Cutaneous Leishmaniasis Questionnaire

Consent for the study has been given  Yes  No

PART I: Identifying Information

Questionnaire No _____________________
Date of interview (dd/mm/yyyy): _____ / _____ /______
Interviewer name (Initials) _______________  Contact/Tel _______________________

Case Status  Case  Control

PART II: Demographic Information

2.1. Patient Initials _____________________
2.2. Sex  Male  Female
2.3. Date of birth (dd/mm/yyyy) _____/_____ /______
2.4. Residential village _______________________
2.5. Ward _________________________________
2.6. Education level
   □ None/No Formal Education  □ Some Primary
   □ Continuing Primary  □ Complete Primary
   □ Continuing Secondary  □ Complete Secondary
   □ Tertiary
2.7. Employment status
   □ Employed (Formal)  □ Unemployed
2.8. Occupation
   □ Housewife  □ Student/School
   □ Livestock farming  □ Mixed Farming
   □ House help  □ Herdsman
   □ Business  □ Hunting
   □ Charcoal Burning  □ Game Warden/Guide
Crop Farming □  Bee Keeper □
Lumber jack □  Mining/Stone Mason □
Other Occupation (Specify) ___________________

2.9. Religion:

Muslim □  Christian □
Hindu □  African tradition □
Other Religion (Specify) ___________________

2.10. Total number of persons who reside in the household (Specify number) ________________

2.11. Record the GPS Coordinates for the household: ......°........‘........” ......°........‘........“

PART III: Illness History

3.1. Date of Onset of Illness (dd/mm/yyyy) ______/_____/_______

3.2. Which of the following symptoms did you have? Tick all that apply

□ Skin Sore (Ulcer)  □ Mouth/Nostril Sore (Ulcer)
□ Papule/Nodule (Bump/Lump)  □ Loss of Appetite
□ Rash  □ Pruritus
□ Glandular Swellings  □ Scarring on the skin
□ Bruising/Sloughing  □ Nasal stuffiness
□ Abdominal enlargement  □ Recurrent infections
□ Body weakness  □ Bleeding gums/Nose
□ Skin infections  □ Fever
□ Weight loss
□ Other symptoms(s), Specify ___________________

3.2.1. If ‘yes’ to ‘skin sore’ above, specify location

□ Head  □ Neck
□ Chest  □ Abdomen
□ Upper Limb  □ Lower limbs
□ Other body part (specify) ___________________
3.3. Have you taken any medication for the complaints identified above?

☐ Yes  ☐ No

3.4. If yes above, which ones?

☐ Antibiotics  ☐ Painkillers
☐ Skin Ointment  ☐ Traditional/Herbal medicine
☐ Dewormers  ☐ Don’t know
☐ Other medication (Specify) ____________

3.5. Have you sought care at a health facility for this illness?

☐ Yes  ☐ No

3.6. If yes in 3.5. above, when did you first report to a health facility for this illness?

mm/yyyy  _____ /______

3.7. If yes in 3.5. above, which facility did you first report to?

☐ Community Clinic  ☐ Local Pharmacy
☐ Dispensary/Health Center  ☐ Hospital
☐ Other facility (Specify) ____________

3.8. If ‘No’ in 3.5. Above, state the reason?

☐ Illness not serious  ☐ Health facility too far
☐ Treatment Costly  ☐ Hospital treatment ineffective
☐ Prefer alternative treatment
☐ Other reason (Specify) ____________________________________________

3.9. Have you ever been diagnosed to have the following illnesses? Tick all that apply

☐ High blood pressure  ☐ Diabetes
☐ Cancer  ☐ HIV
☐ TB  ☐ Sickle cell disease
☐ Leprosy  ☐ Fungal skin infection
☐ Other Condition(s) (Specify)________________________

3.10. Usually when you fall ill, where do you seek treatment?

☐ Don’t seek treatment  ☐ Family member
PART IV: Risk Factors Information

4.1. Did you travel away from usual residence in the last 12 months before this illness?
   ☐ Yes  ☐ No
   4.1.1. If yes, state the name of the county ____________________

4.2. Is there/ Are there mosquito nets in your household that can be used while sleeping?
   ☐ Yes  ☐ No
   4.2.1. If yes, how many nets does your household have? (Specify absolute number) _____
   4.2.2. How long ago did the household obtain the newest net?
      ☐ < 3 years ago    ☐ > 3 years ago    ☐ Can’t tell
   4.2.3. How frequently were you sleeping under an insecticide treated net at night during the last 3 months?
      ☐ Every night  ☐ Some nights  ☐ Rarely
      ☐ Never  ☐ Don’t know
   4.2.4. Did you sleep under a mosquito net last night?
      ☐ Yes  ☐ No
   4.2.5. What is the type/brand of mosquito net did you sleep under last night?
      ☐ Long Lasting Treated Net (Olyset, Parmanet, Supanet Extra etc)
      ☐ Conventional net (Kinga Net, Supanet, Rural Net, Mtumba net, Unbranded)
      ☐ Can’t tell
   4.2.6. Has your net been ‘treated’ with insecticide since you got it?
      ☐ Yes  ☐ No  ☐ Can’t tell
   4.2.7. If yes, how long ago was the net treated?
      ☐ < 2 years ago  ☐ > 2 years ago  ☐ Can’t tell

4.3. How frequently were you using insect repellent at night during the past 3 months?
4.4. How frequently were you using fumigant at night during the past 3 months?

