

QUESTIONNAIRE

A. PARTICIPANT'S IDENTITY

Code _____ Telephone Number _____

1. Sex: male: _____ Female: _____ 2. Age: _____ (years)
3. Area of residence: _____

B. DEMOGRAPHIC INFORMATION

1. Level of educational attainment. Primary Secondary Tertiary
2. Marital status. Married Single Divorced Widow
3. Occupation. Farming Business Student Others (specify) _____

C. HISTORY OF UROGENITAL SCHISTOSOMIASIS

4. How long have you live here? _____
5. Are you menstruating (for female)? Yes No
6. Do you experience any pain when urinating? Yes No
7. When you urinate is there blood in your urine? Yes No
8. Have you ever heard of urogenital schistosomiasis? Yes No
9. Have you been diagnosed of urogenital schistosomiasis before? Yes No
10. When was the last time you took praziquantel? _____

D. STREAM CONTACT BEHAVIOUR

11. a) Do you have tap/potable water in this community? Yes No
b) If yes in (a) above what is the source from which it is taped? a) Treated source b) stream
c) If yes in (a) above, is the tap always flowing? Yes No
12. Where do you fetch water for domestic use? a) Stream b) Tap c) Both

13. What is the distance from your house to the stream? ----- (m)

14. What are the activities you carry out at the Stream? Bathing Laundry

Fetch water Washing pumpkin seeds (egusi) Washing motorbike

Crossing

15. How often do you go to the stream per week? Once Twice Thrice

More than thrice