

QUESTIONNAIRE

Code.....

Date.....

The Burden of Malaria in Nkongho-Mbeng and Risk Factors Associated With the Disease

Section one: Demography

1. Age.....
2. **Gender:** (1) Male (2) Female
3. **Marital status:** (1) Married (2) Single (3) Widow (4) Widower
4. **Village:** (1) Dinte (2) Mbeta (3) Lekwe
5. **Occupation:** (1) Farmer (2) Teacher (3) Health worker (4) Business
(5) Others (specify.....)
6. **Educational level:** (1) Never been to school (2) Primary school (3) Secondary school (4) High school (5) University and above

Laboratory analysis

- 1). Microscopy: (1) positive (2) negative
- 2). Parasite load.....

Section Two: Social Status

1. House type: (1) Mud block (2) Cement block (3) Others (specify.....)
2. Number of people in the household:
3. Is there a ceiling?: (1) Yes (2) No
4. If yes, type of ceiling: (1) Plywood (2) Zinc (3) Bamboo (4) others
(specify.....)
5. Do windows have mosquito nets?: (1) Yes (2) No
6. Is there space at the gable ends of the wall: (1) Yes (2) No

7. Type, type of toilet: (1) Pit latrine (2) Water system (3) Others (specify
.....)
8. Do you often stay out of your home late into the nights: (1) Yes (2) No
9. What is your monthly income level:

Section three: Malaria Management

1. **Have you ever had malaria:** (1) Yes (2) No
2. **If yes, when did you last have malaria:** (1) This month (2) Five month ago
(3) One year ago
3. **(a) Where do you take treatment for malaria:** (1) Health center (2) Drug store
(3) Herbalist (4) Automedication (5) Others (specify.....)
- (b) Which drug did you use:** (1) Athermeter (2) Quinine (3) Don't know
(4) Others (specify.....)

Section four: Vector control

1. Is there standing water within 20 meters around the house: (1) Yes (2) No
2. Are there bushes around the house: (1) Yes (2) No
3. Are there crops around the house: (1) Yes (2) No
4. If yes, what type: (1) Plantain (2) Cocoa (3) Coffee (4) Cocoyam
(5) Others (specify.....)
5. Do you have a mosquito net?: (1) Yes (2) No
6. If yes, how frequent do you use it: (1) everyday (2) Some days (3) Don't use
7. What is the state of the net: (1) Old (2) Fairly use (3) New
8. Dose the net have holes: (1) Yes (2) No
9. Have you ever seen a dead insect on your net: (1) Yes (2) No

10. Have you ever seen a dead mosquito on your net: (1) Yes (2) No
11. Where did you obtain the net: (1) Market (2) Health center (3) Campaign
12. When did you obtain the net: (1) A month ago (2) 6 months ago (3) 1 year ago
(4) Others (specify.....)
13. Do you use insecticide mosquito spray: (1) Yes (2) No
14. If yes, how frequent do you use it: (1) everyday (2) Some days (3) Don't use
15. Where do you carry your drinking water: (1) Spring (2) Stream (3) River
 (4) Others (specify.....)
16. How do you store water in the house: (1) Open containers (2) Close containers
 (3) Others (specify.....)

Thank you for your time