki/Chinde_District)  | 03 |
| [Gilé District](https://en.wikipedia.org/wiki/Gil%C3%A9_District)  | 04 |
| [Gurué District](https://en.wikipedia.org/wiki/Guru%C3%A9_District)  | 05 |
| [Ile District](https://en.wikipedia.org/wiki/Ile_District%2C_Mozambique)  | 06 |
| [Inhassunge District](https://en.wikipedia.org/wiki/Inhassunge_District)  | 07 |
| [Lugela District](https://en.wikipedia.org/wiki/Lugela_District)  | 08 |
| [Maganja da Costa District](https://en.wikipedia.org/wiki/Maganja_da_Costa_District)  | 09 |
| [Milange District](https://en.wikipedia.org/wiki/Milange_District)  | 10 |
| [Mocuba District](https://en.wikipedia.org/wiki/Mocuba_District)  | 11 |
| [Mopeia District](https://en.wikipedia.org/wiki/Mopeia_District)  | 12 |
| [Morrumbala District](https://en.wikipedia.org/wiki/Morrumbala_District)  | 13 |
| [Namacurra District](https://en.wikipedia.org/wiki/Namacurra_District)  | 14 |
| [Namarroi District](https://en.wikipedia.org/wiki/Namarroi_District)  | 15 |
| [Nicoadala District](https://en.wikipedia.org/wiki/Nicoadala_District)  | 16 |
| [Pebane District](https://en.wikipedia.org/wiki/Pebane_District)  | 17 |
| [Luabo District](https://en.wikipedia.org/w/index.php?title=Luabo_District&action=edit&redlink=1) | 18 |
| Mocubela | 19 |
| Derre | 20 |
| Molumbo | 21 |

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| **SPECIMEN COLLECTION AND TESTING (all children)** |
| 44. In the past two weeks, has your child taken or is taking [FIRST LINE MEDICATION] given by a doctor or health center to treat the malaria? | Yes………..01 (skip Q43)No…………02Don’t know……88 |
| 43. Malaria RDT result | Positive………...…01Negative….………02 (go to Q45)Indeterminate…03 (go to Q45)Refused…………...04. (go to Q45)Test error / insufficient blood / unable to repeat …..05 (go to Q45) |
| Was malaria medication provided? | Yes…….01No…….02If no, why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *Follow procedures for malaria treatment and/or referral according to guidelines.* |
| 45. Result of HIV-1/2 Determine RDT | Reactive …………………..……………01 Non-reactive ……………..………….02 (go to Q49)Refused…………...03 (go to Q49)Test error / insufficient blood / unable to repeat …..04 (go to Q49)) |
| 46. *If HIV-1/2 Determine RDT is reactive, do 2nd RDT (Unigold):*  Result of Unigold RDT | Reactive …………………………………01 (go to Q48)Non-reactive ………………………….02 Refused…………...03 (go to Q48)Test error / insufficient blood / unable to repeat …..04 (go to Q48) |
| 47. *If HIV-1/2 Determine RDT is reactive and Unigold is non-reactive, repeat HIV-1/2 Determine RDT:* Result of repeat HIV-1/2 Determine RDT | Reactive …………………………………01Non-reactive ………………………….02 Refused…………………………….…...03 Test error / insufficient blood / unable to repeat …..04  |
| 48. *If repeat HIV-1/2 Determine RDT is reactive, repeat Unigold RDT:* Result of repeat Unigold RDT | Reactive …………………………………01 Non-reactive ………………………….02Refused…………...03 Test error / insufficient blood / unable to repeat …..04  |
| 49. Final combined result for HIV RDTs. *Refer to testing algorithm.* | Reactive …………………………………01 Non-reactive ………………………….02 Indeterminant ……………………….03 Refused………………………………....04Final result could not be determined (test error / insufficient sample) ……………….05  |
| *Follow procedures for HIV referrals according to guidelines.* |

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| **Dried blood spots (DBS)** |
| 50a. Was a DBS sample collected? | Yes – 01 (go to Q51)No – 02  |
| 50b. If no, specify reason | 01 – participant sick. (go to Q57)02 – refused collection. (go to Q57)03 – participant asked to stop. (go to Q57)04 – insufficient blood / collection problem. (go to Q57)99 – other |
| 50c. If other reason, specify.End lab after answering this question | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (go to Q57) |
| If yes, how was specimen collected? | Finger prick…………..01Venipuncture………..02Heel prick………………03 |
| 51. Date collected | \_\_ \_\_ / \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_D D M M Y Y Y Y |
| 52. Number of spots collected on filter paper 1 | *00**01**02* *03**04**05* |
| 53. Number of spots collected on filter paper 2 | *00**01**02* *03**04**05* |
| **Liquid blood** (only collected among participants selected for serum vs DBS comparison) |
| 54a. Was liquid blood sample collected? | Yes – 01 (go to Q55)No – 02 NA – 03 (go to Q57) |
| 54b. If no, specify reason | 01 – sickness (go to Q57)02 – refused collection (go to Q57)03 – participant asked to stop (go to Q57)04 - could not collect sufficient volume (go to Q57)99 – other |
| 54c. If other reason, specify. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (go to Q57) |
| 57. Interviewer’s observations related to specimen collection: |