**Ministry of Health: Onchocerciasis post MDA coverage survey questionnaire** Sheet \_ \_ / \_ \_

Month of recent MDA: \_ \_ / \_ \_ \_ \_ Interviewer name: Date of interview: \_ \_ / \_ \_ / \_ \_ \_ \_

District name: District ID no: Village name: Village ID no:

Name of Household Head: Household ID no:

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| Line no | Name  | Age (Years)If less than 1 year put ‘0’ years and indicate no of months | Sex (1=M, 2=F) | Education level completed1= Did not go to school; 2= Primary school (did not complete); 3= Primary school (completed); 4= Secondary school (did not complete); 5= Secondary school (completed); 6= tertiary education | Religion1= Catholic2= Protestant3= Muslim4= other (specify) | Ethnicity or tribe1= Bamileke; 2= Bamoun; 3=Bangangte; 4=Mbouda; 5= Beti; 6= Other (specify) | Occupation1= farmer2= fisherman3= trader4= forest worker5= other (specify)6= At school7 = NA | How long have you lived in the village1= was born here2= > 20 years3 = 10-20 years4= 5-9 years5= 1-4 years6 = less 1 year | If you have not lived in the village all of your life, where did you live before here?Is this an oncho endemic area? | Do you ever travel out of the village for extended periods of time?1= Yes (specify area and time)2= No | Do you feel at personal risk from onchocerciasis?1= Yes, highly2= Yes, a little3= No |
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Village ID no: Household head name: Household ID no:

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| Line no | Swallowed the drugs in recent MDA round (show tablets)?1=Yes, both 2= Yes, ivermectin only3= Yes, albendazole only4= No, neither5= Don’t Know6= Not eligible | Verification of taken drugs using CDD record1= Yes, CDD records verify claim2= No, CDD records do not verify claim3= No records available | Reason if not taken (one or both)\* | Have you taken the same drug (ivermectin) when offered in previous years?1 = Yes, always2 = Sometimes but not in the last 5 years3= Sometimes not every year but at least once in the last 5 years4 = No, never (or maybe once >10 years ago)5 = Don’t know | Did you have any side effects from the drugs, this time or in the past?1= Yes after this round, please specify what side effects2 = Yes, in the past, specify side effects and year3 = No | Have you ever had loiasis or a worm travelling across your eye? (Show the picture of the migration of adult worm)1=Yes; 2 =No; 3= Don’t know | In-depth treatment history and or skin snip taken?1 = In-depth treatment history taken2 = Skin snip taken 3= Not applicable |
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\***REASON FOR NOT TAKING DRUG** 1= Absent during campaign 2=Did not hear about campaign 3=Drug distributor did not come 4=Pregnant 5=Breast-feeding 6=Underage/too old 7=Fear of side effects 8 =Is healthy 9=Medicine does not work 10= Tired of taking drugs 11=Other (please specify)