Emblem Protocol (015) INT-1 (010) Visit 001

STUDY ID Visit Date

EMB – 1 – ____ **INTERVIEW FORM** ____ ____ ____

Site # Subject # Page 1 of 8 dd mm yyyy

SECTION A: QUESTIONS ABOUT BIRTH AND RESIDENCE OF CHILD

1. What is your relationship to the child who is being enrolled in the study?

☐ Mother ☐ Other relative ☐ Not relative

☐ Father ☐ Subject/child

2a. If the respondent is NOT THE MOTHER *(see answer to Question 1)*, please ask whether the biological mother of the child being enrolled is alive

☐ Mother alive ☐ Mother deceased

2b. If the respondent is NOT THE FATHER *(see answer to Question 1),* please ask whether the biological father of the child being enrolled is alive

☐ Father alive ☐ Father deceased

3. If answer to Question 1 above is Other Relative, please specify type of relation:

☐ Grandparent ☐ Sibling

☐ Uncle/Aunt

4. Is the child who is being enrolled male or female?..... ☐ Male ☐ Female

5. When was the child born? *(if the day or month of birth is unknown, enter only the year of birth. if the year of birth is not known, enter the estimated age.)*

a. Date of birth: ____ ____ ____ (dd mm yyyy) b. Estimated Age: ____ Years

6. Where was the child who is being enrolled delivered?

☐ Home ☐ Hospital

☐ Clinic ☐ Other, specify; _____

7a. How many months did (you/the child's mother) breastfeed the child? *(if mother did not breastfeed or if mother breastfed for less than one month, enter "00". if less than 10, enter leading zero.)* ____ months

7b. Was the child breastfed by another woman?..... ☐ Yes ☐ No ☐ DK

→ ***Qn. 8***

7c. How many months was the child breastfed by this other woman? ____ months

8. What is the child's tribe? *(please select the appropriate 3-digit code for tribe from list a and enter code below.)*

Tribe of child: ____ Other tribe, specify: _____

9. Please tell me the number of children that (you have/the child's mother has) ever delivered. Include children who may not be currently living with (you/the mother), those who were stillborn, or those who were born alive and died. *(answer should not include miscarriages or abortions)*

Number of children: ____

Emblem Protocol (015) INT-2 (020) Visit 001

STUDY ID

EM B – 1 – ☐☐☐☐☐ **INTERVIEW FORM**

Site # Subject #

10. Of the children delivered, what is the birth order of this child? For example, is the child the first born, second born, etc. *please note that the order of birth should take into account children who may have died or moved away. (if only one child in question 9, please confirm that the birth order of this child is by entering "01".)*

Birth order: ☐☐

SECTION B: QUESTIONS ABOUT PARENTS OF THE CHILD AND SOCIO-ECONOMIC STATUS IN THE HOUSEHOLD.

11. Please tell me when (you were/the child's mother was) born?

(if the day or month of birth is unknown, enter only the year or birth. if the year of birth is not known, enter the estimated age.)

Date of birth ☐☐ ☐☐ ☐☐☐☐ or Estimated Age ☐☐ Years

dd mm yyyy

12. Which tribes (do/did) the child's parents belong to? *(select the appropriate 3 -digit code for tribe from list a and enter code number below.)*

a. Tribe of mother: ☐☐☐ Other tribe, specify: _____

b. Tribe of father: ☐☐☐ Other tribe, specify: _____

13. What (is/was) (your/the child's mother's) religion?

☐ Catholic ☐ Protestant ☐ Other Christian

☐ Muslim ☐ Other, specify; _____

14. What (is/was) (your/the child's father's) religion?

☐ Catholic ☐ Protestant ☐ Other Christian

☐ Muslim ☐ Other, specify; _____

15. Tell me the district where (you/the child's mother) grew up? *(select the appropriate 3-digit code for district from list b and enter code below.)*

District: ☐☐☐ Other district, specify: _____

*For **question 16**, Ask only if the **mother** of the child is still **alive** (refer to answer to question 2)*

16. Tell me the district where (you live/the child's mother lives) now?

(select the appropriate 3-digit code for district from list b and enter the code number below.)

