

Estimating the burden of antimicrobial resistance in Malawi: an observational study  
of the mortality, mortality and economic cost of third-generation cephalosporin  
resistant bloodstream infection



**Case Report Forms (CRF)**



## **CASE RECORD FORM (CRF) OVERVIEW**

What follows is a paper representation of CRFs that will be completed in electronic form using tablet devices; as such, this is simply a list of all data that will be gathered in the study. Not all CRFs are expected to be completed for all patients enrolled in the study. Chichewa translations are provided where relevant.

## CRF1 ANTIDOTE-1 ARM 1: *ELIGIBILITY*

### A. Inclusion criteria

- |                                 |   |
|---------------------------------|---|
| 1. Screening ID                 | Barcode   |
| 2. Date/time of blood culture   | DD/MM/YY HH:MM  |
| 3. LIMS ID of blood culture     | Alphanumeric  |
| 4. Aerobic blood culture result | E. coli<br>Klebsiella spp. (specify)<br>Enterobacter spp.<br>Proteus spp.<br>Morganella spp.<br>Citrobacter spp.<br>Mixed gram negative (specify)*<br>Other gram negative (specify) |

\* If mixed, complete one CRF for each organism

5. Aerobic blood culture sensitivities *[tick all to which the isolate is SENSITIVE]*

Amoxicillin  
Chloramphenicol  
Cotrimoxazole  
Gentamicin  
Ciprofloxacin  
Ceftriaxone  
Oxacillin  
Tetracycline  
Methicillin  
Erythromycin  
Penicillin  
Other (specify)

6. Aerobic blood culture RESISTANT *[tick all to which the isolate is RESISTANT]*

Amoxicillin  
Chloramphenicol  
Cotrimoxazole  
Gentamicin  
Ciprofloxacin  
Ceftriaxone  
Oxacillin  
Tetracycline  
Methicillin  
Erythromycin  
Penicillin  
Other (specify)

7. Aerobic blood culture INTERMEDIATE [tick all to which the isolate is INTERMEDIATE]

Amoxicillin  
Chloramphenicol  
Cotrimoxazole  
Gentamicin  
Ciprofloxacin  
Ceftriaxone  
Oxacillin  
Tetracycline  
Methicillin  
Erythromycin  
Penicillin  
Other (specify)

8. If ceftriaxone resistance identified, results of ESBL testing    ESBL+/ESBL-  
/not done

9. Fulfils inclusion criteria    Y/N

**[one record for each blood culture result until all captured]**

**B. Exclusion criteria**

- |  |     |
|--|-----|
| 1. Speaks neither English nor Chichewa?                      | Y/N |
| 2. Patient or representative unable to give informed consent | Y/N |
| 3. Lives outside of Blantyre urban                           | Y/N |

**C. Capacity to provide informed consent**

- |  |      |
|--|------|
| 1. Has capacity to consent to enrolment                  | Y/N  |
| 2. If no, representative available to provide consent    | Y/N  |
| 3. Assessed by?  | Text |
| 4. If no capacity, relationship of person who consented? | Text |

If all of B1-3 = N and C1 or C 2 = Y, recruit to study.

## **CRF2 ANTIDOTE-1: PATIENT IDENTIFIABLE INFORMATION**

[To be stored separately from the rest of the study database, encrypted and password protected]

### **A. Demographics**

1. Study ID	Barcode
2. Name	Text
3. DOB	DD/MM/YY
4. Address	Text
5. Phone 1	Number
6. Owner of phone 1	Text
7. Phone 2	Number
8. Owner of phone 2	Text
9. Phone 3	Number
10. Owner of phone 3	Text
11. Person completing assessment	Text

## **CRF3 ANTIDOTE-1: DEMOGRAPHICS**

1. Person filling form	Text
2. Study ID	Barcode
3. Patient DOB	DD/MM/YY
4. Patient Sex	M/F
5. EPALS	Y/N
6. EPALS household location	GPS

## **CRF4 ANTIDOTE-1: MEDICAL/HIV/TB HISTORY**

1. Person filling form	Text
2. Study ID	Number
3. Date/time of assessment	DD/MM/YY HH:MM

### **A. Past medical history**

1. Condition	Text (Pick list/other)
2. Start date	DD/MM/YY
3. Ongoing at baseline visit	Y/N
4. If no: end date	DD/MM/YY

*[one record for each condition until all captured]*

## B. HIV status

- |  |   |
|--|---|
| 1. HIV status                                  | reactive/nonreactive/unknown  |
| 2. If <18m, HIV status of mother               | reactive/nonreactive/unknown  |
| 3. Source of HIV status                        | Patient/record card/other (specify)   |
| 4. Date if HIV test if known                   | DD/MM/YY  |
| 5. If HIV positive CD4 count (cells/mm3)       | Number/ not done  |
| 6. If done CD4 source                          | Patient/record card/other   |
| 7. If done CD4 date                            | DD/MM/YY  |
| 8. If HIV positive last viral load (copies/ml) | Number/not done   |
| 9. Viral load source                           | Patient/record card/other   |
| 10. If done VL date                            | DD/MM/YY  |
| 11. If HIV positive under follow up?           | Y/N   |
| 12. If yes, where?                             | Text  |
| 13. If HIV positive on HAART?                  | Y/N   |
| 14. If Yes HAART start date                    | DD/MM/YY  |
| 15. If yes HAART current regimen               | 1<br>2<br>3<br>4<br>5<br>Other  |
| 16. If other, which drugs                      | NVP<br>EFV<br>LPV/r<br>ATV/r<br>3TC<br>AZT<br>ABC<br>FTC<br>D4T<br>TDF<br>Other (specify)                   |
| 17. Any previous regimen?                      | Y/N   |
| 18. If Y, previous regimen start date?         | DD/MM/YY  |
| 19. If Y, previous regimen stop date           | DD/MM/YY  |
| 20. If Y, why switched?                        | Clinical failure<br>Immunologic failure<br>Virologic failure<br>Drug reaction<br>Other (specify)<br>Unknown |
| 21. If HIV positive on CPT                     | Y/N   |
| 22. If Y CPT start date                        | DD/MM/YY  |
| 23. Ever been on CPT if not now?               | Y/N   |
| 24. If Y, start date                           | DD/MM/YY  |
| 25. If Y, end date                             | DD/MM/YY  |
| 26. WHO clinical stage                         | 1   |

2  
3  
4

### C. TB status

1. Ever treated for TB? Y/N
2. If Y, how many times? Number
3. If yes, MOST RECENT start date DD/MM/YY
4. MOST RECENT End date DD/MM/YY
5. Type of TB  
Latent  
Active: Pulmonary  
Active: Pleural  
Active: Meningeal  
Active: Abdominal  
other(specify)
6. Drugs used  
[tick all that apply]  
Isoniazid only  
RHZE  
SRHZE  
MDR-TB regimen  
Other(specify)

### D. Regular medications

*[All regular other than antibiotic or ART/TB/CPT and anything in last 2 weeks]*

1. Medication Text (pick list)
  2. Start date DD/MM/YY
  3. Dose(mg) Number
  4. Route PO/PR/SL/IV/IM
  5. Dose frequency OD/BD/TDS/QDS/other(specify)
  6. Ongoing Y/N
  7. if not ongoing, End date DD/MM/YY
- [one record for each medication until all captured]*

### E. Allergies

1. Any allergies Y/N
  2. If yes allergy to: Text
  3. If yes reaction Text
- [one record for each allergy until all captured]*

## CRF5A ANTIDOTE-1: CURRENT ILLNESS, ADMISSION – ADULTS (>18)

### A. Current Illness

1. Date/time of first hospital attendance DD/MM/YY HH:MM
2. Date first became unwell DD/MM/YY HH:MM
3. Symptoms (tick all that apply AS REPORTED BY PATIENT – ASK: WHAT MADE YOU COME TO THE HOSPITAL?)

Fever?  
Lethargy  
Weight loss  
Cough?  
Sputum production?  
Difficulty in breathing?  
Chest pain?  
Haemoptysis  
Nonbloody diarrhoea?  
Bloody diarrhoea  
Vomiting?  
Abdominal pain  
Urinary frequency or dysuria  
Haematuria  
Vaginal discharge  
Headache?  
Confusion?  
Photophobia?  
Convulsions?  
Drowsiness?  
Rigors?  
Rash?  
Jaundice?  
Swollen legs/oedema  
Swollen glands/lymphadenopathy  
Joint pain  
Unable to stand  
Other (specify)

### B. Admission observations

4. DOB

DD/MM/YY





#### D. Admission examination (from earliest medical clerking)

- |                           |                          |
|---------------------------|--------------------------|
| 1. General appearance     | Normal/Abnormal/Not done |
| 2. If abnormal, findings  | TEXT                     |
| 3. Cardiovascular exam    | Normal/Abnormal/Not done |
| 4. If abnormal, findings  | TEXT                     |
| 5. Respiratory exam       | Normal/Abnormal/Not done |
| 6. If abnormal, findings  | TEXT                     |
| 7. Abdominal exam         | Normal/Abnormal/Not done |
| 8. If abnormal, findings  | TEXT                     |
| 9. Neurologic exam        | Normal/Abnormal/Not done |
| 10. If abnormal, findings | TEXT                     |
| 11. Musculoskeletal exam  | Normal/Abnormal/Not done |
| 12. If abnormal, findings | TEXT                     |
| 13. ENT exam              | Normal/Abnormal/Not done |
| 14. If abnormal, findings | TEXT                     |
| 15. Lymph node exam       | Normal/Abnormal/Not done |
| 16. If abnormal, findings | TEXT                     |

#### E. Admission treatment times

- |                                   |  |
|-----------------------------------|--|
| 1. Antibiotic administered?       | Y/N  |
| 2. if yes Antibiotic time         | DD/MM/YY HH:MM   |
| 3. if yes Antibiotic delivered    | <i>[Pick all that apply]</i><br>Amikacin<br>Amoxicillin<br>Azithromycin<br>Benzylpenicillin<br>Cefotaxime<br>Ceftriaxone<br>Chloramphenicol<br>Ciprofloxacin<br>Co-amoxiclav<br>Doxycycline<br>Erythromycin<br>Gentamicin<br>Other (specify) |
| 4. if yes Antibiotic dose (mg)    | Number   |
| 5. if yes Antibiotic route        | text (IV/IM/PO/PR)<br><i>[Repeat until all antibiotics captured]</i>   |
| 6. Antimalarial administered?     | Y/N  |
| 7. If yes, antimalarial time      | DD/MM/YY HH:MM   |
| 8. If yes, antimalarial delivered | Artesunate<br>Quinine<br>Co -artem<br>Doxycycline<br>Other (specify)   |
| 9. If yes, antimalarial dose (mg) | Number   |

10. If yes, antimalarial route IV/IM/PO/PR  
*[repeat until all antimalarials captured]*
- 11. Empirical TB therapy administered?** Y/N
12. If yes, TB therapy time DD/MM/YY HH:MM
13. If yes, drugs used [pick all that apply]  
 Rifampicin  
 Isoniazid  
 Pyrizinamide  
 Ethambutol  
 Streptomycin
- 14. Antifungal administered?** Y/N
15. If yes, time DD/MM/YY HH:MM
16. If yes, which drug  
 Fluconazole  
 Amphotericin  
 Other (specify)
17. If yes, dose (mg) Number
18. If yes, route PO/IV/IM/PR  
*[repeat until all antifungals captured]*
- 19. IV fluid administered?** Y/N
20. if yes Time IV fluid started DD/MM/YY HH:MM
21. If yes type of IV fluid  
 0.9% saline  
 Hartmann's  
 Ringer's lactate  
 5% dextrose  
 Whole blood  
 Packed red cells  
 Gelofusin  
 Other (specify)
22. if yes amount planned (L) Number
23. if yes time to be administered (hrs) Number/99=stat
- 24. O2 administered** Y/N
25. Time O2 administered DD/MM/YY HH:MM
26. O2 amount delivered (L/min) Number
- 27. Any other treatment administered?** Y/N
28. Other treatment administered time DD/MM/YY HH:MM
29. Other treatment name TEXT  
*[repeat until all treatments captured]*
30. Does the patient have a urinary catheter? Y/N
31. If yes, when was it inserted DD/MM/YY HH:MM
32. Does the patient have an intravenous cannula Y/N
33. If yes, when was it inserted DD/MM/YY HH:MM

## CRF5B ANTIDOTE-1: CURRENT ILLNESS, ADMISSION – CHILDREN (<18)

### A. General

- |  |        |
|--|--------|
| 1. Was your child born prematurely (more than 1 month early) | Y/N    |
| 2. What was the birthweight?                                 | Number |
| 3. Was your child ever breastfed                             | Y/N    |

### B. Current admission illness

Date/time of first hospital attendance DD/MM/YY HH:MM

1. Date first became unwell DD/MM/YY HH:MM
2. Symptoms (from guardian and medical notes)

Fever?  
Cough?  
Difficulty in breathing?  
Nonbloody diarrhoea?  
Bloody diarrhoea  
Vomiting?  
Abdominal pain  
Poor oral intake  
Urinary frequency or dysuria  
Haematuria  
Headache?  
Photophobia?  
Convulsions?  
Drowsiness?  
Rigors?  
Rash?  
Jaundice?  
Swollen legs/oedema  
Swollen glands/lymphadenopathy  
Joint pain  
Other (specify)

### B. Admission observations

1. Time of observations DD/MM/YY HH:MM
  - IF MULTIPLE – CHOOSE EARLIEST\*
2. Systolic BP (mmHg) Number
3. Diastolic BP (mmHg) Number

- |   |         |
|---|---------|
| 4. Heart rate (per minute)  | Number  |
| 5. Respiratory rate (per minute)  | Number  |
| 6. Temperature (Celsius)  | Number  |
| 7. Oxygen saturation (%)  | Number  |
| 8. Inspired oxygen (%)  | Number  |
| 9. Blantyre coma score (>3m-15 yrs)                                       | Number  |
| 10. Capillary refill time (s)   | number  |
| 11. Extremities temperature   | Cold    |
|   | Hot     |
|   | Normal  |
| 12. Sunken eyes?  | Y/N     |
| 13. Skin turgor   | Normal  |
|   | Reduced |
| Perform passive straight leg raise then record the following observations |         |
| 14. Systolic BP (mmHg)  | Number  |
| 15. Diastolic BP (mmHg)   | Number  |
| 16. Heart rate (per minute)   | Number  |
| 17. Fontanelle  | Y/N     |
| 18. If yes  | sunken  |
| 19. Ears discharging  | Y/N     |
| 20. Conjunctivitis  | Y/N     |
| 21. Cyanosis (lips)   | Y/N     |
| 22. Lymph nodes   | Y/N     |
| 23. Jaundice  | Y/N     |
| 24. Nasal flaring   |         |
| 25. Neck stiffness  |         |
| 26. Chest indrawing   |         |
| 27. Subcostal retraction  |         |
| 28. Deep breathing  |         |
| 29. Grunting  |         |
| 30. Heart normal  |         |
| 31. If no, describe   |         |
| 32. Chest normal  |         |
| 33. If no, describe   |         |
| 34. Liver palpable  |         |
| 35. If no, describe   |         |
| 36. Spleen palpable   |         |
| 37. If no, describe   |         |

### **C. Nutritional status**

- |           |        |
|-----------|--------|
| 1. MUAC   | Number |
| 2. Length | Number |
| 3. Weight | Number |

