Part 6: Expert Information

INSTRUCTIONS

The following questions are to be completed by the interviewer after interviewing local experts who attended to the respondent's/patient's medical needs after the attack.

Yes	1.	Is the patient's fiel	d medical card	or medical re	ecord avail	able?
treatment related to this incident? Yes		· · · · · · · · · · · · · · · · ·				
No	2.				patient	received
diagnosis. Indicate the treatment received and the date of admission. (Write in the Item Number of the symptoms noted as specified in Question 39 of Part 4.) Date of Admission: Diagnosis: Symptoms: Treatment: 4. Specify the results of any bacteriological, pathological or physiological tests carried out on behalf of the patient (e.g. blood tests, on 25/2/85 exhibiting Plasmodium falciparum). If no tests performed, write 'None'.)			• =			
Diagnosis: Symptoms: Treatment: 4. Specify the results of any bacteriological, pathological or physiological tests carried out on behalf of the patient (e.g. blood tests, on 25/2/85 exhibiting Plasmodium falciparum). If no tests performed, write 'None'.)	3.	diagnosis. Indicate admission. (Write i	e the treatme n the Item Nu	ent received umber of the	and the	date of
Treatment: 4. Specify the results of any bacteriological, pathological or physiological tests carried out on behalf of the patient (e.g. blood tests, on 25/2/85 exhibiting Plasmodium falciparum). If no tests performed, write 'None'.)		Date of Admission:				
Treatment: 4. Specify the results of any bacteriological, pathological or physiological tests carried out on behalf of the patient (e.g. blood tests, on 25/2/85 exhibiting Plasmodium falciparum). If no tests performed, write 'None'.)		Diagnosis:				
4. Specify the results of any bacteriological, pathological or physiological tests carried out on behalf of the patient (e.g. blood tests, on 25/2/85 exhibiting Plasmodium falciparum). If no tests performed, write 'None'.)		Symptoms:				
physiological tests carried out on behalf of the patient (e.g. blood tests, on 25/2/85 exhibiting Plasmodium falciparum). If no tests performed, write 'None'.)		Treatment:				
Test Date Result	4.	physiological tests of blood tests, on 25/2/	carried out on /85 exhibiting	n behalf of	the patien	t (e.g.
		Test	Date		Result	