☐ Every night  ☐ Some nights  ☐ Rarely
☐ Never  ☐ Don’t know

4.5. At any time in the past 12 months, has anyone come into your dwelling/residence to spray the inside walls against insects?

☐ Yes  ☐ No  ☐ Don’t know

4.5.1. If yes, how long ago? mm/yyyy_____/________

4.6. How often is the area around your home sprayed to control insects?

☐ Frequently/Monthly  ☐ Once in 3-6 months
☐ Annually  ☐ Never

4.7. Did anyone that you know have a similar illness, ulcers or bruises in the one year before your illness?

☐ Yes  ☐ No  ☐ Don’t Know

4.7.1. If yes above, specify (Tick all that apply)

☐ Household member  ☐ immediate neighbor (within 150 meters)
☐ Distant neighbor (outside 150 meters)
☐ Other person (Specify) ______________________________________

4.8. In a typical day, do you spend time outside your residence/house? 

☐ Yes  ☐ No

4.8.1. If yes, during which hours of the day? (Tick all that apply)

☐ Morning  ☐ Afternoon  ☐ Evening
☐ After sunset or at night

4.8.2. If ‘Yes’, specify where you spend most time. (Tick all that apply)

☐ In the home compound  ☐ In the farm/garden
☐ In the forest  ☐ In the market
☐ In the church/office/any other building
Other place (Specify) ________________________________

4.9. Do you have open containers with water holding capacity within the compound of your homestead?

☐ Yes  ☐ No

4.10. Do you stay close to or come in contact with the following?

4.10.1. Domestic dog  ☐ Yes  ☐ No
4.10.2. Wild Jackals  ☐ Yes  ☐ No
4.10.3. Sheep  ☐ Yes  ☐ No
4.10.4. Goats  ☐ Yes  ☐ No
4.10.5. Rabbits  ☐ Yes  ☐ No
4.10.6. Cattle  ☐ Yes  ☐ No
4.10.7. Rock Hyraxes  ☐ Yes  ☐ No
4.10.8. Porcupine  ☐ Yes  ☐ No
4.10.9. Mongoose  ☐ Yes  ☐ No
4.10.10. Any Rodents  ☐ Yes  ☐ No
4.10.11. Anthill  ☐ Yes  ☐ No

4.10.7. Describe the nature of contact with these animals. (Tick all that apply)

☐ Herding  ☐ Petting  ☐ within the compound
☐ Hunting  ☐ Park Visits  ☐ Slaughtering/feeding
☐ Other contact (Specify) ________________________________

4.11. Do you visit any nearby forest/thicket?

☐ Yes  ☐ No

4.11.1. If yes above, describe the nature of your visit (Tick all that apply)

☐ Farming  ☐ Hunting  ☐ Nature walk/Tourism
☐ Charcoal burning  ☐ Camping  ☐ Fetching water/firewood
☐ Honey harvesting
☐ Other activity (Specify) ________________________________

PART V: Environmental Observations
The enumerator to observe and record the following:

5.1. Roof/Ceiling type

- Grass/leaves thatch
- Mud
- Corrugated Iron
- Wood
- Other roof type (specify) ____________________________

5.2. Nature of Floor

- Smooth plaster
- Cracked with holes and crevices
- Wooden
- Earthen
- Other floor type (Specify) ______________

5.3. Nature of the walls

- Smooth surface
- Cracked with holes and crevices
- Wooden
- Corrugated Sheet
- Earthen
- Other wall type (Specify) ______________

5.4. State if the following are found within 150 meters from the residence:

- Animal park/Game reserve? Yes No
- Crop farm/Cultivated area? Yes No
- Garbage pit/Open waste pit? Yes No
- Animal/Farm manure? Yes No
- Nearby river/open water source? Yes No
- Nearby forest/Thicket? Yes No
- Screens/Mesh on windows and doors Yes Partial/No

PART VI: Knowledge, attitudes and perceptions about Cutaneous Leishmaniasis

6.1. Have you heard about ‘Cutaneous Leishmaniasis’?

- Yes
- No

6.1.1. If yes above, what was the source of your information? *Tick all that Apply*

- Health worker
- Media
- Community health volunteer
- A community member
- Other source (Specify) ____________________________
6.2. How confident are you that you can hang a mosquito net in your household?

☐ Extremely confident  ☐ Very confident
☐ A little confident  ☐ Not at all confident

6.3. How important do you think it is for people to sleep under a treated net?

☐ Extremely important  ☐ Very important
☐ A little important  ☐ Not at all important

6.4. What is your opinion about the following statements?

6.4.1. People with ulcerating disease should be taken to a health facility for testing and treatment

☐ strongly agree  ☐ somewhat agree
☐ somewhat disagree  ☐ strongly disagree

6.4.2. Treated nets are safe to sleep under

☐ strongly agree  ☐ somewhat agree
☐ somewhat disagree  ☐ strongly disagree

6.4.3. People are at risk of insect bites only at night

☐ strongly agree  ☐ somewhat agree
☐ somewhat disagree  ☐ strongly disagree

(Thank the respondent)