Questionnaire for praziquantel mass treatment coverage evaluation in rural areas
in Côte d'Ivoire

(Note: this questionnaire targets school-aged children (6-15 years) and adults (≥16 years))

Interviewer name:	
Health district:	
Location:	
PARTICIPANT IDE	NTIFICATION
First name:	Family name:
Age: (y	rears)
Sex: M	F 🗖
PARTICIPANT MAI	ΝΑCΤΙVITY
What is your main	activity? (only for adults, ≥16 years)
Cocoa growing 🗖	Coffee growing 🔲 Rubber growing 🔲 Vegetable crops 🔲
Rice culture	Trade 🔲 Others 🔲 Specify,)
What is the main a	ctivity of your parents? (Only for school-aged children, 6-15 years)
Cocoa growing 🗖	Coffee growing 🔲 Rubber growing 🔲 Vegetable crops 🔲
Rice culture	Trade 🔲 Others 🔲 (specify,)
ADHERENCE TO M	IASS TREATMENT
Have you recently	received treatment for schistosomiasis?
Yes 🗖 No	
If so, why did you	agree to take the medicine?
l felt sick 🔲 🛛 I w	vanted to do like the others 🔲 I know that schistosomiasis is bad for my health 🔲
Other 🔲 (specify,)
What did you not l	ike during the treatment?
The taste of the med	dicine The size of the tablets Feeling after treatment

How did	you feel a t	week after	treatment?

Bad 🔲 Well 🔲 Very well Nothing was changed (

Other 🔲 specify,)

If you have to take once more the medicine will you do it?				
Yes	No 🗖			
lf no, why did yo	u not agree to be treated once more?			
I did not feel sick	I once took the medicine and got trouble			
field work 🔲	I have not been informed My parents refused to take it Other			
(specify)			
When do you think is the right period for mass treatment?				
Dry season 🔲	Rain season 🔲 Mornings 🔲 Nights 🔲			
At any time if we are well informed 🔲 Other 🔲 (specify,)				
What is the best place for you to do the treatment?				
	Health centre 🔲 Door-to-door 🔲 Other 🔲			