**PARTICIPANT DIARY OF TAFENOQUINE ADMINISTRATION AND RECORDING OF ADVERSE EVENTS**

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| **Title** | Evaluation of the safety, tolerability and effectiveness of weekly tafenoquine in protecting Vietnam People’s Army personnel in South Sudan against malaria infections”. | |
| **Short title** | Evaluation of weekly tafenoquine antimalarial prophylaxis in Vietnam People’s Army personnel in South Sudan | |
| **Protocol number** | *To be provided by the Secretariat* | |
| **Project Sponsor** | Australian Defence Organisation represented by ADFMIDI | |
| **Principal Investigator** | Prof. Dr. Do Quyet | +84 983301839 |
| **Co- Principal Investigator** | Dr. Vu Minh Duong | +84 912134655 |
| **Co-Investigator** | Dr. Vu The Anh*]* | +84 348970705 |

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| Name of Clinical Trial Site | L2FH in South Sudan |
| Participant Identification Number | VTQ \_\_\_\_ \_\_\_\_ |

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| Week 1 | Tafenoquine  Administration | | Date: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 20 \_\_\_\_\_ *(dd/mm/ yyyy)*  Time \_\_\_\_\_:\_\_\_\_\_\_ *(24-hour clock)* | | |
| ADVERSE EVENT (AE) QUESTIONNAIRE“Identify AE if present within 24 hours of your last dose of tafenoquine” | | | | | |
| Signs/Symptoms | Present | Absent | Duration of AE *(tick best response)* | | |
| Fever |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sweating |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Headache |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Dizziness |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sleep disturbance |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Nausea |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Abdominal pain |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Vomiting |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Loss of appetite |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Tiredness |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Muscle Pain |  |  | Lasted  >4 hours | >12 hours | >24 hours |

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| Week 2 | Tafenoquine  Administration | | Date: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 20 \_\_\_\_\_ *(dd/mm/ yyyy)*  Time \_\_\_\_\_:\_\_\_\_\_\_ *(24-hour clock)* | | |
| ADVERSE EVENT (AE) QUESTIONNAIRE“Identify AE if present within 24 hours of your last dose of tafenoquine” | | | | | |
| Signs/Symptoms | Present | Absent | Duration of AE *(tick best response)* | | |
| Fever |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sweating |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Headache |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Dizziness |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sleep disturbance |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Nausea |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Abdominal pain |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Vomiting |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Loss of appetite |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Tiredness |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Muscle Pain |  |  | Lasted  >4 hours | >12 hours | >24 hours |

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| Week 3 | Tafenoquine  Administration | | Date: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 20 \_\_\_\_\_ *(dd/mm/ yyyy)*  Time \_\_\_\_\_:\_\_\_\_\_\_ *(24-hour clock)* | | |
| ADVERSE EVENT (AE) QUESTIONNAIRE“Identify AE if present within 24 hours of your last dose of tafenoquine” | | | | | |
| Signs/Symptoms | Present | Absent | Duration of AE *(tick best response)* | | |
| Fever |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sweating |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Headache |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Dizziness |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sleep disturbance |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Nausea |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Abdominal pain |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Vomiting |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Loss of appetite |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Tiredness |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Muscle Pain |  |  | Lasted  >4 hours | >12 hours | >24 hours |

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| Week 4 | Tafenoquine  Administration | | Date: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 20 \_\_\_\_\_ *(dd/mm/ yyyy)*  Time \_\_\_\_\_:\_\_\_\_\_\_ *(24-hour clock)* | | |
| ADVERSE EVENT (AE) QUESTIONNAIRE“Identify AE if present within 24 hours of your last dose of tafenoquine” | | | | | |
| Signs/Symptoms | Present | Absent | Duration of AE *(tick best response)* | | |
| Fever |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sweating |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Headache |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Dizziness |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sleep disturbance |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Nausea |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Abdominal pain |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Vomiting |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Loss of appetite |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Tiredness |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Muscle Pain |  |  | Lasted  >4 hours | >12 hours | >24 hours |

