

Households' practices towards rabies prevention and control in rural Nepal

ID:
GPS reading:

Date:

Address:

Interviewer:

1. General questions

In this section you are asked about pet and domestic animals in your house. Pet animals refers to dogs and cats.

1a	Do you have any pet animal(s) in your house? a. Yes <input type="checkbox"/> (Go to 1b to specify the pets number) b. No <input type="checkbox"/> (Go to 1d)	1c	Are there any domestic animal(s) at your household? a. Yes <input type="checkbox"/> (Go to 1d and specify their corresponding number) b. No <input type="checkbox"/> (Go to 2a)						
1b	1b1: Dog (n): 1b1a: Years of keeping (YOK):	1b2	Cat (n): 1b2a: YOK:	1d	1d1: Cattle: 1d4: Poultry	1d2 1d5	Buffalo: Others:	1d3	Goat:

2. Practices towards Rabies

2a	Do you vaccinate your dog/cat against rabies? (If you do not have pet animals, Skip to 2d) a. Yes <input type="checkbox"/> b. No <input type="checkbox"/>
2b	Do you keep record of Rabies vaccination of your pet animals? a. Yes <input type="checkbox"/> b. No <input type="checkbox"/>
2c	Do you restrict your dog(s)/ cat(s) to roam in the community? a. Yes <input type="checkbox"/> b. No <input type="checkbox"/>
2d	What immediate action(s) do you take after being bitten by a rabid or rabid suspected animal? <i>Select all that apply.</i> a. Washing with soap and water <input type="checkbox"/> b. Go to traditional healer <input type="checkbox"/> c. Visit hospital <input type="checkbox"/> d. Do nothing <input type="checkbox"/> e. Other specify: _____
2e	What action do you take on presumed rabid animal after it bites others? a. Tie/cage <input type="checkbox"/> b. Kill <input type="checkbox"/> c. Do noting <input type="checkbox"/> d. Other specify: _____
2f	Do you inform concerned authorities if you see someone bitten by a presumed rabid dog/ animal? a. Yes <input type="checkbox"/> b. No <input type="checkbox"/>
2g	Will you report to concerned authority if you find the behavior of dog/ animal resembling to rabies? a. Yes <input type="checkbox"/> b. No <input type="checkbox"/>
2h	Will you visit the hospital if you are scratched by a stray dog/cat? a. Yes <input type="checkbox"/> b. No <input type="checkbox"/>

3. Purpose of keeping pet and its housing

3a	What's the main purpose of owning a dog by you? (<i>Skip to 4 if you do not have pet animals</i>) <i>Select one.</i> a. Guarding <input type="checkbox"/> b. Companionship <input type="checkbox"/> c. Family/Children wish <input type="checkbox"/> d. Hobby <input type="checkbox"/> e. Other: _____
3b	How do you house your dog? <i>Select all that apply.</i> a. Housed in cages <input type="checkbox"/> b. Tied outside the house <input type="checkbox"/> c. Free living inside the house <input type="checkbox"/> d. Free to roam around <input type="checkbox"/>

4. History of street or presumed rabid dog/cat bite? (1=Yes, 2=No), Here ORSB= Other rabies susceptible animal bite

Code	Description	Presumed rabid dog/cat	Code	Street dog/cat	Code	ORSB	Code	Description	Presumed rabid dog/ cat	Code	Street dog/ cat	Code	ORSB
44a	You		44c		44e		44g	Pet animal		44i		44k	
44b	Your family members		44d		44f		44h	Domestic animal		44j		44l	

5. Demographics

5a	Your gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	5e	Your age (year eg. 45 year):
5b	Your marital status: Married <input type="checkbox"/> Single <input type="checkbox"/> Divorcee <input type="checkbox"/> Other:	5f	Family size: 6g1. Male: 6g2.Female
5c	Gender of household head (if HHH is different than the interviewee): a. Male <input type="checkbox"/> b. Female <input type="checkbox"/>	5g	Number of children (<12 years) in your household:
5d	Your ethnicity: a. Brahmin <input type="checkbox"/> b. Chhetri <input type="checkbox"/> c. Aadibasi and Janajati (Newar, Tharu, Gurung, Rai, etc) <input type="checkbox"/> d. Madeshi <input type="checkbox"/> e. Musalman <input type="checkbox"/> f.Others, Specify:		
5h	Which religion do you follow? a. Hinduism <input type="checkbox"/> b. Buddhism <input type="checkbox"/> c. Islam <input type="checkbox"/> d. Christianity <input type="checkbox"/> e. Others		
5i	Fill in the blanks. I have receivedyears of education. OR informal education <input type="checkbox"/>		
5j	Main occupation of your family: a. Agriculture b. Government job/public services c. Self-employed/Own business d. Private Jobs e. Other, specify:_____		
5k	What is the monthly household income of your family?		

Q6. If you would like to share additional thoughts or issues about rabies you can do so here.

Thank you for your time!