Community Assessment for Public Health Emergency Response (CASPER) – Zika Virus Example

DK=Don't Know Ref=Refused NA=Not Applicable HH=Household

Date: ____/____/____ **Cluster Number: _____** **Interview Number: _____** Team name: _____

Demographics

Q1. Type of structure:
□ Single family □ Multiple unit □ Other _____

Q2. Including yourself, how many people live in your HH? ____#____

Q3. Including yourself, are there any females living in your household between the ages of 15-44? □ Yes □ No □ DK □ Ref

Q4. Including yourself, how many people living in your HH are
Less than 2 years old? __#__ 2-17 years? __#__
18-64 years? __#__ 65+ years? __#__ □ DK □ Ref

Q5. What is the main language spoken in your household?
□ English □ Spanish □ Creole □ Other_____ □ DK □ Ref

Communications

Q6. Does anyone in your HH have any of the following that could be barriers to effective communication during an emergency? *(Check all)*
□ Impaired hearing □ Impaired vision □ Developmental/cognitive disability □ Difficulty understanding English
□ Difficulty understanding written material □ None of the above □ DK □ Ref

Q7. Where has your HH heard information about Zika? ***(check all that apply)*** □ Newspaper □ TV □ Radio
□ Friends/Family/Word of Mouth □ Church/Place of worship
□ Internet/Social media □ School □ Community event □ CDC
□ Department of Health □ Other govt agency □ Healthcare provider
□ Other, _____ □ None □ DK □ Ref

Q8. Of those, which does your HH trust the *MOST* for reliable information about Zika? ***(check ONE)*** □ Newspaper □ TV □ Radio
□ Friends/Family/Word of Mouth □ Church/Place of worship
□ Internet/Social media □ School □ Community event □CDC
□ Department of Health □ Other govt agency □ Healthcare provider
□ Other, _____ □ None □ DK □ Ref

Q9. What messages has your HH heard about preventing Zika?
***(DO NOT READ RESPONSES** – Check all that apply)*
□ Wear mosquito repellent (DEET, picaridin, etc.)
□ Wear long sleeve pants and shirts
□ Avoid going outdoors during dusk and dawn
□ Drain standing water
□ Use condoms or abstain from sex
□ Delay pregnancy
□ Other _____
□ Have not heard any messages □ DK □ Ref

Now, I am going to read you a set of statements about Zika. Please tell me whether you or your HH members AGREE (A) or DISAGREE (D) with the following *(DK = Don't Know, R = Refused)*

Q10. Zika is an important issue in this community	**A**	**D**	**DK**	**R**	**Q10c**. Zika can spread from mother to unborn child	**A**	**D**	**DK**	**R**
Q10a. Zika can be prevented	**A**	**D**	**DK**	**R**	**Q10d.** Zika is spread by mosquitoes	**A**	**D**	**DK**	**R**
Q10b. Zika virus can be sexually transmitted	**A**	**D**	**DK**	**R**	**Q10e** It's possible to control mosquitoes around the home	**A**	**D**	**DK**	**R**

Zika Knowledge and Opinions

Q11. Where do you and members of your HH typically get bitten the most by mosquitoes? ***(Check ONE)***
□ Home □ Work □ School □ Recreational areas (e.g. park, beach)
□ House of friend/family/neighbor □Businesses/Restaurants
□ Other_____ □ Don't see any □ DK □ Ref

Q12. When do you and members of your HH typically get bitten the ***most*** by mosquitoes? ***(ONE)*** □ Day □ Dawn/dusk □ Night □ DK □ Ref

Q13. Currently, how concerned are you and members of your HH about getting the Zika virus? □ Very concerned □ Somewhat concerned □ Not concerned at all □ DK □ Ref

Q14. Currently, how concerned are you and members of your HH about getting other diseases mosquitoes may carry?
□ Very concerned □ Somewhat concerned
□ Not concerned at all □ DK □ Ref

