Form for data collection at the peripheral level – Tally sheet

Country: ………………………………… Region/Province: …………………………………………………………… Form Number: …………………

Tally sheet for recording preventive chemotherapy treatments at drug distribution points. Drugs distributed (tick as appropriate):

- praziquantel
- albendazole/mebendazole
- ivermectin
- diethylcarbamazine
- azithromycin

District: …………………………………………… Health unit: ……………………… Town/ Village: ……………………… Area: ……………………………

<table>
<thead>
<tr>
<th>SEX</th>
<th>1–4 years</th>
<th>5–14 years</th>
<th>&gt;15 years</th>
<th>1–4 years</th>
<th>5–14 years</th>
<th>&gt;15 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>00000</td>
<td>00000</td>
<td>00000</td>
<td>00000</td>
<td>00000</td>
<td>00000</td>
</tr>
<tr>
<td>Female</td>
<td>00000</td>
<td>00000</td>
<td>00000</td>
<td>00000</td>
<td>00000</td>
<td>00000</td>
</tr>
<tr>
<td>TOTAL treated, by age group</td>
<td>00000</td>
<td>00000</td>
<td>00000</td>
<td>00000</td>
<td>00000</td>
<td>00000</td>
</tr>
</tbody>
</table>

TOTAL treated, by sex

TOTAL TREATED: males + females

Community drug distributor: ……………………………… Supervisor: ……………………………… Date: ………………………