

**A SURVEY OF KNOWLEDGE, ATTITUDE AND PRACTICES ABOUT  
MOSQUITOES AND MOSQUITO-BORNE VIRAL DISEASES**

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**Questionnaire number** .....      Date of Survey    /    /      Starting time \_\_\_ / \_\_\_

District      Municipality      Neighborhood      Street

**I. Socio-demographics characteristics and description of immediate residential  
environment of respondent**

ID		
1.1	<b>Age</b>	
1.2	<b>sex</b>	0. Male      1. Female
1.3	<b>Education</b>	0. None 1. Primary .2. Secondary 3.University
1.4	<b>Marital status</b>	0. Single 1. Married 3. Divorced 4. Widow
1.5.	<b>Religion</b>	0. Catholic 1.Lutheran 2. Pentecostal 3.Traditional 4.Muslim 5. None 6.other.....
1.6	<b>Occupation</b>	0. Farmer 1. Student 2.Medical personnel 3. Housewife 4. Policeman/ Soldier 5.Pastor/Priest 6.Busnessman 7. Cadre and officer 8.Teacher 9.Chauffeur/garage hand 10.Unemployed 11.Other.....
1.7	<b>Number of household members</b>	
1.8	<b>Number of child ≤ 5 years in household</b>	
1.9	<b>Number of sleeping places in household</b>	
1.10	<b>House ownership</b>	0. Tenant      1.Owner
1.11	<b>System( Source) of water supply</b>	0. Tap water present within home premise 1. Tap water away from home premises 2. Well, spring water or other present within home premises 3. Well , spring water or other outside home premises 4. Other
1.12	<b>Animals Keeping (Rearing)</b>	0. No      1. Yes si yes oui lequel
1.13	<b>Types of house</b>	0. Cement brick house 1. Straw house 2.Clay House 3. Sheet metal House 4. Timber (Wood)House 5. Other
1.15	<b>Types of house roof</b>	0. Sheet metal    1. Straw roof 2. Other
1.16	<b>Presence of net ( insect screen) on house windows</b>	0. No      1. Yes
1.17	<b>Vegetations in surrounding house</b>	0. No      1. Yes
1.18	<b>Water collection in surrounding house</b>	0. No      1. Yes
1.19	<b>Storage water container set outdoor</b>	0. No      1. Yes
1.20	<b>Potential artificial or natural container outdoor</b>	0. No      1. Yes
1.21	<b>An opened garbage Can</b>	0. No      1. Yes

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11 II. Knowledge

2.1	<b>Which variety of water bodies Can serve as breeding places for mosquitoes do you know?</b>	0. Clean water collection 1.Drain and polluted water 2. Stagnant polluted water 3.Water supply Safe 4.ditches 5. Ponds 6. Water storage tanks 7. Unsafe Waste disposal Compost pits 8. Pits 9 Drainage Open Underground Soakage pits 10.Garbage 11. Small container12.Storage and other Water storage jars or tanks 13. Vehicle tires 14. Coconut shells and broken utensils 15. Cracks in walls 16. Tree hole 17.I don't know 18. Other.....
2.2	<b>During which times of the day mosquito can bitesomebody?</b>	0. Morning 1. Afternoon 2. Sundown 3.Night4. Any time 5. I don't Know
2.3	<b>During which times of the day are mosquito most frequent?</b>	0. Sunrise 1. Day time 2. Sundown 3. Night 4. Any time 5. I don't know
2.4	<b>During which season of the year mosquito are most frequent?</b>	0. Rain season 1. Dry season 2. Both season 3. I don't know
2.5	<b>Can mosquitoes transmit disease to animals?</b>	0. No 1. Yes
2.6	<b>If answer for 2.6 is yes, which one do you know?</b>	
2.7	<b>Can mosquitoes be involved in spreading a disease from animal to human or from human to animal?</b>	0. No 1.Yes
2.8	<b>If answer for 2.8 isyes, which one do you know?</b>	
2.9	<b>Which disease do you know that is transmitted by mosquitoes?</b>	0. Malaria 1.Dengue 2.Chikungunya 3.Zika 4.Yellow fever 5. Rift Valley fever 6.Arbovirus 7.HIV 8.Thyphoid fever 9.Microbes 10. Ebola 11. I don't know 7. Other.....
2.10	<b>Prior to this investigation have you heard about?</b>	0. Dengue 1.Chikungunya 2. Zika 3. Yellow Fever 4. Rift Valley Fever 5. West Nile Virus 6. O'nyong n'yong virus
2.11	<b>Have you heard or had experienced an outbreak that mosquito might be involved in its spreading?</b>	0. No 1.Yes
2.12	<b>If answer for 2.12 isyes, which one do you know?</b>	
2.13	<b>Do you know any sign or symptom that can be related to above cited disease?</b>	0. Hemorrhage 1. Fever 2. Headache 3.Muscle pain 4. Joint pain 5. General pain 6.Backache 7. Jaundice 8. Skinrashes 9. I don't Know 10.Other
2.14	<b>From which source have you got the information</b>	0. Family 1.neighbors 2.school, college and university 3. Community leaders or volunteers 4. Health profession /Hospital 5. Traditional healer 6 In church/Mosque 7. Radio/ TV 8. Newspapers 9. Internet 10. SMS 11. Megaphone public announcements

