**Questionnaires for primary school children**

Serial no..........................

Name of school: ..................................................

Grade -------------------------------------

Section -------------------------------

Date of interview: ...................................................

Name of interviewer: .............................................

|  |  |  |  |
| --- | --- | --- | --- |
| **101** | **DEMOGRAPHIC FACTORS**  | **Response** | **Remark** |
| 1 | Identification number | -------------- |  |
| 2 | Name of school | -------------- |  |
| 3 | Grade of respondent | -------------- |  |
| 4 | Section of respondent | -------------- |  |
| 5 | Age of respondent | \_\_\_\_\_\_\_\_\_ |   |
| 6 | sex of respondent |   |   |
|   | Male |  |   |
|   | Female |  |   |
| 7 | What is the religion of respondents? |   |   |
|   | Muslim  |  |   |
|   | Orthodox |  |   |
|   | protestant |  |   |
|   | Others |  |   |
| 8 | Occupation of your Father? |  |   |
|   | Farmer  |  |   |
|   | merchant |  |   |
|   | government employee |  |   |
|   | others |  |   |
| 9 | Occupation of your Mother? |  |   |
|   | Farmer  |  |   |
|   | Merchant |  |   |
|   | Government employee |  |   |
|   | Others |  |   |
| 10 | What is your father's Educational status? |  |   |
|   | illiterate |  |   |
|   | Read and Write |  |   |
|   | Primary school |  |   |
|   | High school |  |   |
|  | Diploma /degree |  |  |
| 11 | What is your mother's educational status? |  |   |
|   | Illiterate |  |   |
|   | Read and Write |  |   |
|   | Primary school |  |   |
|   | high school |  |   |
|  | Degree/ diploma |  |  |
| **202** |  **ENVIRONMENTAL FACTORS**  |  |   |
| 12 | Do you have a latrine at home?  |  |   |
|   | Yes  |  |   |
|   | No  |  |   |
| 13 | Defecation site at home? |   |   |
|   | Indoor latrine  |  |   |
|   | Open field |  |   |
| 14 | Proximity of your home from Water bodies? |   |   |
|   | Far away (>15 minutes) |  |   |
|   | Near water bodies (<15 minutes) |  |   |
|   | I don’t know |  |   |
| 15 | Proximity of your school from Water bodies? |   |   |
|   | Far away (>15 minutes) |  |   |
|   | Near water bodies (<15 minutes) |  |   |
|   | I don’t know |  |   |
| 16 | Where do you get water for drinking at school?  |  |   |
|   | Tap/borehole water |  |   |
|   | River |  |   |
|   | Stream |  |   |
|   | Well |  |   |
| 17 |  Where do you get water for drinking at home from?  |  |   |
|  | Pipe water |  |  |
|   |  River / Stream /pond |   |   |
| 18 | Do you pass through water on your way to school?  |  |   |
|   | Yes |  |   |
|   | No |  |   |
| 19 | Have you been engaged in irrigation activities? |  |   |
|   | Yes |  |   |
|   | No |  |  If no skip Q.24 |
| 20 | If Ques. 23 yes, how frequent? |  |  |
|  | Always  |  |  |
|  | Once per weeks |  |  |
|  | Once per months |  |  |
|  | Some times |  |  |
| **303** | **School Health**  |  |  |
| 21 | Deworming for schistosomiasis in the last three months at school?  |  |   |
|   | Yes |  |   |
|   | No |  |   |
|   | I don’t know |  |   |
|  22  | Provision of health education on Schistosoma at school  |  |  |
|  | Yes  |  |  |
|  | No  |  |  |
| 23 | Latrine availability at school |  |  |
|  | Yes  |  |  |
|  | No  |  |  |
| **404** | **PERSONAL FACTORS** |  |  |
| 24 | Have you been swimming in the river/pond? |  |  |
|  | Yes  |  |  |
|  | No |  | If no, go to Q.29 |
| 25 | How Frequent do you swimming? |  |  |
|  | Always |  |  |
|  | Some times |  |  |
|  | Occasionally  |  |  |
| 26 | Do you Bathing in the river? |  |  |
|  | Yes |  |  |
|  | No  |  |  |
| 27 | Have you Washing clothes in rivers? |  |  |
|  | Yes |  |  |
|  | No  |  |  |
| 28 | Have you been washing your hand after defecation? |  |  |
|  | Yes  |  |  |
|  | No  |  | If q 31 is no, skip to q 32. |
| 29 | What frequency you washing hand after defecation? |  |  |
|  | Regular |  |  |
|  | Irregular |  |  |
| 30 | Have you been eating of raw vegetable? |  |   |
|  | Yes  |  |   |
|   | No |  |   |
|  31 | have you regularly been wearing shoes? |  |   |
|   | yes  |  |   |
|   | Sometimes |  |   |
|   | Never |  |   |
|   | I don't know |  |   |
| **606** | **STOOL SPECIMEN TEST RESULTS**  |  |   |
| 32 | Stool sample results  |   |   |
|   | Positive |  |   |
|   | Negative |  |   |
|  | **Checked by supervisor:****Name**--------------------------**Signature** --------------------------Thank you for participating in this interview |  |  |