Q14a. If VERY or SOMEWHAT, which other disease(s)? ***(DO NOT READ – Check all that apply)*** □ Dengue □ Chikungunya
□ Yellow fever □ Other _____ □ DK □ Ref

Q15. What are the common symptoms of Zika? *(Check all that apply)*
□ Fever □ Headache □ Joint pain □ Muscle pain □ Rash
□ Red eyes □ No symptoms □ Other _____ □ DK □ Ref

Q16. Who is most at risk of harm from Zika? ***(DO NOT READ RESPONSES - Check ONE)***
□ Pregnant women □ Women of childbearing age (15-44)
□ Adolescents (15-24) □ People with disabilities
□ Unborn child □ Children □ Elderly/Older adults
□ Everybody – all have same risk
□ Nobody – there are no risks
□ Other_____ □ DK □ Ref

Q17. What do you and members of your HH think could happen to a baby of a pregnant women w/Zika? ***(DO NOT READ RESPONSES - Check all that apply)***
□ Not growing/developing in womb □ Miscarriage □ Stillborn
□ Premature birth □ Microcephaly □ Disability
□ Other _____
□ No risks □ DK □ Ref

Q18. In response to Zika, has anyone in your HH delayed pregnancy?
□ Yes □ No □ NA □ DK □ Ref

Q19. Is anyone in your household pregnant or planning to become pregnant within the next year?
□ Yes □ No □ NA □ DK □ Ref

Prevention Behaviors

In response to Zika, how often have you or members of your household done any of the following? ALWAYS (A), SOMETIMES (S), RARELY (R), or NEVER (N) *(NA = Not Applicable, DK = Don't Know, Ref = Refused)*

Q20. Taken any actions to protect yourselves	**A**	**S**	**R**	**N**	**DK**	**Ref**	**Q20e**. Avoided areas of mosquito exposure	**A**	**S**	**R**	**N**	**DK**	**Ref**
Q20a. Worn mosquito repellent	**A**	**S**	**R**	**N**	**DK**	**Ref**	**Q20f.** Used condoms	**A**	**S**	**R**	**N**	**NA**	**DK**	**Ref**
Q20b. Used bed nets	**A**	**S**	**R**	**N**	**DK**	**Ref**	**Q20g**. Burned mosquito coils/candles	**A**	**S**	**R**	**N**	**DK**	**Ref**
Q20c. Worn protective clothing	**A**	**S**	**R**	**N**	**DK**	**Ref**	**Q20h**. Use air conditioning	**A**	**S**	**R**	**N**	**NA**	**DK**	**Ref**
Q20d. Avoided being outside at peak times (dusk/dawn)	**A**	**S**	**R**	**N**	**DK**	**Ref**	**|Q20i.** Other, _____	**A**	**S**	**R**	**N**	**DK**	**Ref**

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Q21. ***What, if any, are barriers to using mosquito repellent***? ***(Check all)*** □ Too expensive □ Takes too much time □ Product not available □ Do not like how it feels/smells □ Concerned about health/safety □ Concerned about environment □ Prefer natural remedies □ Other, _____ □ No barriers □ DK □ Ref

Q22. Does your HH have any of the following? ***(Check all that apply)***
□ Air conditioning
□ Undamaged screens on all windows
□ Undamaged screens on all doors
□ Water source that is uncovered/not screened
□ Abandoned buildings nearby
□ Objects (tires, pots, tarps, trash) that may collect rain water near the home (within 200 yards)
□ None of the above □ DK □ Ref

Q23. What is your HH current source of water? ***(Check all that apply)***
□ WAPA □ Above ground cistern □ Underground cistern
□ Rain barrel □ Bottled water □ Other _____ □ NA □ DK □ Ref

Q23a. ***If CISTERN***, how does your HH treat the water?
□ Bleach □ Mosquito dunk □ Filter □ Ultraviolet (UV) light
□ Boil □ Other, _____ □ Do not treat cistern □ DK □ Ref