**D. Admission examination (from earliest medical clerking)**

- |                           |                          |
|---------------------------|--------------------------|
| 17. General appearance    | Normal/Abnormal/Not done |
| 18. If abnormal, findings | TEXT                     |
| 19. Cardiovascular exam   | Normal/Abnormal/Not done |
| 20. If abnormal, findings | TEXT                     |
| 21. Respiratory exam      | Normal/Abnormal/Not done |
| 22. If abnormal, findings | TEXT                     |
| 23. Abdominal exam        | Normal/Abnormal/Not done |
| 24. If abnormal, findings | TEXT                     |
| 25. Neurologic exam       | Normal/Abnormal/Not done |
| 26. If abnormal, findings | TEXT                     |
| 27. Musculoskeletal exam  | Normal/Abnormal/Not done |
| 28. If abnormal, findings | TEXT                     |
| 29. ENT exam              | Normal/Abnormal/Not done |
| 30. If abnormal, findings | TEXT                     |
| 31. Lymph node exam       | Normal/Abnormal/Not done |
| 32. If abnormal, findings | TEXT                     |

**E. Admission treatment times**

- |                                       |  |
|---------------------------------------|--|
| <b>30. Antibiotic administered?</b>   | <b>Y/N</b>                                     |
| 31. if yes Antibiotic time            | DD/MM/YY HH:MM                                 |
| 32. if yes Antibiotic delivered       | <i>[Pick all that apply]</i>                   |
|                                       | Amikacin                                       |
|                                       | Amoxicillin                                    |
|                                       | Azithromycin                                   |
|                                       | Benzympenicillin                               |
|                                       | Cefotaxime                                     |
|                                       | Ceftriaxone                                    |
|                                       | Chloramphenicol                                |
|                                       | Ciprofloxacin                                  |
|                                       | Co-amoxiclav                                   |
|                                       | Doxycycline                                    |
|                                       | Erythromycin                                   |
|                                       | Gentamicin                                     |
|                                       | Other (specify)                                |
| 33. if yes Antibiotic dose (mg)       | Number   |
| 34. if yes Antibiotic route           | text (IV/IM/PO/PR)                             |
|                                       | <i>[Repeat until all antibiotics captured]</i> |
| <b>35. Antimalarial administered?</b> | <b>Y/N</b>                                     |
| 36. If yes, antimalarial time         | DD/MM/YY HH:MM                                 |
| 37. If yes, antimalarial delivered    | Artesunate                                     |

	Quinine Co-artem Doxycycline Other (specify)
38. If yes, antimalarial dose (mg)	Number
39. If yes, antimalarial route <i>[repeat until all antimalarials captured]</i>	IV/IM/PO/PR
<b>40. Empirical TB therapy administered?</b>	<b>Y/N</b>
41. If yes, TB therapy time	DD/MM/YY HH:MM
42. If yes, drugs used	[pick all that apply] Rifampicin Isoniazid Pyrazinamide Ethambutol Streptomycin
<b>43. Antifungal administered?</b>	<b>Y/N</b>
44. If yes, time	DD/MM/YY HH:MM
45. If yes, which drug	Fluconazole Amphotericin Other (specify)
46. If yes, dose (mg)	Number
47. If yes, route <i>[repeat until all antifungals captured]</i>	PO/IV/IM/PR
<b>48. IV fluid administered?</b>	<b>Y/N</b>
49. if yes Time IV fluid started	DD/MM/YY HH:MM
50. If yes type of IV fluid	0.9% saline Hartmann's Ringer's lactate 5% dextrose Whole blood Packed red cells Gelofusin Other (specify)
51. if yes amount planned (L)	Number
52. if yes time to be administered (hrs)	Number/99=stat
<b>53. O2 administered</b>	<b>Y/N</b>
54. Time O2 administered	DD/MM/YY HH:MM
55. O2 amount delivered (L/min)	Number
<b>56. Any other treatment administered?</b>	<b>Y/N</b>
57. Other treatment administered time	DD/MM/YY HH:MM
58. Other treatment name <i>[repeat until all treatments captured]</i>	TEXT

- |  |                |
|--|----------------|
| 59. Does the patient have a urinary catheter?    | Y/N            |
| 60. If yes, when was it inserted                 | DD/MM/YY HH:MM |
| 61. Does the patient have an intravenous cannula | Y/N            |
| 62. If yes, when was it inserted                 | DD/MM/YY HH:MM |

**CRF 6 AntiDOTE-1: PREHOSPITAL INFORMATION**

**A. Prehospital healthcare. Information from patient and health passport**

1. Were you residing in your own home in the 3 weeks before admission ?  
Y/N
  
2. If no, where were you residing?  
  - School
  - Orphanage
  - Prison
  - With friends
  - Other healthcare
  - Other (state)
  
3. Was the patient transferred from another healthcare facility directly? Y/N
4. If so, where from? Text
- 4b. If yes, when were they there (onset - until) DD/MM/YY DD/MM/YY
  
5. Have you sought healthcare elsewhere for your current illness prior to coming to QECH  
Y/N
  
6. If yes, where (tick all that apply)
  - Other hospital (specify)
  - Other clinic (specify)
  - Pharmacy (specify)
  - Other private medical doctor
  - Other health worker (specify)
  - Traditional medical practitioner (specify)
  - Friend/family
  - Other (specify)
7. If yes, when (onset - until) DD/MM/YY DD/MM/YY
8. Did you receive any new treatment there? Y/N
9. If yes, what (name, if known)? Text
10. If yes, what was the treatment for Text



- |                                      |                              |
|--------------------------------------|------------------------------|
| 11. If applicable, what dose (mg)    | Number                       |
| 12. If applicable, dose frequency    | OD/BD/TDS/QDS/other(specify) |
| 13. If yes, when?                    | DD:MM:YY HH:MM               |
| 14. If yes, are you still taking it? | Y/N                          |
| 15. If no, when did you stop?        | DD:HH:MM HH:MM               |

*[repeat until all prehospital attendance and therapies captured]*

- |   |  |
|---|--|
| 16. Overnight stay in other hospital in last <b>4 weeks</b> ? | Y/N  |
| 17. If so, where?   | Text   |
| 18. Overnight stay in other hospital <b>3 months</b> ?        | Y/N  |
| 19. If so, where?   | Text   |
| 20. Overnight stay in other hospital in last <b>12 months</b> | Y/N  |
| 21. If so, where?   | Y/N  |
| 22. Other healthcare attendance in last 4 weeks               | Y/N  |
| 23. If so, where?   | Text   |
| 24. Other healthcare attendance in last 3 months?             | Text   |
| 25. If so, where?   | Y/N  |
| 26. Any surgical procedure in last 4 weeks                    | Y/N  |
| 27. If so, what?  | Text   |
| 28. If so, where?   | Text   |
| 29. Any surgical procedure in last 3 months                   | Y/N  |
| 30. If so, what?  | Text   |
| 31. If so, where?   | Text   |
| 32. Any surgical procedure in last 12 months?                 | Y/N  |
| 33. If so, what?  | Text   |
| 34. If so, where?   | Text   |
| 35. Any outpatient procedure in last 4 weeks?                 | Endoscopy<br>Bronchoscopy<br>Other (specify) |
| 36. Any outpatient procedure in last 3 months?                | Endoscopy                                    |

37. Any surgical procedure in last 12 months?      Bronchoscopy  
Other (specify)  
Endoscopy

Bronchoscopy  
Other (specify)

## B. Prehospital antibiotics

1. Has the patient had antibiotics in the **2 weeks** prior to admission?      Y/N

2. If so, which?

Amoxicillin  
Azithromycin  
Benzylpenicillin  
Cefotaxime

Ceftriaxone  
Chloramphenicol  
Ciprofloxacin  
Co-amoxiclav  
Doxycycline  
Erythromycin  
Gentamicin  
Other (specify)

3. If so, where from?

Dispensary  
Health centre  
Other hospital  
Other clinic  
Private purchase  
Traditional healer  
Friend/family

4. If so, when did they start

Date

5. If so, when did they finish

Date

6. Has the patient had antibiotics in the **4 weeks** prior to admission?      Y/N

7. If so, which?

Amoxicillin  
Azithromycin  
Benzylpenicillin  
Cefotaxime

Ceftriaxone  
Chloramphenicol  
Ciprofloxacin  
Co-amoxiclav  
Doxycycline  
Erythromycin  
Gentamicin  
Other (specify)

- |                                 |  |
|---------------------------------|--|
| 8. If so, where from?           | Dispensary<br>Health centre<br>Other hospital<br>Other clinic<br>Private purchase<br>Traditional healer<br>Friend/family |
| 9. If so, when did they start   | Date   |
| 10. If so, when did they finish | Date   |

[Repeat B1-10 for 3 months and 12 months prior to admission]

### C. TRAVEL

1. Have you travelled out of Malawi in the last 4 weeks?
2. If yes, date of leaving Malawi
3. If yes, date returning
4. If yes, where?
5. If yes, what was the purpose of travel
 

Work
Holiday
VFR
Healthcare
Other (state)
6. Any healthcare attendance outside Malawi
 

Y/N
-----
7. If yes, where?
 

Hospital (specify)
Clinic (specify)
Pharmacy (specify)
Other private medical doctor
Other health worker (specify)
Traditional healer
Friend/family
Onset/Return
8. If yes, when
9. If yes, for what condition?
 

Text
------
10. Did you receive antibiotics outside of Malawi?
 

Y/N
-----
11. If so, which route?
 

IV/PO/other/unknown
---------------------
12. If so, which ones?
 

List + unknown
----------------

13. If so, when did they finish DD/MM/YY

14. If so, course length Text

*[Repeat C1-14 for last 3 months and last 12 months]*

## **CRF 7 ANTIDOTE-1: ADMISSION INVESTIGATION**

STOOL AND URINE CULTURE WILL BE EXTRACTED DIRECTLY FROM LIMS

### **A. Admission investigations: haematology**

1. FBC done	Y/N
2. FBC time	DD:MM:YY HH:MM
3. FBC sample number	Number
4. Hb (g/L)	Number,
5. WCC ( $\times 10^9$ /L)	Number
6. Neutrophils ( $\times 10^9$ /L)	Number
7. Lymphocytes ( $\times 10^9$ /L)	Number
8. Eosinophils ( $\times 10^9$ /L)	Number
9. Monocytes ( $\times 10^9$ /L)	Number
10. Basophils ( $\times 10^9$ /L)	Number
11. Platelets ( $\times 10^9$ /L)	Number

### **B. Admission investigations; biochemistry**

1. Biochemistry done	Y/N
2. Biochemistry time	DD:MM:YY HH:MM
3. Biochemistry sample number	Number
4. Sodium (mmol/L)	Number
5. Potassium (mmol/L)	Number
6. Urea (mmol/L)	Number
7. Creatinine ( $\mu\text{mol/L}$ )	Number
8. CRP (g/dL)	Number
9. ALT (IU/L)	Number
10. ALP (IU.L)	Number
11. Bilirubin ( $\mu\text{mol/L}$ )	Number
12. Lactate (mmol/L)	Number

### **C. Admission investigations: HIV**

1. HIV Ab done?	Y/N
2. HIV sample number	Number
3. HIV Ab time	DD/MM/YY HH:MM
4. HIV Ab result	reactive/non-reactive

- |                            |                         |
|----------------------------|-------------------------|
| 5. HIV PCR done (<18m old) | Y/N                     |
| 6. HIV PCR result          | detectable/undetectable |
| 7. CD4 done?               | Y/N                     |
| 8. CD4 sample number       | Number                  |
| 9. CD4 time                | DD/MM/YY HH:MM          |
| 10. CD4 (cells//m3)        | number                  |

**D. Admission investigations: Malaria**

- |                               |                      |
|-------------------------------|----------------------|
| 1. Malaria film done?         | Y/N                  |
| 2. Malaria film done?         | Y/N                  |
| 3. Malaria film time          | DD/MM/YY HH:MM       |
| 4. Malaria film sample number | Number               |
| 5. Malaria film               | 0=Neg/1=+/2=++/3=+++ |
| 6. Malaria RDT done?          | Y/N                  |
| 7. Malaria RDT time           | DD/MM/YY HH:MM       |
| 8. Malaria RDT sample number  | Number               |
| 9. Malaria RDT                | positive/negative    |

**E. Admission investigations: Sputum AFB/culture/geneXpert**

- |                                   |   |
|-----------------------------------|---|
| 1. Sputum AFB done?               | Y/N   |
| 2. Sputum AFB date                | DD/MM/YY HH:MM  |
| 3. Sputum AFB sample number       | Number  |
| 4. Sputum AFB result              | -/scanty/+/++/+++   |
| 5. Sputum geneXpert done          | Y/N   |
| 6. Sputum geneXpert date          | DD/MM/YY HH:MM  |
| 7. Sputum geneXpert sample number | Number  |
| 8. Sputum genexpert result        | negative/positive no rif resistance/positive rif resistance |

**F. Admission investigations: Mycobacterial blood culture**

- |   |   |
|---|---|
| 9. Sputum mycobacterial culture                                   | Y/N   |
| 10. Sputum mycobacterial culture date                             | DD/MM/YY HH:MM  |
| 11. Sputum mycobacterial sample number                            | Number  |
| 12. Sputum mycobacterial culture result                           | MTB<br>NTM<br>Negative  |
| 13. If MTB, sensitivities (if done – tick all to which sensitive) | Not done<br>Rifampicin<br>Isoniazid<br>Ethambutol<br>Other(specify) |
| 14. If MTB, resistance (if done – tick all to which resistant)    | Not done  |

15. If MTB, intermediate

Rifampicin  
Isoniazid  
Ethambutol  
Other(specify)  
Not done  
Rifampicin  
Isoniazid  
Ethambutol  
Other(specify)

### G. Admission investigations: Chest x-ray

1. CXR done? Y/N
2. CXR time DD/MM/YY HH:MM
3. CXR abnormal? Y/N
4. CXR abnormalities [pick all those that apply]  
Consolidation (L/R/bilateral)  
Pleural effusion (L/R/bilateral)  
Pulmonary oedema  
Pneumothorax (L/R/bilateral)  
Cavities (L/R/bilateral)  
Miliary pattern  
Lymphadenopathy  
( hilar/mediastinal/other)  
Cardiomegaly  
Other (specify)

### H. Admission investigations: CSF

1. LP done Y/N
2. LP date DD/MM/YY HH:MM
3. CSF sample number Number
4. CSF cell count Number
5. CSF cell % lymphocytes 0-100%
6. CSF cell % polymorph 0-100%
7. CSF protein (g/l) number
8. CSF glucose (mmol/L) number
9. CSF CRAG positive (record dilution)/negative
10. Serum glucose (mmol/L) number/not done
11. CSF microscopy [pick all that apply]  
No organisms seen  
Gram positive cocci  
Gram negative diplococci  
Gram positive bacilli  
Gram negative bacilli  
Yeasts  
Other (specify)
12. CSF culture Neisseria meningitides

Streptococcus pneumoniae  
 Listeria monocytogenes  
 Cryptococcus neoformans  
 Gram negative bacilli (specify)  
 Staphylococcus aureus  
 Other (specify)

**I. Admission investigations: other**

- |                         |                          |
|-------------------------|--------------------------|
| 1. Urine taken for LAM? | Y/N                      |
| 2. Urine date/time      | DD/MM/YY HH:MM           |
| 3. Urine sample number  | Number                   |
| 4. LAM result           | Positive/negative/failed |

**H. Admission investigations: other imaging**

- |                            |          |
|----------------------------|----------|
| 1. Ultrasound abdomen done | Y/N      |
| 2. Ultrasound date         | DD/MM/YY |
| 3. Ultrasound normal       | Y/N      |
| 4. If abnormal, result     | Text     |

