SCH/STH Baseline Electronic Form

# Form 1: School form

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| **Question** | **Description** |
| **Recorder ID (2 digits code assigned to you)** | The two-digit number affected to each recorder |
| **Select the region** | Select one region in the list provided |
| **Select the district** | Select one district between a list of district |
| **Enter the school code** | 3-digit number to identify each school |
| **Collect GPS Coordinates (Works best outside of buildings)** | The GPS of the school |
| **Has this school received deworming treatment** | Yes/No/Do not know |
| **Is there a source of drinking water in the school?** | Yes/No; No will skip the next three questions |
| **If yes, where is the source of drinking water?** | Select one between:   * In the school * Equal or less than 15 minutes round trip from the school * Longer than15 minute round trip from the school |
| **If yes, what type of water source (circle all that apply)** | Select one or many between:   * Unprotected spring * Protected spring * Unprotected dug well * Protected dug well * Hand pump/tube well/borehole * Surface water (river, creek, dam, lake, stream, canal) * Public piped water/tap/standpipe * Rainwater collection * Plastic bag water * Bottle water * In school piped water/tap/standpipe * Mobile water tanker |
| **Are there accessible water bodies close to the school?** | Select one between  No  Yes > 15 minutes round trip  Yes < 15 minutes round trip |
| **Is there a toilet in the school?** | Yes/No; No will skip the four next question |
| **If yes, ask to visit the toilet –what type of toilet is it?** | Select one between:   * Pit latrine without slab or pit * Ventilated improved pit latrine (VIP) * Flush or pour-flush toilet * Other (Specify if checked) |
| **Is there tissue/paper for use after defecating?** | Always/Sometimes/Never |
| **Is there water for washing hands after using the toilet** | Always/Sometimes/Never |
| **Is soap/ash available** | Yes/No |
| **Observer: What is the condition of the toilet?** | Select one between:   * Poor (presence of flies, offensive odor and visible stool on floor, absence of roof/door) * Fair (presence of roof/door but dirty floor) * Moderate (clean, absence of roof/door) * Good (clean, odourless, no flies, presence of roof and door) * Excellent (Very clean, odourless, presence of door, roof, and availability of water) |
| **Observer: is there water or tissue for use after defecating?** | Yes/No |
| **Observer: is there provision for hand washing after toilet use?** | Yes/No |
| **Observer: what type of hand washing facilities** | Select one between:   * No water * Water only * Water and soap/ash * Water, soap/ash, and non-disposable napkin * Water, soap/ash, and disposable napkin * Other |
| **Any additional notes:** | Optional information not entered yet |

# Form 2: Child Form

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| **Question** | **Description** |
| **Recorder ID** | The two-digit numbers affected to each recorder |
| **Enter the school code** | 3-digit numbers to identify each school |
| **Enter unique ID from the diagnostic test** | The unique ID for identifying the child. It can be a QR Code or a generated code. |
| **Repeat the diagnostic ID** | The unique ID |
| **Enter the age of the child** | The age in numbers of years |
| **Enter the sex of the child** | Male/Female |
| **When you are at school, where do you usually go to URINATE?** | Select one between:   * In the school toilet * Around the school compound * Outside of school compound * I wait/hold it * Others (specify) * Don’t know |
| **When you are at school, where do you usually go to DEFECATE?** | Select one between:   * In the school toilet * Around the school compound * Outside of school compound * I wait/hold it * Others (specify) * Don’t know |
| **If there are water bodies (river, stream, canal, lake, dam etc), which of the following activities do you perform?** | Select one or many between:   * Bathing * Washing clothes, dishes * Fishing * Crossing water * Fetching water * Playing * Swimming |
| **Additional notes** | Optional information not entered yet |

# Form 3: Urine Results

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| **Question** | **Description** |
| **Recorder ID** | The two-digit numbers affected to each recorder |
| **Enter the school code** | 3-digit numbers to identify each school |
| **Enter the unique ID** | The unique ID for identifying the child. It can be a QR Code or a generated code. |
| **Repeat unique ID** | The unique ID |
| **SH egp 10 ml** |  |
| **Haematuria (urine colour)** |  |
| **Microhaematuria grading – Negative** |  |
| **Microhaematuria grading – Trace** |  |
| **Microhaematuria grading – +** |  |
| **Microhaematuria grading – ++** |  |
| **Microhaematuria grading – +++** |  |
| **POC-CCA Results Negative** |  |
| **POC-CCA Results Positives** |  |
| **POC-CCA Results Not tested** |  |
| **Comments** |  |

# Form 4: Kato-Katz

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| **Question** | **Description** |
| **Recorder ID** | The two-digit numbers affected to each recorder |
| **Enter the school code** | 3-digit numbers to identify each school |
| **Enter unique ID from the diagnostic test** | The unique ID for identifying the child. It can be a QR Code or a generated code. |
| **Repeat unique ID** | The unique ID |
| **Schistosoma mansoni (eggs) – Slide A** |  |
| **Schistosoma mansoni (eggs) – Slide B** |  |
| **Ascaris lumbricoides (eggs) – Slide A** |  |
| **Ascaris lumbricoides (eggs) – Slide B** |  |
| **Hookworm – Slide A** |  |
| **Hookworm – Slide B** |  |
| **Trichuris trichura – Slide A** |  |
| **Trichuris trichura – Slide B** |  |
| **Other (name)** |  |
| **Other Quantity** |  |
| **Other (name)** |  |
| **Other Quantity** |  |
| **Additional comment** |  |