LF Pre TAS From

# Form 1: Location Form

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| **Questionnaire** | **Description** |
| **Recorder Code** | The recorder code |
| **Select Region** | Select one a region in the list provided |
| **Select district** | Select a district |
| **Health facility** | The health facility name |
| **Total population** | The total population of the location |
| **Therapeutic coverage** | The therapeutic coverage in percentage |
| **GPS** | The GPS coordinate of the location |
| **Notes** | Optional notes |

# Form 2 : Participant Form

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| **Questionnaire** | **Description** |
| **Recorder Code** | The recorder code |
| **Select the region** | Select one a region in the list provided |
| **Select the district** | Select a district |
| **Select the health facility** | The health facility name |
| **Would you like to scan a barcode or enter a unique ID manually** | Scan barcode/Enter Unique ID manually.  Scan barcode will hide the unique ID field. Enter Unique ID manually will hide barcode field. |
| **Scan the barcode** | The barcode scanner. The mobile will display this field only if the recorder checked “Scan barcode” option. |
| **Enter Unique ID** | The unique participant ID. The mobile will display this field only if the “Enter Unique ID manually” option was checked |
| **Repeat the unique ID** | The unique ID |
| **Age** | The participant age |
| **Sex** | The participant sex |
| **Recording status** | The recording status |
| **Have you taken Ivermectin/Albendazole** | Yes/No/Do not know; No and “Do not know” will skip next question |
| **Did you receive IVM + ALB in the last campaign** | Yes/No/Do not know |
| **How many times have you received IVM + ALB in the last five years** | The number of time the participant took IVM + ALB |
| **Migration (participant entered from a neighboring country or other localities less than 5 years ago)** | Select one or many in a list of countries and locality |
| **Presence of Lymphedema** | Yes/No |
| **Presence of Hydrocele** | Yes/No |
| **Notes** | Optional notes |

# Form 3: FTS result Form

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| **Questionnaire** | **Description** |
| **Recorder Code** | The recorder code |
| **Would you like to scan a barcode or enter a unique ID manually** | Scan barcode/Enter Unique ID manually.  Scan barcode will hide the unique ID field. Enter Unique ID manually will hide barcode field. |
| **Scan the barcode** | The barcode scanner. The mobile will display this field only if the recorder checked “Scan barcode” option. |
| **Enter Unique ID** | The unique participant ID. The mobile will display this field only if the “Enter Unique ID manually” option was checked |
| **Repeat the unique ID** | The unique ID |
| **Number of FTS strip used to test the participant** | The number of FTS strip used. Must be greater than 1 and less than 4. |
| **Lot FTS 1** | The FTS lot number of the 1st test. This field will be displayed if the number of FTS strip is greater than or equal to one. |
| **Result FTS1** | Select one between:   * Positive * Negative * Invalid   This field will be displayed if the number of FTS strip is greater than or equal to one. |
| **Invalidity description of test 1** | Select one between:   * Absence of witness line * Broken / partial control line * Difficulty of sample absorption * Difficulty of migration of the sample * Trace of blood persists * Insufficient blood volume from the pipette * Other (explain)   This field will be displayed if the number of FTS strip is greater than or equal to one. |
| **Lot FTS 2** | The FTS2 lot number  This field will be displayed if the number of FTS strip is greater than or equal to two. |
| **Result FTS2** | Select one between:   * Positive * Negative * Invalid   This field will be displayed if the number of FTS strip is greater than or equal to two. |
| **Invalidity description of test 2** | Select one between:   * Absence of witness line * Broken / partial control line * Difficulty of sample absorption * Difficulty of migration of the sample * Trace of blood persists * Insufficient blood volume from the pipette * Other (explain)   This field will be displayed if the number of FTS strip is greater than or equal to two. |
| **Lot FTS 3** | The FTS 3 lot number.  This field will be displayed if the number of FTS strip to three. |
| **Result FTS3** | Select one between:   * Positive * Negative * Invalid   This field will be displayed if the number of FTS strip is equal to three. |
| **Invalidity description of the test 3** | Select one between:   * Absence of witness line * Broken / partial control line * Difficulty of sample absorption * Difficulty of migration of the sample * Trace of blood persists * Insufficient blood volume from the pipette * Other (explain)   This field will be displayed if the number of FTS strip is equal to three. |
| **Photo** | The pictures of invalid test |
| **Personal challenge observed** | Choose one or many between:   * No * Several kits in one bag * Desiccant absent * Micropipette absent * Test breaks and not used * Other (explain) |
| **Observation** | Optional notes |