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| Week 5 | Tafenoquine  Administration | | Date: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 20 \_\_\_\_\_ *(dd/mm/ yyyy)*  Time \_\_\_\_\_:\_\_\_\_\_\_ *(24-hour clock)* | | |
| ADVERSE EVENT (AE) QUESTIONNAIRE“Identify AE if present within 24 hours of your last dose of tafenoquine” | | | | | |
| Signs/Symptoms | Present | Absent | Duration of AE *(tick best response)* | | |
| Fever |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sweating |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Headache |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Dizziness |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sleep disturbance |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Nausea |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Abdominal pain |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Vomiting |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Loss of appetite |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Tiredness |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Muscle Pain |  |  | Lasted  >4 hours | >12 hours | >24 hours |

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| Week 6 | Tafenoquine  Administration | | Date: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 20 \_\_\_\_\_ *(dd/mm/ yyyy)*  Time \_\_\_\_\_:\_\_\_\_\_\_ *(24-hour clock)* | | |
| ADVERSE EVENT (AE) QUESTIONNAIRE“Identify AE if present within 24 hours of your last dose of tafenoquine” | | | | | |
| Signs/Symptoms | Present | Absent | Duration of AE *(tick best response)* | | |
| Fever |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sweating |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Headache |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Dizziness |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sleep disturbance |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Nausea |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Abdominal pain |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Vomiting |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Loss of appetite |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Tiredness |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Muscle Pain |  |  | Lasted  >4 hours | >12 hours | >24 hours |

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| Week 7 | Tafenoquine  Administration | | Date: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 20 \_\_\_\_\_ *(dd/mm/ yyyy)*  Time \_\_\_\_\_:\_\_\_\_\_\_ *(24-hour clock)* | | |
| ADVERSE EVENT (AE) QUESTIONNAIRE“Identify AE if present within 24 hours of your last dose of tafenoquine” | | | | | |
| Signs/Symptoms | Present | Absent | Duration of AE *(tick best response)* | | |
| Fever |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sweating |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Headache |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Dizziness |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sleep disturbance |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Nausea |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Abdominal pain |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Vomiting |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Loss of appetite |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Tiredness |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Muscle Pain |  |  | Lasted  >4 hours | >12 hours | >24 hours |

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| Week 8 | Tafenoquine  Administration | | Date: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 20 \_\_\_\_\_ *(dd/mm/ yyyy)*  Time \_\_\_\_\_:\_\_\_\_\_\_ *(24-hour clock)* | | |
| ADVERSE EVENT (AE) QUESTIONNAIRE“Identify AE if present within 24 hours of your last dose of tafenoquine” | | | | | |
| Signs/Symptoms | Present | Absent | Duration of AE *(tick best response)* | | |
| Fever |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sweating |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Headache |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Dizziness |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sleep disturbance |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Nausea |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Abdominal pain |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Vomiting |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Loss of appetite |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Tiredness |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Muscle Pain |  |  | Lasted  >4 hours | >12 hours | >24 hours |

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| Week 9 | Tafenoquine  Administration | | Date: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 20 \_\_\_\_\_ *(dd/mm/ yyyy)*  Time \_\_\_\_\_:\_\_\_\_\_\_ *(24-hour clock)* | | |
| ADVERSE EVENT (AE) QUESTIONNAIRE“Identify AE if present within 24 hours of your last dose of tafenoquine” | | | | | |
| Signs/Symptoms | Present | Absent | Duration of AE *(tick best response)* | | |
| Fever |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sweating |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Headache |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Dizziness |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sleep disturbance |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Nausea |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Abdominal pain |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Vomiting |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Loss of appetite |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Tiredness |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Muscle Pain |  |  | Lasted  >4 hours | >12 hours | >24 hours |