		12. Government announcement 13. Other
2.15	<b>What are measures do you know that can contribute to reduce mosquito abundance or protect people from mosquito bites?</b>	0. Hold the environment clean and remove garbage 1. Keep cover over the water source / storage unit container 2. Remove standing water / stagnant water 3. Avoid empty container uncovered whatever its size in environment 4. Spray insecticide 5. Fumigation 6. Use Repellent 7. Use fan 8. Using bed net 9. Put mosquito screen on house window 10. Wearing long clothes 11. I don't know 12. Other

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### Attitudes and Practices

3.0	<b>What impact do mosquitoes have on your daily life?</b>	0. Health risk 1. Nuisance 2. No concern 3. I don't know 4. Other.....
3.1	<b>In which locations are you often bitten by mosquitoes?</b>	0. Indoor 1. Outdoor while I am at home 2. At work place indoor 3. Outdoor while at work place 4. Recreational place 5. Other
3.2	<b>How often do you get bitten by mosquitoes?</b>	0. Rarely 1. Sometimes 2. Regularly
3.3	<b>During which times of the day are you often bitten by mosquitoes?</b>	0. Morning 1. Afternoon 2. Sundown 3. Night 4. Any time
3.4	<b>Which activity or works conducted in your community or in your home place is leading to increase in mosquito abundance?</b>	0. Agriculture 1. Animals rearing 2. House building 3. Road Construction 4. Irrigation 5. Mechanic or automobile garage 7. Church services/prayers 8. Witchcraft/sorcery 9. None 10. I don't know 11. Other
3.5	<b>Who is responsible to prevent you and your household from getting mosquito borne disease?</b>	0. Personal 1. Household head 2. Family members 3. Local Community population 4. Health authorities 5. Local government administration 6. National government 7. I don't Know 8. Other
3.6	<b>Who is responsible for mosquito management and to prevent the community from getting mosquito borne disease?</b>	0. Individual responsibility 1. Household head 2. Family members 3. Local Community population 4. Health authorities 5. Local government administration 6. National government 7. Nobody 8. Both government and people 9. I don't Know 10. Other
3.7	<b>Which measures do you take to reduce the number of mosquito's presence on your property?</b>	0. Put cover over the water source /drinking water/ storage unit water/ container 1. Empty drinking water containers /other water container indoor and outdoor 2 .Empty flower pots/vases regularly 3. Cleaning environment 4. Emptying other water containers Served by garbage collection 5. Spraying / fumigating 6. Removing garbage 7. Use of insecticides 8. Remove standing / stagnant water 9. Nothing 10. Other
3.8	<b>Which measures do you take to avoid</b>	0. Put mosquito screen on house windows

	<b>or reduce mosquitoes biting for your household resident?</b>	1.Sleep under net during day 2.Sleep under net during night 3.Use of mosquitos repellent during day 4. Use of mosquito repellent during night 5. Stay indoors 6. Use of fans 7.Spray or fumigate my home 8. Pray God 9. Nothing 10. Other
<b>3.9</b>	<b>Are you having any challenges in taking action?</b>	0. No 1.Yes
<b>3.10</b>	<b>Which challenges or obstacles are you facing in taking that action?</b>	0 .Have no time to apply preventive measures 1. Lack of money and resources 2. Limited access to necessary items 3. It is not a priority for me 4. I don't believe preventative measures are effective 5. Risk is less 6. Other
<b>3.11</b>	<b>Do you have mosquito net in your home?</b>	0. No 1.Yes
<b>3.12</b>	<b>Do you have mosquito net set in your sleeping place into house?</b>	0. No 1.Yes if yes number
<b>3.13</b>	<b>If answer 3.11 is yes, provide the number</b>	
<b>3.14</b>	<b>Who sleeps under a mosquito net in your household</b>	0. None; 2. All; 3. Children; 4. Mother and baby; 5. Others
<b>3.15</b>	<b>Where did you get it?</b>	0. Mass distribution campaign 1. From health facility 2. Bought from shop/Market 3.Other
<b>3.16</b>	<b>Did you sleep under a mosquito net last night?</b>	0. No 1.Yes
<b>3.17</b>	<b>How often do you clean it?</b>	
<b>3.18</b>	<b>How long since you started using a mosquito net?</b>	
<b>3.19</b>	<b>Is there any hole on it?</b>	0. No 1.Yes
<b>3.20</b>	<b>Which challenges or obstacles are you facing the use of mosquito net?</b>	0. Lack of money to buy 1. It is not a priority for me 2. I don't believe preventative measures are effective 3. Risk is less 4. Other

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15 Name of Investigator \_\_\_\_\_ Ending time \_\_\_ / \_\_\_