

S1 Text. Structured questionnaire

Indoor residual spraying with a non-pyrethroid insecticide reduces the reservoir of *Plasmodium falciparum* in a high-transmission area in northern Ghana

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SECTION 1: PARTICIPANT DATA FORM

1. Study ID

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STUDY_ID

2. Date surveyed (DD-MM-YYYY)

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DATE

3. Relationship of respondent to study participant

1. Self	2. Mother	3. Father	4. Guardian
5. Other (specify)			

RELATION

4. Sex

1. Male	2. Female
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SEX

5. Date of birth (DD-MM-YYYY)

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DOB

6. Compound Name

CPD_NAM

7. Compound ID

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CPD_ID

8. Name of village

VILLAGE

9. Name of Section

SECTION

10. Educational level of participant

1. None	2. Prim	3. JSS/Middle	4. SSS/Voc	5. Above SSS
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EDUC

11. Occupation of participant

1. House wife	2. Farmer	3. Trader	4. Student/pupil
5. Public/Civil servant	6. Unemployed		8. NA
7. Other (specify)			

OCCUP

SECTION 2: MALARIA PREVENTION

12. What are you (your HH) doing to prevent you (your ward/child) from getting malaria? (*circle all mentioned, multiple responses allowed*)

1. Bed nets	2. Repellents	3. Strong scented flowers
4. Clean environment	5. Insecticide spray	6. Nothing
7. Other (specify)		

MAL_P

13. At any time in the past 12 months, has anyone come into your home to spray the interior walls against mosquitoes?

1. Yes	2. No	9. DK
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SPRAY

14. If YES, who sprayed your home?

1. Government Program	2. Private Company	3. NGO	8. NA	9. DK
5. Other (specify)				

SPRAYHOME

15. Does your household have any bed nets that can be used while sleeping?

1. Yes	2. No
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OWNNET

16. If YES, how many mosquito nets does your household have?

Number:	8. NA
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NUMNET

17. Has the bed net been treated with insecticide?

1. Yes	2. No	8. NA	9. DK
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TREATNET

18. When was the bed net acquired?

1. <6months	2. > 6months	3. >2 years	8. NA	9. DK
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TBNAQUIRE

19. How was the bed net acquired?

1. Free distribution	2. Purchased	3. ANC	8. NA	9. DK
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HBNAQUIRE

20. Did you (your ward/child) sleep under a bed net last night?

1. Yes	2. No

SLEEPNET

21. SECTION 1/SECTION 2 completed by

CODES1S2

SECTION 3: SYMPTOMATIC SCREENING

22. The stud. Do you (your ward/child) have health insurance?	1. Yes	2. No	INSURANCE	
23. Is the health insurance still valid /working?	1. Yes	2. No	8. NA	INSUR_V
24. Have you used the health insurance this year?	1. Yes	2. No	8. NA	INSUR_USE
25. Have you (your child/ward) been sick within the past two weeks?	1. Yes	2. No	SICK	

IF THE RESPONSE TO QUESTION 25 IS NO, SKIP DIRECTLY TO SECTION 4

26. If you (your ward/child) were sick within the **PAST TWO WEEKS**, did you have any of the following symptoms?

a. Fever	1. Yes	2. No	8. NA	FEVER
b. Headache	1. Yes	2. No	8. NA	HEADACHE
c. Chills	1. Yes	2. No	8. NA	CHILL
d. Rigors	1. Yes	2. No	8. NA	RIGORS
e. Convulsion	1. Yes	2. No	8. NA	CONVULSE
f. Cough	1. Yes	2. No	8. NA	COUGH
g. Ear pain/discharge	1. Yes	2. No	8. NA	EARPAIN
h. Diarrhea	1. Yes	2. No	8. NA	DIARRHOEA
i. Other (Specify)				OTHER

27. Did you (your child/ward) seek treatment for the illness?	1. Yes	2. No	8. NA	SEEKT
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IF THE RESPONSE TO QUESTION 27 IS NO, SKIP DIRECTLY TO SECTION 4

28. Where did you (your child/ward) go for treatment during this illness? <i>(circle all mentioned, multiple responses allowed)</i>	1. Home	2. Hospital	3. Health Centre/ Clinic	4. CHPs compound	FACILITY
	5. Traditional healer/ Herbalist		6. Drug store /chemical seller	8. NA	

29. Was blood taken from your (your ward/child's) finger/heel for testing?	1. Yes	2. No	BLDTEST
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30. Were you (your ward/child) given a malaria treatment?	1. Yes	2. No	9. DK	MAL_T
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31. If YES to malaria treatment, what antimalarial treatment were you (your child/ward) given?

1. ASAQ	2. AL	3. DHP	4. SP	5. CQ
6. Quinine	7. AS	10. AQ	11. Other	
9. DK	8. NA			

ANTIMAL

32. SECTION 3 completed by

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CODES3

SECTION 4: PHYSICAL EXAMINATION

33. Auxiliary Temperature (°C):

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TEMP

34. Weight (kg):

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WEIGHT

35. Systolic blood pressure (mmHg):

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SBP

36. Diastolic blood pressure (mmHg):

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DBP

37. SECTION 4 completed by

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CODES4

SECTION 5: SPECIMENS COLLECTED AT ENROLMENT

	SPECIMEN			
38.	Filter paper blood blot	1. Yes	2. No	BBLOT
39.	Blood smear	1. Yes	2. No	BSMEAR

LABORATORY RESULTS

40. Haemoglobin concentration (g/dl)

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Hgb

41. Rapid Malaria Test (RDT)

1. Positive	2. Negative	3. Not done
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RAMAT

42. SECTION 5 completed by

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CODES5