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| Week 10 | Tafenoquine  Administration | | Date: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 20 \_\_\_\_\_ *(dd/mm/ yyyy)*  Time \_\_\_\_\_:\_\_\_\_\_\_ *(24-hour clock)* | | |
| ADVERSE EVENT (AE) QUESTIONNAIRE“Identify AE if present within 24 hours of your last dose of tafenoquine” | | | | | |
| Signs/Symptoms | Present | Absent | Duration of AE *(tick best response)* | | |
| Fever |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sweating |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Headache |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Dizziness |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sleep disturbance |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Nausea |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Abdominal pain |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Vomiting |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Loss of appetite |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Tiredness |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Muscle Pain |  |  | Lasted  >4 hours | >12 hours | >24 hours |

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| Week 11 | Tafenoquine  Administration | | Date: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 20 \_\_\_\_\_ *(dd/mm/ yyyy)*  Time \_\_\_\_\_:\_\_\_\_\_\_ *(24-hour clock)* | | |
| ADVERSE EVENT (AE) QUESTIONNAIRE“Identify AE if present within 24 hours of your last dose of tafenoquine” | | | | | |
| Signs/Symptoms | Present | Absent | Duration of AE *(tick best response)* | | |
| Fever |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sweating |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Headache |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Dizziness |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sleep disturbance |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Nausea |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Abdominal pain |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Vomiting |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Loss of appetite |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Tiredness |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Muscle Pain |  |  | Lasted  >4 hours | >12 hours | >24 hours |

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| Week 12 | Tafenoquine  Administration | | Date: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 20 \_\_\_\_\_ *(dd/mm/ yyyy)*  Time \_\_\_\_\_:\_\_\_\_\_\_ *(24-hour clock)* | | |
| ADVERSE EVENT (AE) QUESTIONNAIRE“Identify AE if present within 24 hours of your last dose of tafenoquine” | | | | | |
| Signs/Symptoms | Present | Absent | Duration of AE *(tick best response)* | | |
| Fever |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sweating |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Headache |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Dizziness |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sleep disturbance |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Nausea |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Abdominal pain |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Vomiting |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Loss of appetite |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Tiredness |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Muscle Pain |  |  | Lasted  >4 hours | >12 hours | >24 hours |

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| Week 13 | Tafenoquine  Administration | | Date: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 20 \_\_\_\_\_ *(dd/mm/ yyyy)*  Time \_\_\_\_\_:\_\_\_\_\_\_ *(24-hour clock)* | | |
| ADVERSE EVENT (AE) QUESTIONNAIRE“Identify AE if present within 24 hours of your last dose of tafenoquine” | | | | | |
| Signs/Symptoms | Present | Absent | Duration of AE *(tick best response)* | | |
| Fever |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sweating |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Headache |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Dizziness |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sleep disturbance |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Nausea |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Abdominal pain |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Vomiting |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Loss of appetite |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Tiredness |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Muscle Pain |  |  | Lasted  >4 hours | >12 hours | >24 hours |

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| Week 14 | Tafenoquine  Administration | | Date: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 20 \_\_\_\_\_ *(dd/mm/ yyyy)*  Time \_\_\_\_\_:\_\_\_\_\_\_ *(24-hour clock)* | | |
| ADVERSE EVENT (AE) QUESTIONNAIRE“Identify AE if present within 24 hours of your last dose of tafenoquine” | | | | | |
| Signs/Symptoms | Present | Absent | Duration of AE *(tick best response)* | | |
| Fever |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sweating |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Headache |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Dizziness |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sleep disturbance |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Nausea |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Abdominal pain |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Vomiting |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Loss of appetite |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Tiredness |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Muscle Pain |  |  | Lasted  >4 hours | >12 hours | >24 hours |

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| Week 15 | Tafenoquine  Administration | | Date: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 20 \_\_\_\_\_ *(dd/mm/ yyyy)*  Time \_\_\_\_\_:\_\_\_\_\_\_ *(24-hour clock)* | | |
| ADVERSE EVENT (AE) QUESTIONNAIRE“Identify AE if present within 24 hours of your last dose of tafenoquine” | | | | | |
| Signs/Symptoms | Present | Absent | Duration of AE *(tick best response)* | | |
| Fever |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sweating |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Headache |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Dizziness |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sleep disturbance |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Nausea |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Abdominal pain |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Vomiting |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Loss of appetite |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Tiredness |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Muscle Pain |  |  | Lasted  >4 hours | >12 hours | >24 hours |

