

# Pupil/Child Screening Tool

|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ID                                                                    | <hr/>                                                                                                                                                                                                                                                                                                                                                                                  |
| Date                                                                  | <hr/>                                                                                                                                                                                                                                                                                                                                                                                  |
| Enumerator (Interviewer) Initials                                     | <hr/><br>(e.g. JM for Jane Mukisa)                                                                                                                                                                                                                                                                                                                                                     |
| Region                                                                | <input type="radio"/> BU<br><input type="radio"/> SI<br><input type="radio"/> KW<br><input type="radio"/> NA                                                                                                                                                                                                                                                                           |
| Sub county                                                            | <input type="radio"/> Ngoleriet<br><input type="radio"/> Iriri<br><input type="radio"/> Lokopo<br><input type="radio"/> Lotome<br><input type="radio"/> Matany<br><input type="radio"/> Lopeei<br><input type="radio"/> Lorengecora<br><input type="radio"/> Matany T/C<br><input type="radio"/> Kangole T/C<br><input type="radio"/> Lorengecora (T/C)<br><input type="radio"/> Other |
| Specify other sub county                                              | <hr/>                                                                                                                                                                                                                                                                                                                                                                                  |
| Parish                                                                | <hr/>                                                                                                                                                                                                                                                                                                                                                                                  |
| Name of School or Village of index children recruitment               | <hr/>                                                                                                                                                                                                                                                                                                                                                                                  |
| Recruitment School or Village ID number (from school or Village list) | <hr/><br>(e.g. 200)                                                                                                                                                                                                                                                                                                                                                                    |
| School or Village project ID (Region_School or Village ID no.)        | <hr/><br>(e.g. NA_200)                                                                                                                                                                                                                                                                                                                                                                 |
| Name of Child (first and family name)                                 | <hr/><br>(e.g. John Doe)                                                                                                                                                                                                                                                                                                                                                               |
| Child's Home Village                                                  | <hr/><br>(residence)                                                                                                                                                                                                                                                                                                                                                                   |

---

Child's Home Mannyatta

(Indicate where "Not applicable" if the house is not located in a manyatta)

---

Child's Age

\_\_\_\_\_  
(state age in years)

---

Does the child go to school?

☐ Yes  
☐ No

---

Name of school the child is attending

\_\_\_\_\_

---

Class (including stream if any)

\_\_\_\_\_

---

Sex

☐ Male  
☐ Female

---

Project child ID (pre-defined consecutive number 001-102)

\_\_\_\_\_  
(e.g. 001)

---

MUAC (cm):

\_\_\_\_\_  
(cm)

---

Weight (kg)

\_\_\_\_\_  
(kg)

---

Height (cm)

\_\_\_\_\_

---

Is the FLOOR in the place YOU SLEEP made from

☐ mud/sand (dirt/natural)  
☐ concrete

---

Jiggers on hands ?

☐ Yes   ☐ No

---

Number of Sand fleas on hands

\_\_\_\_\_  
(state the figure)

---

Jiggers infection on feet?

☐ Yes   ☐ No

**RIGHT FOOT: TOE 1**

|                         |                                                               |
|-------------------------|---------------------------------------------------------------|
| Live Fleas              | <div></div>                                                   |
| Dead Fleas              | <div></div>                                                   |
| Manipulated Lesions     | <div></div>                                                   |
| Cluster(s)              | <div></div>                                                   |
| Peeling Skin            | <div><input type="radio"/> Yes <input type="radio"/> No</div> |
| Cracks                  | <div><input type="radio"/> Yes <input type="radio"/> No</div> |
| Ulcers                  | <div><input type="radio"/> Yes <input type="radio"/> No</div> |
| Abscess                 | <div><input type="radio"/> Yes <input type="radio"/> No</div> |
| Hard skin               | <div><input type="radio"/> Yes <input type="radio"/> No</div> |
| Thick skin around nails | <div><input type="radio"/> Yes <input type="radio"/> No</div> |
| Deformation of nails    | <div><input type="radio"/> Yes <input type="radio"/> No</div> |
| Loss of nails           | <div><input type="radio"/> Yes <input type="radio"/> No</div> |

