

URINARY SCHISTOSOMIASIS FORM A

(SCHOOL COMMUNITY-BASED QUESTIONNAIRE)

State _____ LGA _____

School name _____

Population _____

Location of school _____

Have you ever received Praziquantel for distribution? Yes [] No []

If yes, was there a successful distribution of praziquantel? Yes [] No []

If no, why? _____

If yes, were there reported side effects? Yes [] No []

Do you know any student in this school who reportedly pass blood-stained urine?

Yes [] No []

What is the local language for this condition?

What is/are the source(s) of water in this school? -

Are you familiar with this snail? (picture of *Bulinus* to be shown)

Yes [] No []

If yes, what is its local name? _____

URINARY SCHISTOSOMIASIS FORM B (INDIVIDUAL QUESTIONNAIRE)

1a. Name: _____

b. Age: _____ c. Sex: _____

2a. Source(s) of water supply

(i) Bore hole

(ii) Dam

(iii) Lakes

(iv) Ponds

(v) River

(vi) Streams

(vii) Well

(viii) Others (Specify) _____

2b. Purpose of usage: i. Open water _____

ii. Closed water _____

2c. How often do you fetch water from the

open source(s) per: (i) day

(ii) week

(iii) month

2d. Distance of open water sources:

(i) 100m

(ii) Above 100m

3a. Have you swam before? Yes No

3b. Visiting times per: i. Week ii. Month

3c. Played in a shallow river/pond before?

Yes No

3d. History of: Irrigation Fishing

3e. History of itching sensation after water

contact (3a -3d) Yes No

3f. If yes, how many days? _____

4. Have you seen this type of snail (picture of

Bulinus globosus presented) before?

Yes No

5a. Symptoms experienced in the last two

weeks (abdominal pain, blood in urine, pain while urinating, diarrhea, coughing, headache, fever & itching) Yes No

5b. Diseases experienced in the last two weeks

(abdominal problem, Diarrhoea, helminthiasis, malaria, respiratory infections, schistosomiasis, & skin diseases) Yes No

6. If yes (blood in urine), how have you been treating it?

a. Hospital

b. Herbalist

c. No treatment

7. What is your impression about bloody urine?

a. Normal thing

b. Spiritual forces

c. Sign of sickness

8a. What are the occupations of your parents?

(i) Father a. WCJ b. Farming c. OBCJ

(ii) Mother a. WCJ b. Farming c. OBCJ

House wife

8b. Parental(F,M) level of education:

(i) Illiterate

(ii) Primary

(iii) Secondary

(iv) Tertiary

8c. How long have you been in this

town? _____

9a. Have you taken praziquantel before?

Yes No

(At this point, the interviewer will show the drug to the respondent to identify).

(i) If yes, how long ago? _____

(ii) If no, why? _____

b. History of Severe Adverse Reactions

(SARs). Yes No

c. If yes, what form was it?

(i) Nausea or vomiting

(ii) Fainting

(iii) General feeling of discomfort

(iv) Skin rash, hives, or itching

(v) Dizziness

(vi) Increased sweating

(vii) Stomach pain

(viii) Muscle pains or stiffness

(ix) Others

(Specify) _____.

