

# DOG ECOLOGY QUESTIONNAIRE – RABIES

## Section 1: HOUSEHOLD IDENTIFICATION

Questionnaire Number .....

Interviewer ID.....

Interview Date.....

County		Sub- County	
Ward		Village	
Household Number		GPS Coordinates	

## Section 2: BACKGROUND CHARACTERISTICS

N	Questions	Coding Categories	Skip to
201	Name of respondent Mobile Number		
202	Record Sex of respondent	Male Female	
203	How old are you? (Probe for estimate)	Age	
204	What is the highest level of school that you have completed?	a.) Primary b.) Secondary c.) Tertiary d.) No Formal Education	
205	What is your religion?	a.) Christian b.) Muslim c.) Traditional d.) No religion e.) Other _____	

### Section 3: SOCIO-ECONOMIC STATUS

N	Questions	Coding Categories	Skip to
301	How many people live in this household?		
302	How many people in this household are under 15?		
303	What is your main occupation?	a.) Formal Employment b.) Self-employed formal c.) Self -employed informal ( farmer, Boda-Boda rider, hawker..) d.) Unemployed e.) Student	
304	What is the household's average monthly income?	a) 0 – 9,999 ksh b) 10,000- 14,999ksh c) 15,000- 19,999 ksh d) 20,000- 24,999 ksh e) 25,000-29,999ksh f) 30,000-49,999 ksh g) 50,000- 99,999 ksh h) > 100,000 ksh	
305	Do you own any land?	YES NO	→ Q306 → Q307
306	How many acres of land do you own?		
307	Do you own any domestic livestock? (List number)	<input type="checkbox"/> Cattle ____ <input type="checkbox"/> Sheep ____ <input type="checkbox"/> Goats ____ <input type="checkbox"/> Pigs ____ <input type="checkbox"/> Poultry ____ <input type="checkbox"/> Camels ____ <input type="checkbox"/> Donkey ____	
308	<b>DO YOU HAVE ANY DOGS?</b>	→ If Yes, Skip to Section 5 → If No, Proceed to Section 4	

## SECTION 4: DOG OWNERSHIP

N	Questions	Coding Categories	Skip to
401	Have you ever owned dogs in your household?	YES NO	→ Q402 → Q403
402	What happened to the dogs?	a) Stolen b) Expensive to maintain c) Killed d) Lost e) Died, Please specify how....	→ Proceed to Section 7
403	Why haven't you ever owned dogs?	a) I don't like dogs b) They are dangerous c) Expensive to maintain d) I don't have a reason	→ Proceed to section 7

## SECTION 5: DOG INFORMATION

N	Questions	Coding Categories				Skip To
501	How many are adults and how many are puppies?	Adults..... Puppies.....				
502	What is the breed and sex of your adult dogs?	<b>Breed</b>	<b>Female, Age</b>		<b>Male, Age</b>	
		Local				
		Pure				
		Crossed				
		<b>Total</b>				
503	Have any of your dogs whelped in the last 12 months?	YES NO				→ Q504 → Q509
504	How many dogs have whelped in the last 12 months?					
505	When was the last birth?	Month..... Year.....				
506	What was the litter size in the last whelping?					
507	What is the breed and sex of your puppies?	<b>Breed</b>	<b>Female</b>	<b>Male</b>		
		Local				
		Pure				
		Crossed				
		<b>Total</b>				

<b>508</b>	Where are the rest of the puppies?			
		Gave away		
		Killed		
		Died		
		Sold		
		Abandoned		
		Lost		
		Present		
<b>509</b>	In the last one year have any of your adult dogs died?	YES, Please specify number..... NO		→ Q510 → Q510
<b>510</b>	Where did you get the dogs from?	<input type="checkbox"/> Gift <input type="checkbox"/> Bought <input type="checkbox"/> Found <input type="checkbox"/> Brought itself <input type="checkbox"/> Own Litter <input type="checkbox"/> Came with family member who moved here		→ Q511 → Q511
<b>511</b>	Where did the dog(s) originate from?	<input type="checkbox"/> In the village <input type="checkbox"/> In the same sub-county <input type="checkbox"/> In another county		
<b>512</b>	Have your dog(s) been vaccinated against Rabies in the 12 months?	YES NO		→ Q513 → Q519
<b>513</b>	Who took your dog(s) for vaccination?	a.) Adult male b.) Adult female c.) Children		
<b>514</b>	How many of your dogs were vaccinated against Rabies in the last one year?			
<b>515</b>	Did you pay for the vaccination?	YES NO		→ Q516 → Q517
<b>516</b>	How much did it cost for the vaccine?			
<b>517</b>	Who vaccinated your dog(s)?	<input type="checkbox"/> Private Veterinarian <input type="checkbox"/> Gov. Veterinarian <input type="checkbox"/> Mass Vaccination <input type="checkbox"/> Others		
<b>518</b>	Do you have a Vaccination certificate for each dog?	YES NO		
<b>519</b>	Before the last 12 months, had you ever vaccinated your dog (s)?	YES NO		
<b>520</b>	Why haven't you vaccinated your dog(s)?	<input type="checkbox"/> Expensive <input type="checkbox"/> Didn't Know about it <input type="checkbox"/> Vaccination point is too far		

