**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 | TafenoquineAdministration | 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 | TafenoquineAdministration | 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 | TafenoquineAdministration | 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 | TafenoquineAdministration | 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 | TafenoquineAdministration | 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 | TafenoquineAdministration | 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 | TafenoquineAdministration | 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 | TafenoquineAdministration | 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 | TafenoquineAdministration | 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 | TafenoquineAdministration | 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 | TafenoquineAdministration | 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 | TafenoquineAdministration | 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 | TafenoquineAdministration | 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 | TafenoquineAdministration | 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 | TafenoquineAdministration | 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 | TafenoquineAdministration | 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 | TafenoquineAdministration | 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 | TafenoquineAdministration | 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 | TafenoquineAdministration | 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 | TafenoquineAdministration | 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 | TafenoquineAdministration | 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 | TafenoquineAdministration | 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 | TafenoquineAdministration | 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 | TafenoquineAdministration | 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 | TafenoquineAdministration | 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 |