

TT ID: \_\_\_\_\_  
 TODAY'S Date: |D|D| / |M|M| / |Y|Y|

Survey ID: **TT-PRE-**  
 (samefor all pages)



Tick one appropriate box

STH ONLY

SCHISTO + STH

## TT-PRE: TEACHER TRAINING PRE-TRAINING INTERVIEW

### INSTRUCTIONS

1. Specific instructions to monitor will be written in **BOLD AND CAPITAL**
2. Whenever writing text, please print in CAPITAL LETTERS
3. If STH ONLY survey indicated above, **do not ask question numbers indicated with a '\*\*'**
4. Please ensure all questions are filled. Fill in responses by circling the correct number code.
5. Read instructions below each question. **SINGLE CODE:-** only one response required; **MULTIPLE CODE:-** one or more responses.

**IF ANYONE AT THE TRAINING HAS QUESTIONS OR CONCERNS,  
 THEY CAN CALL THE DEWORMING SUPPORT LINE: 0715 836 787**

### SURVEY INSTRUCTIONS

- Conduct the TT-PRE survey before the Teacher Training starts.
- Select every third participant that arrives before the start of the training.
- Interview at **least four** participants.

### TRAINING DETAILS

**DETAILS SHOULD BE AVAILABLE TO THE MONITOR BEFORE THE TRAINING**

County Name:

District Name:

District ID:

Division Name:

Division ID:

### DATA COLLECTION DETAILS

Monitor Name:

Monitor Id #:

Editor Name:

Editor Id #:

### 1. RESPONDENT DETAILS

Thank you for speaking with me, could you please provide me with some details about yourself:

1.1	What is your position? <b>SINGLE CODE.</b> (Check if representative of Head Teacher or Health Teacher.)	1– Head Teacher/Representative	1	
		2– Health Teacher/Representative	2	
		3– Other(specify): _____	3	

### 2. PREVIOUS TRAINING EXPERIENCE

2.1	Did you attend any training on deworming last year? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	<b>SKIP TO 2.4</b>
2.2	Were you with the same school last year? <b>SINGLE CODE.</b>	1 -Yes	1	
		2 - No	2	

2.3	What types of worms were covered in the training last year? <b>MULTIPLE CODE</b>	1 – STH/Soil Transmitted/Hook Worm, Round Worm, Tape Worm, Whip Worm/Minyoo	1	<b>SKIP TO 2.6</b>
		2 – SCHISTO/Bilharzia/Water Transmitted/Kichocho	2	
		3 – Other(specify): _____	3	
		-99 – Don't Know	-99	
2.4	Had you heard of worms/minyoo before being invited to this training? <b>SINGLE CODE</b>	1 – Yes	1	<b>END</b>
		2 – No	2	
2.5	What types of worms are you aware of? <b>MULTIPLE CODE</b>	1 – STH/Soil Transmitted/Hook Worm, Round Worm, Tape Worm, Whip Worm/Minyoo	1	
		2 – SCHISTO/Bilharzia/Water Transmitted/Kichocho	2	
		3 – Other(specify): _____	3	
		-99 – Don't Know	-99	
2.6	How do children get infected with worms? <b>MULTIPLE CODE</b>	1 – Walking Bare Feet	1	
		2 – Swimming In Dirty Water	2	
		3 – Lack Of Proper Hand Washing	3	
		4 – Absence Of Latrine	4	
		5 – Eating Unwashed Fruits And Vegetables	5	
		6 – Eating Unwell Cooked/Infected Meat	6	
		7 – Other (specify): _____	7	
-99 – Don't Know	-99			
Now I would like to ask you a few questions about worms or Minyoo. Whenever I say STH I am talking specifically about, hookworm, round worm and whip worm, not Bilharzia/Kichocho. There is no correct or wrong response, please respond freely.				
2.7	What drug is used for the treatment of STH? <b>SINGLE CODE</b>	1 – Albendazole	1	
		2 – Praziquantel	2	
		3 – Other (specify): _____	3	
		-99 – Don't Know	-99	
2.8	What is the dosage for the treatment of STH? <b>SINGLE CODE</b>	1 – One Tablet Per Child	1	
		2 – Other (specify): _____	2	
		-99 – Don't Know	-99	
2.9	What is the age group for treating STH? <b>SINGLE CODE</b>	1 – 2-14 Years	1	
		2 – 6-14 Years	2	
		3 – Other (specify): _____	3	
		-99 – Don't Know	-99	
2.10	What mild side effects are considered normal while treating for STH? <b>MULTIPLE CODE</b>	1 – Headache	1	
		2 – Nausea	2	
		3 – Abdominal discomfort	3	
		4 – Vomiting	4	
		5 – Fainting	5	
		6 – Other(specify): _____	6	
-99 – Don't Know	-99			
Now I would like to ask you a few questions about Schistosomiasis, which you may know as Bilharzia or Kichocho, the worm transmitted by playing or swimming in contaminated water. There is no correct or wrong response, please respond freely.				
2.11*	What drug is used for the treatment of SCHISTO/Bilharzia? <b>SINGLE CODE</b>	1 – Albendazole	1	
		2 – Praziquantel	2	
		3 – Other (specify): _____	3	
		-99 – Don't Know	-99	