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| Week 16 | Tafenoquine  Administration | | Date: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 20 \_\_\_\_\_ *(dd/mm/ yyyy)*  Time \_\_\_\_\_:\_\_\_\_\_\_ *(24-hour clock)* | | |
| ADVERSE EVENT (AE) QUESTIONNAIRE“Identify AE if present within 24 hours of your last dose of tafenoquine” | | | | | |
| Signs/Symptoms | Present | Absent | Duration of AE *(tick best response)* | | |
| Fever |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sweating |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Headache |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Dizziness |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sleep disturbance |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Nausea |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Abdominal pain |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Vomiting |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Loss of appetite |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Tiredness |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Muscle Pain |  |  | Lasted  >4 hours | >12 hours | >24 hours |

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| Week 17 | Tafenoquine  Administration | | Date: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 20 \_\_\_\_\_ *(dd/mm/ yyyy)*  Time \_\_\_\_\_:\_\_\_\_\_\_ *(24-hour clock)* | | |
| ADVERSE EVENT (AE) QUESTIONNAIRE“Identify AE if present within 24 hours of your last dose of tafenoquine” | | | | | |
| Signs/Symptoms | Present | Absent | Duration of AE *(tick best response)* | | |
| Fever |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sweating |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Headache |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Dizziness |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sleep disturbance |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Nausea |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Abdominal pain |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Vomiting |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Loss of appetite |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Tiredness |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Muscle Pain |  |  | Lasted  >4 hours | >12 hours | >24 hours |

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| Week 18 | Tafenoquine  Administration | | Date: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 20 \_\_\_\_\_ *(dd/mm/ yyyy)*  Time \_\_\_\_\_:\_\_\_\_\_\_ *(24-hour clock)* | | |
| ADVERSE EVENT (AE) QUESTIONNAIRE“Identify AE if present within 24 hours of your last dose of tafenoquine” | | | | | |
| Signs/Symptoms | Present | Absent | Duration of AE *(tick best response)* | | |
| Fever |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sweating |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Headache |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Dizziness |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sleep disturbance |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Nausea |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Abdominal pain |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Vomiting |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Loss of appetite |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Tiredness |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Muscle Pain |  |  | Lasted  >4 hours | >12 hours | >24 hours |

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| Week 19 | Tafenoquine  Administration | | Date: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 20 \_\_\_\_\_ *(dd/mm/ yyyy)*  Time \_\_\_\_\_:\_\_\_\_\_\_ *(24-hour clock)* | | |
| ADVERSE EVENT (AE) QUESTIONNAIRE“Identify AE if present within 24 hours of your last dose of tafenoquine” | | | | | |
| Signs/Symptoms | Present | Absent | Duration of AE *(tick best response)* | | |
| Fever |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sweating |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Headache |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Dizziness |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sleep disturbance |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Nausea |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Abdominal pain |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Vomiting |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Loss of appetite |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Tiredness |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Muscle Pain |  |  | Lasted  >4 hours | >12 hours | >24 hours |

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| Week 20 | Tafenoquine  Administration | | Date: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 20 \_\_\_\_\_ *(dd/mm/ yyyy)*  Time \_\_\_\_\_:\_\_\_\_\_\_ *(24-hour clock)* | | |
| ADVERSE EVENT (AE) QUESTIONNAIRE“Identify AE if present within 24 hours of your last dose of tafenoquine” | | | | | |
| Signs/Symptoms | Present | Absent | Duration of AE *(tick best response)* | | |
| Fever |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sweating |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Headache |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Dizziness |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sleep disturbance |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Nausea |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Abdominal pain |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Vomiting |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Loss of appetite |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Tiredness |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Muscle Pain |  |  | Lasted  >4 hours | >12 hours | >24 hours |

