

INDIVIDUAL QUESTIONNAIRE

GENERAL INFORMATION

ID

Surname ___ Name ___ Patronymic ___ (Initials)

Date of visit

Date of birth

Age

Gender: M F

DISEASE KNOWLEDGE, ATTITUDE AND PERCEPTIONS

1. Have you ever heard about opisthorchiasis?

(yes/no/don't know)

2. How can one become infected with opisthorchiasis?

2.1 undercooked and raw river fish (yes/no/don't know)

2.2 undercooked and raw fish in general (yes/no/don't know)

2.3 drinking water (yes/no/don't know)

2.4 swimming in water (yes/no/don't know)

2.5 washing items in water (yes/no/don't know)

2.6 because of dirty hands (yes/no/don't know)

2.7 contact with infected person (yes/no/don't know)

2.8 contact with domestic animals (yes/no/don't know)

3. To what extent can opisthorchiasis be dangerous for your health?

(not dangerous at all 1-2-3-4-5 Deadly dangerous)

4. What can be the consequences of opisthorchiasis infection?

(respiratory problems/skin problems/stomach pain/diarrhea/ weight loss/muscle pain/nausea/cancer/
other (specify)_____)

5. To what extent is opisthorchiasis wide spread in your setting?

(very rare 1-2-3-4-5 very wide spread)

6. To what extent is opisthorchiasis treatable?

(Not treatable 1-2-3-4-5 Entirely treatable)

7. What kinds of treatments of opisthorchiasis do you know?

(specify) _____

8. Is the official medicine for treatment opisthorchiasis effective?

(Not effective 1-2-3-4-5 Absolutely effective)

9. Is the official medicine for treatment opisthorchiasis safe?

(Not safe 1-2-3-4-5 Absolutely safe)

10. To what extent is it necessary to treat opisthorchiasis when it is diagnosed?

(Not necessary 1-2-3-4-5 Absolutely necessary)

11. If you are (again) diagnosed with opisthorchiasis, would you seek any treatment?

yes/no/not reported)

If yes	If no
12. Where would you seek treatment? (policlinic/hospital/healer/relative or	13. Why you would not seek treatment? (inevitable reinfection/opisthorchiasis is untreatable/qualified medical help is not

friend/internet advice/other(specify)_____	accessible/other (specify)_____
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14. Are there treatments you would refuse if prescribed?
official medicine (biltricide)/natural remedies (phytotherapy) other (specify)_____

15. Open question: Why?

16. How can you prevent infection opisthorchiasis infection?

not eating river fish(yes/no/not reported)

not eating fish at all (yes/no/not reported)

fully cook fish (yes/no/not reported)

use separate cutting boards and knives for fish (yes/no/not reported)

washing hands (yes/no/not reported)

boiling water (yes/no/not reported)

not possible to prevent at all (yes/no/not reported)

other (specify)_____

FISH STORY

17. Did you ever eat river fish?

(yes/no)

If "NO", go to question 27

If "YES"

18. What kinds of river fish do you usually eat?

(specify)

19. Fishing yourself (yes/no)

If yes:

19.1. Where are you usually fishing: specify river or lake

19.2. Do you fishing the whole year (both in summer and in winter)? (yes/no)

19.3. Do you fishing only in summer? (yes/no)

20. How do you consume river fish (choose one or more variants)

20.1	raw / slightly cooked	yes	no
20.2	slightly salty	yes	no
20.3	salty	yes	no
20.4	stockfish	yes	no
20.5	frozen	yes	no
20.6	smoked	yes	no
20.7	fried / boiled	yes	no

If "YES"

21. Do you like to eat raw or undercooked fish?

(yes/no/not reported)

22. How often do you eat river fish in any form (only one answer)?

Every day

most days of the week

2-3 times a week

2-3 times a month

less than 1 time a month

23. When was the last time you ate fish?

1-2 days ago
Last week
2-3 week ago
Month ago
More than month ago

MIGRATION

24. Since when (which year) do you live here?

25. If not since birth, where did you live before?

other locality of the same Oblast / Okrug
another Oblast / Okrug specify
another country specify

EDUCATION / OCCUPATION

26. What level of education have you completed?

primary education
secondary education
a lower level vocational education diploma
a higher level vocational education diploma
a university degree

27. Are you currently employed (or self-employed)?
(yes/no)

28. What is your current employment activity?
Please describe: _____

29. Are there any additional sources of money?
Please describe: _____

OTHER RISK FACTORS

30. Do you smoke now? (yes/no)

If "NO", go to question 42

If "YES":

31. Duration of smoking (years)

32. How many cigarettes do you smoke a day?

33. Did you smoke before?

If "NO", go to question 43, If "YES"

34. Duration of smoking (years)

35. On average how many cigarettes did you smoke per day?

36. When did you stop smoking (years)?

37. Are you exposed to a passive smoking? (yes/no)

38. Do you drink alcoholic beverages?

(yes/no)

If "NO", go to question 49, If "YES"

39. Do you use strong alcohol drinks?

(vodka, whiskey, rum, cognac, brandy, gin, liqueurs)?

(yes/no)

40. Do you drink low alcohol drinks (wine, beer)?

(yes/no)

41. How often do you drink any of these alcohol (only one answer)?

everyday

most days of the week

2-3 times a week

2-3 times a month

less than 1 time in month

42. Did you ever drink non-factory alcohol

("moonshine", alcohol-based technical liquids)?

(yes/no)

If "NO", go to question 49

If "YES"

**43. How often do you drink any of non-factory alcohol
(only one answer)?**

most days a week

2-3 times a week

2-3 times a month

less than 1 time a month

44. Did you ever consume narcotics (spices ...)? (yes/no)

If "no" go to question 54, If "YES"

45. Which narcotics do you consume specify

46. Since when do you consume narcotics (year)?

47. When did you stop consume narcotics (year)?

48. Do you consume meat of wild animals?

(yes/no)

49. What wild animal's meat do you consume?

50. Have you ever eaten raw or undercooked meat of wild animals?

(yes/no)

51. Are you hunting?

(yes/no)

THANK YOU FOR COMPLETING THE QUESTIONNAIRE!