**J. Admission investigations: other (Only if done in DASSIM)**

- |  |                                     |
|--|-------------------------------------|
| 5. Urine taken for LAM?                        | Y/N                                 |
| 6. Urine date/time                             | DD/MM/YY HH:MM                      |
| 7. Urine sample number                         | Number                              |
| 8. LAM result                                  | Positive/negative/failed            |
| 9. Serum taken for serology                    | Y/N                                 |
| 10. Serum date/time                            | DD/MM/YY HH:MM                      |
| 11. Serum ID number                            | number                              |
| <i>[See separate serology CRF for results]</i> |                                     |
| 12. Serum taken for beta glucan                | Y/N                                 |
| 13. Beta glucan date/time                      | DD/MM/YY HH:MM                      |
| 14. Beta glucan sample ID                      | Number                              |
| 15. Beta glucan result                         | Number                              |
| 16. Serum taken for CRAG                       | Y/N                                 |
| 17. Serum CRAG date/time                       | DD/MM/YY HH:MM                      |
| 18. Serum CRAG result                          | Positive (record dilution)/negative |
| 19. Blood taken for PCR panel                  | Y/N                                 |
| 20. Blood time/date                            | DD/MM/YY HH:MM                      |
| 21. Blood ID sample number                     | Number                              |

*[see separate PCR CRF for results]*

## **CRF8 ANTIDOTE-1: PRIMARY FOCUS OF INFECTION**

### **To be completed by PI**

#### **1. Primary focus of infection**

Urinary  
Hepatobiliary  
Pneumonia  
Skin/soft-tissue  
CNS  
Indwelling device (state)  
Non-focal  
Other (state)

#### **2. Suspected portal of entry**

Urinary tract  
Gastrointestinal  
Skin  
  
Skin via indwelling device  
Respiratory  
Other

## **CRF 9 ANTIDOTE-1: 6HR ASSESSMENT**

- |                                 |                |
|---------------------------------|----------------|
| 1. Study ID                     | Number         |
| 2. DOB                          | DD/MM/YY       |
| 3. Sex                          | M/F            |
| 4. Time of assessment           | DD/MM/YY HH:MM |
| 5. Person completing assessment | Text           |

### **A. 6hr post enrolment observations**

*[take new observations if none recorded at 6hr +/- 30mins]*

- |                                  |                |
|----------------------------------|----------------|
| 1. 6hr observations time         | DD/MM/YY HH:MM |
| 2. Systolic BP (mmHg)            | Number         |
| 3. Diastolic BP (mmHg)           | Number         |
| 4. Heart rate (per minute)       | Number         |
| 5. Respiratory rate (per minute) | Number         |
| 6. Temperature (Celsius)         | Number         |
| 7. Oxygen saturation (%)         | Number         |
| 8. Inspired oxygen (%)           | Number         |



- 9. GCS Number
  - 10. Capillary refill time (s) number
  - 11. Extremities temperature Cold  
Hot  
Normal
  - 12. Sunken eyes? Y/N
  - 13. Skin turgor Normal  
Reduced
- Perform passive straight leg raise then record the following observations
- 14. Systolic BP (mmHg) Number
  - 15. Diastolic BP (mmHg) Number
  - 16. Heart rate (per minute) Number

**B. 1-6hr post enrolment observations (if available)**

[record closest observations for hours 1,2,3,4,5 from notes, if available. If not recorded, then enter NR]

	1hr	2hr	3hr	4hr	5hr	6hr
Time DD/MM/YY HH:MM						
Systolic BP (mmHg)						
Diastolic BP (mmHg)						
Heart rate (per minute)						
Respiratory rate (per minute)						
Temperature (Celsius)						
Oxygen saturation (%)						
Inspired oxygen (%)						
GCS						
Capillary refill time (s)						
Extremity cold/warm/normal						
Sunken eyes Y/N						
Skin turgor normal/reduced						

Perform passive straight leg raise then record the following observations						
Systolic BP (mmHg)						
Diastolic BP (mmHg)						
Heart rate (per minute)						

### C. 0-6hr treatments administered

1. Estimated cumulative IV fluids administered (L) hours 0-6 record amount and source of estimate (notes, verbal report from nurses, other(specify). If not possible, record cumulative amount delivered by 6 hours and NR in other columns

Cumulative fluid administered	1hr	2hr	3hr	4hr	5hr	6hr	Source of estimate
Time of assessment DD/MM/YY HH:MM							Text
Normal saline							Text
Hartmann's							Text
Ringer's lactate							Text
5% dextrose							Text
Whole blood							Text
Packed red cells							Text
Gelofusin							Text
Other (specify)							Text

2. Antimicrobials administered each hour 0-6hrs not previously recorded? In each box record antimicrobials delivered in previous hour. Record drug and time administered, if known. Record "time unknown" if not known.

	0-1hr	1-2hr	2-3hr	3-4hr	4-5hr	5-6hr
Time of assessment DD/MM/YY HH:MM						
Antibiotics?						
TB therapy?						
Antimalarials?						
Antifungals?						
Other						



- 9. GCS Number
- 10. Capillary refill time (s) number
- 11. Extremities temperature Cold  
Hot  
Normal
- 12. Sunken eyes? Y/N
- 13. Skin turgor Normal  
Reduced

Perform passive straight leg raise then record the following observations

- 14. Systolic BP (mmHg) Number
- 15. Diastolic BP (mmHg) Number
- 16. Heart rate (per minute) Number

**D. Therapies administered last 24hours**

1. Estimated IV fluid last 24hours

	Vol (L)	Source of estimate
Normal saline	Number	Text
Hartmann's	Number	Text
Ringer's lactate	Number	Text
5% dextrose	Number	Text
Whole blood	Number	Text
Packed red cells	Number	Text
Gelofusin	Number	Text
Other (specify)	Number	Text

2. Antimicrobials administered last 24 hours

	Name of treatment	Number of doses administered last 24 hours	If new, time of 1 <sup>st</sup> dose
Antibiotics?	Text*	Number	HH:MM
TB therapy?	Text*	Number	
Antimalarials?	Text*	Number	
Antifungals?	Text*	Number	
Other	Text*	Number	

3. Oxygen therapy CURRENTLY

Oxygen flow rate (L/min)	
Mode of delivery	
Is patient using it?	

#### 4. Procedures in last 24 hours

	Date	Time
Blood culture		
Peripheral cannula		
Urinary catheter		
VP shunt		
Chest drain		
Ascitic drain		
Endoscopy		
Bronchoscopy		
Other (state)		

\* If died/discharged complete CRF 11 OUTCOMES

#### CRF 11 ANTIDOTE-1OUTCOMES

- |                                 |                |
|---------------------------------|----------------|
| 1. Study ID                     | Number         |
| 2. DOB                          | DD/MM/YY       |
| 3. Sex                          | M/F            |
| 4. Time of assessment           | DD/MM/YY HH:MM |
| 5. Person completing assessment | Text           |

#### A. Hospital outcome

- |                                       |  |
|---------------------------------------|--|
| 1. Outcome of hospital stay           | Discharged/died                                |
| 2. Date/time of discharge/death       | DD/MM/YY HH:MM                                 |
| 3. If death – cause of death?         | Text   |
| 4. If discharge - Took own discharge? | Y/N  |
| 5. If yes – why?                      | Not getting better<br>Responsibilities at home |

- |  |  |
|--|--|
|  | Other (specify)  |
| 6. If discharged – any TTO antibiotic?       | Y/N  |
| 7. If yes – what?                            | Amoxicillin<br>Azithromycin<br>Ciprofloxacin<br>Co-amoxiclav<br>Doxycycline<br>Erythromycin<br>Flucloxacillin<br>Penicillin<br>Other (specify) |
| 8. If yes – dose (mg)                        | number   |
| 9. if yes – dose interval                    | OD/BD/TDS/QDS/other (specify)  |
| 10. if yes – planned treatment length (days) | Number   |

### B. 28-day outcome

- |   |                              |
|---|------------------------------|
| 1. 28 day outcome                                 | Dead/alive/lost to follow up |
| 2. If dead- date of death (if known)              | DD/MM/YY HH:MM               |
| 3. If dead – place of death (if known)            | DD/MM/YY HH:MM               |
| 4. If dead – cause of death (if known)            | Text                         |
| 5. If alive – any rehospitalisation last 28 days? | Y/N                          |
| 6. If yes – why?                                  | Text                         |
| 7. If yes – where?                                | TEXT                         |

### C. 3 month outcome

- |  |                              |
|--|------------------------------|
| 8. 3 month outcome                                 | Dead/alive/lost to follow up |
| 9. If dead- date of death (if known)               | DD/MM/YY HH:MM               |
| 10. If dead – place of death (if known)            | DD/MM/YY HH:MM               |
| 11. If dead – cause of death (if known)            | Text                         |
| 12. If alive – any rehospitalisation last 28 days? | Y/N                          |
| 13. If yes – why?                                  | Text                         |
| 14. If yes – where?                                | TEXT                         |

### D. 6 month outcome

- |  |                              |
|--|------------------------------|
| 15. 6 month outcome                                | Dead/alive/lost to follow up |
| 16. If dead- date of death (if known)              | DD/MM/YY HH:MM               |
| 17. If dead – place of death (if known)            | DD/MM/YY HH:MM               |
| 18. If dead – cause of death (if known)            | Text                         |
| 19. If alive – any rehospitalisation last 28 days? | Y/N                          |
| 20. If yes – why?                                  | Text                         |
| 21. If yes – where?                                | TEXT                         |

## CRF 12 ANTIDOTE-1 ARM 1 SOCIAL/ECONOMIC/HOUSING DATA

[For Arm 2 patients, this can be asked at 1<sup>st</sup> household visit. All other patients ask whilst in hospital.  
For children (<18) ask the parent or guardian]

### A. Who is in the household?

- |  |   |
|--|---|
| 1. How many people live in your household in total?                                    | Number  |
| 2. How old is person?  | Number  |
| [repeat for each household member]   |   |
| 3. Who is the head of the household?   | Mother<br>Father<br>Grandparent<br>Other relative<br>Non relative |
| 4. Which household member is being interviewed?<br>(relationship to head of household) | Mother<br>Father<br>Grandparent<br>Other relative<br>Non relative |

### B. Household socioeconomic information

- |  |   |
|--|---|
| 1. What is your occupation?  | Text  |
| 2. What is the occupation of head of household?  | Text  |
| 3. What is the highest level of formal schooling<br>you have ever attended?<br><br>(list individual)                       | PRESCH<br>STND1-8<br>FORM 1-6<br>UNIV 1-4<br>ABOVE<br>TC YR 1-4 |
| 4. What is the highest level of formal schooling<br>the head of your household has ever attended?<br><br>(list individual) | PRESCH<br>STND1-8<br>FORM 1-6<br>UNIV 1-4<br>ABOVE<br>TC YR 1-4 |

5. Do you have electricity at home Y/N
6. How many people in your household receive a regular salary? Number  
(money that is paid by the employer daily, weekly or monthly during the last 2 months or longer)
7. Does anyone in your household own any of the following items? Bed  
Bicycle  
Mobile phone  
Radio  
Fridge  
None
8. Does your household keep any of the following animals? Chickens  
Goats  
Cattle  
Pigs  
Sheep  
None
9. Where are they kept? In the house  
In the compound  
Elsewhere
10. During the past month how often have you had problems getting the food you need? Never  
Sometimes  
Often  
Always
11. In the last 2 weeks, has an adult in your household skipped a meal or eaten less in order for there to be enough food? Y/N
12. House wall construction Unbaked mud  
Baked mud  
Cement  
Other
13. House roof construction Metal  
Thatch  
Sod  
Rustic mat  
Palm/bamboo  
Other (specify)
14. House floor construction Cement  
Tile  
Carpet  
Wood



15. Source of fuel for cooking
- Sand
  - Other (Specify)
  - Electricity
  - Gas (any type)
  - Kerosene
  - Charcoal
  - Coal
  - Wood
  - Other (specify)

### C. Water, Sanitation and Hygiene

1. What kind of toilet facility do members of your household usually use?
- Flush or pour flush toilet to sewer system, septic tank or pit latrine
  - Flush or pour flush toilet to somewhere else
  - Pit latrine with slab
  - Pit latrine without slab/open pit
  - Ventilated improved pit latrine
  - Hanging toilet/latrine
  - Composting toilet
  - Bucket
  - No toilet
  - Other (specify)
2. Do you share this facility with others who are not members of your household?
- Y N
3. What is the main source of drinking water for members of your household?
- Bottled
  - Piped into dwelling
  - Piped to yard/plot
  - Public tap/standpipe
  - Tube well/borehole
  - Protected dug well
  - Protected spring
  - Rainwater
  - Other (specify)
  - Unprotected well
  - Unprotected spring
  - Tanker truck
  - Surface water (river/dam/lake/pond/stream)

- 4.. What is the main source of water for cooking and cleaning?  
(if bottled water for drinking)



## SMOKING AND ALCOHOL STATUS

- |  |                         |
|--|-------------------------|
| 1. Current (within last 2 weeks) or ex smoker? | Current smoker          |
|  | Ex smoker               |
| 2. How many years smoked?                      | Never smoker<br>number  |
| 3. Which tobacco products?                     |                         |
|  | 1, Packeted Cigarettes  |
|  | 2, Home made cigarettes |
|  | 3, Chewing tobacco      |
|  | 4, Snuff                |
|  | 5, Pipe                 |
|  | 6, None                 |
|  | 9, Other                |
| 4. if yes how many/week                        | Number                  |
| 5. Usual alcoholic drink?                      |                         |
|  | Beer                    |
|  | Wine                    |
|  | Spirit                  |
|  | Kachasu                 |
|  | None                    |
|  | Other                   |
| 6. Alcohol drinks per week                     | Number                  |
| 7. Any other drugs?                            | Y/N                     |
| 8. If Y, what?                                 | Text                    |

**CRF 13 ANTIDOTE-1 EQ5D (English and Chichewa)**

Complete one survey at baseline and one at the time of discharge

By placing a tick in one box in each group below, please indicate which statements best describe your own health state today.

**MOBILITY**

- I have no problems in walking about
- I have some problems in walking about
- I am confined to bed

**SELF-CARE**

- I have no problems with self-care
- I have some problems washing or dressing myself
- I am unable to wash or dress myself

**Usual Activities** (e.g. work, study, housework, family or leisure activities)

- I have no problems with performing my usual activities
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

**PAIN / DISCOMFORT**

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

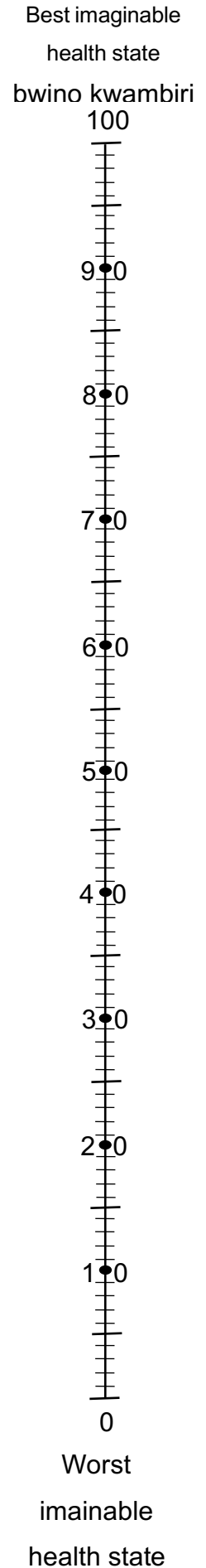
**ANXIETY / DEPRESSION**

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.

**Your own health state today**



Chongani mu gulu lililonse pansipa, chonde sonyezani mfundo zimene zikufotokoza bwino za umoyo wanu.

