

Nation-wide Mapping of Intestinal Helminth Infection in Cambodia, 2016

IDENTIFICATION

1 Date of interview: ____ ____ . ____ ____ . 2016 (dd/mm/yyyy)	Participant IDCODE 00-00-00 PRO-VIL-PP
2 Household number: __ __ 3- Village: _____ 4- Commune: _____	
5 District: _____ 6- Province _____	
7 Respondent's Name _____	

DEMOGRAPHICS

8 Age of Respondent: ____ ____ years
9 Sex of Respondent: <input type="checkbox"/> 1-Male <input type="checkbox"/> 2-Female
10 Occupation of Respondent? ____ 1-Farmer; 2-Student; 3-Fisherman; 4-Teacher; 5-Other a If OTHER, Specify: _____
11 Education level of Respondent? ____ 0-No School; 1-Primary School; 2-Secondary School; 3-High School; 4-University
12 How many persons live together with you in the house? ____ ____ persons

PERSONAL DISEASE & RISK-PERCEPTION

13 Do you know anything about worms or infection with worms? <input type="checkbox"/> 1-Yes <input type="checkbox"/> 0-No If NO, Skip to 16
14 Do you know how you get infected with worms? <input type="checkbox"/> 1-Yes <input type="checkbox"/> 0-No If NO, Skip to 15 If YES, please, describe (Do not read or prompt the answer AND Multiple answer is possible)
a Unboiled Water <input type="checkbox"/> 1-Yes <input type="checkbox"/> 0-Not Reported f Not washing hands <input type="checkbox"/> 1-Yes <input type="checkbox"/> 0-Not Reported
b Swimming <input type="checkbox"/> 1-Yes <input type="checkbox"/> 0-Not Reported g Undercooked fish <input type="checkbox"/> 1-Yes <input type="checkbox"/> 0-Not Reported
c Bare foot <input type="checkbox"/> 1-Yes <input type="checkbox"/> 0-Not Reported h Undercooked meat <input type="checkbox"/> 1-Yes <input type="checkbox"/> 0-Not Reported
d Lack of hygiene <input type="checkbox"/> 1-Yes <input type="checkbox"/> 0-Not Reported i Undercooked vegetables <input type="checkbox"/> 1-Yes <input type="checkbox"/> 0-Not Reported
e Defecate outside toilet <input type="checkbox"/> 1-Yes <input type="checkbox"/> 0-Not Reported j Other, Specify: _____
15 Do you know what health problems can occur because of a worm infection? <input type="checkbox"/> 1-Yes <input type="checkbox"/> 0-No If NO, Skip to 16 If YES, please, describe (Do not read or prompt the answer AND Multiple answer is possible)
a Skin problems <input type="checkbox"/> 1-Yes <input type="checkbox"/> 0-Not Reported e Vomit blood <input type="checkbox"/> 1-Yes <input type="checkbox"/> 0-Not Reported
b Muscle pain <input type="checkbox"/> 1-Yes <input type="checkbox"/> 0-Not Reported f Vomiting <input type="checkbox"/> 1-Yes <input type="checkbox"/> 0-Not Reported
c Big belly <input type="checkbox"/> 1-Yes <input type="checkbox"/> 0-Not Reported g Diarrhea <input type="checkbox"/> 1-Yes <input type="checkbox"/> 0-Not Reported
d Stomach/abdominal pain <input type="checkbox"/> 1-Yes <input type="checkbox"/> 0-Not Reported h Loss of weight <input type="checkbox"/> 1-Yes <input type="checkbox"/> 0-Not Reported
i Other, Specify: _____
16 When (which month of this year) did you receive the anthelmintic drug (MBZ/ABZ/PZQ)? _____
17 Do you have toilet at home? <input type="checkbox"/> 1-Yes <input type="checkbox"/> 0-No <input type="checkbox"/> 9-DK If NO or DK, Skip to 18 a is it inside or outside the house? <input type="checkbox"/> 1-Inside <input type="checkbox"/> 2-Outside <input type="checkbox"/> 9-DK
18 Where do you usually defecate? ____ 1-In Toilet; 2-Forest; 3-In River; 4-Rice Field; 5-Other a Other, Specify: _____