District: ☐☐☐ Other district, specify: _____

Emblem Protocol (015) INT-3 (030) Visit 001

STUDY ID

EMB – 1 – _____

Site # Subject #

INTERVIEW FORM

17. What is the highest level of education (you/the child's mother) completed?

- ☐ No formal education
- ☐ Up to primary 4
- ☐ Up to primary 7
- ☐ Senior secondary
- ☐ High school
- ☐ College/University
- ☐ Other, specify: _____

18. What (is/was) (your/the child's mother's) usual occupation? *(this information should be collected even if the mother is deceased.)*

- ☐ Peasant/subsistence farmer
- ☐ Trader/sales
- ☐ skilled manual laborer
- ☐ Professional
- ☐ Household
- ☐ Clerical
- ☐ Other, specify: _____

19. What is the highest level of education (you/the child's father) completed?

- ☐ No formal education
- ☐ Up to primary 4
- ☐ Up to primary 7
- ☐ Senior secondary
- ☐ High school
- ☐ College/University
- ☐ Other, specify: _____

20. What (is/was) (your/the child's father's) usual occupation? *(this information should be collected even if the mother is deceased.)*

- ☐ Peasant/subsistence farmer
- ☐ Trader/sales
- ☐ skilled manual laborer
- ☐ Professional
- ☐ Household
- ☐ Clerical
- ☐ Other, specify: _____

21. What is the average monthly household income where the child normally lives? Please include the income of all people living in the house, including children who may be contributing to income. *Do not include the income of adults who are temporarily staying at the child's house.*

Family income (in USHS): ☐☐☐☐☐☐.00

22. What is (your/the child's mother's/) monthly income? *(if mother does not work and has no income, or if she is deceased, enter zeros in all spaces.)*

Mother's income (in USHS) ☐☐☐☐☐☐.00

SECTION C: QUESTIONS ABOUT HOUSEHOLD EXPOSURES

23. Is the child's family's home in a city, town, or village? *(please use the list of towns provided to help the respondent decide on the correct answer. a main road is a tarmacked road.)*

- ☐ Large/big city
- ☐ Large town
- ☐ Small town
- ☐ Village near main road
- ☐ Village far from main road
- ☐ Other, specify: _____

Emblem Protocol (015) INT-4 (040) Visit 001

STUDY ID

EM B – 1 – ☐☐☐☐☐

Site # Subject #

INTERVIEW FORM

24. How far is the child's family's home from a river, swamp, or lake?

☐ < ¼ km ☐ ≥ 1 but < 5 km ☐ ≥ 20 km

☐ ≥ ¼ but < 1/2 km ☐ ≥ 5 but <10 km

☐ ≥ 1/2 but <1km ☐ ≥ 10 but <20 km

25. Were any of the animals listed below kept outside or inside the home of the child being enrolled in the last year?

Animal	Yes	No	Don't know
a. Chicken	☐	☐	☐
b. Pigs	☐	☐	☐
c. Goats	☐	☐	☐
d. Sheep	☐	☐	☐
e. Cows	☐	☐	☐
f. Birds	☐	☐	☐
g. Dogs/Cats	☐	☐	☐
h. Other animal, specify1; _____	☐	☐	☐
i. Other animal, specify2; _____	☐	☐	☐
j. Other animal, specify3; _____	☐	☐	☐

26. Please tell me the number of people who lived in the past one year in the same house as the child.
(please remind the respondent to include the child in the count for children <15 years)

a. Aged 15 years or older *(Adults)* ☐☐

b. Aged less than 15 years *(if no other children except **child**, enter "**01**".)* ☐☐

27. How many **separate rooms** are there in the house where the child normally lives? (*Please include the kitchen, sitting or dining room and bedrooms in your answer, but not bathrooms and closets.)* ☐☐

