

PLEASE LISTEN CAREFULLY TO THE TEACHER'S INSTRUCTIONS HOW TO FILL IN THIS QUESTIONNAIRE.

PLEASE ENSURE THAT YOUR RESPONSES ARE TRUTHFUL.

YOUR ASSISTANCE WILL HELP THE MINISTRY OF HEALTH BETTER ASSESS YOUR SCHOOL'S NEEDS FOR HEALTH EDUCATION MATERIALS.

ID: _____ / _____

Date: ____/____/____ **Class:** _____

School: _____ **Sex:** Male Female

Name: _____ **Age:** _____

When answering the 18 questions from the 3 sections please ensure that the tick-boxes are carefully crossed and please write neatly.

Section 1 questions

1.0 What diseases have made YOU feel sick (*tick as many answers as appropriate*)?

- a. Malaria
- b. Kichocho
- c. Intestinal worms
- d. Filarial worms
- e. Dysentery and diarrhoea
- f. Other,
please state _____

1.1 Have you ever been to hospital or a health centre for treatment/medicine (*tick either yes or no*)?

- Yes No

1.2 Do people from the health centre come to visit your school (*tick either yes or no*)?

- Yes No

1.3 What do the people from the health centre do when they visit (*tick as many as appropriate*)?

- a. Don't know
- b. Ask questions
- c. Screen urine sample
- d. Screen stool sample
- e. Screen blood sample
- f. Give drugs
- g. Give injections
- h. Give talks on how to avoid disease
- i. Other,
please state _____

End of section 1..... continue to Section 2

Section 2 questions

2.0 What is malaria (*tick ONLY one box which best describes your knowledge*)?

- a. Don't know
- b. A disease
- c. A disease transmitted by drinking dirty water
- d. A disease transmitted by mosquitoes that bite during day-time
- e. A disease transmitted by mosquitoes that bite during night-time
- f. A disease caused by tiny parasitic worms transmitted by mosquitoes that bite at night time
- g. Other,
please state _____

2.1 What are the main symptoms of malaria (*tick as many as appropriate*)?

- a. Don't know
- b. Tiredness
- c. Vomiting
- d. Headache
- e. Diarrhoea
- f. Fever and chills
- g. Other,
please state _____

2.2 How do you catch malaria (*tick ONLY one box which best describes your knowledge*)?

- a. Don't know
- b. By drinking dirty water
- c. By being bitten by mosquitoes that bite during day-time
- d. By being bitten by mosquitoes that bite during night-time
- e. Other,
please state _____

2.3 How can you protect yourself from malaria (*tick as many as appropriate*)?

- a. Don't know
- b. By drinking clean water from the well
- c. By taking medicines
- d. By wearing insect repellents
- e. By sleeping each night under a mosquito bednet
- f. By regularly spraying insecticides inside your home
- g. Other,
please state _____

2.4 Do you know anyone who has had malaria (*tick either yes or no*)?

- Yes No

If yes, who?

Please state _____

2.5 Have you ever taken treatment for malaria (*tick either yes or no*)?

- Yes No

If yes, when?

Please state _____

2.6 Can you ever catch malaria again after taken treatment (*tick either yes or no*)?

- Yes No

End of section 2..... continue to Section 3

Section 3 questions

3.0 What is Kichocho (*tick ONLY one box which best describes your knowledge*)?

- a. Don't know
- b. A disease
- c. A disease transmitted by drinking dirty water
- d. A disease transmitted by snails that live in rivers and ponds
- e. A disease caused by tiny parasitic worms which live in rivers and ponds
- f. A disease caused by tiny parasitic worms which are transmitted by snails that live rivers and ponds
- g. Other,
please state _____

3.1 What are the main symptoms of Kichocho (*tick as many as appropriate*)?

- a. Don't know
- b. Vomiting
- c. Blood in urine
- d. Pain when urinating
- e. Headache
- f. Tiredness
- g. Other,
please state _____

3.2 How do you catch kichocho (*tick ONLY one box which best describes your knowledge*)?

- a. Don't know
- b. By being bitten by mosquitoes
- c. By drinking dirty water
- d. By playing or bathing in rivers or ponds where snails are present
- e. By playing or bathing in rivers or ponds
- f. Other,
please state _____

3.3 How can you protect yourself from kichocho (*tick as many as appropriate*)?

- a. Don't know
- b. By stopping to play or bathe in rivers and ponds
- c. By you (and others) always using a latrine
- d. By taking medicines regularly
- e. By removing freshwater snails
- f. Other,
please state _____

3.4 Do you know anyone who has had kichocho (*tick either yes or no*)?

- Yes No

If yes, who?

Please state _____

3.5 Have you ever taken treatment for Kichocho (*tick either yes or no*)?

- Yes No

If yes, when?

Please state _____

3.6 Can you ever catch kichocho again after taken treatment (*tick either yes or no*)?

- Yes No

End of questionnaire, please hand the forms back to the teacher. Thank you.