

LAKANA trial

Data collection form 02: Child Treatment

Version 1.0, 08 October 2020

Form available if the child is listed as being a member of the household and between 29 and 364 days old.

Section Header	Num.	Question Text	Question Responses	Required
		Instructions: Complete this form once for each enrolled child.		
Visit information	[1]	Date of planned treatment:		Yes
Child information	[2]	Is the child available for treatment at the time of the visit?	1, Yes (proceed with treatment) 2, No, the child is temporarily out (but still a member of the household) (stop and return later) 3, No, the child has some illness symptoms, the team will come back later for treatment 4, No, the child is severely ill and will be referred to a CSCOM (the team will not come back for this round of MDA)	Yes
	[3]	Is the child allergic to macrolides? (reported or checked on document)	1 Yes (not eligible - stop and continue with next child) 0, No	Yes (if [2], 1)
Individual eligibility criteria	[4]	Does caregiver provide consent for the child?	1, Yes 0, No (stop and continue with next child) 9, No – caregiver is not authorized to provide consent (stop and return later)	Yes (if [3], 0)

	[5]	Is the medication barcode code available?	1 Yes 0, No	Yes
	[5.1]	Bottle barcode		Yes (if [5], 1)
	[5.1]	Bottle number		Yes (if [5], 0)
	[5.2]	Actual medication letter code available		Yes (if [5], 0)
	[7]	What is the weight of the child (Enter the value in Kg with 3 decimal places indicated after a dot)	Integer	Yes
	[8]	Confirm the weight of the child (Enter the value in Kg with 3 decimal places indicated after a dot)	Integer	Yes
Study drug administration	[9]	What is the planned daily dose (ml) of study medication to be given to the child?	(automatically calculated)	Yes
	[10]	Who is planned to give study medication?	1, Data collector in household 2, Study nurse at the pop-up health facility	Yes
	[11]	Was the child given study medication?	Yes No, the child was severely ill and referred to a CSCOM No, the child had some illness symptoms, the team will come back later for treatment No, the child refused No, the caregiver changed his / her mind No, there was no drug available No, other reason	Yes (if [10], 1)
	[11.1]	If other reason, explain		Yes (if [11], Other)
	[12]	Actual dose administered (ml-1dp)	decimal	Yes (if [11], Yes)
	[13]	Time dose administered (24-hour format):		
General comments	[14]	Please record any general comments below:	text	