

## **Rabies Awareness and Dog Ownership Characteristics Among Persons in Haiti**

1. What is your age? \_\_\_\_\_
2. What is your gender? \_\_\_\_\_
3. Where do you live?
  - a. Street \_\_\_\_\_
  - b. Commune \_\_\_\_\_
  - c. Department \_\_\_\_\_
4. How many people live with you, in your household? \_\_\_\_\_
5. Are you the primary care taker for your dogs?
  - a. Yes
  - b. No
  - c. Unknown
6. How many dogs are you getting vaccinated today? \_\_\_\_\_
7. How many dogs belong to your household? \_\_\_\_\_
8. Of the dogs belonging to your household, how many:
  - a. Stay on your property at all times \_\_\_\_\_
  - b. Roam the street unsupervised sometimes \_\_\_\_\_
  - c. Roam the street unsupervised at all times \_\_\_\_\_
9. What level of care do you provide for your dog(s)? (*Mark all that apply.*)
  - a. None
  - b. Food
  - c. Water
  - d. Shelter
  - e. Veterinary Care
  - f. Other: (free response)
  - g. Declined to answer
10. If any of your dog(s) have **never** been vaccinated for rabies, what is the reason?
  - a. Dog is too young (number \_\_\_\_\_)
  - b. No money to buy vaccine (number \_\_\_\_\_)
  - c. No vaccine available from veterinarians (number \_\_\_\_\_)
  - d. No vaccine available from government (number \_\_\_\_\_)
  - e. No need to vaccinate (number \_\_\_\_\_)
  - f. Other (free response): (number \_\_\_\_\_)
  - g. Declined to answer

11. For any dogs that died **in the past year**, what was the cause of death? **Indicate frequency of each.**
- Hit by Car \_\_\_\_\_
  - Poisoned \_\_\_\_\_
  - Disease/illness \_\_\_\_\_
  - Other: free response \_\_\_\_\_
  - I don't know \_\_\_\_\_
  - Declined to answer
12. **In the past year**, have you ever owned a dog that **died** after displaying **at least two** of the following symptoms? **If yes, how many?**  
*Hypersalivation, Aggressiveness, Biting people or animals, Difficulty walking, Change in the dog's voice*
- Yes, **number** \_\_\_\_\_
  - No
  - I don't know
13. Do you provide care for any dogs that you do **NOT** own? (Mark all that apply.)
- None
  - Food
  - Water
  - Shelter
  - Veterinary Care
  - Other: (free response)
  - Declined to answer
14. **In the past year**, have you or anyone in your household been bitten by a dog? Mark all that apply.
- No
  - Yes, me
  - Yes, an adult family member (indicate number if more than one) \_\_\_\_\_
  - Yes, my child (indicate number if more than one) \_\_\_\_\_
  - Declined to answer
15. Do you know anyone who has **ever** died from a disease caused by the bite of a dog?
- No
  - Yes: Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Year of Death: \_\_\_\_\_
  - Yes: Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Year of Death: \_\_\_\_\_
  - Yes: Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Year of Death: \_\_\_\_\_
  - Yes: Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Year of Death: \_\_\_\_\_
  - Yes: Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Year of Death: \_\_\_\_\_
16. Do you know anyone who has **ever** died from a disease called 'rabies'?
- No

- b. Yes: Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Year of Death: \_\_\_\_\_
- c. Yes: Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Year of Death: \_\_\_\_\_
- d. Yes: Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Year of Death: \_\_\_\_\_
- e. Yes: Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Year of Death: \_\_\_\_\_
- f. Yes: Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Year of Death: \_\_\_\_\_

17. How much do you know about a disease called rabies? Note: interviewer must evaluate.

- a. I have never heard of rabies
- b. Little knowledge (i.e., have heard of rabies/dog disease, but can't identify transmission routes or severity of disease)
- c. Basic understanding (knowledge that rabies is both a highly fatal disease and is transmitted by dog bite)
- d. Extensive knowledge (basic understanding plus knowledge of non-bite routes of exposure AND wildlife reservoirs besides dogs without prompting)
- e. Declined to answer

18. How severe is the disease called rabies?

- a. Mild
- b. Somewhat severe
- c. Very severe, but possible to recover
- d. Very severe, resulting in death
- e. I don't know
- f. Declined to answer

19. How do humans get rabies from an infected animal? (*Mark all that apply.*)

- a. Bite
- b. Scratch
- c. Observing the animal
- d. Touching the animal
- e. Contact with blood
- f. Contact with saliva
- g. Contact with urine/feces
- h. Other: (free response)
- i. I don't know
- j. Declined to answer

20. What animals can be infected with rabies? (*Mark all that apply.*)

- a. Dogs
- b. Cats
- c. Livestock (Cattle, sheep, goats, etc.)
- d. Poultry (Chickens, ducks, geese, etc.)
- e. Horses

- f. Mongoose
- g. Fox
- h. Wild Birds
- i. Bats
- j. Rodents
- k. Other: (free response)
- l. I don't know
- m. Declined to answer

21. If you thought that you had an exposure to an animal with rabies, what would you do?

- a. Nothing
- b. Wash wound
- c. Consult with a traditional healer
- d. Call a medical doctor
- e. Call a veterinarian
- f. Actively seek medical treatment at a pharmacy, hospital, clinic or outpost
- g. Receive rabies post-exposure prophylaxis
- h. Isolate the animal for observation
- i. Submit animal for disease testing
- j. Kill the animal
- k. Kill and eat the animal
- l. Other: (Free response)
- m. Declined to answer

22. Where do you normally go to receive medical treatment? (*Mark all that apply.*)

- a. Veterinary clinic
- b. Pharmacy
- c. Medical Clinic
- d. Hospital
- e. Traditional Healer
- f. Other: (free response)
- g. Declined to answer

23. How far do you need to travel to receive medical care at this location? (*Indicate frequency if multiple locations were identified.*)

- a. <1km
- b. 1-5km
- c. 6-10km
- d. 11-20km
- e. 21-30km
- f. >30km
- g. I don't know

h. Declined to answer

24. What are the primary obstacles for getting medical treatment in your community? (*Mark all that apply.*)

- a. Lack of facilities to provide treatment
- b. Lack of trained personnel at facilities to provide treatment
- c. Lack of medicines at facilities for treatment
- d. No means of transportation
- e. No money to pay for treatment
- f. Can't miss work
- g. Other: (free text)
- h. I don't know
- i. Declined to answer