Q24. What is your HH current source of drinking water?
□ Unfiltered tap □ Filtered tap water □ Bottled □ Cistern
□ Other_____ □ DK □ Ref

Please tell me how often you or members of your household take any of the following actions to reduce or remove mosquitoes from your house or yard. NEVER (N), WEEKLY (W), MONTHLY (M), or QUARTERLY/FEW TIMES A YEAR (Q) *(NA = Not Applicable, DK = Don't Know, Ref = Refused)*

Q25. Clean clogged roof gutters	**N**	**W**	**M**	**Q**	**NA**	**DK**	**R**	**Q25d.** Use larvicides/mosquito dunks	**N**	**W**	**M**	**Q**	**NA**	**DK**	**R**
Q25a. Cut shrubs/grass	**N**	**W**	**M**	**Q**	**NA**	**DK**	**R**	**Q25e**. Clean yard/remove garbage	**N**	**W**	**M**	**Q**	**NA**	**DK**	**R**
Q25b. Empty standing water	**N**	**W**	**M**	**Q**	**NA**	**DK**	**R**	**Q25f.** Keep cover(s) on water source(s)	**N**	**W**	**M**	**Q**	**NA**	**DK**	**R**
Q25c. Spray/fumigate for mosquitos	**N**	**W**	**M**	**Q**	**NA**	**DK**	**R**	**Q25g**. Other action _____	**N**	**W**	**M**	**Q**	**NA**	**DK**	**R**

Q26. What barriers, if any, does your household face in controlling mosquitoes around your house or yard? **(*Check all that apply)***
□ Too expensive □ Too time consuming □ Don't own the home □ Don't have access to materials □ On neighboring property
□ Physically too hard □ Too large of problem/impossible to control □ Unsure how □ Other_____
□ No barriers □ DK □ Ref

Q27. What actions do your HH members believe the health department should take to prevent mosquito diseases? (Check all that apply)
□ Inspection of property □ Spraying/fogging **(*go to 27a)*** □ Education □ Other _____ □ None □ DK □ Ref

Q27a. If *SPRAYING*, which type(s) would you support? **(Check all that apply)**
□ By hand □ By Truck □ By plane □Other,_____ □ DK □ Ref

Now, I am going to ask some questions about preparedness for Hurricanes and other emergency events

Q28. Does your household have any of the following emergency plans?
Emergency communication plan such as a list of numbers and designated out-of-town contact □ Yes □ No □ DK □ Ref
Designated meeting place immediately outside your home or close by in your neighborhood □ Yes □ No □ DK □ Ref □ NA
Designated meeting place outside of your neighborhood in case you cannot return home □ Yes □ No □ DK □ Ref □ NA
Copies of important documents in a safe location (e.g., water proof container) □ Yes □ No □ DK □ Ref
Multiple routes away from your home in case evacuation is necessary □ Yes □ No □ DK □ Ref

Q29. Has your household prepared an Emergency Supply Kit with supplies like water, food, flashlights, and extra batteries that is kept in a designated place in your home? □ Yes □ No □ DK □ Ref

Q30. Does your household have adequate drinking water (besides tap) for the next 3 days? (1 gallon/person/day) □ Yes □ No □ DK □R

Q31. Does your household have adequate non-perishable food (e.g., protein bars, nuts) for the next 3 days? □ Yes □ No □ DK □ Ref

Q32. Does your household currently have a 7-day supply of medication for each person who takes prescribed meds?
□ Yes □ No □ DK □ No prescriptions □ Ref

Other

Q33. Did you or members of your HH hear about this survey prior to us talking to you today? □ Yes ***(go to 33a)*** □ No □ DK □ Ref

Q33a. If yes, how did you or your HH member hear about it? ***(Check all that apply)***
□ Social media □ Website □ Press release □E-mail □ Family/Friend/Neighbor □ Radio □ Other _____ □ DK □ Ref

Q34. What is your HH greatest need at this time?

Thank you