**Mayendedwe**

Ndilibe vuto lina lililonse poyenda

Ndimakhala ndi mavuto ena poyenda

Ndimangobindikira pa kama

**Kudzisamalira ndekha** (*mwachitsanzo kusamba ndi kudziveka ndekha*)

Ndilibe vuto podzisamalira ndekha

Ndimakhala ndi mavuto ena posamba kapena podziveka ndekha

Ndimalephera kusamba kapena kudziveka ndekha

**Zochitika za tsiku ndi tsiku** (*monga kugwira ntchito, kuwerenga, ntchito za pakhomo, za m'banja kapena kuchita zimene zimandisangalatsa*)

Ndilibe mavuto ali onse pogwira ntchito zanga za nthawi zonse

Ndili ndi mavuto ena pang'ono pogwira ntchito zanga za nthawi zonse

Ndimalephera kugwira ntchito zanga za nthawi zonse

**Ululu/Kuphwanya m'thupi kosowetsa mtendere**

Ndilibe ululu kapena sindikumva kuphwanya m'thupi

Ndimakhala ndi ululu kapena kumva kuphwanya m'thupi mwapakatikati

Ndimakhala ndi ululu kapena kumva kuphwanya m'thupi kwambiri

**Nkhawa/Khumudwa (Osasangalala)**

Sindikuda nkhawa kapena kukhumudwa

Ndimakhala oda nkhawa kapena okhumudwa mwapakatikati

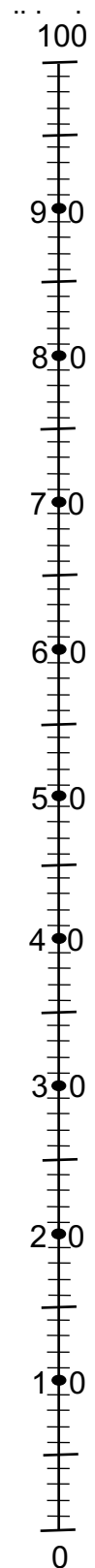
Ndimakhala oda nkhawa kapena okhumudwa kwambiri

Kuti tithandize anthu kunena za umoyo wawo, tajambula mlingo woyesera (chofanana ndi choyesera kuzizira/kutentha kwa m'thupi) womwe umoyo wabwino wayerekezedwa ndi chizindikiro cha 100 ndipo umoyo woipa wayerekezedwa ndi chizindikiro cha 0.

Tikufuna mutisonyeze pa mlingowu mmene umoyo wanu ulili lero kuti uli bwino kapena suli bwino mmene inu mukuganizira. Lembani mzere kuchokera pa bokosi pansipa kupita pa mlingo woyesera umene ukufotokoza za ubwino kapena kuipa kwa mmene umoyo wanu ulili lero.

**Mmene umoyo  
wanu ulili**

Kuyerekezedw  
a kuti umoyo



Kuyerekezedw  
a kuti umoyo si

.. . .

## CHICHEWA TRANSLATIONS

### CRF1: OYENERERA

#### D. Zoyenera kuona m'kafukufuku

- |  |   |
|--|---|
| 13. ID younikira   | Barcode   |
| 14. Tsiku /nthawi yotengera magazi oti akasungidwe kuti akaone ngati angamere tizirombo ta matenda | tsiku/mwezi/chaka / nthawi  |
| 15. LIMS ID of blood culture   | Alphanumeric  |
| 16. Zotsatira za magazi amene anasungidwa kuti aone ngati mungamere tizirombo ta matenda           | E. coli<br>Klebsiella spp. (specify)<br>Enterobacter spp.<br>Proteus spp.<br>Morganella spp.<br>Citrobacter spp.<br>Mixed gram negative (fotokozani)*<br>Other gram negative (fotokozani) |

\* Ngati muli tizirombo tosanika , malizitsani chikalata cha CRF pa kachilombo kalikonse pakokha..

17. Mankhwala amene angagwire ntchito pa tizilombo ta matenda m'magazi  
*[chongani onse amene ANGAGWIRE NTCHITO]*

Amoxicillin  
Chloramphenicol  
Cotrimoxazole  
Gentamicin  
Ciprofloxacin  
Ceftriaxone  
Oxacillin  
Tetracycline  
Methicillin  
Erythromycin  
Penicillin  
Mankhwala ena (fotokozani)

18. Mankhwala amene sangagwire ntchito pa tizilombo tamatenda timene tamera m'magazi *[chongani onse amene SANGAGWIRE NTCHITO]*

Amoxicillin  
Chloramphenicol  
Cotrimoxazole  
Gentamicin  
Ciprofloxacin  
Ceftriaxone  
Oxacillin



Tetracycline  
Methicillin  
Erythromycin  
Penicillin  
Mankhwala ena (fotokozani)

19. Mankhwala amene SANGAGWIRE NTCHITO pa tizirombo tamatenda timene tamera m'magazi [*chongani onse amene SANGAGWIRE ntchito*]

Amoxicillin  
Chloramphenicol  
Cotrimoxazole  
Gentamicin  
Ciprofloxacin  
Ceftriaxone  
Oxacillin  
Tetracycline  
Methicillin  
Erythromycin  
Penicillin  
Mankhwala ena (fotokozani)

20. Ngati ceftriaxone wapezeka kuti sangagwire ntchito, zotsatira za zoyeza za ESBL ESBL+/ESBL-/sizinachitike

21. Kukwaniritsa zoyenera kuona Inde /Ayi

**[zotsatira za zoyesa zimozi za magari mpaka magari onse ayezedwe]**

**E. Zolephelesa kulowa mukafukufuku**

- |  |          |
|--|----------|
| 4. Samalankhula Chingerezi kapena ChichewaSpeaks           | Inde/Ayi |
| 5. Wodwala kapena omuyimirira walephera kupereka chilolezo | Inde/Ayi |
| 6. Amakhala kunja kwa mzinda wa Blantyre                   | Inde/Ayi |

**F. Kutheke kwa munthu kuvomereza kapena kukana kuchita nawo kafukufuku**

- |   |          |
|---|----------|
| 5. Ali ndi mphamvu zopereka chilolezo cholowa m'kafukufuka        | Inde/Ayi |
| 6. Ngati sangapereke chilolezo ayi, omuyimirira apereke chilolezo | Inde/Ayi |
| 7. Wayesdedwa ndi ?   | Zolembe  |

8. Ngati alibe mphamvu zoperekera chilolezo, m'bale amene wapereka chilolezo Zolemba

Ngati zonse kuyambira B1 mpaka 3 = AYI ndipo C1 kapena C 2 =INDE ,  
alowetseni m'kafukufuku.

**CRF2: UTHENGA WA ODWALA AMENE ASANKHIDWA**

[Zisungidwe pazokha osati ndi zotolera zina, mosazindikirika kwa anthu motetezedwa ndi nambala ya chinsisnsi.

**B. Mbiri ya munthu**

- |   |                   |
|---|-------------------|
| 12. ID ya kafukufuku                      | Barcode           |
| 13. Dzina                                 | zolemba           |
| 14. Tsiku lobadwa                         | Tsiku/Mwezi/chaka |
| 15. Keyala                                | zolemba           |
| 16. Nambala ya foni                       | Nambala           |
| 17. Mwina wa foni                         | Zolemba           |
| 18. Foni yachiwiri                        | Nambala           |
| 19. Mwini wa foni yachiwiri               | Zolemba           |
| 20. Foni yachitatu                        | Nambala           |
| 21. Foni ya chitatu                       | Zolemba           |
| 22. Zoono zokhudzana ndi munthu - zolemba |                   |

**C. CRF3: Mbiri ya munthu**

- |  |                   |
|--|-------------------|
| 7. Munthu amene akumalizitsa chikalata | Zolemba           |
| 8. ID ya kafukufuku                    | Barcode           |
| 9. Tsiku lobadwa odwala                | Tsiku/Mwezi/chaka |
| 10. Odwala wamkazi/wam'muna            | Wamkazi/wam'muna  |
| 11. EPALS                              | INDE/AYI          |
| 12. Kumene kuli nyumba potengera EPALS | GPS               |

**CRF4A: MBIRI YA MANKHWALA/ HIV/TB/HIV**

- |                              |                          |
|------------------------------|--------------------------|
| 4. Munthu amene akumalizitsa | Zolemba                  |
| 5. ID ya kafukufuku          | Nambala                  |
| 6. Deti /nthawi younikira    | Tsiku/Mwezi/Chaka/Nthawi |

## F. Mbiri ya kumwa mankhwala

- |   |                                    |
|---|------------------------------------|
| 5. Vuto lomwe lilipo                      | Zolemba (Sankhani pa m'ndandanda/) |
| 6. Tsiku loyambira                        | Tsiku/Mwezi/ Chaka                 |
| 7. Kukuyenderani pachiyambi kopitirira    | INDE/AYI                           |
| 8. Ngati ayi : tsiku lomalizira mankhwala | Tsiku/Mwezi/Chaka                  |
- [zolemba pa vuto lililonse mpaka onse alembedwe]*

## G. Mbiri ya HIV

- |  |  |
|--|--|
| 27. Mbiri ya HIV   | Ali ndi kachiroombo/alibe kachiroombo /sakudziwa                       |
| 28. Ngati ali ndi zaka zochepera miyezi 18, Mbiri ya HIV ya amai   | Ali ndi kachiroombo/alibe kachiroombo /sakudziwa                       |
| 29. Kumene mwatenga mbiri ya HIV   | Kwa odwala/pa kadi /kwina (fotokozani)                                 |
| 30. Tsiku limene zotsatira za HIV zinadziwika  | Tsiku/Mwezi/Chaka  |
| 31. Ngati ali ndi kachiroombo ka HIV, chitetezo chili bwanji mthupi (cells/mm <sup>3</sup> )             | Namabala /sanayezetse  |
| 32. Ngati chitetezo inachitika, mwapeza kuti uthengaw kwa  | odwala/pa kadi / kwina fotokozani                                      |
| 33. Ngati chitetezo chinayezedwa, chinayezedwa liti  | tsiku/Mwezi/Chaka  |
| 34. Ngati ali ndi kachiroombo ka HIV positive chiwerengero chakuchuluka kwa tizirombo mthupi (copies/ml) | Nambala/ sanayeze  |
| 35. Kumene munatenga uthenga wa kuchuluka kwa tizirombo mthupi   | Kwa odwala /pa kadi /kwina   |
| 36. Ngati kuyeza kuchuluka kwa tizirombo mthupi kunachitka, kunachitika liti                             | Tsiku/Mwezi/Chaka  |
| 37. Kodi matenda a HIV akulondoledwa?  | Inde /Ayi  |
| 38. Ngati inde, kutiko?,   | Zolemba  |
| 39. Ngati ali ndi HIV , akumwa mankhwala a HAART?  | Inde/Ayi   |
| 40. Ngati akumwa mankhwala, tsiku limene anayamba  | Tsiku/Mwezi/Chaka  |
| 41. Ngati inde, akumwa HAARTwamtundu wANJI panopa.   | 1<br>2<br>3<br>4<br>5<br>Other   |
| 42. Ngati akumwa ena, mankhwala ati  | NVP<br>EFV<br>LPV/r<br>ATV/r<br>3TC<br>AZT<br>ABC<br>FTC<br>D4T<br>TDF |

Ena (tchulani)

43. Mtundu wina wa mankhwala umene munkamwa poyamba Inde/Ayi  
44. Ngati Inde, munayamba liti kumwa mtunduwa mankhwala amenewo  
Tsiku/Mwezi/Chaka  
45. Ngati inde, munasiya liti kumwa mankhwala amenewo Tsiku/Mwezi/Chaka  
46. Ngati inde, Chifukwa chani munasintha mtundu wa mankhwala? Kudana ndi  
mankhwala

Chitetezo chimalephera kukwera  
Virologic failure  
Kudana ndi mankhwala  
Zina (Fotokozani )  
Chifukwa chosadziwika

47. Ngati ali ndi HIV, akumwa CPT Inde/Ayi  
48. Ngati Inde, anayamba liti kumwa CPT Tsiku/Mwezi /Chaka  
49. Munamwapo CPT kapena mukumwa panopa? Inde/Ayi  
50. Ngati inde, munayamba liti ? Tsiku /Mwezi/Chaka  
51. Ngati inde, munasiya kumwa liti ? Tsiku/Mwezi/Chaka  
52. Ali pa mlingo wanji pa mndandanda wa matenda wa WHO

1  
2  
3  
4

## H. Mbiri ya chifuwa chachikulu TB

7. Munalandirapo mankhwala a Chifuwa chachikulu (TB)?  
Inde/Ayi  
8. Ngati Inde, Kangati? Nambala  
9. Ngati Inde, munayamba kumwa liti mankhwala OMALIZA  
Tsiku/Mwezi/Chaka  
10. Munasiya liti kumwa mankhwala OMALIZA Tsiku/Mwezi/Chaka  
11. Mtundu wa chifuwa chachikulu (TB)  
Chifuwa chosaonekera  
Chifuwa cha m'mapapo  
Chifuwa cha m'mapapo choonekera  
Chifuwa cha madzi M'mapapo  
choonekera  
Chifuwa cha ku bongo choonekera  
Chifuwa chachikulu cha m'mimba  
choonekera  
Chifuwa china (Iembani )  
12. Mankhwala amene akumwa [chongani onse amene akumwa]  
RHZE  
SRHZE  
MDR-TB regimen  
Ena (Iembani )

## I. Mankhwala ena amasiku onse

*[Mankhwala ena alionse osati antibiotic kapena ART/TB/CPT ndipo china chilchonse chimene mwamwa masabata awiri aitawa]*

- |   |                                  |
|---|----------------------------------|
| 8. Mankhwala  | Zolembe (sankhani pa mndandanda) |
| 9. Start date   | Tsiku /Mwezi /Chaka              |
| 10. Ma mg ake (mg)  | Nambala                          |
| 11. Njira yolandirira mankhwala   | PO/PR/SL/IV/IM                   |
| 12. Mumamwa pafupipafupi bwanji   | OD/BD/TDS/QDS/zina (lembani )    |
| 13. Munamwa mopitiriza  | Inde/Ayi                         |
| 14. Ngati simumamwa mopitiriza, tsiku lomaliza kumwa linali liti<br>Tsiku/Mwezi/Chaka |                                  |

*[lembani za mankhwala alionse paokha mpaka mumalize onse]*

## J. Kudana ndi mankhwala

- |  |          |
|--|----------|
| 4. Panali kudana ndi mankhwala kulikonse | Inde/Ayi |
| 5. Ngati inde, kunali kotani :           | Zolembe  |
| 6. Ngati inde, zizindikiro zake          | Zolembe  |

*[lembani za kudana ndi mankhwala kuli konse pakokha mpaka mumalize zonse]*

## CRF5a: C MATENDA AMENE AKUDWALA PAKALI PANO NDI POGONEKEDWA MCHIPATALA- ANTHU AKULU OPOSELA ZAKA(18)

### C. Matenda amene akudwala pano

- |  |                |
|--|----------------|
| 4. Tsiku /nthawi yoyamba kubwera ku chipatala  | DD/MM/YY HH:MM |
| 5. Tsiku loyamba kudwala   | DD/MM/YY HH:MM |
| 6. Zizindikiro (chongani zimene zikufanana ndi zimene WANENA ODWALA-FUNSANI: KODI CHAKUPANGITSANI KUBWERA KUCHIPATALA NDI CHANI? |                |