**RIGHT FOOT: TOE 2**

|                     |                                                               |
|---------------------|---------------------------------------------------------------|
| Live Fleas          | <div></div>                                                   |
| Dead Fleas          | <div></div>                                                   |
| Manipulated Lesions | <div></div>                                                   |
| Cluster(s)          | <div></div>                                                   |
| Peeling Skin        | <div><input type="radio"/> Yes <input type="radio"/> No</div> |
| Cracks              | <div><input type="radio"/> Yes <input type="radio"/> No</div> |
| Ulcers              | <div><input type="radio"/> Yes <input type="radio"/> No</div> |
| Abscess             | <div><input type="radio"/> Yes <input type="radio"/> No</div> |
| Hard skin           | <div><input type="radio"/> Yes <input type="radio"/> No</div> |

|                         |                                                    |
|-------------------------|----------------------------------------------------|
| Thick skin around nails | <input type="radio"/> Yes <input type="radio"/> No |
| Deformation of nails    | <input type="radio"/> Yes <input type="radio"/> No |
| Loss of nails           | <input type="radio"/> Yes <input type="radio"/> No |

**RIGHT FOOT: TOE 3**

|                         |                                                    |
|-------------------------|----------------------------------------------------|
| Live Fleas              | <hr/>                                              |
| Dead Fleas              | <hr/>                                              |
| Manipulated Lesions     | <hr/>                                              |
| Cluster(s)              | <hr/>                                              |
| Peeling Skin            | <input type="radio"/> Yes <input type="radio"/> No |
| Cracks                  | <input type="radio"/> Yes <input type="radio"/> No |
| Ulcers                  | <input type="radio"/> Yes <input type="radio"/> No |
| Abscess                 | <input type="radio"/> Yes <input type="radio"/> No |
| Hard skin               | <input type="radio"/> Yes <input type="radio"/> No |
| Thick skin around nails | <input type="radio"/> Yes <input type="radio"/> No |
| Deformation of nails    | <input type="radio"/> Yes <input type="radio"/> No |
| Loss of nails           | <input type="radio"/> Yes <input type="radio"/> No |

**RIGHT FOOT: TOE 4**

|                     |                                                    |
|---------------------|----------------------------------------------------|
| Live Fleas          | <hr/>                                              |
| Dead Fleas          | <hr/>                                              |
| Manipulated Lesions | <hr/>                                              |
| Cluster(s)          | <hr/>                                              |
| Peeling Skin        | <input type="radio"/> Yes <input type="radio"/> No |

|                         |                                                    |
|-------------------------|----------------------------------------------------|
| Cracks                  | <input type="radio"/> Yes <input type="radio"/> No |
| Ulcers                  | <input type="radio"/> Yes <input type="radio"/> No |
| Abscess                 | <input type="radio"/> Yes <input type="radio"/> No |
| Hard skin               | <input type="radio"/> Yes <input type="radio"/> No |
| Thick skin around nails | <input type="radio"/> Yes <input type="radio"/> No |
| Deformation of nails    | <input type="radio"/> Yes <input type="radio"/> No |
| Loss of nails           | <input type="radio"/> Yes <input type="radio"/> No |

**RIGHT FOOT: TOE 5**

|                         |                                                    |
|-------------------------|----------------------------------------------------|
| Live Fleas              | _____                                              |
| Dead Fleas              | _____                                              |
| Manipulated Lesions     | _____                                              |
| Cluster(s)              | _____                                              |
| Peeling Skin            | <input type="radio"/> Yes <input type="radio"/> No |
| Cracks                  | <input type="radio"/> Yes <input type="radio"/> No |
| Ulcers                  | <input type="radio"/> Yes <input type="radio"/> No |
| Abscess                 | <input type="radio"/> Yes <input type="radio"/> No |
| Hard skin               | <input type="radio"/> Yes <input type="radio"/> No |
| Thick skin around nails | <input type="radio"/> Yes <input type="radio"/> No |
| Deformation of nails    | <input type="radio"/> Yes <input type="radio"/> No |
| Loss of nails           | <input type="radio"/> Yes <input type="radio"/> No |

