Individual form

Group

Reference details

LGA Code

Team code

- Team 1
- O Team 2
- Team 3
- Team 4
- Team 5

School code

- SC 1
- SC 2
- SC 3

School code

- SC 4
- SC 5
- SC 6

School code

- SC 7
- SC 8
- SC 9

School code

- SC 10
- SC 11
- SC 12

School code

- SC 13
- SC 14
- SC 15

Group

(a) DEMOGRAPHIC DETAILS

Participant ID

- P2
- \bigcirc
- O P3
- P4
- P5
- P6
- P7
- \bigcirc
- O P8
- Р9
- P10
- P11
- \sim
- P12
- O P13
- O P 14
- P 15
- \sim
- P 16
- O P 17
- P 18
- P 19
- O P 20
- P 21
- P 22
- O P 23
- O P 24
- P 25
- P 26
- P 27
- O P 28
- O P 29
- O P 30
- O P 31
- P 32
- 🔘 Р 33
- O P 34

P 35

- O P 36
- P 37
- P 38
- P 39
- \bigcirc
- O P 40
- P 41
- P 42
- P 43
- P 44
- P 45
- P 46
- P 47
- P 48
- P 49
- P 50
- P 51
- O P 52
- O P 53
- O P 54
- O P 55
- P 56
- O P 57
- O P 58
- O P 59
- () P 60

Name of Respondent:

Gender:

) Male

) Female

Age (yrs):

Arm of Class:

Parent/Guardian Occupation:

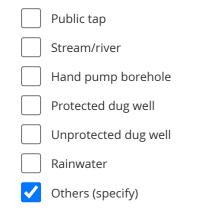


Other specify

Group

WATER, SANITATION, AND HYGIENE (WASH) FACILITIES

Type of water source?



Others specify

Types of toilet facility

- Flush toilet
- Ventilated improved pit
- Pit latrine without slab
- Pit latrine with slab
- None/open defecation in nearby bush
- ✓ Others

Others specify

Handwashing facilities in toilets

) Yes

) No

Do you have soap in the toilets?

\bigcirc	Yes
\bigcirc	No

Do you use soap regularly after defecating?

Yes
No

WATER CONTACT PRACTICES

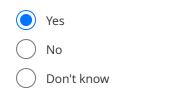
Guide: please tick the water contact practices the participants have exhibited in the last 3 months.

Bathing in the stream or river	
Yes	
No	
Washing of clothes in the stream or river	
Yes	
No	
Fishing from the stream or river	
Yes	
◯ No	
Fetching water from the stream or river	
Yes	
No	
Playing in the stream or river	
Yes	
O No	
Swimming in the stream or river	
Yes	
O No	

Group

PREVIOUS HISTORY OF MAM

Offered praziquantel during last MAM?



Swallowed praziquantel during last MAM



Ever seen a CDD before

\bigcirc	Yes
------------	-----

🔵 No

Ever seen praziquantel medicine pack before



) No

Where did the respondent receive treatment?

- Community
- Others

Others specify

Who treated the respondent?

-) Teacher
- CDD
- Health worker

Was the height of respondent measured before treatment?

-) Yes
-) No

Did the respondent eat before treatment?

-) Yes
-) No

Did the respondent experience any SAE after treatment?

-) Yes
-) No

How many times has the respondent received praziquantel treatment since enrollment?

Group

MIGRATION HISTORY

Community of residence

Year of residence

Do you tra	avel more	often
------------	-----------	-------

()	Yes
)	165

) No

What is the major reason for travelling

leisure

Others

others specify

Which LGA do you mostly travel to

Have you missed MAM before because you or your parents travelled?

\bigcirc	Yes
\bigcirc	No
\bigcirc	l don't know

Group

PARASITOLOGICAL EXAMINATIONS

SCH

Urine colour:

- Bloody
- () Amber/cloudy
- () Amber/clear
- () pale yellow/clear
- pale yellow/cloudy

Hematuria

- () Negative
- () -Trace haemolysed
- -Trace non-haemolysed
- -+
 -++
- -+++

S. haematobium (Number of eggs/10 ml of urine)

S. mansoni (Number of eggs Slide A)

S. mansoni (Number of eggs Slide B)

Total number of S.mansoni (Slide A+B)

S.mansoni EPG (total X 12)

Ascaris (Number of eggs Slide A)

Ascaris (Number of eggs Slide B)

Total Number of Ascaris eggs

Ascaris EPG (total x 12)

Trichuris (Number of eggs Slide A)

Total number of Trichuris eggs (Slide A+B)

Trichuris EPG (total x 12)

Hookworms (Number of eggs Slide A)

Hookworms (Number of eggs slide B)

Total number of Hookworms (Slide A+B)

Hookwork EPG (total x12)

Others

Name of Technologist

Date

yyyy-mm-dd

hh:mm