

**IMPROVING DIAGNOSES AND ASSESSING THE IMPACT OF ONCHOCERCIASIS MASS
DRUG ADMINISTRATION (MDA) PROGRAMME ON THE BURDEN OF SCABIES IN
SELECTED COMMUNITIES IN GHANA**

DATA COLLECTION FORM FOR PARTICIPANTS

PID.....

COMMUNITY.....

DISTRICT.....

DATE.....

CONTACT.....

INTERVIEWER NAME.....

Has informed consent been obtained? ☐ Yes ☐ No

Participant history and demographics

Sex: ☐ Male. ☐ Female

Age..... years

Marital status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Religion: ☐ Christian ☐ Muslim ☐ Traditionalist ☐ Other

Highest level of education: ☐ Tertiary ☐ Secondary ☐ JHS ☐ Primary ☐ None

Occupation:

Number of years in community:

Household information

1. Household head? ☐ Yes ☐ No *(If yes, skip to 3)*

2. Relationship to household head? Father/ Mother/ Daughter/ Son/ Sibling/ Other, (if other, specify.....) *(Not applicable if participant is household head)*

3. Type of building: ☐ Mud ☐ Brick ☐ Wood ☐ Cement ☐ Other

If other, specify

4. Number of people in household

5. Number of sleeping rooms in household

6. maximum number of people who share a room

7. minimum number of people who share a room

8. Do you share a room: ☐ Yes *(if yes, with how many people:.....)* ☐ No

9. Have any of these people ever had or currently have/has any skin condition:

☐ Yes *(if yes, when.....)* ☐ No

Hygiene practices

1. Source of water for domestic use: Pipe-borne / Borehole / Well / Stream / Rain water reservoir / Other (If other, specify.....)
2. Distance from source of water:
3. How many times do you bath in a day? Thrice / twice / once /other (If other, specify
4. What do you use in bathing? (List all that applies.....)
5. What kind of soap do you use?.....(applicable to persons who mentioned soap above)
6. How often do you wash your towel?.....
7. How often do you change your clothes?
8. How often do you change your beddings?
9. Which of the following items do you share with others? Clothes ☐ Towel ☐ Sponge ☐

Mass Drug Administration (MDA) History (Only those in onchocerciasis-endemic areas)

1. Have you ever taken the MDA drug(s)? ☐ Yes (if yes, specify drug{s} given) ☐ No ☐ Not sure
2. If yes, did you take any within the last year? ☐ Yes ☐ No ☐ Not sure
3. Number of previous MDA rounds: Not sure ☐
4. Is MDA on-going in your community? ☐ Yes ☐ No
5. Have you experienced any adverse side effects as a result of taking the MDA drug? Yes ☐ No ☐
6. If yes, what were the side effects/reactions?.....

Knowledge, Perception and Attitudes

1. Do you know of any human skin condition(s) in your community? ☐ Yes ☐ No
If yes, list:
2. Have you ever had any skin condition(s)? ☐ Yes ☐ No
If yes, specify:
3. Have you ever heard about scabies? If yes, from whom?
If no, skip to **morbidity assessment**
4. Which people are usually affected? Children /Adults / Aged / Everyone / Rich people / Poor people / Other (if other, specify.....)
5. How do you think scabies is spread?
.....
.....
.....
6. Do you think scabies can be spread through the following:

- | | | |
|--|------------------------------|-----------------------------|
| i. Sharing of clothes | ☐ Yes | ☐ No |
| ii. Sharing a bed | ☐ Yes | ☐ No |
| iii. Holding hands together | ☐ Yes | ☐ No |
| iv. Eating together and sharing utensils | ☐ Yes | ☐ No |
| v. Poor ventilation | ☐ Yes | ☐ No |

Morbidity assessment

1. Have you ever presented with any of the following symptoms (tick all that applies);

- | | | |
|---------------------------|------------------------------|-----------------------------|
| i. intense itching | ☐ Yes | ☐ No |
| ii. Rashes | ☐ Yes | ☐ No |
| iii. Pimple-like blisters | ☐ Yes | ☐ No |
| iv. Linear burrows | ☐ Yes | ☐ No |
| v. Scaly(crusted) skin | ☐ Yes | ☐ No |

If participant ticked No for all the above, end questionnaire!

2. Which part(s) of your body is (are) /was (were) affected?

3. Did any of your close relations experience similar symptoms ☐ Yes ☐ No (if no, skip to 5)

4. If yes, did you share ☐ a room ☐ beddings ☐ towels ☐ clothing (tick all that applies)

5. Did you seek treatment at a health facility? ☐ Yes ☐ No

If yes, what diagnosis was made?

What treatment was given?

If no, how did it resolve?

Thank you for your time!