

OPTIMIZATION OF SCHISTOSOMIASIS TREATMENT IN TANZANIA

CONFIDENTIAL CASE RECORD FORM

STUDY SITE: PRIMARY SCHOOLDISTRICT:, TANZANIA

SUBJECT NAME:

SUBJECT SCREENING ID:

SUBJECT STUDY ID:

SCREENING VISIT:

Date interviewed for screening (dd/mm/yy):/...../.....

Criteria for screening – please tick the appropriate boxes:		
1) Signed Informed Consent form (Parent, Guardian, or child) Consent date (dd/mm/yy):/...../.....	<input type="checkbox"/> Y	<input type="checkbox"/> N
2) Able and willing to be followed-up for 2 months	<input type="checkbox"/> Y	<input type="checkbox"/> N
3) Age: 6 -18 years	<input type="checkbox"/> Y	<input type="checkbox"/> N

If both answers are YES, proceed:

DEMOGRAPHICS

Age: ____ years	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
School: ____	Class/Grade: ____

Inclusion criteria for screening – please tick the appropriate boxes:

If all answers are YES, proceed:

- | | | |
|--|----------------------------|----------------------------|
| 5) Experiencing a severe concurrent medical condition e.g. SCD | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 6) History of praziquantel use within previous 6 months | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| 7) Have diarrhea at time of the first sampling | <input type="checkbox"/> Y | <input type="checkbox"/> N |

If all answers are NO, proceed:

OPTIMIZATION OF SCHISTOSOMIASIS TREATMENT IN TANZANIA

SAMPLE COLLECTION AND RESULTS AT SCREENING.

Stools exams	<input type="checkbox"/> Yes	<input type="checkbox"/> No	NA <input type="checkbox"/>
Date of stool sample collection (dd/mm/yy) : ___/___/___			
Consistency of stools: <input type="checkbox"/> formed <input type="checkbox"/> soft <input type="checkbox"/> loose <input type="checkbox"/> watery <input type="checkbox"/> blood <input type="checkbox"/> mucus			
Result of parasitological exam for <i>S. Mansoni</i> (Kato Katz): Slide 1: _____ eggs; Slide 2: _____ eggs; Slide 3: _____ eggs; Slide 4: _____ eggs			
Result of parasitological exam for <i>Hookworm</i> (Kato Katz): Slide 1: _____ eggs; Slide 2: _____ eggs; Slide 3: _____ eggs; Slide 4: _____ eggs			
Result of parasitological exam for <i>A.lumbricoides</i> (Kato Katz): Slide 1: _____ eggs; Slide 2: _____ eggs; Slide 3: _____ eggs; Slide 4: _____ eggs			
Result of parasitological exam for <i>T.trichiura</i> (Kato Katz): Slide 1: _____ eggs; Slide 2: _____ eggs; Slide 3: _____ eggs; Slide 4: _____ eggs			
Egg count (<i>S.mansoni</i>) at screening: _____ eggs= _____eggs/gram of stool			
Infection intensity: Light <input type="checkbox"/> moderate <input type="checkbox"/> Heavy <input type="checkbox"/>			
Quality control (on 10% of slides) <i>To be completed by the senior lab technician</i> Egg count at screening: _____ eggs= _____eggs/gram of stool			

Urine exams	<input type="checkbox"/> Yes	<input type="checkbox"/> No	NA <input type="checkbox"/>
Date of urine sample collection (dd/mm/yy) : ___/___/___			
Consistency/colouration of urine: <input type="checkbox"/> turbidity <input type="checkbox"/> Reddish brown <input type="checkbox"/> bloody <input type="checkbox"/> yellowish <input type="checkbox"/> clear/colourless			
Result of parasitological exam (urine filtration): Slide 1: _____ eggs; Slide 2: _____ eggs; Slide 3: _____ eggs; Slide 4: _____ eggs			
Egg count (<i>S.haematobium</i>) at screening: _____ eggs= _____eggs/per 10mls of urine			
Infection intensity: Light <input type="checkbox"/> moderate <input type="checkbox"/> Heavy <input type="checkbox"/>			

OPTIMIZATION OF SCHISTOSOMIASIS TREATMENT IN TANZANIA

Quality control (on 10% of slides)

To be completed by the senior lab technician

Egg count at screening: _____ eggs= _____ eggs/per 10mls of urine

Is urine been kept for miracidia collection? Yes No

Is the patient eligible for enrolment? Yes No

Study team person signature

Date (dd/mm/yy):

OPTIMIZATION OF SCHISTOSOMIASIS TREATMENT IN TANZANIA

CONFIDENTIAL CASE RECORD FORM

STUDY SITE: PRIMARY SCHOOLDISTRICT:, TANZANIA

SUBJECT NAME:

SUBJECT SCREENING ID:

SUBJECT STUDY ID:

SCREENING VISIT: CLINICAL SYMPTOMS, MALARIA, HAEMOGLOBIN CONCENTRATION
ANTHROPOMETRIC MEASUREMENTS

Date interviewed for screening (dd/mm/yy):/...../.....

PATIENT INFORMATION:

WEIGHT

HEIGHT

Any history of using antimalarial in the past 2 weeks

YES NO

Any history of one of the following symptoms in the past 3 days

FEVER: YES NO

HEADACHE: YES NO

VOMITING: YES NO

FATIGUE: YES NO

Haemoglobin level

Blood slide for malaria parasite taken YES NO

RESULTS: