Questionnaire

Date: _____/____/____ (D, M, Yr)  Sample ID______________________________Participant classification_____________________

Form Completed by:

Name: ___________________ Position: ___________________ District: ___________________

Phone Number/email: ___________________________________________________________

Section 1. Assessment Participant Information

ID Number: ___________ Name_________________________ Age: _______ Gender: [ ] Male [ ] Female.

Village/Town: ___________ Parish: ___________ Sub-County: ___________

District: ___________ Nationality: ___________ Marital status [ ] Married [ ] Single [ ] Widowed

GPS Coordinates

1. Education level [ ] None [ ] Primary [ ] Secondary [ ] Post-Secondary [ ] Other specify_______

2. Primary Occupation: [ ] Farmer [ ] Herdsman [ ] Housewife [ ] Student [ ] Child [ ] Animal Health worker [ ] butcher
[ ] Trader [ ] Other, please specify occupation_____________________________________________

Knowledge & Attitude Questions

3. Have you heard about Ebola or Marburg Virus Diseases [ ] Yes [ ] No [ ] Unk

4. If yes, from whom: [ ] Health worker [ ] Radio [ ] community leaders [ ] others specify_______

5. Do you know the signs and symptoms of Ebola or Marburg virus diseases in humans [ ] Yes [ ] No [ ] Unk

6. If yes how [ ] bleeding [ ] High fever [ ] vomiting [ ] diarrhea [ ] others specify__________

7. Do you know the signs and symptoms of Ebola or Marburg virus diseases in animals [ ] Yes [ ] No [ ] Unk

8. If yes how [ ] bleeding [ ] High fever [ ] nasal discharge [ ] diarrhea [ ] abortion [ ] reduced milk production [ ] others specify__________

9. Do you know who to contact in case you see a suspect case of Ebola or Marburg diseases? [ ] Yes [ ] No [ ] Unk

10. Do you believe Ebola or Marburg diseases really exists [ ] Yes [ ] No [ ] Unk If no, why_________________________

11. Have you heard of any survivor of Ebola or Marburg diseases [ ] Yes [ ] No [ ] Unk

12. Would you relate/interact with a survivor of Ebola or Marburg diseases [ ] Yes [ ] No [ ] Unk

13. Would you welcome someone back into their community/neighborhood after a neighbor has recovered from Ebola or Marburg diseases [ ] Yes [ ] No [ ] Unk

14. If no, why [ ] fear of contracting disease [ ] fear of stigma from community [ ] others specify__________

15. Do you know how Ebola or Marburg disease is transmitted [ ] Yes [ ] No [ ] Unk

16. If yes, how [ ] body contact sick person [ ] through air [ ] through needle pricks [ ] contact with animals [ ] contact with dead person [ ] contact with body fluids of sick person [ ] biting mosquitoes(insects) [ ] others specify__________

17. If transmission through animals, which ones [ ] goats [ ] Cattle [ ] Sheep [ ] Poultry [ ] Dogs
[ ] monkeys [ ] bats [ ] antelopes [ ] wild pigs [ ] others specify________________

18. How do you think you can protect yourself from acquiring Ebola or Marburg disease?
[ ] vaccination [ ] avoiding contact with animals [ ] traditional medicine [ ] avoiding sick people
[ ] sleeping in a mosquito net [ ] others specify________________________________

19. How do you think Ebola or Marburg diseases can best be healed or treated?
[ ] traditional medicine [ ] spiritual healing [ ] Modern medicine [ ] Herbal medicine [ ] others specify________________

20. Do you think you are at risk of contracting Ebola or Marburg virus disease [ ] Yes [ ] No [ ] Unk

21. If yes/no, why________________________________
22. Do you know how Ebola or Marburg diseases can be prevented □ Yes □ No □ Unk
23. If yes how__________________________________________________________

Thank you for your Time

End of Interview