Kutentha kwa thupi  
kufooka  
kutsika kalemeledwe ka thupi

Kusokomola  
Kutulusa makhololo  
Kuvutika kupuma  
kupweteka kwa m'chifuwa

kusanza magari

Chimbuzi chotsegula m'mimba  
chosakanizikilana ndi magari  
Chimbudzi chotsegula m'mimba  
chosakanizikilana ndi magari  
kusanza  
kupweteka kwa m'mimba  
kukodza pafupipafupi kapena kumva  
kupweteka pokodza  
mikozi yosakanizikilana ndi magari

chikazi  
Kupweteka kwa mutu

Kubalalika  
Kuopa kuona kuwala kwa dzuwa

kukomoka  
kufooka  
kunjenjemera  
ziwengo  
chikasu  
kutupa kwa miyendo kapena  
kutupikana  
mwanabere  
kuwawa kwa molumikizana mafupa

kukanika kuima  
zina zowonjezera

#### D. Admission observations

- |  |                               |
|--|-------------------------------|
| 4. DOB   | DD/MM/YY                      |
| 5. Temp > 37.5 OR History of fever last 3 days<br>(tick all that apply)? | T > 37.5<br>Fever last 3 days |
| 6. Temperature (C)   | Number                        |
| 7. SBP   | Number                        |
| 8. RR  | Number                        |

9. Is there an adequate SpO2 trace?	Y/N
22. If Y - SpO2	Number
23. GCS	Number
24. Life threatening organ dysfunction?	record all that apply
	SBP < 90mmHg Y/N
	RR > 30 Y/N
	SpO2 < 90% Y/N
	GCS < 15 Y/N
38. Time of observations	DD/MM/YY HH:MM
• IF MULTIPLE – CHOOSE EARLIEST*	
39. Systolic BP (mmHg)	Number
40. Diastolic BP (mmHg)	Number
41. Heart rate (per minute)	Number
42. Respiratory rate (per minute)	Number
43. Temperature (Celsius)	Number
44. Oxygen saturation (%)	Number
45. Inspired oxygen (%)	Number
46. Unable to stand	Y/N
47. GCS	number
48. Capillary refill time (s)	number
49. Extremities temperature	Cold Hot Normal
50. Sunken eyes?	Y/N
51. Skin turgor	Normal Reduced
Perform passive straight leg raise then record the following observations	
52. Systolic BP (mmHg)	Number
53. Diastolic BP (mmHg)	Number
54. Heart rate (per minute)	Number

### C. Nutritional status

1. Height	Number
2. Weight	Number

### D. Admission examination (from earliest medical clerking)

33. General appearance	Normal/Abnormal/Not done
34. If abnormal, findings	TEXT
35. Cardiovascular exam	Normal/Abnormal/Not done
36. If abnormal, findings	TEXT
37. Respiratory exam	Normal/Abnormal/Not done
38. If abnormal, findings	TEXT

39. Abdominal exam	Normal/Abnormal/Not done
40. If abnormal, findings	TEXT
41. Neurologic exam	Normal/Abnormal/Not done
42. If abnormal, findings	TEXT
43. Musculoskeletal exam	Normal/Abnormal/Not done
44. If abnormal, findings	TEXT
45. ENT exam	Normal/Abnormal/Not done
46. If abnormal, findings	TEXT
47. Lymph node exam	Normal/Abnormal/Not done
48. If abnormal, findings	TEXT

## E. Admission treatment times

<b>59. Antibiotic administered?</b>	<b>Y/N</b>
60. if yes Antibiotic time	DD/MM/YY HH:MM
61. if yes Antibiotic delivered	<i>[Pick all that apply]</i> Amikacin Amoxicillin Azithromycin Benzylpenicillin Cefotaxime Ceftriaxone Chloramphenicol Ciprofloxacin Co-amoxiclav Doxycycline Erythromycin Gentamicin Other (specify)
62. if yes Antibiotic dose (mg)	Number
63. if yes Antibiotic route	text (IV/IM/PO/PR) <i>[Repeat until all antibiotics captured]</i>
<b>64. Antimalarial administered?</b>	<b>Y/N</b>
65. If yes, antimalarial time	DD/MM/YY HH:MM
66. If yes, antimalarial delivered	Artesunate Quinine Co -artem Doxycycline Other (specify)
67. If yes, antimalarial dose (mg)	Number
68. If yes, antimalarial route	IV/IM/PO/PR <i>[repeat until all antimalarials captured]</i>
<b>69. Empirical TB therapy administered?</b>	<b>Y/N</b>
70. If yes, TB therapy time	DD/MM/YY HH:MM
71. If yes, drugs used	<i>[pick all that apply]</i> Rifampicin Isoniazid



	Pyrizinamide Ethambutol Streptomycin
<b>72. Antifungal administered?</b>	<b>Y/N</b>
73. If yes, time	DD/MM/YY HH:MM
74. If yes, which drug	Fluconazole Amphotericin Other (specify)
75. If yes, dose (mg)	Number
76. If yes, route	PO/IV/IM/PR
	<i>[repeat until all antifungals captured]</i>
<b>77. IV fluid administered?</b>	<b>Y/N</b>
78. if yes Time IV fluid started	DD/MM/YY HH:MM
79. If yes type of IV fluid	0.9% saline Hartmann's Ringer's lactate 5% dextrose Whole blood Packed red cells Gelofusin Other (specify)
80. if yes amount planned (L)	Number
81. if yes time to be administered (hrs)	Number/99=stat
<b>82. O2 administered</b>	<b>Y/N</b>
83. Time O2 administered	DD/MM/YY HH:MM
84. O2 amount delivered (L/min)	Number
<b>85. Any other treatment administered?</b>	<b>Y/N</b>
86. Other treatment administered time	DD/MM/YY HH:MM
87. Other treatment name	TEXT
	<i>[repeat until all treatments captured]</i>
30. Does the patient have a urinary catheter?	Y/N
31. If yes, when was it inserted	DD/MM/YY HH:MM
32. Does the patient have an intravenous cannula	Y/N
33. If yes, when was it inserted	DD/MM/YY HH:MM

**CRF5B: MATENDA AMENE AKUDWALA PAKALI PANO NDI POGONEKEDWA –  
(<18)MWANA OCHEPERA ZAKA 18**

**A.Mafunso ofuna kudziwa zinthu**

1. Mwana wanu anabadwa masiku osakwanira (anabadwa kutasala mwezi umodzi kuti abadwe/) Y/N
2. Kodi amalemera bwanji pa nthawi yobadwa? Number
3. Kodi mwana wanu anayamwapo Y/N

**B. MATENDA AMENE AKUDWALA PAKALI PANO NDI POGONEKEDWA**

Tsiku /nthawi yofikira kuchipatala DD/MM/YY HH:MM

1. Tsiku loyamba kudwala DD/MM/YY HH:MM
2. Zizindikiro (kumva kuchokera kwa owayang'anira ndi zolemba za kuchipatala )

Kutentha kwa thupi  
Kusokomola  
Kuvutika kupuma  
Chimbuzi chotsegula m'mimba  
chosasakanizikilana ndi magari

Chimbudzi chotsegula m'mimba  
chosakanikizilana ndi magari  
Kusanza  
Kupweteka kwa m'mimba  
Kumwa ndi kudya mopelewerwa

Kukodza pafupipafupi kapena kumva  
kupweteka pokodza  
Kukodza mikozi yosakanikilana ndi  
magazi  
Kupweteka kwa mutu

Kuopa kuona kuwala kwa dzuwa

K ukomoka  
Kufooka  
Kunjenjemela  
Ziwengo  
C hikasu  
Kutupa kwa miyendo kapena  
kutipikana  
Mwanabere

## B. Admission observations

- |   |                |
|---|----------------|
| 1. Time of observations   | DD/MM/YY HH:MM |
| • IF MULTIPLE – CHOOSE EARLIEST*  |                |
| 2. Systolic BP (mmHg)   | Number         |
| 3. Diastolic BP (mmHg)  | Number         |
| 4. Heart rate (per minute)  | Number         |
| 5. Respiratory rate (per minute)  | Number         |
| 6. Temperature (Celsius)  | Number         |
| 7. Oxygen saturation (%)  | Number         |
| 8. Inspired oxygen (%)  | Number         |
| 9. Blantyre coma score (>3m-15 yrs)                                       | Number         |
| 10. Capillary refill time (s)   | number         |
| 11. Extremities temperature   | Cold           |
|   | Hot            |
|   | Normal         |
| 12. Sunken eyes?  | Y/N            |
| 13. Skin turgor   | Normal         |
|   | Reduced        |
| Perform passive straight leg raise then record the following observations |                |
| 14. Systolic BP (mmHg)  | Number         |
| 15. Diastolic BP (mmHg)   | Number         |
| 16. Heart rate (per minute)   | Number         |
| 17. Fontanelle  | Y/N            |
| 55. If yes  | sunken         |
| 56. Ears discharging  | Y/N            |
| 57. Conjunctivitis  | Y/N            |
| 58. Cyanosis (lips)   | Y/N            |
| 59. Lymph nodes   | Y/N            |
| 60. Jaundice  | Y/N            |
| 61. Nasal flaring   |                |
| 62. Neck stiffness  |                |
| 63. Chest indrawing   |                |

- 64. Subcostal retraction
- 65. Deep breathing
- 66. Grunting
- 67. Heart normal
- 68. If no, describe
- 69. Chest normal
- 70. If no, describe
- 71. Liver palpable
- 72. If no, describe
- 73. Spleen palpable
- 74. If no, describe

**C. Nutritional status**

- 1. MUAC                      Number
- 2. Length                    Number
- 3. Weight                    Number

**D. Admission examination (from earliest medical clerking)**

- 49. General appearance            Normal/Abnormal/Not done
- 50. If abnormal, findings            TEXT
- 51. Cardiovascular exam            Normal/Abnormal/Not done
- 52. If abnormal, findings            TEXT
- 53. Respiratory exam                Normal/Abnormal/Not done
- 54. If abnormal, findings            TEXT
- 55. Abdominal exam                 Normal/Abnormal/Not done
- 56. If abnormal, findings            TEXT
- 57. Neurologic exam                Normal/Abnormal/Not done
- 58. If abnormal, findings            TEXT
- 59. Musculoskeletal exam           Normal/Abnormal/Not done
- 60. If abnormal, findings            TEXT
- 61. ENT exam                        Normal/Abnormal/Not done
- 62. If abnormal, findings            TEXT
- 63. Lymph node exam                Normal/Abnormal/Not done
- 64. If abnormal, findings            TEXT

**E. Admission treatment times**

- 88. Munapatsidwapo mankhwala amtundu wa antibiotic?      inde / ayi**
- 89. Ngati inde munapatsidwa nthawi yanji                      DD/MM/YY HH:MM
- 90. Ngati inde munapatsidwa antibiotic yanji                    *[Pick all that apply]*
  - Amikacin
  - Amoxicillin
  - Azithromyciin
  - BenzyIpenicillin
  - Cefotaxime
  - Ceftriaxone

Chloramphenicol  
Ciprofloxacin  
Co-amoxiclav  
Doxycycline  
Erythromycin  
Gentamicin  
Other (specify)

91. Ngati inde wa mankhwala (mg) Number  
92. Ngati inde njira yakaperekedwe ka mankhwala (IV/IM/PO/PR) text  
*[Repeat until all antibiotics captured]*

**93. Munapatsidwapo mankhwala amalungo? inde/ ayi**

94. Ngati inde, nthawi yanji DD/MM/YY HH:MM  
95. Ngati inde, mtundu wa mankhwala amalungo omwe munapatsidwa  
Artesunate  
Quinine  
Co-artem  
Doxycycline  
Other (specify)

96. Ngati inde, mulingo wa mankhwala (mg) Number  
97. Ngati inde, njira yakaperekedwe ka mankhwala amalungo IV/IM/PO/PR  
*[repeat until all antimalarials captured]*

**98. Mankhwala achifuwa chachikulu cha TB inde/ ayi**

99. Ngati inde, nthawi yomwe mankhwala anaperekedwa DD/MM/YY HH:MM  
100. Ngati inde, Mtundu wa mankhwala omwe anaperekedwa a TB [pick all that apply]  
Rifampicin  
Isoniazid  
Pyrazinamide  
Ethambutol  
Streptomycin

**101. Anapatsidwapo mankhwala olimbana ndi tiziromba ta m'magazi ta mtumdu wa ma fungus? inde / ayi**

102. Ngati inde, nthawi DD/MM/YY HH:MM  
103. Ngati inde, mankhwala anji? Fluconazole  
Amphotericin  
Other (specify)

104. Ngati inde, mulingo(mg) Number  
105. Ngati inde, njira yakaperekedwe ka mankhwala PO/IV/IM/PR  
*[repeat until all antifungals captured]*

- 106. Kupasidwa Madzi owonjezera michere ya m'thupi nkudzera m'misempha? Y/N inde/ ayi**
107. Ngati inde, munayamba kupatsidwa nthawi yanji?  
DD/MM/YY HH:MM
108. Ngati inde mtundu wa madzi owonjezera michere ya m'thupi?  
0.9% saline  
Hartmann's  
Ringer's lactate  
5% dextrose  
Whole blood  
Packed red cells  
Gelofusin  
Other (specify)
109. Ngati inde ochuluka bwanji? (L) Number
110. Ngati inde nthawi yomwe akuyenera kupatsidwa madzi onse (hrs)  
Number/99=stat
- 111. Kupatsidwa mpweya Inde/ ayi**
112. Nthawi yomwe anapatsidwa mpweya DD/MM/YY  
HH:MM
113. Anapatsidwa mpweya ochuluka bwanji (L/min) Number
- 114. Thandizo lina lili lonse lomwe anapatsidwa? inde/ ayi**
115. Nthawi yomwe anapatsidwa thandizo lina lili lonse DD/MM/YY  
HH:MM
116. Dzina la thandizo lili lonse lomwe analandira TEXT  
*[repeat until all treatments captured]*
59. Kodi odwala ali ndi catheter yokodzelamo? inde/ ayi
60. Ngati inde, anawayikira liti? DD/MM/YY HH:MM
61. Kodi odwala ali ndi cannula inde/ ayi
62. Ngati inde, anawayikira liti? DD/MM/YY HH:MM

## CRF 6:PREHOSPITAL INFORMATION

### A. Prehospital healthcare. Information from patient and health passport

5. Kodi mumakhala ku nyumba kwanu masabata atatu apitawa musanagonetsedwe ? inde/ ayi
6. Ngati ayi , Mumakhala kutiko? ku sukulu  
malo osungilamo ana amasiye  
ku ndende  
ndi anasi  
ogwira ntchito ens  
skuchipatala

zina zowonjezera

7. Kodi odwala anatomizidwa kuchokera kuchipatala china? inde/ ayi

8. Ngati ndi choncho, anachokera kuti?

Text

4b. Ngati inde, anakhala kuchipatala chinacho kuyambira tsiku lanji mpakana kumapeto DD/MM/YY DD/MM/YY

5. Kodi munapita ku malo ane kukafuna chithandizo chifukwa cha matenda anuwa musanabwere ku QECH

Y/N

6. Ngati inde, kutiko, (tick all that apply)

Kuchipatala kwina fotokozani )

Ku Pharmacy (specify)

Ku chipatala cha private

Kwa ogwira ntchito za

umoyo(fotokozani)

Kwa a sing'anga(fotokozani)

Kwa anzanu/achibale

Kwa ena (Fotokozani )

