

## QUESTIONNAIRE

**Title: Comorbidities of onchocerciasis and non-communicable diseases, and determinants of continued transmission in Bafut Health District, Cameroon**

Please answer this questionnaire by ticking the answer of your choice in the boxes provided. [ ]

### **Section A: Socio-demographic data**

1. Participant code: \_\_\_\_\_ health area: \_\_\_\_\_ Endemicity \_\_\_\_\_
2. Age [ ] ... sex: male [ ] female [ ]
3. Level of education: None [ ] Primary [ ] Secondary [ ] Tertiary [ ]
4. Occupation: None [ ] Farmer [ ] Business [ ] Salaried worker [ ]
5. Marital status: Single [ ] Married [ ] Divorced [ ]
6. Religion: Christian [ ] Muslim [ ] Atheist [ ] None [ ]
7. How long have you lived in Bafut.....
8. Are you pregnant? Yes [ ] No [ ]

### **Section B: Participants' knowledge of onchocerciasis**

1. Have you ever heard of onchocerciasis? Yes [ ] No [ ]
2. What organism causes onchocerciasis? Mosquito [ ] Parasite[ ] I don't know[ ]
3. Can onchocerciasis be transmitted from person to person: Yes [ ] No [ ] I don't know [ ]
4. How is onchocerciasis transmitted: Blackfly bite [ ], Mosquito bite[ ], Sharing cloths [ ]
5. Can onchocerciasis be prevented? Yes [ ] No [ ]
6. Which of the following can treat onchocerciasis? Mectizan [ ] Herbs [ ] I don't know [ ]

### **Section C: Signs and symptoms associated with onchocerciasis**

1. Have you ever been diagnosed with onchocerciasis: Yes [ ] No [ ]
2. If yes, which of the following signs and symptoms do you experience:  
Itching skin/eyes [ ] Nodules [ ] Oedema [ ] Skin change [ ] Blindness/blurred vision [ ]

3. What time of the day do you experience symptoms: Morning [ ] Afternoon [ ] Night [ ]

#### **Section D: Factors associated with continued transmission**

1. Have you ever taken Mectizan: Yes [ ] No [ ] I don't know [ ]
  - a. If No, what is the reason?.....
  - b. If Yes, what other drug did you take in combination with Mectizan?.....
2. What side effects do you experience after taking Mectizan? Itching skin/eyes [ ] Body swelling [ ] Joint pain [ ] Fever [ ] Blurred vision [ ] Skin change [ ] Body weakness [ ] Others (specify).....

#### **Section E: Participants' Information on Non-Communicable Diseases**

1. Which non-communicable disease do you currently have or have been diagnosed with?  
Diabetes [ ] Hypertension [ ] Arthritis [ ] Stroke [ ] Epilepsy [ ] Cancer [ ]
2. If you have been diagnosed with any, which signs and symptoms do you experience?
3. Do the symptoms above increase after taking Mectizan: Yes [ ] No [ ]
4. Are you currently on any medication: Yes [ ] No [ ]
  - a) If yes, name them.....