28. How many people sleep in the **same room** as the child? (*Please include the child in your answer. if no other people sleep in the same room with the child, enter "01".)* ☐☐

29. How many people sleep in the **bed** where the child sleeps? (*Please include the child in your answer. if no other people sleep in the same bed as the child, enter "01".)* ☐☐

Emblem Protocol (015) INT-5 (050) Visit 001

STUDY ID

EMB – 1 – [ ][ ][ ][ ][ ] **INTERVIEW FORM**

Site # Subject #

30. Does the house where the child normally lives have electricity?..... ☐ Yes ☐ No

31. What is the usual source of drinking water for the house where the child normally lives?

☐ Piped water in the house ☐ Unprotected spring/well
☐ Public tap ☐ River/swamp
☐ Protected spring/well ☐ Other, specify; _____

32. Does the child own a mosquito net?..... ☐ Yes ☐ No ☐ Don't know

→ *Qn.37*

33. How many nights did the child sleep under a mosquito net in the past week?..... ☐ Night(s)

34. Did the child sleep under a mosquito net last night (or the last night a child spent at home for cases)?

☐ Yes ☐ No ☐ Don't know

35. Has the child's house ever been sprayed inside with insecticide for mosquitoes by officials from the Ministry of Health in the past year? *(Mark the answer that applies)*

☐ 0-6 Months ago ☐ No
☐ 7-12 Months ago ☐ Don't know

36. Does the family regularly (at least once a week) spray inside the house for mosquitoes?

☐ Yes ☐ No ☐ Don't know

SECTION D: QUESTIONS ABOUT CHILDHOOD ILLNESSES AND VACCINATIONS

	Yes	No
37. Has the child ever received herbal treatments that are administered through cuts made in the skin?	☐	☐
38. Has the child ever had treatment that involved extraction of tooth buds or herbal treatments administered through cuts on the gums?	☐	☐

39. How many times since birth has the child been admitted to hospital for any reason? ☐☐

40. Has the child ever been admitted to hospital because of severe malaria? *(An admission to hospital is considered severe malaria if the respondent was informed so by the doctor and treatment administered was for severe malaria)*

☐ No ☐ Yes -in the past 13-24 months
☐ Yes -in the past 12 months ☐ Yes - > 24 months ago

41. Has the child ever been treated for serious malaria as an outpatient at a clinic or hospital? *(Not admitted means non-residential treatment at a clinic or hospital, but lasting more than one day)*

☐ No ☐ Yes -in the past 13-24 months
☐ Yes -in the past 12 months ☐ Yes - > 24 months ago

Emblem Protocol (015) INT-6 (060) Visit 001

STUDY ID

EMB – 1 – _____

Site # Subject #

INTERVIEW FORM

42. Has the child been diagnosed with sickle cell disease?..... ☐ Yes ☐ No → *Qn.44*

43. At what age was the child diagnosed with sickle cell disease?
(Probe for years and months, if less than 10, enter leading zero.)).
____ / ____
Years Months

44. Has the child ever received a blood transfusion for any reason? ☐ Yes ☐ No → *Qn.46*

45. How many times has the child received a blood transfusion? ____
(If none, enter "00". if less than 10, enter leading zero.)

46. Has the child been vaccinated against measles? *(Please check for scar on left deltoid area before recording the answer)*
☐ Yes -scar verified ☐ No
☐ Yes -scar not verified

47. Has the child been vaccinated against tuberculosis (TB)? *(Visually inspect child's right deltoid area for a scar before recording the answer.)*
☐ Yes -scar verified ☐ No
☐ Yes -scar not verified

48. Does this child have any family members (mother, father, sisters, or brothers) who have been diagnosed with Burkitt lymphoma (BL)? ☐ Yes ☐ No

49. Are there any other people in the village where the child lives who are not relatives of the child who have been diagnosed with Burkitt lymphoma (BL)? ☐ Yes ☐ No

50. For each of those family members diagnosed with BL, please tell me his/her relationship to the child and his/her age at the time of BL diagnosis.