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| Week 21 | Tafenoquine  Administration | | Date: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 20 \_\_\_\_\_ *(dd/mm/ yyyy)*  Time \_\_\_\_\_:\_\_\_\_\_\_ *(24-hour clock)* | | |
| ADVERSE EVENT (AE) QUESTIONNAIRE“Identify AE if present within 24 hours of your last dose of tafenoquine” | | | | | |
| Signs/Symptoms | Present | Absent | Duration of AE *(tick best response)* | | |
| Fever |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sweating |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Headache |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Dizziness |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sleep disturbance |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Nausea |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Abdominal pain |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Vomiting |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Loss of appetite |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Tiredness |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Muscle Pain |  |  | Lasted  >4 hours | >12 hours | >24 hours |

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| Week 22 | Tafenoquine  Administration | | Date: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 20 \_\_\_\_\_ *(dd/mm/ yyyy)*  Time \_\_\_\_\_:\_\_\_\_\_\_ *(24-hour clock)* | | |
| ADVERSE EVENT (AE) QUESTIONNAIRE“Identify AE if present within 24 hours of your last dose of tafenoquine” | | | | | |
| Signs/Symptoms | Present | Absent | Duration of AE *(tick best response)* | | |
| Fever |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sweating |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Headache |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Dizziness |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sleep disturbance |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Nausea |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Abdominal pain |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Vomiting |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Loss of appetite |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Tiredness |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Muscle Pain |  |  | Lasted  >4 hours | >12 hours | >24 hours |

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| Week 23 | Tafenoquine  Administration | | Date: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 20 \_\_\_\_\_ *(dd/mm/ yyyy)*  Time \_\_\_\_\_:\_\_\_\_\_\_ *(24-hour clock)* | | |
| ADVERSE EVENT (AE) QUESTIONNAIRE“Identify AE if present within 24 hours of your last dose of tafenoquine” | | | | | |
| Signs/Symptoms | Present | Absent | Duration of AE *(tick best response)* | | |
| Fever |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sweating |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Headache |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Dizziness |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sleep disturbance |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Nausea |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Abdominal pain |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Vomiting |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Loss of appetite |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Tiredness |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Muscle Pain |  |  | Lasted  >4 hours | >12 hours | >24 hours |

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| Week 24 | Tafenoquine  Administration | | Date: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 20 \_\_\_\_\_ *(dd/mm/ yyyy)*  Time \_\_\_\_\_:\_\_\_\_\_\_ *(24-hour clock)* | | |
| ADVERSE EVENT (AE) QUESTIONNAIRE“Identify AE if present within 24 hours of your last dose of tafenoquine” | | | | | |
| Signs/Symptoms | Present | Absent | Duration of AE *(tick best response)* | | |
| Fever |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sweating |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Headache |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Dizziness |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sleep disturbance |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Nausea |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Abdominal pain |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Vomiting |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Loss of appetite |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Tiredness |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Muscle Pain |  |  | Lasted  >4 hours | >12 hours | >24 hours |

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| Week 25 | Tafenoquine  Administration | | Date: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 20 \_\_\_\_\_ *(dd/mm/ yyyy)*  Time \_\_\_\_\_:\_\_\_\_\_\_ *(24-hour clock)* | | |
| ADVERSE EVENT (AE) QUESTIONNAIRE“Identify AE if present within 24 hours of your last dose of tafenoquine” | | | | | |
| Signs/Symptoms | Present | Absent | Duration of AE *(tick best response)* | | |
| Fever |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sweating |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Headache |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Dizziness |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Sleep disturbance |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Nausea |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Abdominal pain |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Vomiting |  |  | Lasted  <1 hour | 1-2 hours | >2 hours |
| Loss of appetite |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Tiredness |  |  | Lasted  >4 hours | >12 hours | >24 hours |
| Muscle Pain |  |  | Lasted  >4 hours | >12 hours | >24 hours |