

Supplementary File S1

Study Area			
01	Region: Western	02	Interviewer:
03	Community:	04	Municipality:
05	Date of Interview		
House number:			
GPS Coordinates:			
Question		Response	
Socio-Demographic characteristics			
1	Name of participant		
2	Is name in the register?	Yes No	
3	Age (in completed years)		
4	Gender	Male Female	
5	Position in the family	Male head of household Female head of household Child	
6	Level of Education	No formal education Primary JHS SHS Technical/Vocational Tertiary Other, specify _____	
7	Religious affiliation	Christian Muslim Traditional No religion Other, specify _____	
8	Main occupation	Farming Fishing Farming + Fishing Trade/Business Official employee Casual labor Other, specify _____	
9	Relationship status	Single Married Divorced/separated In a relationship but not married Remarried Widowed	
Knowledge Of Lymphatic Filariasis (Elephantiasis)			

10	Do you know or have you ever heard of LF?	Yes No
11	If yes to Q10, how did you hear of this disease?	CDD Disease control officer Community health nurses Media (TV, radio, newspapers, internet etc.) Friends Relatives Other (specify):
12	If No to Q10, what means of communication will make you hear about the disease faster?	
13	Do you know what causes LF?	Yes No
14	If yes to Q13, what do you think causes the disease?	Mosquitoes Pollution Cold Weather Wind Poor hygiene/Dirty environment Sweet foods/Sugar Oily foods/peanuts Rain/Standing water Eggs Witchcraft. curse Don't know Other (specify):
15	Do you know any sign or symptom of LF?	Yes No
16	If yes to Q14, which would you consider?	High body temperature (fever) Swollen scrotum Swollen breasts Swollen legs Sores on the body Don't know Others (specify):
17	Do you think you are at risk of being infected with LF	Yes No
Compliance To Treatment		
18	Did you know about the LF MDA campaign for LF?	Yes No

19	If yes to Q18, how did you hear about it?	Radio TV Gongong beater Poster Friend/social network CDD Other: -----										
20	Did you receive any drugs during the last treatment round?	Yes No										
21	If Yes to Q20, from where did you collect these drugs?	CDD came to my house I went to CDD's House From the community centre N/A										
22	If No to Q20, why not?	Absent Underage Pregnant/breastfeeding Fear of sides effects Not being informed CDD didn't come to house Don't believe in free things I was away at work We do not have a CDD Tired of swallowing the drug Drug is not effective I think I am not having the disease Don't like drugs Travel Other, Specify _____										
23	If yes to Q21, did you swallow the drug?	Yes No Not applicable (did not take drug)										
24	In the last 3 MDAs (including this year), how many times have you swallowed the MDA drugs? (Have the register with you and cross check the answers they give with what is in the register).	<table border="1"> <thead> <tr> <th>a) Response given</th> <th>b) Answer in register</th> </tr> </thead> <tbody> <tr> <td>Zero</td> <td>Zero</td> </tr> <tr> <td>Once</td> <td>Once</td> </tr> <tr> <td>Twice</td> <td>Twice</td> </tr> <tr> <td>Three times</td> <td>Three times</td> </tr> </tbody> </table>	a) Response given	b) Answer in register	Zero	Zero	Once	Once	Twice	Twice	Three times	Three times
a) Response given	b) Answer in register											
Zero	Zero											
Once	Once											
Twice	Twice											
Three times	Three times											
25	How many other times (treatment rounds) have you previously taken the drugs?	Once Twice Three times Four times Five times Six times										

		More than 6 times Forgotten Other (specify):
Social Networks		
26	Do you know anyone who has refused/stopped taking these drugs?	Yes No
27	If yes to Q26, how many people do you know?	
28	If yes to Q26, what were the reason given?	Fear of sides effects Don't believe in free things Tired of swallowing the drug Drug is not effective Not having the disease Don't like drugs Other, Specify _____
29	Do you know any CDD personally (is (s)he your friend)?	Yes No
30	Are you aware how CDD's are recruited?	Yes (explain) No
31	Can you mention by name up to 10 close friends you have in this community?	

LF Drug acceptability

	<i>Please rate your opinion on the following statements:</i>	Disagree a lot	Disagree	Agree	Agree a lot
32	These drugs work against LF				
33	These drugs work against itching				
34	These drugs work against intestinal worms				
35	I would take this treatment again				
36	I would recommend this treatment to my relatives				
37	I would be willing to change my family's routine so that we took the treatment again				
38	I liked this treatment				

30	This treatment is a good way to help our health problems here				
40	Overall, this treatment will help my community				