Relationship to Subject	Relative's age (in years) at BL diagnosis	Comments
a._____	____	_____
b._____	____	_____
c._____	____	_____
d._____	____	_____
e._____	____	_____
f._____	____	_____

Emblem Protocol (015) INT-7 (070) Visit 001

STUDY ID

EMB – 1 – ☐☐☐☐☐

Site # Subject #

INTERVIEW FORM

Now I am going to ask you about illnesses the child has had in the past 6 months.

51. Please tell me if the child has suffered from any of the following illnesses in the past 6 months.
(Read each item; if answer is yes, please state number of times in past 6 months.)

Symptoms	Don't know	No	Yes	If Yes, # of times
a. Cough requiring treatment	☐	☐	☐	☐☐
b. Transient skin rash on the whole body	☐	☐	☐	☐☐
c. Itchiness and rash on the fingers and buttocks	☐	☐	☐	☐☐
d. Fever due to malaria	☐	☐	☐	☐☐
e. Fever, other than malaria	☐	☐	☐	☐☐
f. Itchy feet following contact with water	☐	☐	☐	☐☐
g. Passed stool with parasites	☐	☐	☐	☐☐
h. Passed stool with blood	☐	☐	☐	☐☐
i. Had a rectal prolapsed, that is the rectum protruded from the anus	☐	☐	☐	☐☐

52. Please indicate which of the following complaints the child was suffering from when he/she was admitted to the hospital for the current visit, how long she/he was suffering from each complaint prior to the current admission, and which of these complaints he/she has suffered on and off during the past 12 months.

COMPLAINT/ILLNESS	Current admission		Duration (months / days)	Previous 12 months	
	No	Yes		No	Yes
a. Pain in the gum	☐	☐	☐☐ ☐☐	☐	☐
b. Swelling of the jaw	☐	☐	☐☐ ☐☐	☐	☐
c. Swelling of the abdomen (left side)	☐	☐	☐☐ ☐☐	☐	☐
d. Fever	☐	☐	☐☐ ☐☐	☐	☐

Emblem Protocol (015) INT-8 (080) Visit 001

STUDY ID

EMB – 1 – _____

Site # Subject #

INTERVIEW FORM

52. ctd...

COMPLAINT/ILLNESS	Current admission		Duration (months / days)	Previous 12 months	
	No	Yes		No	Yes
e. Cough	☐	☐	☐☐ ☐☐	☐	☐
f. Tiredness/weakness	☐	☐	☐☐ ☐☐	☐	☐
g. Shortness of breath	☐	☐	☐☐ ☐☐	☐	☐
h. Teeth falling out	☐	☐	☐☐ ☐☐	☐	☐
i. Vomiting	☐	☐	☐☐ ☐☐	☐	☐
j. Jaundice (yellowing of the white of the eyes)	☐	☐	☐☐ ☐☐	☐	☐
k. Weight loss (clothes becoming very loose)	☐	☐	☐☐ ☐☐	☐	☐
l. Paralysis	☐	☐	☐☐ ☐☐	☐	☐
m. Loss of appetite	☐	☐	☐☐ ☐☐	☐	☐
n. Mouth sores	☐	☐	☐☐ ☐☐	☐	☐
o. Headache	☐	☐	☐☐ ☐☐	☐	☐
p. Rash on body	☐	☐	☐☐ ☐☐	☐	☐
q. Bone pain	☐	☐	☐☐ ☐☐	☐	☐
r. Incontinence of urine	☐	☐	☐☐ ☐☐	☐	☐
s. Other, specify 1; _____	☐	☐	☐☐ ☐☐	☐	☐
t. Other, specify 2; _____	☐	☐	☐☐ ☐☐	☐	☐

THIS IS THE END OF THE INTERVIEW, THANK YOU VERY MUCH FOR YOUR TIME AND COOPERATION.

Place Label here

Staff Initials / Date