NOTE: All of the forms listed below have been adapted together with AHRI based on previous clinical trial reporting forms. It was the desire of the FMOH and study leads to combine these questionnaires into one comprehensive register which were converted for electronic data capture during the study.

Appendix 2: Case recording forms

Form 1: Recruitment form

Study Title: Safety study on co-administration of ivermectin, albendazole and azithromycin in the Kofele Woreda in Oromia Region.

Name of investigator: …… Name of supervisor: …… **I. Scociodemographic Data**

1.1. Study ID: |__ |__||___||__ |__||___||__ |__||___|

1.2. Participant Initial _____

1.3. Date of birth |_DD| MM | YY |

1.4. Approximate age if date of birth is unknown:|__ |__|.|___| years

1.5. *Height* :|__ |__||___| .|___||___| Cms

1.6. Sex: 1. Male 2. Female 99. Unknown

1.4. Household code……

1.5. Gott: …… 1.6. Kebele…… 1.7. District……1.8.

Region……

1.9. Consent Card Number: |____ |____ |____ |____ |

1.10. Survey Sheet Number: |___ |____ |____ |____ |

II. Interview prior to treatment: signs/symptoms or complaint

2.1. Signs and symptoms at presentation: **Tick any as is appropriate**:

Events prior to treatment existing prior to treatment Symptoms/Signs 1. Yes 2. No

2.1.1. Fever

2.1.2. Itching/ground itch

2.1.3. Headaches

2.1.4 Dizziness

2.1.5 Tiredness

2.1.6. Deafness

2.1.7. Jaundice

2.1.8. Weakness

2.1.9. Fatigue

2.1.10. Nausea

2.1.11. Vomiting

2.1.12. Diarrhoea

2.1.13. Abdominal pain

2.1.14. Flatulence/dyspepsia

2.1.15 Constipation

2.1.16. Joint/muscular pain

2.1.17. Swelling of (upper/lower) limbs

2.1.18. Swelling of eyelids/abnormal feeling in the eyes

2.1.19. Rash/plaque

2.1.20. Scrotal reaction

2.1.21. Skin nodules

2.1.22. Worm expulsion

2.1.23. Haematuria

2.1.24 Lymphoedema

2.1.25 Elephantiasis

2.1.26. Hydrocele

2.1.27. Palpitation/tachycardia

2.1.28. Orthostatic hypotension

2.1.29 Others

2.1.30. If other specify……. .....

....

.....

2.2. ***After completing all Questions under 2.1, the investigator should answer the questions that follows: NB:-the answer will be yes if one complaint is ticked in the above list***

2.2.1. Did the participant have complaints prior to the treatment? 1. Yes 2. No

2.2.1.1. Indicate the **Main complaint**: ……

2.2.2. How would you rate this complaint? **1 = minor; 2 = moderate 3=major** 2.2.3. Is volunteer eligible for the study? 1 Yes 2 No 99 Unknown

2.2.4. Is informed consent/assent obtained? 1 Yes 2 No 99 unknown