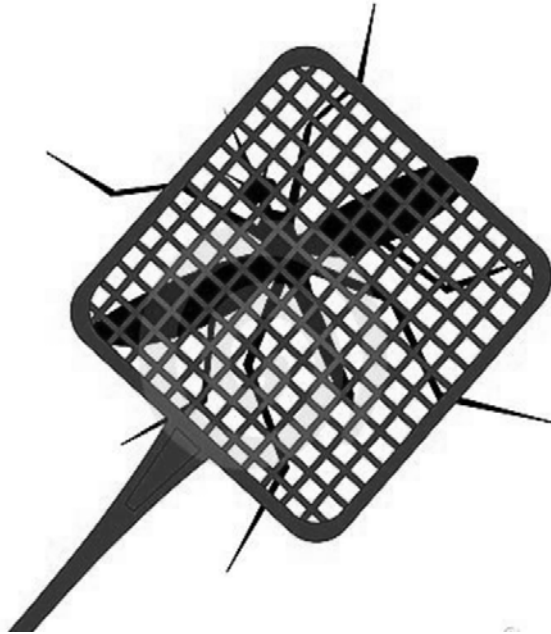


# **2016 Mobile Bay Study on Mosquito-Transmitted Disease**

**Zika, West Nile, Chikungunya, Dengue, Malaria**



**A Study By:  
The School of Forestry and Wildlife Sciences  
Auburn University**

# You and Your Household

1. About how many years have you lived in your current residence?

years

2. Including yourself, how many people live in your residence?

people

3. What year were you born?

1 9

4. What is your gender?     Female     Male

5. Do you rent or own your home (house, apartment, condo)?     Rent     Own

6. Do you use either an air conditioner or swamp cooler as the primary method of cooling your home?

Yes

No

7. Do you have an open deck or unscreened porch?

Yes

No

8. Do you have any torn or broken window screens that mosquitoes could use to enter your home?

Yes

No

9. Approximately when was your home built?

10. Do you have any pets/animals at your home? (*Check all that apply*)

Cats

Dogs

Birds

Chickens

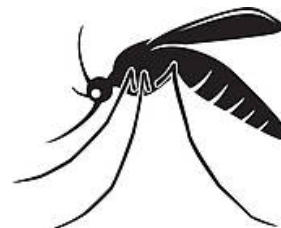
Other \_\_\_\_\_

Other \_\_\_\_\_

11. Do you have a birdfeeder at your home?

Yes

No







22. Please indicate the frequency with which you have used the following practices to keep mosquitoes from biting you during the last 30 days.

	← 1	2	3	4	5	6	7 →
	Almost never		A few times a month		A few times a week		Every day
Wear a long sleeve shirt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wear long pants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use repellent without DEET	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use repellent with DEET	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minimize time outside in the morning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minimize time outside in the evening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoid areas where mosquitoes are present	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Other:</b> _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. On average, do your friends practice more or less of the types of precautions mentioned in question 22 than you do?

- More     About the same     Less





# Zika Virus

27. Before receiving this survey, had you ever heard of Zika virus?

- Yes                       No

28. Before receiving this survey, were you aware that Zika virus was transmitted to people by mosquitoes?

- Yes                       No

29. Which of the following animals do you believe can be infected with Zika virus? *(Check all that apply)*

- Birds                       Deer                       Don't know  
 Cats                       Horses  
 Dogs                       All mammals

30. Who are the people you believe are most vulnerable to Zika virus? *(Check all that apply)*

- Children                       Pregnant women                       Don't know  
 People over 55                       Women planning to have a baby soon  
 Immune compromised people                       Men planning to have a baby soon

31. Where did you get your information about Zika virus? *(Check all that apply)*

- Television\_\_\_\_                       Word of mouth\_\_\_\_                       Health care provider\_\_\_\_  
 Newspaper \_\_\_\_                       Magazine\_\_\_\_                       Brochure/pamphlet\_\_\_\_  
 Radio\_\_\_\_                       Web site\_\_\_\_                       Other \_\_\_\_\_

32. On the line after the categories in question 31, please write a number 1 and a number 2 to identify the two sources you believe are the most trustworthy.



**33. How frequently have you performed the following activities around your home to reduce mosquitoes during the last 30 days?**

	← 1	2	3	4	5	6	7 →	
	Almost never		A few times a month		A few times a week		Every day	Does not apply to my home
Dumped standing water from flower pots	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dumped water from other containers that held water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Checked and cleaned gutters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used a bug lamp/zapper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cleared back overgrown shrubs/trees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mowed lawn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Replaced or treated water in bird bath or fountain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dumped water from kids' toys	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Checked boats and other large items for standing water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Burned citronella candles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Other:</b> _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**34. On average, do your neighbors practice more or less of the types of precautions mentioned in question 33 than you do?**

- More     About the same     Less











**Please fold this survey  
along the dotted line and  
return it to the  
School of Forestry and  
Wildlife Sciences at  
Auburn University in the  
self-addressed, stamped  
envelope provided.**

**THANK YOU FOR  
PARTICIPATING IN THIS  
STUDY!**

**Please provide any additional  
comments here.**