**F02- Child Treatment**

 Q1. Date of planned treatment: *required*

 Q2. Is the child available for treatment at the time of the visit? *required*

* Yes (proceed with treatment)
* No, the child is temporarily out but still a member of the household (stop and return later)
* No, the child is severely ill and will be referred to a CSCOM (the team will not come back for this round of MDA)

 Q3. Is the child allergic to macrolides? (Reported or checked on document) *required*

* Yes (not eligible - stop and continue with next child)
* No

 Q4. Does caregiver provide permission for treating the child? *required*

* Yes
* No (stop and continue with next child)
* No – caregiver is not authorized to provide consent (stop and return later)

 Q5. Is the medication barcode code available? *required*

* Yes
* No

 Q5.1. Bottle barcode *required*

 Q5.1 Bottle number *required*

 Q5.2 Actual medication letter code available *required*

 Q7. What is the weight of the child (Enter the value in Kg with 2 decimal places indicated after a dot) *required*

 *The child's weight seems to be quite high: \_\_\_\_ Please check that you inserted the correct weight and then continue.*

 Q8. Confirm the weight of the child (Enter the value in Kg with 2 decimal places indicated after a dot) *required*

 Q9. The dose for this child is \_\_\_\_ ml.

 Q10. Who is planned to give study medication? *required*

* Data collector in household
* Study nurse at the pop-up health facility

 Q11. Was the child given study medication? *required*

* 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

 Q11.1 If other reason, explain *required*

 Q12. Actual dose administered (ml-1dp) *required*

* The given dose is correct
* The given dose wasn't the same as the planned dose. \*\*Please provide an explanation\*\* *required*

 Q13. Time dose administered (24-hour format): *required*

Q14. Please record any general comments below:

 *Form completed. \*\*Please fill out the form for other eligible children\*\* If all the eligible children are treated, \*\*please move on to form DCF03 - Immunization history\*\**