QUESTIONNAIRE

A. PUPIL'S IDENTITY

1 Name of school: ______________________________________________
5. Place of residence: _______________________

B. DEMOGRAPHIC INFORMATION

2. Parent/guardian occupation. Farmer_____ Business_____ Others_____

C. MALARIA CONTROL

4. Do you have fever now? Yes__ No___
5. When did you have fever? Yesterday ___ Last week ___Last month___
6. Have you taken malaria medicine within the last two weeks? Yes____ No____
7. Do you have a. Headache b. Joint pains?
8. When you are sick, do you take medicine? Yes ____ No_____
9. Do you sleep under the mosquito net? Yes ____ or No____
10. How often do you sleep under the mosquito net? Every day ___Sometimes ___Never___
11. Do you have bushes around your house? Yes __ No___

D. HELMINTH CONTROL AND PREVENTION MEASURES

12. Have you taken any worm medicine in the last two months? Yes___ No____
13. Do you take any herbs for treatment of worms? Yes____ or No_____
14. If yes, what type of herbs? _______________

15. What type of floor do you have in your house? Earthen floor_____ Cemented floor______

16. Do you have a toilet? Yes_____ No_____

17. Which type of toilet? Internal_____ or External_____  


19. Do you defecate in the toilet? Yes___ No_____  

20. How often do you wash your hands after defecating? Always_____ Sometimes_____ Never___

21. Does your school have a toilet? Yes_____ No_____  

22. Where do you carry water for drinking? Tap____ Stream_____ Well_____ Other____

23. Do you always wear shoes? Yes ____ No____

24. How often do you walk barefooted? Always_____ Sometimes_____ Never______

25. How often do you go to the farm? Everyday_____ Every week ______

26. Do you experience stomach ache? Yes______ No______

27. Do you experience a. Diarrhoea b. Vomiting c. Others (specify) _________?