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 ye	ears have you lived in your current residence?	years
2.	Including yourself,	how many people live in your residence?	people
3.	What year were you	1 born? 1 9	
4.	What is your gende	r? O Female O Male	
5.	Do you rent or own	your home (house, apartment, condo)? O Ren	nt Own
6.	Do you use either anyour home?	n air conditioner or swamp cooler as the primary	method of cooling
	○ Yes	O No	
7.	Do you have an ope	n deck or unscreened porch?	
	○ Yes	O No	
8.	Do you have any to home?	rn or broken window screens that mosquitoes coul	ld use to enter your
	○ Yes	O No	
9.	Approximately whe	n was your home built?	
10.	Do you have any pe	ts/animals at your home? (Check all that apply)	
	Cats Dogs Birds	☐ Chickens ☐ Other ☐ Other	APA
11.	Do you have a birdf	Geeder at your home?	
	○ Yes	O No	-/ \

Mosquitoes and You

12. In the pa	ast <u>30 days</u> , 1	have you beer	n bitten by a	mosquito near	your hom	e?
0	Yes	O No				
13. Please ra	ate the level	of mosquito d	lensity <u>near</u> y	your home dui	ring the las	t <u>30 days</u> .
1	2	3	4	5	6	7
Very low			Moderate			Very high
0	0	0	0	0	0	0
14. How free	quently have	e you seen a n	nosquito <u>insi</u>	de your home	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
0	0	0	0	0	0	0
15. Are you	retired?	O Yes	O No			
16. Are you	currently e	nployed?	O Yes	O No (If	no, skip to	question #20)
17. Do you v	vork within	approximate	ly 1 mile of a	working/indu	strial wate	rfront?
0	Yes	O No				
18. Do you v	work with liv	vestock (cows	, pigs, chicke	ns, other)?		
0	Yes	O No				
19. Approxi	mately what	t percent of ye	our time wor	king is spent o	outdoors?	
\bigcirc 0%	0 25%	O 50	% 0 5	75%	100%	

20. Please rate the frequency with which you have encountered mosquitoes $\underline{\text{while working}}$ during the last $\underline{30 \text{ days}}$.

1	2	3	4	5	6	7
Almost never		A few times a month		A few times a week		Every day
0	0	0	0	0	0	0

21. Please indicate the frequency with which you perform the following outdoor activities during the summer ($\underline{May} - \underline{August}$).

	1	2	3	4	5	6	7
	Never		A few times a month		A few times a week		Every day
Walking	0	0	0	0	0	0	0
Running	0	0	0	0	0	0	0
Hiking in woods	0	0	0	0	0	0	0
Gardening	0	0	0	0	0	\circ	0
Relaxing outdoors	0	0	0	0	0	0	0
Cooking/eating outdoors	0	\circ	0	0	0	\circ	0
Horseback riding	0	0	0	0	0	0	0
Outdoor sports (football, soccer, etc.)	0	\circ	\circ	\circ	0	\circ	0
Fishing	0	0	0	0	0	0	0
Hunting	0	\circ	\circ	\circ	0	\circ	0
Bird watching away from your home	0	0	0	0	0	0	0
Other outdoor activities:	0	0	0	0	0	0	0

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		A few times a month		A few times a week		Every day
Wear a long sleeve shirt	0	0	0	0	0	0	0
Wear long pants	0	\circ	0	\circ	0	\circ	0
Use repellant without DEET	0	0	0	0	0	0	0
Use repellant with DEET	0	\circ	0	\circ	\circ	\circ	\circ
Minimize time outside in the morning	0	0	0	0	0	0	0
Minimize time outside in the evening	0	0	0	0	0	0	0
Avoid areas where mosquitoes are present	0	0	0	0	0	0	0
Other:	0	\circ	0	\circ	0	0	0

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

O More	O About the same	OLess
O More	→ A DOUL THE Same	— C Less



24. How would you rate your <u>current knowledge of</u> the following mosquito-transmitted diseases?

	↓ 1	2	3	4	5	6	7 →
	Not knowledgable at all		ķ	Knowledgable	e		xtremely wledgable
Zika virus	0	0	0	0	0	0	0
West Nile virus	0	\circ	\circ	0	0	0	\circ
Chikungunya	0	0	0	0	0	0	0
Dengue fever	0	\circ	0	0	0	0	\circ
Malaria	0	0	0	0	0	0	0

25. <u>How concerned</u> are you that you or a family member <u>will contract</u> the following illnesses in the Mobile Bay area?

	↓ 1	2	3	4	5	6	<u>7</u> ▶
	Not concerned at all			Concerned			Extremely concerned
Zika virus	0	0	0	0	0	0	0
West Nile virus	\circ	\circ	0	\circ	0	\circ	0
Chikungunya	0	0	0	0	0	0	0
Dengue fever	\circ	\circ	0	\circ	0	0	0
Malaria	0	0	0	0	0	0	0

26. If you were infected with one of the following, $\underline{\text{how serious}}$ do you feel it would be for $\underline{\text{your}}$ health?