**RIGHT FOOT: MEDIAL SIDE**

|                     |                                                               |
|---------------------|---------------------------------------------------------------|
| Live Fleas          | <div></div>                                                   |
| Dead Fleas          | <div></div>                                                   |
| Manipulated Lesions | <div></div>                                                   |
| Cluster(s)          | <div></div>                                                   |
| Peeling Skin        | <div><input type="radio"/> Yes <input type="radio"/> No</div> |
| Cracks              | <div><input type="radio"/> Yes <input type="radio"/> No</div> |
| Ulcers              | <div><input type="radio"/> Yes <input type="radio"/> No</div> |
| Abscess             | <div><input type="radio"/> Yes <input type="radio"/> No</div> |
| Hard skin           | <div><input type="radio"/> Yes <input type="radio"/> No</div> |

**RIGHT FOOT: LATERAL SIDE**

|                     |                                                               |
|---------------------|---------------------------------------------------------------|
| Live Fleas          | <div></div>                                                   |
| Dead Fleas          | <div></div>                                                   |
| Manipulated Lesions | <div></div>                                                   |
| Cluster(s)          | <div></div>                                                   |
| Peeling Skin        | <div><input type="radio"/> Yes <input type="radio"/> No</div> |
| Cracks              | <div><input type="radio"/> Yes <input type="radio"/> No</div> |
| Ulcers              | <div><input type="radio"/> Yes <input type="radio"/> No</div> |
| Abscess             | <div><input type="radio"/> Yes <input type="radio"/> No</div> |
| Hard skin           | <div><input type="radio"/> Yes <input type="radio"/> No</div> |

**RIGHT FOOT: HEEL**

|                     |                                                               |
|---------------------|---------------------------------------------------------------|
| Live Fleas          | <div></div>                                                   |
| Dead Fleas          | <div></div>                                                   |
| Manipulated Lesions | <div></div>                                                   |
| Cluster(s)          | <div></div>                                                   |
| Peeling Skin        | <div><input type="radio"/> Yes <input type="radio"/> No</div> |
| Cracks              | <div><input type="radio"/> Yes <input type="radio"/> No</div> |
| Ulcers              | <div><input type="radio"/> Yes <input type="radio"/> No</div> |
| Abscess             | <div><input type="radio"/> Yes <input type="radio"/> No</div> |
| Hard skin           | <div><input type="radio"/> Yes <input type="radio"/> No</div> |

**RIGHT FOOT: SOLE**

|                     |                                                               |
|---------------------|---------------------------------------------------------------|
| Live Fleas          | <div></div>                                                   |
| Dead Fleas          | <div></div>                                                   |
| Manipulated Lesions | <div></div>                                                   |
| Cluster(s)          | <div></div>                                                   |
| Peeling Skin        | <div><input type="radio"/> Yes <input type="radio"/> No</div> |
| Cracks              | <div><input type="radio"/> Yes <input type="radio"/> No</div> |
| Ulcers              | <div><input type="radio"/> Yes <input type="radio"/> No</div> |
| Abscess             | <div><input type="radio"/> Yes <input type="radio"/> No</div> |
| Hard skin           | <div><input type="radio"/> Yes <input type="radio"/> No</div> |

### LEFT FOOT: TOE 1

Live Fleas

---

Dead Fleas

---

Manipulated Lesions

---

Cluster(s)

---

Peeling Skin

☐ Yes ☐ No

Cracks

☐ Yes ☐ No

Ulcers

☐ Yes ☐ No

Abscess

☐ Yes ☐ No

Hard skin

☐ Yes ☐ No

Thick skin around nails

☐ Yes ☐ No

Deformation of nails

☐ Yes ☐ No

Loss of nails

☐ Yes ☐ No

### LEFT FOOT: TOE 2

Live Fleas

---

Dead Fleas

---

Manipulated Lesions

---

Cluster(s)

---

Peeling Skin

☐ Yes ☐ No

Cracks

☐ Yes ☐ No

Ulcers

☐ Yes ☐ No

Abscess

☐ Yes ☐ No

Hard skin

☐ Yes ☐ No

|                         |                                                    |
|-------------------------|----------------------------------------------------|
| Thick skin around nails | <input type="radio"/> Yes <input type="radio"/> No |
| Deformation of nails    | <input type="radio"/> Yes <input type="radio"/> No |
| Loss of nails           | <input type="radio"/> Yes <input type="radio"/> No |