		<input type="checkbox"/> No Known Vets <input type="checkbox"/> Cultural Beliefs <input type="checkbox"/> I have no reason <input type="checkbox"/> Couldn't catch the dog <input type="checkbox"/> Other	
521	Why do you keep dog(s)?	<input type="checkbox"/> Breeding/Commercial <input type="checkbox"/> Pets <input type="checkbox"/> Herding <input type="checkbox"/> Hunting <input type="checkbox"/> Security	

## SECTION 6: DOG MANAGEMENT AND CARE

N	Questions	Coding Categories	Skip To
601	What is the source of food for the dog(s)?	a.) Only fed at home b.) Fed and scavenges c.) Scavenges	→ Q602 → Q602
602	What do you feed your dogs?	<input type="checkbox"/> Buy dog food <input type="checkbox"/> Same food as family	
603	Is your compound fenced?	YES NO	→ Q603 → Q604
604	Does the fence completely restrain the dog(s)?	YES NO	
605	Do you provide shelter for your dog(s)?	YES NO	→ Q605 → Q606
606	What type of housing does the dog(s) use?	a.) Specially constructed structure b.) Inside the main house	
607	How often is the dog(s) chained in the compound?	a.) Always b.) Sometimes c.) Never	→ Q607 → Q607 → Q608
608	When are your dog(s) chained?	a.) During the day b.) At night c.) All the time	
609	Who is primarily responsible for your dog(s)?	a.) Adults b.) Children c.) Employee d.) Everyone e.) No one	
610	Do you seek veterinary services for your dog(s)?	YES NO	→ Q610 → Q611
611	Who provides the veterinary services for your dog(s)	<input type="checkbox"/> Private Veterinarian <input type="checkbox"/> Gov. Veterinarian	

		<input type="checkbox"/> Animal health <input type="checkbox"/> assistant (AHA) <input type="checkbox"/> Others	
612	Why don't you seek veterinary services?	<input type="checkbox"/> Expensive <input type="checkbox"/> Don't Know about it <input type="checkbox"/> Veterinary Centre <input type="checkbox"/> It is too far <input type="checkbox"/> No Known Vets <input type="checkbox"/> Cultural Beliefs <input type="checkbox"/> I treat it myself <input type="checkbox"/> I don't have a reason	

## SECTION 7: DOG BITE INFORMATION

N	Questions	Coding Categories			Skip to
701	Has anyone in your household been bitten by a dog in the last 12 months?	YES NO			→ Q702 → End of questionnaire
702	What was the age and sex of the person (s) bitten?	Person	Age	Sex	
703	Was the household member bitten by a known or unknown dog?	<input type="checkbox"/> Known <input type="checkbox"/> Unknown			
703	What were the circumstances of the dog bite?	Date: ..... Time of Day: ..... Location: .....			
704	Which part of the body was the household member bitten?	<input type="checkbox"/> Leg and foot <input type="checkbox"/> Hands <input type="checkbox"/> Head and neck			
706	Was the dog provoked?	YES NO			
707	Do you know the owner of the dog that bit the household member?	YES Please Specify number..... NO			
708	Do you know of anyone else who was	YES			

	bitten by the dog that bit the household member?	Please Specify..... NO	
<b>709</b>	Do you know of any animals that have been bitten by the dog that bit the household member?	YES Please Specify..... NO	
<b>710</b>	Do you know anyone who has died of rabies in your village or county in the last one year?	YES Please specify..... NO	

## Section 8: HEALTHCARE

<b>N</b>	<b>Questions</b>	<b>Coding Categories</b>	<b>Skip to</b>
<b>801</b>	What measure did the household member take immediately after being bitten?	<input type="checkbox"/> Washed the wound with water and soap <input type="checkbox"/> Bandage the wound <input type="checkbox"/> Didn't do anything <input type="checkbox"/> Painkiller <input type="checkbox"/> Traditional medicine <input type="checkbox"/> Antibiotics <input type="checkbox"/> Other	
<b>802</b>	Did the household member seek immediate medical attention after the dog bite?	YES NO	<b>→ Q803</b> <b>→ End of questionnaire</b>
<b>803</b>	Which medical facility did the household member go to?	<input type="checkbox"/> Private Clinic <input type="checkbox"/> Government Hospital <input type="checkbox"/> Mission Hospital <input type="checkbox"/> Dispensary <input type="checkbox"/> Chemist	
<b>804</b>	How many visits were made to the medical facility?	_____	
<b>805</b>	Was the household member given any injections?	<input type="checkbox"/> Tetanus <input type="checkbox"/> Anti-Rabies <input type="checkbox"/> Antibiotics <input type="checkbox"/> Don't know <input type="checkbox"/> Other	
<b>806</b>	What mode of transport did the household member use to get to the medical facility?	<input type="checkbox"/> Boda-Boda <input type="checkbox"/> Personal Car <input type="checkbox"/> Taxi <input type="checkbox"/> Matatu <input type="checkbox"/> Bicycle <input type="checkbox"/> By Foot <input type="checkbox"/> Other	
<b>807</b>	How much did the family incur overall (consultation, vaccines/transport?)		<b>⇒ End of questionnaire</b>