OEM Forms

# Form 1: Cluster Form

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| **Questions** | **Description** |
| **Enter recorder code (2 digit code assigned to you)** | Two digit code provided to each recorder |
| **Select District name** | A list of districts will be provided |
| **Select EU name** | A list of EU will be provided |
| **Enter Cluster name** | The name of the cluster |
| **Enter Cluster ID** | 3-digit code that will be provided for each cluster |
| **Enter Cluster ID again** | 3-digit code for the cluster (must be the same as the last question) |
| **Collect GPS coordinates (Works best outside of buildings)** | Collect the GPS coordinates for this cluster |
| **Enter Village cluster population (Please obtain this information from the community MDA register)** | The total population of the cluster |
| **Confirm the presence of black flies in or near community (Show image of black fly to the local leader)** | Yes/No question that will confirm whether there are black flies in or near the community |
| **Additional notes** | optional, add any relevant information about this community not already captured |

# Form 2: Participant survey

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| **Questions** | **Description** |
| **Recorder code (2 digits)** | Two digit code provided to each recorder |
| **Select cluster** | The list of cluster entered in the previous survey form |
| **Does the respondent provide consent?** | Yes/No question. No will end the survey |
| **Sex of respondent** | Male/Female |
| **Enter age in years (must be >= 20 or end survey)** | The age of the respondent. Less than 20 years will end the survey. |
| **How many years has the respondent lived in the area? (must be >= 10 or end survey)** | The number of years the respondent lived in this place. The value must be less than the respondent age. Less than 10 years will end the survey |
| **Do you frequently travel more than 15 Km from this village?** | Yes/No question. |
| **Have you taken Ivermectin in the past 12 months?** | “Yes/No/Don’t know” question. No will skip the next question |
| **If Yes, where were you given Ivermectin?** | The respondent chooses between:   * In this village, as part of a mass treatment campaign * In this village, local clinic or pharmacy * In another village, as part of mass treatment campaign * In another village, local clinic or pharmacy |
| **Was a DBS collected from this person?** | Yes/No question |
| **How will the individual's unique ID be generated?** | Barcode/ Automatic ID generation  Choose between the use of barcode or automatic ID generation. |
| **Additional notes** | Optional information note already captured |

# Form 3: Breeding site survey - River assessment

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| **Questions** | **Descriptions** |
| **Select the district name** | Select a district between the list prepopulated |
| **Name of community surveyed (i.e. closest community to the breeding site)** | The name of the community |
| **Month of survey** | A list of month |
| **Year of survey** | The year of survey |
| **GPS coordinate of suspected breeding site (Works best outside of buildings)** | The GPS of community |
| **Name of river or stream** | The name of river or stream |
| **Name of river basin** | The name of river basin |
| **At time of inspection did site appear suitable for black fly breeding** | Yes/No question |
| **At time of inspection did site provide evidence of larvae** | Yes/No question. If no, the mobile will skip the next question |
| **If yes to larvae, rate abundance as few, some or many** | Select between  +  ++  +++ |
| **Additional notes** | Optional information note already captured |

# Form 4: Breeding site survey - Community questions

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| **Questions** | **Descriptions** |
| **Select the district name** | Select a district between the list prepopulated |
| **Name of community surveyed (i.e. closest community to the breeding site)** | The name of the community |
| **Ask a small group of community members (10+) the following:** | Information note |
| **Are blackfly bites a problem in this community? (*check local name for blackfly, show picture or actual black fly in a glass container)*** | Yes/No Question. No will end the survey |
| **How many bites do you receive each day?** | Select between :  None  a few (<=10)  some (> 10 and <=50)  many (>50) |
| **What time of year (MONTH) or season are there the most blackfly bites?** | Select one or many month |