Adult Household Foot Exam And Flea Count

ID	_____
Date	_____
Enumerator (interviewer) initials	_____
Region	◯ BU ◯ NA ◯ SI ◯ KW
Sub County	◯ Ngoriet ◯ Iriri ◯ Lokopo ◯ Lotome ◯ Matany ◯ Lopeei ◯ Lorengecora ◯ Matany T/C ◯ Kangole T/C ◯ Lorengecora T/C ◯ Others
Other sub county (specify)	_____
Parish	_____
Village	_____
Home Mannyatta	_____ (Please indicate "not applicable" if the household is not located within a mannyatta)
School/Village ID number (as per school/village list) from which index child selected	_____ (e.g. 200)
Index Child registration number (001-102) as allocated in school/village	_____ (number 001 to 102)
Name of Index child (first and family name)	_____
Assigned Label for Adult who has feet screened for jiggers	_____ (e.g KW_093_001_H_A01)

Name adult (first and family name)	_____
Age of adult	_____
Sex of Adult	◯ Male ◯ Female
Education level achieved	◯ None, ◯ Some primary, ◯ Complete primary, ◯ Some secondary, ◯ Complete secondary, ◯ Further
Relationship to household head	◯ Self, ◯ Wife, ◯ Child, ◯ Sibling, ◯ Parent, ◯ Other-specify
Specify other relation to household head	_____
Marital status	◯ married monogamous ◯ married polygamous ◯ widowed ◯ single ◯ separated/ divorced
Occupation	◯ Full time employee ◯ Part time employee ◯ Casual labourer ◯ Self-Farmer, crop ◯ Self-Farmer, livestock ◯ Self-Fisherman, ◯ Self-selling food or other small-scale business ◯ Self-Selling alcohol ◯ None ◯ Other
Other occupation	_____
Religion	◯ Muslim, ◯ Christian, ◯ Traditionist, ◯ None, ◯ Other (specify)
other religion	_____

Disability (observe)	◯ Physical, ◯ Mental, ◯ Both, ◯ None.
Current illness	☐ none ☐ Respiratory, chest, cough, nose ☐ diarrhea, stomach ☐ skin rashes, ☐ eye problems ☐ ear problems ☐ headache ☐ Fever, malaria ☐ Others
Other current illness	_____
Alcohol use.	◯ Every day, ◯ a few times week, ◯ once a week, ◯ Less, ◯ Never
Location of sleeping place	◯ main house, ◯ kitchen house, ◯ teenage boys house/separate hut, ◯ other - specify
other sleeping place	_____
Tungiasis infection on hands	◯ Yes ◯ No
Number of lesions on hands	_____
Tungiasis infection on feet	◯ Yes ◯ No

RIGHT FOOT: TOE 1

Live Fleas	_____
Dead Fleas	_____
Manipulated Lesions	_____
Cluster	_____
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

RIGHT FOOT: TOE 2

Live Fleas	_____
Dead Fleas	_____
Manipulated Lesions	_____
Cluster	_____
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

RIGHT FOOT: TOE 3

Live Fleas	_____
Dead Fleas	_____
Manipulated Lesions	_____
Cluster	_____
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

RIGHT FOOT: TOE 4

Live Fleas	_____
Dead Fleas	_____
Manipulated Lesions	_____
Cluster	_____
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

RIGHT FOOT: TOE 5

Live Fleas	_____
Dead Fleas	_____
Manipulated Lesions	_____
Cluster	_____
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

RIGHT FOOT: MEDIAL SIDE

Live Fleas	_____
Dead Fleas	_____
Manipulated Lesions	_____
Cluster	_____
Peeling Skin	◯ Yes ◯ No

Cracks	◯ Yes ◯ No
Ulcers	◯ Yes ◯ No
Abscess	◯ Yes ◯ No
Hard skin	◯ Yes ◯ No

RIGHT FOOT: LATERAL SIDE

Live Fleas	_____
Dead Fleas	_____
Manipulated Lesions	_____
Cluster	_____
Peeling Skin	◯ Yes ◯ No
Cracks	◯ Yes ◯ No
Ulcers	◯ Yes ◯ No
Abscess	◯ Yes ◯ No
Hard skin	◯ Yes ◯ No

RIGHT FOOT: HEEL

Live Fleas	_____
Dead Fleas	_____
Manipulated Lesions	_____
Cluster	_____
Peeling Skin	◯ Yes ◯ No
Cracks	◯ Yes ◯ No
Ulcers	◯ Yes ◯ No