**LEFT FOOT: TOE 3**

|                         |                                                    |
|-------------------------|----------------------------------------------------|
| Live Fleas              | <hr/>                                              |
| Dead Fleas              | <hr/>                                              |
| Manipulated Lesions     | <hr/>                                              |
| Cluster(s)              | <hr/>                                              |
| Peeling Skin            | <input type="radio"/> Yes <input type="radio"/> No |
| Cracks                  | <input type="radio"/> Yes <input type="radio"/> No |
| Ulcers                  | <input type="radio"/> Yes <input type="radio"/> No |
| Abscess                 | <input type="radio"/> Yes <input type="radio"/> No |
| Hard skin               | <input type="radio"/> Yes <input type="radio"/> No |
| Thick skin around nails | <input type="radio"/> Yes <input type="radio"/> No |
| Deformation of nails    | <input type="radio"/> Yes <input type="radio"/> No |
| Loss of nails           | <input type="radio"/> Yes <input type="radio"/> No |

**LEFT FOOT: TOE 4**

|                     |                                                    |
|---------------------|----------------------------------------------------|
| Live Fleas          | <hr/>                                              |
| Dead Fleas          | <hr/>                                              |
| Manipulated Lesions | <hr/>                                              |
| Cluster(s)          | <hr/>                                              |
| Peeling Skin        | <input type="radio"/> Yes <input type="radio"/> No |

|        |                           |                          |
|--------|---------------------------|--------------------------|
| Cracks | <input type="radio"/> Yes | <input type="radio"/> No |
|--------|---------------------------|--------------------------|

|        |                           |                          |
|--------|---------------------------|--------------------------|
| Ulcers | <input type="radio"/> Yes | <input type="radio"/> No |
|--------|---------------------------|--------------------------|

|         |                           |                          |
|---------|---------------------------|--------------------------|
| Abscess | <input type="radio"/> Yes | <input type="radio"/> No |
|---------|---------------------------|--------------------------|

|           |                           |                          |
|-----------|---------------------------|--------------------------|
| Hard skin | <input type="radio"/> Yes | <input type="radio"/> No |
|-----------|---------------------------|--------------------------|

|                         |                           |                          |
|-------------------------|---------------------------|--------------------------|
| Thick skin around nails | <input type="radio"/> Yes | <input type="radio"/> No |
|-------------------------|---------------------------|--------------------------|

|                      |                           |                          |
|----------------------|---------------------------|--------------------------|
| Deformation of nails | <input type="radio"/> Yes | <input type="radio"/> No |
|----------------------|---------------------------|--------------------------|

|               |                           |                          |
|---------------|---------------------------|--------------------------|
| Loss of nails | <input type="radio"/> Yes | <input type="radio"/> No |
|---------------|---------------------------|--------------------------|

**LEFT FOOT: TOE 5**

Live Fleas

---

Dead Fleas

---

Manipulated Lesions

---

Cluster(s)

---

|              |                           |                          |
|--------------|---------------------------|--------------------------|
| Peeling Skin | <input type="radio"/> Yes | <input type="radio"/> No |
|--------------|---------------------------|--------------------------|

|        |                           |                          |
|--------|---------------------------|--------------------------|
| Cracks | <input type="radio"/> Yes | <input type="radio"/> No |
|--------|---------------------------|--------------------------|

|        |                           |                          |
|--------|---------------------------|--------------------------|
| Ulcers | <input type="radio"/> Yes | <input type="radio"/> No |
|--------|---------------------------|--------------------------|

|         |                           |                          |
|---------|---------------------------|--------------------------|
| Abscess | <input type="radio"/> Yes | <input type="radio"/> No |
|---------|---------------------------|--------------------------|

|           |                           |                          |
|-----------|---------------------------|--------------------------|
| Hard skin | <input type="radio"/> Yes | <input type="radio"/> No |
|-----------|---------------------------|--------------------------|

|                         |                           |                          |
|-------------------------|---------------------------|--------------------------|
| Thick skin around nails | <input type="radio"/> Yes | <input type="radio"/> No |
|-------------------------|---------------------------|--------------------------|

|                      |                           |                          |
|----------------------|---------------------------|--------------------------|
| Deformation of nails | <input type="radio"/> Yes | <input type="radio"/> No |
|----------------------|---------------------------|--------------------------|

|               |                           |                          |
|---------------|---------------------------|--------------------------|
| Loss of nails | <input type="radio"/> Yes | <input type="radio"/> No |
|---------------|---------------------------|--------------------------|