7. Ngati inde, munayamba liti kutengako chithandizo (poyambira - pothera )

DD/MM/YY DD/MM/YY

8. Kodi munalendirako chithandizo cha mankwala ena atsopano? Y/N

9. Ngati inde, mankhwala anji(dzina , ngati mkuwadziwa)?

Text

10. Ngati inde , kodi mankwala anali amatenda anji? Text

11. Ngati nkotheke ,mumamwa mlingo wochuluka bwanji (mg)

Number

12. Ngati nkotheke, mumamwa bwanji? OD/BD/TDS/QDS/other(specify)

13. Ngati inde, munalandira liti ? DD:MM:YY

HH:MM

14. Ngati inde kodi mukumwabe mankhwalawo? Y/N

15. Ngati ayi, kodi munasiya liti kumwa mankhwala?

DD:HH:MM HH:MM

*[repeat until all prehospital attendance and therapies captured]*

16. Anagonekedwako ku chipatala tsiku limodzi mu **masabata anayi**?  
Y/N
17. Ngati inde, kutiko? Text
18. Munayamba mwagonekedwapo kuchipatala usiku umodzi miyezi itatu yapitayo? inde/ayi
19. Ngati ndi choncho, kuti? Text
20. **Munayamba mwagonekedwapo mu chipatala usiku umodzi miyezi khumi ndi iwiri yapitayo?** inde/ ayi
21. Ngati ndi choncho, kuti? inde/ ayi
22. Munalandilako thandizo lina lililonse lakuchipatala masabata anayi apitawa? inde/ ayi
23. Ngati ndi choncho, kuti? Text
24. Munalandilako thandizo lina lililonse lakuchipatala miyezi itatu yapitayo? Text
25. Ngati ndi choncho, kuti? inde/ ayi
26. Mwapangidwapo operation ili yonse masabata anayi apitawa? inde/ ayi
27. Ngati ndi choncho, yanji? Text
28. Ngati ndi choncho, kuti? Text
29. Mwapangidwapo operation ili yonse miyezi itatu yapitayo? inde/ayi
30. Ngati ndi choncho, yanji? Text
31. Ngati ndi choncho, kuti? Text
32. Mwapangidwapo operation ili yonse miyezi khumi ndi iwiri yapitayo? inde/ ayi
33. Ngati ndi choncho, yanji?
34. Ngati ndi choncho, kuti? Text
35. Munapangidwapo operation ili yonse yosagonetsedwa nayo masabata anayi apitawo? Endoscopy  
Bronchoscopy  
Other (specify)



36. Munapangidwapo operation ili yonse yosagonetsedwa nayo miyezi itatu yapitayo?

Endoscopy

Bronchoscopy

Other (specify)

37. Munapangidwapo operation ili yonse miyezi khumi ndi iwiri yapitayo?

Endoscopy

Bronchoscopy

Other (specify)

## B. Prehospital antibiotics

1 Kodi odwala amwako mankhwala amtundu wa antibiotic masabata awiri apita asanagonetsedwe kuchipatala inde/ ayi

2. I ngati inde, Mankhwala anji?

Amoxicillin

Azithromyciin

Benzylpenicillin

Cefotaxime

Ceftriaxone

Chloramphenicol

Ciprofloxacin

Co-amoxiclav

Doxycycline

Erythromycin

Gentamicin

Other (specify)

3. Ngati inde , anapatsidwa kuti?

malo olandilira mankhwala

chipatala chaching'ono

chipatala china

malo ena owonera odwala

kugula kusitolo

kwa asing'anga

anasi/abale

4. Ngati inde, anayamba liti

tsiku

5. Ngati inde, anamaliza liti

Tsiku

6. Kodi odwala analandirako mankhwala amtundu wa antibiotics masabata anayi apita asanagonekedwe

Inde/ ayi

7. Ngati inde, Mankhwala anji?

Amoxicillin

Azithromyciin

Benzylpenicillin

Cefotaxime

Ceftriaxone

Chloramphenicol

Ciprofloxacin

Co-amoxiclav  
Doxycycline  
Erythromycin  
Gentamicin  
Other (specify)

8. Ngati inde, analandila kuti?

malo ogawira mankhwala  
chipatala chaching'ono  
lchipatala china  
malo ena owonera odwala  
kugula kusitolo  
kwa asing'anga  
anasi/ abale

9. Ngati inde, anayamba liti

tsiku

10. Ngati inde, liti

tsiku

[Repeat B1-10 for 3 months and 12 months prior to admission]

### C. Kuyenda

1. Mwatulukapo kupita kunja kwa dziko la Malawi mu masabata anayi apitawa?
2. Ngati inde, deti limene munatuluka
3. Ngati inde, deti limene munabwerera ku Malawi.
4. Ngati inde, munapita kuti?
5. Ngati inde, munayenda chifukwa chani?

WorkHoliday

VFR

Healthcare

Other (state)

6. Kodi mumalandira chisamaliro cha ku chipatala china chili chonse kunja kwa  
kwa dziko la Malawi Y/N

7. Ngati inde ,kutiko?

Hospital (specify)Clinic  
(specify)Pharmacy  
(specify)Other private  
medical doctorOther  
health worker (specify)

8. Ngati inde, litilo?

Traditional healer  
Friend/family  
Onset/Return

- |  |          |
|--|----------|
| 9. Ngati inde, mumadwala chani?  | Text     |
| 10. Kodi munalandira mankhwala a antibiotics kunja kwa dziko la Malawi?<br>Y/N |          |
| 11. Ngati zili choncho, munalandirira mu njira iti ?<br>IV/PO/other/unknown    |          |
| 12. Ngati zili choncho, antibiotics utiyo?<br>unknown                          | List +   |
| 13. Ngati zili choncho, mankwala anatha liti                                   | DD/MM/YY |
| 14. Ngati zili choncho, munamwa nthawi yaitali bwanji<br>Text                  |          |

*[Repeat C1-14 for last 3 months and last 12 months]*

## **CRF7: ADMISSION INVESTIGATION**

STOOL AND URINE CULTURE WILL BE EXTRACTED DIRECTLY FROM LIMS

### **K. Admission investigations: haematology**

- |                                       |                |
|---------------------------------------|----------------|
| 12. FBC done                          | Y/N            |
| 13. FBC time                          | DD:MM:YY HH:MM |
| 14. FBC sample number                 | Number         |
| 15. Hb (g/L)                          | Number,        |
| 16. WCC (x10 <sup>9</sup> /L)         | Number         |
| 17. Neutrophils (x10 <sup>9</sup> /L) | Number         |
| 18. Lymphocytes (x10 <sup>9</sup> /L) | Number         |
| 19. Eosinophils (x10 <sup>9</sup> /L) | Number         |
| 20. Monocytes (x10 <sup>9</sup> /L)   | Number         |
| 21. Basophils (x10 <sup>9</sup> /L)   | Number         |
| 22. Platelets (x10 <sup>9</sup> /L)   | Number         |

### **L. Admission investigations; biochemistry**

- |                                |                |
|--------------------------------|----------------|
| 13. Biochemistry done          | Y/N            |
| 14. Biochemistry time          | DD:MM:YY HH:MM |
| 15. Biochemistry sample number | Number         |
| 16. Sodium (mmol/L)            | Number         |
| 17. Potassium (mmol/L)         | Number         |
| 18. Urea (mmol/L)              | Number         |
| 19. Creatinine (μmol/L)        | Number         |
| 20. CRP (g/dL)                 | Number         |

21. ALT (IU/L)	Number
22. ALP (IU.L)	Number
23. Bilirubin (µmol/L)	Number
24. Lactate (mmol/L)	Number

#### M. Admission investigations: HIV

11. HIV Ab done?	Y/N
12. HIV sample number	Number
13. HIV Ab time	DD/MM/YY HH:MM
14. HIV Ab result	reactive/non-reactive
15. HIV PCR done (<18m old)	Y/N
16. HIV PCR result	detectable/undetectable
17. CD4 done?	Y/N
18. CD4 sample number	Number
19. CD4 time	DD/MM/YY HH:MM
20. CD4 (cells//m3)	number

#### N. Admission investigations: Malaria

10. Malaria film done?	Y/N
11. Malaria film done?	Y/N
12. Malaria film time	DD/MM/YY HH:MM
13. Malaria film sample number	Number
14. Malaria film	0=Neg/1=+/2=++/3=+++
15. Malaria RDT done?	Y/N
16. Malaria RDT time	DD/MM/YY HH:MM
17. Malaria RDT sample number	Number
18. Malaria RDT	positive/negative

#### O. Admission investigations: Sputum AFB/culture/geneXpert

16. Sputum AFB done?	Y/N
17. Sputum AFB date	DD/MM/YY HH:MM
18. Sputum AFB sample number	Number
19. Sputum AFB result	-/scanty/+/++/+++
20. Sputum geneXpert done	Y/N
21. Sputum geneXpert date	DD/MM/YY HH:MM
22. Sputum geneXpert sample number	Number
23. Sputum genexpert result	negative/positive no rif resistance/positive rif resistance

#### P. Admission investigations: Mycobacterial blood culture

24. Sputum mycobacterial culture	Y/N
----------------------------------	-----

- |   |                        |   |
|---|------------------------|---|
| 25. Sputum mycobacterial culture date                             | DD/MM/YY HH:MM         |   |
| 26. Sputum mycobacterial sample number                            | Number                 |   |
| 27. Sputum mycobacterial culture result                           | MTB<br>NTM<br>Negative |   |
| 28. If MTB, sensitivities (if done – tick all to which sensitive) |                        | Not done<br>Rifampicin<br>Isoniazid<br>Ethambutol<br>Other(specify) |
| 29. If MTB, resistance (if done – tick all to which resistant)    |                        | Not done<br>Rifampicin<br>Isoniazid<br>Ethambutol<br>Other(specify) |
| 30. If MTB, intermediate  |                        | Not done<br>Rifampicin<br>Isoniazid<br>Ethambutol<br>Other(specify) |

**Q. Admission investigations: Chest x-ray**

- |                      |   |
|----------------------|---|
| 5. CXR done?         | Y/N   |
| 6. CXR time          | DD/MM/YY HH:MM  |
| 7. CXR abnormal?     | Y/N   |
| 8. CXR abnormalities | [pick all those that apply]<br>Consolidation (L/R/bilateral)<br>Pleural effusion (L/R/bilateral)<br>Pulmonary oedema<br>Pneumothorax (L/R/bilateral)<br>Cavities (L/R/bilateral)<br>Miliary pattern<br>Lymphadenopathy<br>( hilar/mediastinal/other)<br>Cardiomegaly<br>Other (specify) |

**R. Admission investigations: CSF**

- |                            |                |
|----------------------------|----------------|
| 13. LP done                | Y/N            |
| 14. LP date                | DD/MM/YY HH:MM |
| 15. CSF sample number      | Number         |
| 16. CSF cell count         | Number         |
| 17. CSF cell % lymphocytes | 0-100%         |
| 18. CSF cell % polymorph   | 0-100%         |
| 19. CSF protein (g/l)      | number         |

20. CSF glucose (mmol/L)	number
21. CSF CRAG	positive (record dilution)/negative
22. Serum glucose (mmol/L)	number/not done
23. CSF microscopy	[pick all that apply] No organisms seen Gram positive cocci Gram negative diplococci Gram positive bacilli Gram negative bacilli Yeasts Other (specify)
24. CSF culture	Neisseria meningitides Streptococcus pneumoniae Listeria monocytogenes Cryptococcus neoformans Gram negative bacilli (specify) Staphylococcus aureus Other (specify)

**S. Admission investigations: other**

22. Urine taken for LAM?	Y/N
23. Urine date/time	DD/MM/YY HH:MM
24. Urine sample number	Number
25. LAM result	Positive/negative/failed

**H. Admission investigations: other imaging**

1. Ultrasound abdomen done	Y/N
2. Ultrasound date	DD/MM/YY
3. Ultrasound normal	Y/N
4. If abnormal, result	Text

**T. Admission investigations: other (Only if done in DASSIM)**

26. Urine taken for LAM?	Y/N
27. Urine date/time	DD/MM/YY HH:MM
28. Urine sample number	Number
29. LAM result	Positive/negative/failed
30. Serum taken for serology	Y/N
31. Serum date/time	DD/MM/YY HH:MM
32. Serum ID number	number
<i>[See separate serology CRF for results]</i>	

33. Serum taken for beta glucan	Y/N
34. Beta glucan date/time	DD/MM/YY HH:MM
35. Beta glucan sample ID	Number
36. Beta glucan result	Number
37. Serum taken for CRAG	Y/N
38. Serum CRAG date/time	DD/MM/YY HH:MM
39. Serum CRAG result	Positive (record dilution)/negative
40. Blood taken for PCR panel	Y/N
41. Blood time/date	DD/MM/YY HH:MM
42. Blood ID sample number	Number
<i>[see separate PCR CRF for results]</i>	

## CRF8:PRIMARY FOCUS OF INFECTION

To be completed by PI in English

1. Primary focus of infection

Urinary  
Hepatobiliary  
Pneumonia  
Skin/soft-tissue  
CNS  
Indwelling device (state)  
Non-focal  
Other (state)

2. Suspected portal of entry

Urinary tract  
Gastrointestinal  
Skin  
Skin via indwelling  
device  
Respiratory  
Other

## CRF 9:6HR ASSESSMENT

Complete in English from records

6. Study ID	Number
7. DOB	DD/MM/YY
8. Sex	M/F
9. Time of assessment	DD/MM/YY HH:MM
10. Person completing assessment	Text

**D. 6hr post enrolment observations**

*[take new observations if none recorded at 6hr +/- 30mins]*

- 17. 6hr observations time DD/MM/YY HH:MM
  - 18. Systolic BP (mmHg) Number
  - 19. Diastolic BP (mmHg) Number
  - 20. Heart rate (per minute) Number
  - 21. Respiratory rate (per minute) Number
  - 22. Temperature (Celsius) Number
  - 23. Oxygen saturation (%) Number
  - 24. Inspired oxygen (%) Number
  - 25. GCS Number
  - 26. Capillary refill time (s) number
  - 27. Extremities temperature Cold  
Hot  
Normal
  - 28. Sunken eyes? Y/N
  - 29. Skin turgor Normal  
Reduced
- Perform passive straight leg raise then record the following observations
- 30. Systolic BP (mmHg) Number
  - 31. Diastolic BP (mmHg) Number
  - 32. Heart rate (per minute) Number

**E. 1-6hr post enrolment observations (if available)**

*[record closest observations for hours 1,2,3,4,5 from notes, if available. If not recorded, then enter NR]*

	1hr	2hr	3hr	4hr	5hr	6hr
Time DD/MM/YY HH:MM						
Systolic BP (mmHg)						
Diastolic BP (mmHg)						
Heart rate (per minute)						
Respiratory rate (per minute)						
Temperature (Celsius)						



Oxygen saturation (%)							
Inspired oxygen (%)							
GCS							
Capillary refill time (s)							
Extremity cold/warm/normal							
Sunken eyes Y/N							
Skin turgor normal/reduced							
Perform passive straight leg raise then record the following observations							
Systolic BP (mmHg)							
Diastolic BP (mmHg)							
Heart rate (per minute)							

#### F. 0-6hr treatments administered

- Estimated cumulative IV fluids administered (L) hours 0-6 record amount and source of estimate (notes, verbal report from nurses, other(specify). If not possible, record cumulative amount delivered by 6 hours and NR in other columns

Cumulative fluid administered	1hr	2hr	3hr	4hr	5hr	6hr	Source of estimate
Time of assessment DD/MM/YY HH:MM							Text
Normal saline							Text
Hartmann's							Text
Ringer's lactate							Text
5% dextrose							Text
Whole blood							Text
Packed red cells							Text
Gelofusin							Text
Other (specify)							Text

- Antimicrobials administered each hour 0-6hrs not previously recorded? In each box record antimicrobials delivered in previous hour. Record drug and time administered, if known. Record "time unknown" if not known.



