LF Baseline Electronic Form

# Form 1: Location form

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| **Question** | **Description** |
| Recorder ID (2-digit code assigned to you) | The 2-digit code assigned to each recorder |
| Select a region | Select one in the list of region |
| Select a district | Select one in the list of district |
| Enter the village code (3-digit code assigned to each village) | The 3-digit code assigned to each village |
| Enter total population | The total population in number |
| Collect GPS Coordinates (Works best outside of buildings) | The GPS coordinate |
| Has this community received deworming treatment (Albendazole/Mebendazole) in the last year? | Yes/No; No will skip the next question |
| Where was the treatment given? | Choose one between:   * School only * Entire community |
| Has this community received Ivermectin for Oncho in the last year? | Yes/No/Do not know |
| Has this community received free bednets in the last year? | Yes/No/Do not know |
| Who received free bednets? | Choose one between:   * Pregnant women and preschool children only * Entire community * Other (Must specify if other checked) |
| Is this a CDTI village? | Yes/No |
| Do you know anybody in this location which has reported that worms sometimes move along the white of the lower part of their eye | Yes/No |
| What is the local name of this condition? | The local name of loasis |
| Remarks | Optional information not entered yet |

# Form 2: Participant form

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| **Question** | **Description** |
| **Recorder ID (2-digit code assigned to you)** | The 2-digit code assigned to each recorder |
| **Enter the village code (3-digit code assigned to each village** | The 3-digit code assigned to each village |
| **Enter unique participant ID** | The unique participant ID. Can be QR code or generated code |
| **Repeat unique ID** | The unique participant ID |
| **Has the participant given the consent? (No will end the survey)** | Yes/No; No will end the survey |
| **Select the sex** | Male/Female |
| **Enter the age** | The participant age in years; Must be greater than or equal to 15 |
| **How long have you lived in this village?** | The time in years the participant has lived in the village. Less than ten years will end the survey. Must be less than or equal to the participant age. |
| **Did you sleep under a bed net last night?** | Yes/No |
| **Does the participant have morbidity sign** | Yes/No; No will skip next question |
| **If yes, Specify** | Select one or many between:   * Hydrocele * Lymphedema * Chyluria |
| **Have you ever experienced or noticed worms move along the white of your eye?** | Yes/No |
| **Have you ever had the condition in this picture?** | Yes/No |
| **How long ago did you last experience it (in days)?** | The time in days |
| **Remarks** | Optional information not entered yet. |

## Form 3: FTS Results

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| **Question** | **Description** |
| **Recorder ID (2 digit code assigned to you)** | The 2-digit code assigned to each recorder |
| **Enter the village code** | 3-digit code assigned to each village |
| **Enter unique ID from the diagnostic test** | The diagnostic ID. The same code used for the participant ID in the participant form. It can be a QR code or a code generated |
| **Repeat unique ID** | The unique ID |
| **FTS result** | Positive/Negative |
| **Was dried blood spot collected?** | Yes/No; Yes will skip the next question |
| **Why was blood spot not collected?** | The reason for not collecting the blood spot |
| **Was blood smear for loa loa done?** | Yes/No |
| **Remarks** | Optional information not entered yet. |

# Form 4: Raploa

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| **Question** | **Description** |
| **Recorder ID** | The 2-digit code assigned to each recorder |
| **Enter the village code** | 3-digit code assigned to each village |
| **Enter unique ID from the diagnostic test** | The diagnostic ID. The same code used for the participant ID in the participant form. It can be a QR code or a code generated |
| **Repeat unique ID** |  |
| **Time of blood collection (HH:MM)** | The time in HH:MM format |
| **Result of blood smear for Loa-loa (numbers)** | The blood smear result in numbers |
| **Remarks** | Optional information not entered yet. |