Questionnaire

Instructions: Please put a tick (🗹) in the box next to the answer of your choice or write in the space provided as the case may be.

1. What is your gender?

* Male
* Female

1. In what range does your age fall?

* 16-25 years
* 26-35 years
* 36-45 years
* 46+ years

1. To which ethnic group do you belong?

* African
* Amerindian
* Chinese
* East Indian
* European
* Portuguese
* Mixed
* Other

1. Do you work in or around Stabroek, Georgetown?

* Yes
* No

1. Have you (or anyone you know) ever been sick for more than two (2) weeks?

* Yes
* No

1. Which type of disease is most prevalent in your area?

* Food diseases
* Vector diseases (like malaria and dengue)
* Viral infections
* Water diseases
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does it flood a lot in your area?

* Yes
* No

1. Which of these practices do you perform?

* Drink only filtered/bottled water.
* Wash hands properly before eating.
* Wash the containers daily.
* Eat cooked, warm foods.
* Keep your fingernails short and clean.
* Use of proper toilets for defecation.
* Wash food before cooking and cook food at high temperature so as to kill harmful bacteria.
* Avoid flies by disposing animal and organic wastes properly.
* Ensure to take proper care in disposing of infant and toddler feces.
* Avoid consuming foods, fruit juices, and milkshakes from roadside vendors.
* Always keep foods and beverages closed.
* Avoid drinking water at parks and other such recreational places.
* Avoid swimming in rivers and creeks for prolonged periods of time.
* Wash hands before preparing food and before eating.
* Avoid ice cubes.
* Avoid eating uncooked food.

1. Where do you get your water from?

* Well
* Pipeline
* Reservoirs
* Water tank
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever had any of these symptoms for more than a week?

* Diarrhoea
* Dehydration
* Weightloss
* Watery diarrhoea
* Leg cramps
* Abdominal Pain
* Anemia
* Excess Gas
* Upset Stomach
* Chills
* Pneumonia
* Anorexia
* Muscle aches
* Headache
* Tiredness
* Stomach Pain
* Stomach Cramps
* Nausea
* Vomiting
* Fever

1. Have you ever been diagnosed with any of these diseases?

* Adenovirus infection
* Amebiasis
* Campylobacteriosis
* Cryptosporidiosis
* Cholera
* E.Coli 0157:H7
* Giardiasis
* Legionellosis
* Salmonellosis
* Vibrio Infection
* Free Living Amoebae

1. Do you consume any of these items?

* Water from the pool
* Chicken
* Unpasteurized Milk
* Water from tap
* River/coastal water
* Ground beef
* Imported cheeses
* Cider
* Alfafa sprouts
* Ready-to-ead foods
* Fruit and juice
* Milk products
* Shellfish
* Raw Salads
* Raw vegetables
* Raw eggs
* Smoked fish
* Oysters

1. For what reason do you think water diseases are abundant in your area?

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1. Does your area have an abundance of pests?

* Yes
* No

1. Are there any waterways in your area where there is no flow of water?

* Yes
* No

1. Which of these practices do you exercise?

* Wearing insect repellent when outdoors and at all times of day. Be sure to apply it and always apply after sunscreen.
* If you choose to open the windows and doors ensure that they have intact screens installed.
* Wearing long sleeves and long pants when outdoors at all times a day, when possible.
* Always use air conditioning over leaving the windows and doors open.
* Keep your yard clean and clear from debris.
* Make sure to dump or cover all water holding containers regularly.
* Treat standing water that can’t be dumped with chemicals.

1. Have been diagnose with any of these mosquito carried diseases?

* Dengue fever
* Chikungunya
* Yellow fever
* Malaria
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you had these symptoms for more than a week after being bit by a mosquito?

* Fever
* Body aches
* Rashes
* Headache
* Joint Pain
* Joint Swelling
* Muscle pain

1. For what reason do you think pest diseases (like mosquito diseases) are prevalent in your area?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Have you been suffering from any long-term disease (more than 6 months)?

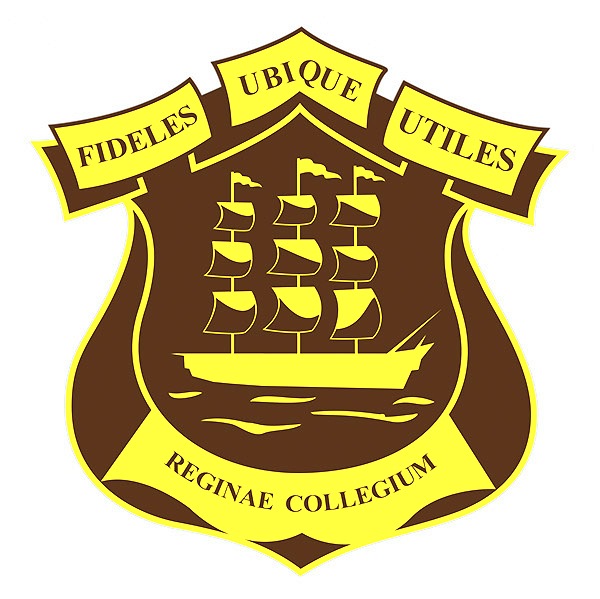
* If yes, please state:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No

1. What do you think are some main causes for disease in your neighbourhood?

* Polluted waterways
* Badly preserved greens and fruits
* Garbage accumulations
* Lack of proper sanitary practices
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What do you think is the major cause for disease in your neighbourhood and why?

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Dear Respondent,

Thank you for taking part in this questionnaire survey measuring the impact of disease on Stabroek, Georgetown. I am Sonny Kothapally, a second year CAPE Caribbean Studies student from Queen’s College, Guyana. Today, I will be gaining your thoughts and opinions on disease in Stabroek to understand the impacts of disease in the future. This questionnaire should only take 4-5 minutes to complete. Be assured that all responses you provide will kept confidential. Please turn over the page to proceed.