If discharged/died – complete CRF13 outcome

### G. Daily observations post enrolment

- |                                   |                       |
|-----------------------------------|-----------------------|
| 17. Observations time             | DD/MM/YY HH:MM        |
| 18. Systolic BP (mmHg)            | Number                |
| 19. Diastolic BP (mmHg)           | Number                |
| 20. Heart rate (per minute)       | Number                |
| 21. Respiratory rate (per minute) | Number                |
| 22. Temperature (Celsius)         | Number                |
| 23. Oxygen saturation (%)         | Number                |
| 24. Inspired oxygen (%)           | Number                |
| 25. GCS                           | Number                |
| 26. Capillary refill time (s)     | number                |
| 27. Extremities temperature       | Cold<br>Hot<br>Normal |
| 28. Sunken eyes?                  | Y/N                   |
| 29. Skin turgor                   | Normal<br>Reduced     |
- Perform passive straight leg raise then record the following observations
- |                             |        |
|-----------------------------|--------|
| 30. Systolic BP (mmHg)      | Number |
| 31. Diastolic BP (mmHg)     | Number |
| 32. Heart rate (per minute) | Number |

### H. Therapies administered last 24hours

#### 4. Estimated IV fluid last 24hours

	Vol (L)	Source of estimate
Normal saline	Number	Text
Hartmann's	Number	Text
Ringer's lactate	Number	Text
5% dextrose	Number	Text
Whole blood	Number	Text
Packed red cells	Number	Text
Gelofusin	Number	Text
Other (specify)	Number	Text

#### 5. Antimicrobials administered last 24 hours

	Name of treatment	Number of doses administered last 24 hours	If new, time of 1 <sup>st</sup> dose
Antibiotics?	Text*	Number	HH:MM
TB therapy?	Text*	Number	
Antimalarials?	Text*	Number	
Antifungals?	Text*	Number	
Other	Text*	Number	

#### 6. Oxygen therapy CURRENTLY

Oxygen flow rate (L/min)	
Mode of delivery	
Is patient using it?	

#### 4. Procedures in last 24 hours

	Date	Time
Blood culture		
Peripheral cannula		
Urinary catheter		
VP shunt		
Chest drain		
Ascitic drain		
Endoscopy		
Bronchoscopy		
Other (state)		

\* If died/discharged complete CRF 11 OUTCOMES

#### CRF 11: OUTCOMES

6. Study ID

Number

- |                                  |                |
|----------------------------------|----------------|
| 7. DOB                           | DD/MM/YY       |
| 8. Sex                           | M/F            |
| 9. Time of assessment            | DD/MM/YY HH:MM |
| 10. Person completing assessment | Text           |

### E. Hospital outcome

- |  |  |
|--|--|
| 11. Outcome of hospital stay                 | Discharged/died  |
| 12. Date/time of discharge/death             | DD/MM/YY HH:MM   |
| 13. If death – cause of death?               | Text   |
| 14. If discharge - Took own discharge?       | Y/N  |
| 15. If yes – why?                            | Not getting better<br>Responsibilities at home<br>Other (specify)  |
| 16. If discharged – any TTO antibiotic?      | Y/N  |
| 17. If yes – what?                           | Amoxicillin<br>Azithromycin<br>Ciprofloxacin<br>Co-amoxiclav<br>Doxycycline<br>Erythromycin<br>Flucloxacillin<br>Penicillin<br>Other (specify) |
| 18. If yes – dose (mg)                       | number   |
| 19. if yes – dose interval                   | OD/BD/TDS/QDS/other (specify)  |
| 20. if yes – planned treatment length (days) | Number   |

### F. 28-day outcome

- |  |                              |
|--|------------------------------|
| 22. 28 day outcome                                 | Dead/alive/lost to follow up |
| 23. If dead- date of death (if known)              | DD/MM/YY HH:MM               |
| 24. If dead – place of death (if known)            | DD/MM/YY HH:MM               |
| 25. If dead – cause of death (if known)            | Text                         |
| 26. If alive – any rehospitalisation last 28 days? | Y/N                          |
| 27. If yes – why?                                  | Text                         |
| 28. If yes – where?                                | TEXT                         |

### G. 3 month outcome

- |  |                              |
|--|------------------------------|
| 29. 3 month outcome                                | Dead/alive/lost to follow up |
| 30. If dead- date of death (if known)              | DD/MM/YY HH:MM               |
| 31. If dead – place of death (if known)            | DD/MM/YY HH:MM               |
| 32. If dead – cause of death (if known)            | Text                         |
| 33. If alive – any rehospitalisation last 28 days? | Y/N                          |
| 34. If yes – why?                                  | Text                         |
| 35. If yes – where?                                | TEXT                         |

## H. 6 month outcome

36. 6 month outcome	Dead/alive/lost to follow up
37. If dead- date of death (if known)	DD/MM/YY HH:MM
38. If dead – place of death (if known)	DD/MM/YY HH:MM
39. If dead – cause of death (if known)	Text
40. If alive – any rehospitalisation last 28 days?	Y/N
41. If yes – why?	Text
42. If yes – where?	TEXT

## CRF 12: MOYO/CHUMA CHA MUNTHU

[For Arm 2 patients, mafunso awa akhoza kufunsidwa mukawayendera kunyumba kwa nthawi yoyamba. Odwala onse muwafunse adakali mchipatala. Kwana ana (ochepera zaka zaka 18) afunseni makolo awo kapena owayang'anira]

### A. Kodi m'nyumba umu mumakhala ndani?

1. M'nyumba mwanu mumakhalamo nonse anthu angati? Number

2. Muli ndi zaka zingati? Number

[funsani wina aliyense okhala m'nyumbamo]

3. Kodi mutu wa banja ndi ndani? Mother  
Father  
Grandparent  
Other relative  
Non relative

4. Kodi ndi ndani wa m'nyumba mwanu amene akufunsidwa mafunsowa? Mother  
Father  
Grandparent  
Other relative  
Non relative

### B. Moyo ndi chuma cha pakhomu

1. Mumagwira ntchito yanji? Text

2. Kodi mutu wa banja amagwira ntchito yanji? Text

3. Kodi sukulu munalekeza kalasi iti?  
(list individual) PRESCH  
STND1-8  
FORM 1-6  
UNIV 1-4  
ABOVE  
TC YR 1-4

4. Kodi mutu wa banja lanu analekeza sukulu kalasi liti?

PRESCH  
(list individual) STND1-8  
FORM 1-6  
UNIV 1-4  
ABOVE  
TC YR 1-4

5. Kodi muli ndi magetsi kunyumba Y/N
6. Kodi ndi anthu angati m'nyumba mwanu amagwira ntchito yolandira pa mwezi?  
Number  
(ndalama zimene mumalandira pa tsiku, pa sabata, kapen pa mwezi pa miyezi iwiri yapita kapena kupitirira apo)
7. Alipo pakhomo panu amene ali ndi zinthu izi? Bedi  
Njinga  
Foni ya m'manja  
Wailesi  
Fuliji  
Alibe zonse
8. Kodi pakhomo panu pali ziweto izi? Mbuzi  
Ng'ombe  
Nkhumba  
Nkhosa  
Palibe ziweto
9. Zimasungidwa kuti? M'nyumba  
Pa khomo  
Kwina kwake
10. Pa mwezi umodzi wapitawu kodi ndi kangati pamene munapeza mavuto kupeza chakudya chimene mumafuna? Palibe  
Nthawi zina  
Kawirikawiri  
Nthawi zonse
11. Mu masabata awiri apitawo, kodi alipo wamkulu amene chakudya chinamperewera kapena anadya chakudya chochepa kuti chakudyacho chikwanire?  
Y/N
12. Zipupa za nyumba njelwa zosawotcha  
Njelwa zootcha  
Simenti  
Zina
13. Denga la nyumba La malata  
Udzu  
Sod  
Mphatsa  
Bango  
Zina (fotokozani )
14. Pansi pa nyumba Simenti  
Matailosi



Carpet  
Thabwa  
Mchenga  
Zina (Fotokozani)

15. Mumaphikira chani

Magetsi  
Gasi  
Parafini  
Makala  
Malasha  
Nkhuni  
Zina(Fotozani)

### C. Madzi, chimbudzi ndi ukhondo

1. Kodi ndi chimbudzi cha mtundu wanji chimene anthu a pakhomo amagwiritsa ntchito?

Chamadzi kapena chokumba  
Chamadzi kapena chogwejemura  
Chokumba chokhala ndi slab  
Chokumba koma chopannda slab  
Chokumba chamakono chokhala ndi slab  
Chimbudzi chokumba  
Composting toilet  
Chimbudzi cha ndowa  
Palibe chimbudzi  
Zina (fotokozani )

2. Kodi chimbudzi chanu mumagwiritsa ntchito ndi anthu ena amene siapakhomo panu?  
Inde /Ayi

3. Kodi pa khomo panu madzi akumwa mumatunga kuti ?

Madzi ogula a m'botolo

Mpope wa m'nyumba  
Mpope wa pa khomo  
Mpope wa kudera  
Pa mjigo/pa dilawo  
Pa chitsime chotetezedwa  
Pa kasupe otetezedwa  
Madzi a mvula  
Kwina (fotokozani )  
Pa chitsime chosatetezeka  
Pa kasupe osatetezeka  
Pa chigalimoto chopereka madzi  
Pa madzi ( mtsinje /damu/Inyanja /dziwe)

4..Kodi madzi ophikira ndi ochapira mumatunga kuti?( ngati mumamwa madzi ogula a m'botolo?)

Mpope wa m'nyumba  
Mpope wa pa khomo  
Mpope wa kudera  
Pa mjigo/pa dilawo  
Pa chitsime chotetezedwa  
Pa kasupe otetezedwa  
Madzi a mvula  
Kwina (Fotokozani)

5.. Mumatenga nthawi yaitali bwanji kuti mukatunge madzi ?Pakhomo kapena Mpindi zochepera 30

Mpindi zopitirira 30

**Q 6-8 Mafunso a nthawi imene mwawayendera basi :**

6. Chonde ndiwonetseni kumene anthu a pakhomo panu amasamba m'manja?

Mwaona Inde /Ayi

7. Ngati mwaona, madzi alipo osambira m'manja? Inde /Ayi

8. Ngati mwaona, sopo alipo osambira m'manja ? Inde /Ayi

**D. Zotolera zokhudzana ndi umoyo wa pakhomo**

1. Kodi alipo wa pakhomo panu amene amagwira ntchito ku chipatala QECH?

Inde/Ayi

2. Ngati inde, ndani [ubale wake ndi mutu wa banja, lembani onse]

2. Ngati inde, amagwira ngati ndani ?

Lembani

2. Alipo aliyense wa pakhomo panu amene amagwira ntchito ku malo ena okhudzana ndi zaumoyo ? Inde/Ayi

3. Ngati alipo , kuti ?

Lembani

4. Ngati alipo , amagwira ngati ndani ?

Lemabni

5. Kodi alipo wa pakhomo panu amene akutsekula m'mimba pakadali pano? Inde /Ayi

6. Ngati inde, Ndani ?

7. Alipo wa pakhomo panu amene watentha mthupi pakali pano? Inde /Ayi

8. Ngati alipo , Ndani ?

9. Alipo pakhomu panu amene akumwa mankhwala a antibiotics pakali pano?  
Inde/Inde

10. Ngati alipo , ndani ?  
Text

11. Alipo pakhomu panu amene ali akumwa mankhwala a CPT kapena mankhwala ena ofanana ndi amenewo? Inde/Ayi

12. Ngati alipo ,ndani ?  
Text

### **MBIRI YA KUSUTA NDI KUMWA MOWA**

1. Akusuta Pakali pano (pamasabata awiri apitawa) Kapena ankasuta kale?

Ankasuta kale  
Sanasutepo

2. Asuta zaka zingati ? nambala

3. Fodya wanji ?

1, Ndudu  
2, Chingambwe  
3, Woika mkamwa  
4, Wamphuno  
5, Wa m'paipi  
6, Palibe  
9, Wina

4. Ngati inde , kangati pa sabata Nambala

5. Mowa umene mumamwa?

Mowa  
Vinyo  
ma Spirit  
Kachasu  
Palibe  
Wina

6. Mumamwa kangati pa sabata Nambala

7. Pali mankhwala ozunguza bongo amene mumagwiritsa ntchito? Inde/Ayi

8. Ngati inde, ndi ati? Lembani



<b>01</b>	<b>PID</b>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">                 PLACE PARTICIPANT BARCODE HERE             </div>	<b>Participant ID</b> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<b>02 Participant Initials</b> <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:33%;"></td> <td style="width:33%;"></td> <td style="width:33%;"></td> </tr> </table>																				
<b>03</b>	<b>FDATE</b>	Date of form <table style="display: inline-table; border-collapse: collapse; margin: 0 5px;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align:center; font-size: 8px;">d</td> <td style="text-align:center; font-size: 8px;">d</td> </tr> </table> <table style="display: inline-table; border-collapse: collapse; margin: 0 5px;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align:center; font-size: 8px;">m</td> <td style="text-align:center; font-size: 8px;">o</td> <td style="text-align:center; font-size: 8px;">n</td> <td></td> </tr> </table> <table style="display: inline-table; border-collapse: collapse; margin: 0 5px;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align:center; font-size: 8px;">y</td> <td style="text-align:center; font-size: 8px;">y</td> <td style="text-align:center; font-size: 8px;">y</td> <td style="text-align:center; font-size: 8px;">y</td> </tr> </table>					d	d					m	o	n						y	y	y	y
d	d																							
m	o	n																						
y	y	y	y																					
<b>Primary Medical Diagnosis</b> <i>The medical condition of patient that resulted in the hospital admission</i>																								
Follow guidelines on ICD codebook to complete ICD levels																								
<b>04</b>	<b>PRY1</b>	ICD Level 1	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>																					
<b>05</b>	<b>PRY2</b>	ICD Level 2	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> <span style="font-size: 12px; margin: 0 5px;">■</span> <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>																					
<b>06</b>	<b>PRY3</b>	ICD Level 3	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> <span style="font-size: 12px; margin: 0 5px;">■</span> <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> <span style="font-size: 12px; margin: 0 5px;">■</span> <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>																					
<b>07</b>	<b>PRY4</b>	ICD Level 4	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> <span style="font-size: 12px; margin: 0 5px;">■</span> <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> <span style="font-size: 12px; margin: 0 5px;">■</span> <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> <span style="font-size: 12px; margin: 0 5px;">■</span> <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>																					
<b>08</b>	<b>PRYX</b>	Source of Sepsis	<input type="checkbox"/> 01 - Chest <input type="checkbox"/> 02- Urinary Tract <input type="checkbox"/> 03- GI <input type="checkbox"/> 04 - CNS <input type="checkbox"/> 05 - Bone/Joint <input type="checkbox"/> 06 - Skin <input type="checkbox"/> 07 - Other <input type="checkbox"/> 08 - Unknown Source																					
<b>Investigations Performed</b> <i>Any completed Investigation during hospital admission</i>																								
<b>09</b>	<b>INV1</b>	Investigation Code	<b>12</b>	<b>INV4</b>	Investigation Code	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>																		
	<b>INV1N</b>	Number of times performed		<b>INV4N</b>	Number of times performed	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>																		
<b>10</b>	<b>INV2</b>	Investigation Code	<b>13</b>	<b>INV5</b>	Investigation Code	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>																		
	<b>INV2N</b>	Number of times performed		<b>INV5N</b>	Number of times performed	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>																		
<b>11</b>	<b>INV3</b>	Investigation Code	<b>14</b>	<b>INV6</b>	Investigation Code	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>																		
	<b>INV3N</b>	Number of times performed		<b>INV6N</b>	Number of times performed	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>																		



