CROSS-BORDER MOVEMENT DATA COLLECTION FORM

Ward No. **Name of Health Facility**

Date of collection:

Question	Response	Response
Name of Health Facility		
Case diagnosis	Health Facility	Yes [ ] No [[
	Village Health Worker	Yes [ ] No [ ]
Patient No. In Malaria Register		
Demographics		
Age		
Sex	Male [ ] Female [ ]	
Country of Permanent Residency	Mozambique [ ] Zimbabwe [ ] Others (state) ……	
Name of Village of Permanent Residency		
Occupation		
Occupation	Fishing [ ]	
	Gardening [ ]	
	Artisanal Mining [ ]	
	Others (*State)* ……..	
Exposure		
Any involvement in the following activities in the last two (2) months	Fishing	Yes [ ] No [ ]
	Cross-border movement	Yes [ ] No [ ]
	Artisanal Mining	Yes [ ] No [ ]
	Gardening	Yes [ ] No [ ]
	Farming	Yes [ ] No [ ]
	Other (*State*)……	