2.12*	What is the dosage for the treatment of SCHISTO/Bilharzia? <b>SINGLE CODE</b>	1 – 1 Tablet per child	1	
		2 – According to the tablet pole	2	
		3 – Other(specify): _____	3	
		-99 – Don't Know	-99	
2.13*	What is the age group treated for SCHISTO/Bilharzia? <b>SINGLE CODE</b>	1 – 2-14 Years	1	
		2 – 6-14 Years	2	
		3 – Other(specify): _____	3	
		-99 – Don't Know	-99	
2.14*	What are the likely side effects for SCHISTO/Bilharzia treatment? <b>MULTIPLE CODE</b>	1 – Headache	1	
		2 – Nausea	2	
		3 – Abdominal discomfort	3	
		4 – Fainting	4	
		5 – Vomiting	5	
		6 – Other(specify): _____	6	
2.15*	What can be done to minimize the side effects of SCHISTO/Bilharzia treatment/Praziquantel? <b>SINGLE CODE</b>	1 – Feed Children Before Treatment	1	
		2 – Feed Children After Treatment	2	
		3 – Feed Children (Time not Specified)	3	
		4 – Other (specify) : _____	4	
		-99 – Don't Know	-99	
Now I would like to ask you a few questions about last year's deworming exercise, when I say deworming exercise I mean anything from the teacher training up until the return of monitoring forms and drugs. There is no correct or wrong response, please respond freely.				
2.16	Did you participate in last year's deworming exercise? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	<b>END</b>
2.17	What was your role last year? <b>MULTIPLE CODE</b>	1 –Sensitizing other teachers in school	1	
		2 – Sensitizing the community	2	
		3 - Filling of forms	3	
		4 – Giving out the tablets to pupils	4	
		5 - None	5	
		6 – Others (specify)_____	6	
2.18	Which was the primary monitoring form you were responsible for filling? <b>SINGLE CODE</b>	1 – Form E/E-P or N/N-P	1	
		2 – Form S/S-P	2	
		3 – Other (specify): _____	3	
		4 – None	4	<b>SKIP TO 2.21</b>
2.19	(____) READ FROM RESPONSE IN 2.18 was a summary of which monitoring forms? <b>SINGLE CODE</b>	1 – Form S/S-P	1	
		2 – Form E/E-P and N/N-P	2	
		3 – Other (specify): _____	3	
		4 – None	4	
2.20	(____) READ FROM RESPONSE IN 2.18 was submitted to whom? <b>SINGLE CODE</b>	1 – Head Teacher	1	
		2 – DivPHO	2	
		3 – AEO	3	
		4 – Other (Specify): _____	4	
2.21	Would you say the last year's deworming exercise was... <b>READ OUT OPTIONS SINGLE CODE</b>	1 – Very Successful	1	
		2 – Somewhat Successful	2	
		3 – Neither Successful nor Unsuccessful	3	
		4 – Somewhat Unsuccessful	4	
		5 – Very Unsuccessful	5	

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2.24	Regarding last year's deworming exercise, would you say the community was... <b>READ OUT</b> <b>OPTIONS</b> <b>SINGLE CODE</b>	1 – Very Positive	1	
		2 – Somewhat Positive	2	
		3 – Neither Positive nor Negative	3	
		4 – Somewhat Negative	4	
		5 – Very Negative	5	

**END:** Thank you very much for your time