**LEFT FOOT: MEDIAL SIDE**

Live Fleas

---

Dead Fleas

---

Manipulated Lesions

---

Cluster(s)

---

Cracks

☐ Yes ☐ No

Peeling Skin

☐ Yes ☐ No

Ulcers

☐ Yes ☐ No

Abscess

☐ Yes ☐ No

Hard skin

☐ Yes ☐ No**LEFT FOOT: LATERAL SIDE**

Live Fleas

---

Dead Fleas

---

Manipulated Lesions

---

Cluster(s)

---

Peeling Skin

☐ Yes ☐ No

Cracks

☐ Yes ☐ No

Ulcers

☐ Yes ☐ No

Abscess

☐ Yes ☐ No

Hard skin

☐ Yes ☐ No

**LEFT FOOT: HEEL**

Live Fleas

---

Dead Fleas

---

Manipulated Lesions

---

Cluster(s)

---

Peeling Skin

☐ Yes ☐ No

Cracks

☐ Yes ☐ No

Ulcers

☐ Yes ☐ No

Abscess

☐ Yes ☐ No

Hard skin

☐ Yes ☐ No**LEFT FOOT: SOLE**

Live Fleas

---

Dead Fleas

---

Manipulated Lesions

---

Cluster(s)

---

Peeling Skin

☐ Yes ☐ No

Cracks

☐ Yes ☐ No

Ulcers

☐ Yes ☐ No

Abscess

☐ Yes ☐ No

Hard skin

☐ Yes ☐ No

**RIGHT FOOT:****toe 1**

Infra-red white spots toe 1

☐ Yes  
☐ No**toe 2**

Infra-red white spots toe 2

☐ Yes  
☐ No**toe 3**

Infra-red white spots toe 3

☐ Yes  
☐ No**toe 4**

Infra-red white spots toe 4

☐ Yes  
☐ No**toe 5**

Infra-red white spots toe 5

☐ Yes  
☐ No**Medial side**

Infra-red white spots medial side

☐ Yes  
☐ No**Lateral side**

Infra-red white spots lateral side

☐ Yes  
☐ No**Heel**

Infra-red white spots heel side

☐ Yes  
☐ No**sole**

Infra-red white spots sole

☐ Yes  
☐ No

**LEFT FOOT :****toe 1**

Infra-red white spots left toe 1

☐ Yes  
☐ No**toe 2**

Infra-red white spots left toe 2

☐ Yes  
☐ No**toe 3**

Infra-red white spots left toe 3

☐ Yes  
☐ No**toe 4**

Infra-red white spots left toe 4

☐ Yes  
☐ No**toe 5**

Infra-red white spots left toe 5

☐ Yes  
☐ No**Medial side**

Infra-red white spots left medial side

☐ Yes  
☐ No**Lateral side**

Infra-red white spots left lateral side

☐ Yes  
☐ No**Heel side**

Infra-red white spots left heel side

☐ Yes  
☐ No**sole side**

Infra-red white spots left sole side

☐ Yes  
☐ No

Total lesion count for the child

---

Total cluster count for the child

---

**0-5 LOW****6-30 : MEDIUM****>30 : HIGH****cluster count****>1 :HIGH**

Indicate intensity (based on scale above):

- ☐ LOW  
☐ MEDIUM  
☐ HIGH

Other skin infection/condition observed

- ☐ Yes  
☐ No

Name other skin infection/condition

- ☐ Scabies  
☐ Ringworm  
☐ Podoconiosis  
☐ Cutaneous larva migrans  
☐ Myiasis  
☐ Warts  
☐ Other (specify)

Specify the other skin infection/condition

Ask the child if anyone else is infected in household?:

- ☐ Yes  
☐ No

SELECTED AS INDEX CHILD

- ☐ No  
☐ Yes  
☐ Stand-by

Selected for IMPACT study?

- ☐ No  
☐ Yes  
☐ Stand-by

**During the last week rate the following according to the scales**

|                                               | Not at all            | Only a little         | Quite a lot           | Very much             |
|-----------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| How much pain due to jiggers did you feel?    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How much Itching due to jiggers did you feel? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Total

Any further comments (leave blank if none)?

(ADD COMMENTS IF THERE IS SOMETHING YOU FOUND ODD OR UNIQUE)