

**Questionnaire for Patients Requiring Testing for Malaria**

Name: \_\_\_\_\_ Doctor: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

1. What country / countries have you been to in the past 2 years?

\_\_\_\_\_

2. How long did you stay there?

\_\_\_\_\_

3. When did you leave those areas?

\_\_\_\_\_

4. How long have you been in New Zealand?

\_\_\_\_\_

5. Do you have a previous history of Malaria? If so do you know what type?

\_\_\_\_\_

6. Were you taking anti-malarial medication before / during / after the time in those areas? If so, what medication is / was it? Are you still taking them?

\_\_\_\_\_

7. What symptoms do you have now? In particular, how often and severe are any bouts of fever?

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