<b>15</b>	<b>INV7</b>	Investigation Code	<input style="width: 20px; height: 20px;" type="text"/>	Write Name if not on list	
	<b>INV7N</b>	Number of times performed	<input style="width: 20px; height: 20px;" type="text"/>		
<b>16</b>	<b>INV8</b>	Investigation Code	<input style="width: 20px; height: 20px;" type="text"/>	Write Name if not on list	
	<b>INV8N</b>	Number of times performed	<input style="width: 20px; height: 20px;" type="text"/>		
<b>17</b>	<b>INV9</b>	Investigation Code	<input style="width: 20px; height: 20px;" type="text"/>	Write Name if not on list	
	<b>INV9N</b>	Number of times performed	<input style="width: 20px; height: 20px;" type="text"/>		
<b>18</b>	<b>INV10</b>	Investigation Code	<input style="width: 20px; height: 20px;" type="text"/>	Write Name if not on list	
	<b>INV10N</b>	Number of times performed	<input style="width: 20px; height: 20px;" type="text"/>		

Investigation Code	Investigation
1	Chest X-Ray
2	Abdominal X-Ray
3	Cervical Spine X-Ray
4	Thoracic Spine X-Ray
5	Lumbar Spine X-Ray
6	Other plain X-Ray
7	Abdominal/Renal Ultrasound
8	Malaria Film
9	Peripheral blood film
10	Group and X match
11	FBC
12	U+E
13	Creatinine
14	LFTs

Investigation Code	Investigation
15	CD4 count
16	HIV Viral Load
17	Hep B sAg
18	Hep C Ab
19	VDRL
20	Urine Dipstix
21	Random / Fasting glucose
22	Malaria RDT
23	Blood Culture
24	Urine microscopy
25	Stool microscopy
26	CSF/LP
27	ECG
28	Echocardiogram

Investigation Code	Investigation
29	MRI Head
30	MRI Spine
31	CT Head
32	CT Thorax
33	CT Abdomen
34	Sputum smear
35	Sputum GXP (Xpert)
36	Sputum culture for TB
37	Lymph node aspirate for Micro (AAFB, cell count)
38	Lymph node aspirate for Cytology
39	Lymph node biopsy for Micro (AAFB)
40	Lymph node biopsy for Histology
41	Diagnostic Pleural tap
42	Diagnostic Ascitic tap
43	Bone Marrow aspirate for Cytology

# AntiDOTE Study

## Form DOC - Medical Questionnaire



9	9	9	9
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Medicine Code	Medicine
1	Acetazolamide
2	Acyclovir
3	Albendazole
4	Aminophylline
5	Amitriptyline
6	Amlodipine
7	Amoxicillin
8	Amphotericin
9	Arthemether +Lumefantrine
10	Artesunate
11	Aspirin
12	Atenolol
13	Azithromycin
14	Benzyl penicillin
15	Beclometasone
16	Bisacodyl
17	Bleomycin
18	Captopril
19	Carbamazepine
20	Ceftriaxone
21	Cefuroxime
22	Chloramphenicol
23	Chlorpromazine
24	Chlorpheniramine
25	Cimetidine
26	Ciprofloxacin
27	Cisplatin
28	Co-trimoxazole
29	Codeine

Medicine Code	Medicine
30	Cyclophosphamide
31	Diazepam
32	Diclofenac
33	Digoxin
34	Doxycycline
35	Enalapril
36	Erythromycin
37	Ferrous sulphate
38	Folic acid
39	Fluconazole
40	Flucloxacillin
41	Furosemide
42	Gentamycin
43	Glibenclamide
44	Griseofulvin
45	Haloperidol
46	Heparin
47	Hydrochlorothiazide
48	Ibuprofen
49	Indomethacin
50	Insulin - Actrapid
51	Insulin - Lente
52	Lumefantrine/Artemether
53	Magnesium Sulphate
54	Methyldopa
55	Metformin
56	Methotrexate
57	Metronidazole
58	Morphine

Medicine Code	Medicine
59	Nystatin
60	Nifedipine
61	Omeprazole
62	Paracetamol
63	Pethidine
64	Phenobarbitone
65	Phenytoin
66	Praziquantel
67	Prednisolone
68	Promethazine
69	Pyridoxine
70	Pyrimethamine with sulfadoxine
71	Quinine Sulphate
72	Ranitidine
73	Salbutamol
74	Sodium Valproate
75	Spirolactone
76	Vincristine
77	Warfarin
78	Normal Saline 0.9% - 1 litre
79	Dextrose 5% - 1 litre
80	Ringers Lactate - 1 litre
81	RHZE
82	RHE
83	RH
84	Streptomycin
85	INH (Isoniazid)

### Medications Given To Patient

19

ADRUG

Medicine code

--	--

ADRUGD

Dose

--

Route Given

--

ADRUGT

Total Number of doses given?

--	--	--

20

ADRUG2

Medicine code

--	--

ADRUGD2

Dose

--

Route Given

--

ADRUGT2

Total Number of doses given?

--	--	--

21

ADRUG3

Medicine code

--	--

ADRUGD3

Dose

--

Route Given

--

ADRUGT3

Total Number of doses given?

--	--	--

# AntiDO<sup>T</sup>E Study

## Form DOC - Medical Questionnaire



9	9	9	9
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<b>22</b>	<b>ADRUG4</b>	Medicine code	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>			Write Name if not on list		
	<b>ADRUGD4</b>	Dose		Route Given				
	<b>ADRUGT4</b>	Total Number of doses given?	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>					
<b>23</b>	<b>ADRUG5</b>	Medicine code	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>			Write Name if not on list		
	<b>ADRUGD5</b>	Dose		Route Given				
	<b>ADRUGT5</b>	Total Number of doses given?	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>					
<b>24</b>	<b>ADRUG6</b>	Medicine code	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>			Write Name if not on list		
	<b>ADRUGD6</b>	Dose		Route Given				
	<b>ADRUGT6</b>	Total Number of doses given?	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>					
<b>25</b>	<b>ADRUG7</b>	Medicine code	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>			Write Name if not on list		
	<b>ADRUGD7</b>	Dose		Route Given				
	<b>ADRUGT7</b>	Total Number of doses given?	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>					
<b>26</b>	<b>ADRUG8</b>	Medicine code	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>			Write Name if not on list		
	<b>ADRUGD8</b>	Dose		Route Given				
	<b>ADRUGT8</b>	Total Number of doses given?	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>					
<b>27</b>	<b>ADRUG9</b>	Medicine code	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>			Write Name if not on list		
	<b>ADRUGD9</b>	Dose		Route Given				
	<b>ADRUGT9</b>	Total Number of doses given?	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>					



**Procedures Performed**

28	PRO	Procedure Code	<input type="text"/>	Write Name if not on list	
	PRON	Number of times performed	<input type="text"/>		
29	PRO2	Procedure Code	<input type="text"/>	Write Name if not on list	
	PRO2N	Number of times performed	<input type="text"/>		
30	PRO3	Procedure Code	<input type="text"/>	Write Name if not on list	
	PRO3N	Number of times performed	<input type="text"/>		
31	PRO4	Procedure Code	<input type="text"/>	Write Name if not on list	
	PRO4N	Number of times performed	<input type="text"/>		
32	PRO5	Procedure Code	<input type="text"/>	Write Name if not on list	
	PRO5N	Number of times performed	<input type="text"/>		
33	PRO6	Procedure Code	<input type="text"/>	Write Name if not on list	
	PRO6N	Number of times performed	<input type="text"/>		

Procedure Code	Procedure
1	Therapeutic Pleural Tap
2	Diagnostic Pleural Tap
3	Therapeutic and Diagnostic Pleural Tap
4	Therapeutic Ascitic Tap
5	Diagnostic Ascitic Tap
6	Therapeutic and Diagnostic Ascitic Tap
7	Therapeutic Pericardial tap
8	Diagnostic Pericardial tap
9	Therapeutic and Diagnostic Pericardial tap

Procedure Code	Procedure
10	Suturing
11	LN aspirate
12	LN biopsy
13	Insertion NG tube
14	Insertion urinary catheter
15	Incision and drainage
16	Blood transfusion – One unit
17	Platelet transfusion – One unit
18	Induced Sputum – inc sputum smear
19	Induced Sputum – inc sputum smear + GXP
20	Induced Sputum – inc GXP (Xpert)

34 Form Completed by  
SID

35 Date Completed  
DDATE          
d d m o n y y y y





01	PID	Participant Barcode		02. Participant Initials											
		<div style="border: 1px solid black; padding: 5px; text-align: center;">           PLACE ID            BARCODE HERE         </div>	Participant ID	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>		<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>									
03	SIT	Place of interview		<div style="border: 1px solid black; width: 100%; height: 20px;"></div>											
		<input type="checkbox"/> 1. Ward 3A <input type="checkbox"/> 2. Ward 3B <input type="checkbox"/> 3. Ward 4A <input type="checkbox"/> Other (Specify)													
04	DOI	Date of interview		<table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 20px;">2</td> <td style="width: 20px;">0</td> <td style="width: 20px;">1</td> <td style="width: 20px;"></td> </tr> <tr> <td>y</td> <td>y</td> <td>y</td> <td>y</td> </tr> </table>		2	0	1		y	y	y	y		
2	0	1													
y	y	y	y												
		<table border="1" style="display: inline-table;"> <tr> <td>d</td><td>d</td><td>m</td><td>o</td><td>n</td> </tr> </table>		d	d	m	o	n							
d	d	m	o	n											
HCHAR	Pa nthawi imene munagonekedwa, munalipila ndalama inairiyonse/mtengo wina uriwonse ku chipatala?		<input type="checkbox"/> 1. Yes												
		During admission, did you have to pay for any administrative fees/charges to the hospital?		<input type="checkbox"/> 2. No											
06	HCHARM	Ngati ndi choncho, kodi munalipira mtengo wachipatala wandalama zingati? If yes, how much did you pay in hospital charges? Write '0' if did not pay hospital charges		MK <table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>											
07	HCHAR2	Pa nthawi imene munagonekedwa, munalipila Ndalama ina iriyonse kuti muyezedwe china chirichonse/ntchito younika thupi lanu ichitike? During Admission, Did you have to pay any money to have any tests/ investigations done? (Either at QECH or privately) (Only include tests/investigations requested by their doctor)		<input type="checkbox"/> 1. Yes  <input type="checkbox"/> 2. No											
08	HCHARM2	Ngati inde, munalipila Ndalama zingati? If yes, how much did you pay? Write '0' if did not pay any charges		MK <table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>											
09	FOOD2	Kodi mumagwiritsa ntchito ndalama zingati pa tsiku ya zakudya m'chipatala muno? How much do you spend on food? (AVERAGE PER DAY) Write '0' if did not spend money		MK <table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>											
<b>Kodi chigonekedwereni m'chipatala muno, munagwiritsa ntchito ndalama pa zinthu zotsatirazi?</b> During Admission, did you spend money on any of the following? (write '0' if did not spend any money on item) (For each item, write total money spent) (Include costs for patient and guardians)															
10	HP	Buku la ku chipatala - Health Passport MK <table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>						14	CLOT	Zovala ndi/nsapato - Clothes and/or Shoes MK <table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>					
11	AIR	Ma uniti a foni ya m'manja - Airtime for Mobile MK <table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>						15	CUP	Makapu ndi/mbale - Cups and/or Plates MK <table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>					
12	BATH	Sopo osambira/ochapira kapena shampu - Bathing/Washing Soap or Shampoo MK <table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>						16	BUCK	Ndowa kapena beseni yochapira - Bucket or Basin for washing MK <table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>					
13	TOOT	Kologeti ndi/mswachi - Toothpaste and/or Toothbrush MK <table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>						17	TOIL	Tishu - Toilet Paper MK <table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>					

18	OTH1	<p>Kodi munagwiritsa ntchito ndalama pachina chirichonse choonjezera? Have you spent money on anything else?</p> <p><input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No</p>						
19	OTH2	<p>Tchulani chinthu chimene munagwiritsirapo ntchito Specify what you spent money on?</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>						
20	OTH3	<p>Kodi munagwiritsa ntchito ndalama zingati pa chinthu chimenechi? How much did you spend on this? Write '99999' if question not applicable</p> <p>MK <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>						
21	WORK	<p>Dzulo, mukanatha kupita ku ntchito mukanapanda kulowa mchipatala kapena kudwala? Yesterday, would you have gone to work if you were not in hospital or ill?</p> <p><input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No</p>						
22	MAHOU	<p>Pa ntchito yanu yeni yeni, kodi ndi maola angati amene mumagwira pa sabata? In your MAIN JOB, how many hours do you work a week? Write '999' if not working</p> <p><table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Hours</p>						
23	PINCOM	<p>Kodi mumapeza ndalama zingati kuwerengera zonse PAMODZI pa sabata? (asanachotse msonkho/ kapena china chili chonse) What is your TOTAL estimated income per week from all sources (Before tax/deductions) Write '999999' if not working</p> <p>MK <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>						
24	HOUSINC	<p>Kodi zonse pamodzi pakhomo panu mumapeza ndalama zingati kuchoka kulikonse? (Funsani wotenga nawo mbali kuti aphantikize ndalama zomwe onse pakhomopo amapeza kuphatikizapo iwo eni) What is the combined TOTAL household income per week from all sources? (Ask participant to include the income of all members of the household including themselves) Write '888888' if participant does not know</p> <p>MK <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>						
25	VISIT	<p>Dzulo, kodi ndi abale kapena anzanu angati amene anabwera kudzakuonani kapena kukudikirirani mchipatala muno? Yesterday, how family members or friends visited you or stay with you in hospital?</p> <p><table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>						
26	CARE	<p>Kodi ndi abale kapena anansi angati mwatchulawa amene anakudikirirani ku chipatala pa nthawi yomwe munagonekedwa? How many guardians stayed with you in hospital specifically to look after you during your hospital admission?</p> <p><table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>						

		<p>Please explain to patient "the main family member/friend" is the person who stayed with them at hospital to look after them. (Gaurdian)</p>		
		<p><b>Kwa m'mbale wanu weni-weni/mzanu, anaononga ndalama zingati nthawi imene anali nanu muchipatala:</b></p> <p>For the main family member/friend, how much did they spend on:          (Do not include items mentioned under patient costs)          (write '0' if did not spend any money)          (write '99999' if question not applicable)</p>		
27	FAM3	Transipoti - Transportation (one-way travel)	MK	<input type="text"/>
28	FAM4	Chakudya ndi/kapena zakumwa - Food and/or Drinks (average per day)	MK	<input type="text"/>
29	FACC	Malo ogona - Accomodation? ( daily cost)	MK	<input type="text"/>
30	FOTH	Kodi anagwiritsa ntchito ndalama pa chinthu china choonjezera? Have they spent money on anything else?		<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
31	FOTH2	Tchulani chinthu chimene iwowo anagwiritsirapo ntchito ndalama  Specify what they spent money on?		<input type="text"/>
32	FOTH3	Kodi zinali ndalama zingati zimene anagwiritsa ntchito pachinthu chimenechi? How much money did they spend on this? Write '0' if did not spend any money Write '99999' if question not applicable	MK	<input type="text"/>
33	FWORK	Kodi anajomba ku ntchito kuti akhale nanu mchipatala? Did they have to take time off work to be with you in hospital?		<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
34	FWORK2	Ngati amagwira ntchito, kodi amapeza ndalama zochuluka bwanji pa tsiku? If they work, how much do they normally earn per day? Write '99999' if question not applicable Write '88888' if participant does not know	MK	<input type="text"/>

35. Form Completed by

SID

36. Date Completed

DDATE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d	d	m	o	n	y	y	y