



### INDIGENOUS MALARIA INVESTIGATION WORKSHEET (TEMPLATE)

This worksheet is a generic template intended to be used as a guide for autochthonous (i.e. indigenous) malaria investigation. This worksheet is intended to work as a template, which the investigator can alter/adjust to better suite his/her investigation. Please note, that the questions and information captured in this questionnaire should be considered, at least, the minimum amount of information the investigator should strive to collect. The investigator should inquire thoroughly about all possible exposures, particularly those at dusk, nighttime and dawn, and should not limit the depth or thoroughness of their questioning to the questions provided on this worksheet. The investigator should also thoroughly examine activities where the patient might have donated blood, been bitten by mosquitoes, I.V. drug use, or had tattoos or piercings after the patient's symptom started. These activities would represent locations where further spread of the disease might occur. Please use the note section or additional paper to record all notes regarding additional information not capture in the questionnaire.

Interviewer's Name: \_\_\_\_\_ Date of Interview: \_\_\_\_\_  
Name of Interviewee: \_\_\_\_\_ DOB \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Home telephone number: \_\_\_\_\_ Work phone number: \_\_\_\_\_  
Employment \_\_\_\_\_ Work Address \_\_\_\_\_

Hello, I'm from the county health department. We're doing a survey to look for mosquito-related illnesses in the area. I have some questions I'd like to ask you. This should take only a few of minutes.

#### CLINICAL INFORMATION:

- 1) Have you or anyone in your household had a high fever (over 101° F) anytime after June 25, 2003? YES NO
  - a) If **NO** then, go to question #9 below.
  - b) If **YES**, then answer the following questions:
    - i) Name of ill person ? \_\_\_\_\_ How is he/she related to you \_\_\_\_\_
    - ii) Person's age \_\_\_\_\_ Date of Birth    /   /     
mm    dd    yy
    - iii) Has this person ever had malaria in the past? YES NO  
If **YES**, then when was he/she diagnosed? \_\_\_\_\_
    - iv) When did the earliest symptom start?    /   /     
mm    dd    yy
    - v) How long did it last? \_\_\_\_\_ days or (check)     still continuing
    - vi) Did the ill person listed above have any of the following symptoms (circle YES or NO):
      - (1) Chills? YES NO
      - (2) Profuse sweating? YES NO
      - (3) Fatigue? YES NO
      - (4) General muscle aches, backaches, "total body pain"? YES NO
      - (5) Loss of appetite, nausea, vomiting, abdominal pain, or diarrhea? YES NO
      - (6) Did the ill person listed above have a cough? YES NO  
If **YES** then:  
(a) Was it a dry cough, or did the person bring up phlegm (circle one)? DRY / WITH PHLEGM
    - vii) Did the ill person listed above see a doctor? YES NO  
If **YES** then:  
(a) What did the doctor say was wrong? \_\_\_\_\_  
(b) Was this person treated with medications? YES NO  
(i) If **YES**, then list medications: \_\_\_\_\_





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- i) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (hours) **YES NO**
- ii) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (hours) **YES NO**
- iii) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (hours) **YES NO**
- iv) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (hours) **YES NO**
- v) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (hours) **YES NO**

\*\*\*Please use other page if additional activities need to be listed

**EXPOSURE(B) INFORMATION:**

11) Has the ill person listed above donated any blood or blood products since the onset of their symptoms? **YES NO**

If YES then, date of transfusion: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name and address of transfusion center: \_\_\_\_\_

12) Has the ill person listed above had any tattoos or piercing since the onset of their symptoms? **YES NO**

If YES then, date of tattoo or piercing: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name and address of tattoo or piercing business: \_\_\_\_\_

13) Has the ill person listed above used any I.V. drugs since the onset of their symptoms? **YES NO**

14) Has the ill person listed above had any outdoor activities while having any of the above listed symptoms (e.g. fevers, chills, muscle aches, malaise)? **YES NO**

a) If YES then, please list locations where you were outdoors while symptomatic:

	Name of Activity	Location of Activity	Date	Length of Activity	Exposure or bitten by mosquitoes?
i)	_____	_____	____/____/____	_____ (hours)	<b>YES NO</b>
ii)	_____	_____	____/____/____	_____ (hours)	<b>YES NO</b>
iii)	_____	_____	____/____/____	_____ (hours)	<b>YES NO</b>
iv)	_____	_____	____/____/____	_____ (hours)	<b>YES NO</b>
v)	_____	_____	____/____/____	_____ (hours)	<b>YES NO</b>

\*\*\*Please use other page if additional activities need to be listed

**ENVIRONMENTAL INFORMATION**

15) Would you say there are more mosquitoes or fewer mosquitoes around your house this year compared to last (circle one)? **FEWER MORE ABOUT THE SAME**

16) Are screens present on your windows and/or doors? **YES NO**

17) Do you leave your windows open at night? **YES NO**

18) Does your house have a porch? **YES NO**

a) If YES then:

i) Is the porch completely enclosed with screens? **YES NO**

ii) How much time do you spend on the porch in the evening or at night? \_\_\_\_\_

19) Does your job require you to work outdoors? **YES NO**

20) Do you use insect repellent when you go outdoors? **YES NO**

If yes, how consistently do you use repellent when you go outdoors (circle one)?

**ALWAYS ALMOST ALWAYS SOMETIMES ALMOST NEVER NEVER**

Now, just a couple questions:

21) Do you have any mosquito bites on you right now? **YES NO**



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**22) Has anyone in the household traveled outside the United States in the last year OR have you had any visitors from outside the United States in June or July 2003?**

If YES then, explain \_\_\_\_\_

a) Who? \_\_\_\_\_ When? \_\_\_\_\_

b) Where did this person go OR what country was this visitor from? \_\_\_\_\_

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**MALARIA EDUCATION: Give them the "Human Malaria Fact Sheet" and answer questions they may have.**

- 1) If they develop symptoms of malaria, they need to see a physician for diagnosis. They need to ask the physician to call your local health department or the Bureau of Epidemiology at (850) 245-4401.
- 2) Discuss that if they must go outdoors from dusk to dawn they should:
  - a) Use mosquito repellent with DEET.
  - b) Wear long sleeved shirts and long pants.
- 3) Discuss eliminating standing water on their property to get rid of mosquito breeding sites.
- 4) Use screens over doors and windows. If no screens are available, close doors and windows at night.

**NOTES:**

(Please use other side if more space is needed for notes)