Abscess	◯ Yes ◯ No
Hard skin	◯ Yes ◯ No

RIGHT FOOT: SOLE

Live Fleas	_____
Dead Fleas	_____
Manipulated Lesions	_____
Cluster	_____
Peeling Skin	◯ Yes ◯ No
Cracks	◯ Yes ◯ No
Ulcers	◯ Yes ◯ No
Abscess	◯ Yes ◯ No
Hard skin	◯ Yes ◯ No

LEFT FOOT: TOE 1

Live Fleas	_____
Dead Fleas	_____
Manipulated Lesions	_____
Cluster	_____
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	_____
Peeling Skin	◯ Yes ◯ No
Cracks	◯ Yes ◯ No
Ulcers	◯ Yes ◯ No
Abscess	◯ Yes ◯ No
Hard skin	◯ Yes ◯ No
Deformation of nails	◯ Yes ◯ No
Thick skin around nails	◯ Yes ◯ No
Loss of nails	◯ Yes ◯ No

LEFT FOOT: TOE 3

Live Fleas	_____
Dead Fleas	_____
Manipulated Lesions	_____
Cluster	_____
Ulcers	◯ Yes ◯ No

Peeling Skin	◯ Yes ◯ No
Cracks	◯ 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 4

Live Fleas	_____
Dead Fleas	_____
Manipulated Lesions	_____
Cluster	_____
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 5

Live Fleas	_____
Dead Fleas	_____
Manipulated Lesions	_____
Cluster	_____
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: MEDIAL SIDE

Live Fleas	_____
Dead Fleas	_____
Manipulated Lesions	_____
Cluster	_____
Peeling Skin	◯ Yes ◯ No
Cracks	◯ Yes ◯ No
Ulcers	◯ Yes ◯ No
Abscess	◯ Yes ◯ No
Hard skin	◯ Yes ◯ No

LEFT FOOT: LATERAL SIDE

Live Fleas	_____
Dead Fleas	_____
Manipulated Lesions	_____
Cluster	_____
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	_____
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 _____

Peeling Skin ◯ Yes ◯ No

Ulcers ◯ Yes ◯ No

Cracks ◯ Yes ◯ No

Abscess ◯ Yes ◯ No

Hard skin ◯ Yes ◯ No

TOTAL FLEA COUNT

Total Flea count _____

Total Cluster count _____

Intensity of infection
◯ LOW
◯ MEDIUM
◯ HIGH

RIGHT FOOT: TOE 1

Infra-red white spots ◯ Yes ◯ No

RIGHT FOOT: TOE 2

Infra-red white spots ◯ Yes ◯ No

RIGHT FOOT : TOE 3

Infra-red white spots ◯ Yes ◯ No

RIGHT FOOT:TOE 4

Infra-red white spots ◯ Yes ◯ No

RIGHT FOOT: TOE 5

Infra-red white spots ◯ Yes ◯ No

RIGHT FOOT:MEDIAL SIDE

Infra-red white spots ◯ Yes ◯ No

RIGHT FOOT:LATERAL SIDE

Infra-red white spots ◯ Yes ◯ No

RIGHT FOOT: HEEL SIDE

Infra-red white spots ◯ Yes ◯ No

RIGHT FOOT:SOLE SIDE

Infra-red white spots ◯ Yes ◯ No

LEFT:Toe 1

Infra-red white spots ◯ Yes ◯ No

LEFT:Toe 2

Infra-red white spots ◯ Yes ◯ No

LEFT:Toe 3

Infra-red white spots ◯ Yes ◯ No

LEFT:Toe 4

Infra-red white spots ◯ Yes ◯ No

LEFT:Toe 5

Infra-red white spots ◯ Yes ◯ No

Left foot:Medial

Infra-red white spots ◯ Yes ◯ No

Left foot:Lateral

Infra-red white spots ◯ Yes ◯ No

Left Foot:Heel

Infra-red white spots ◯ Yes ◯ No

Left foot:Sole

Infra-red white spots ◯ Yes ◯ No

Other skin infections/conditions

Any other skin condition/infection apart from tungiasis?
◯ Yes
◯ No

If yes, which skin infection/condition?
☐ Scabies
☐ Ring worm
☐ Podoconiosis
☐ Cutaneous larva migrans
☐ Myiasis
☐ Warts
☐ Others (specify)

Specify (others) _____

During the last week rate the following according to the scales

	Not at all	Only a little	Quite a lot	Very much
How much Itching do you feel?	◯	◯	◯	◯
How much pain do you feel ?	◯	◯	◯	◯

Total _____

Any comments (if no leave blank)? _____