	↓ 1	2	3	4	5	6	7
	Not serious at all			Serious			Extremely serious
Zika virus	0	0	0	0	0	0	0
West Nile virus	0	\circ	\circ	0	\circ	\circ	0
Chikungunya	0	0	0	0	0	0	0
Dengue fever	0	0	0	0	0	0	0
Malaria	0	0	0	0	0	0	0

Zika Virus

	•						•
27.	Before r	eceivin	g this survey,	had yo	ou ever heard of Zi	ka virus?	
	0	Yes	0	No			
28.	Before r mosquit		ng this survey,	were y	you aware that Zik	a virus was trans	smitted to people by
	0	Yes	0	No			
29.	Which of		ollowing anima	ıls do	you believe can be	infected with Zil	xa virus?(Check all
	Birds Cats Dogs		☐ Deer ☐ Horses ☐ All mamm	als	□Don't know		
30.	Who are	e the pe	eople you belie	ve are	e most vulnerable to	o Zika virus? (Cl	neck all that apply)
	Children People of Immune	ver 55	omised people	\square W	regnant women fomen planning to have ten planning to have		□ Don't know
31.	Where d	did you	get your info	matio	on about Zika virus	? (Check all that	apply)
	Television Newspap Radio	oer	\Box M		f mouth ne e	☐ Heath care pr☐ Brochure/par☐ Other	
32.			_	-	question 31, please e are the <u>most trus</u> t		l and a number 2 to



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		A few times a month		A few times a week		Every day	Does not apply to my home
Dumped standing water from flower pots	0	0	0	0	0	0	0	0
Dumped water from other containers that held water	0	0	0	0	0	0	0	0
Checked and cleaned gutters	0	0	0	0	0	0	0	0
Used a bug lamp/zapper	0	0	0	0	0	0	0	0
Cleared back overgrown shrubs/trees	0	0	0	0	0	0	0	0
Mowed lawn	0	0	0	0	0	0	0	0
Replaced or treated water in bird bath or fountain	0	0	0	0	0	0	0	0
Dumped water from kids' toys	0	0	0	0	0	0	0	0
Checked boats and other large items for standing water	0	0	0	0	0	0	0	0
Burned citronella candles	0	0	0	0	0	0	0	0
Other:	0	0	0	0	0	0	0	0

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	\bigcirc Less
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35. Where d	io you benev	c mosquitoc	s biccu. (cm	ich all that a	PP'9)		
☐ Flowing ☐ Streamsic ☐ Standing	de puddles	☐ Flower☐ Ornam☐ Bird ba	ental ponds	☐ Empt☐ Kids ☐ Old t		☐ Rain gutter☐ Pools/Hot t☐ Boats	
		o <u>r thrown</u> av uce mosquite		s that held w	vater in your	yard in the last <u>3</u>	<u>0</u>
0	Yes)				
37. Have yo	u had your y	yard profess	ionally spray	ed for mosqu	iitoes in the l	ast <u>vear</u> ?	
0	Yes)				
38. Are you in the la		y publicly fu	ınded sprayir	ng to reduce	mosquitoes i	n your neighborh	ıood
0	Yes)				
		round your	home?		ions will have	e in helping to	
				personal act	ions will have	e in helping to	
reduce n	nosquitoes <u>a</u>	round your	home?		6		
reduce r	nosquitoes <u>a</u>	round your	home? 4 Some		6	7 Very significant	
No impact at all	2 nificant an i	3	Some impact u think your	5	6	7 Very significant impact	
No impact at all	2 nificant an i	3 mpact do yo	Some impact u think your	5	6	Very significant impact	
reduce r 1 No impact at all 40. How signeduce reduce r	nosquitoes <u>a</u> 2 nificant an inosquitoes <u>i</u>	mpact do yon your neigh	Some impact u think your borhood?	5 Opersonal act	6 ions will have	Very significant impact impact e in helping to	
reduce r 1 No impact at all 40. How signeduce reduce r No impact	nosquitoes <u>a</u> 2 nificant an inosquitoes <u>i</u>	mpact do yon your neigh	Some impact u think your borhood? 4 Some	5 Opersonal act	6 ions will have	Very significant impact e in helping to Very significant	

You Local gove Local healt	ernment ih departme		State governm Federal govern Federal health	nment	☐ Other	
identify <u>tv</u>	<u>vo groups</u> v	vho you beli	question 41, ple eve are the <u>mos</u> x, what is the ch	<u>t responsibl</u>	<u>e</u> .	
1	2	3	4	5	6	7
Mostly ulti-unit nousing			Mixed multi- unit & single family homes			Single family homes
\circ	\circ	\circ	0	0	0	0
		n your block	x, what is the ge	neral chara	cteristic of 1	the landscapin
. Looking u your stree		n your block	x, what is the ge	neral chara	cteristic of g	the landscapin
your stree	ŧ?	-	<u>-</u>			
your stree	ŧ?	-	4 Mixed			7
your stree	2	3	4 Mixed	5	6	7 Manicured
your stree	2	3	Mixed care	5	6	7 Manicured
your stree	2 up and down	3 n your block	Mixed care	5 O y abandone	6 O d homes and	7 Manicured O d/or vacant lot

41. Who do you feel is responsible for mosquito control? (Check all that apply)

_	up and down buckets, old	•	. •	containers/tra	sh that coul	d hold water (f
1	2	3	4	5	6	7
Very few containers			Some containers			Lots of containers
0	0	0	0	0	0	0
_	_	-	-	andscaping c ns, ponds, etc.		at could hold w
1	2	3	4	5	6	7
Very few containers			Some containers			Lots of containers
0	0	0	0	0	0	0
000	Latino	ican America	O Asia on O Wh O Oth	ite/Caucasian		
9. What is y	your marital	_				
0	Single Married		vorced idowed			
0. What is y	your highest	degree or le	vel of school	completed?		
0000	High Scho	omplete high ool Diploma (ege, but no d	or GED (Associate Bachelor Graduate		al degree
				ır household i ithin this surv		015. This
0 0 0	Less than \$15,000 – \$20,000 –	\$14,999 \$19,999	\$25,000\$35,000) – \$34,999) – \$49,999) – \$74,999	○ \$75,00 ○ \$100,0	00 – \$99,999 000 – \$149,999 000 or more

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.