

EBOLA KAP SURVEY 1: GENERAL POPULATION (DRC-SPECIFIC VERSION)

INTERVIEW INFORMATION

<p><i>(Register investigator and participant code)</i></p> <p>Investigator: _____</p> <p>Participant Code: _____</p>	<p><i>(Register locality, health zone, date of interview)</i></p> <p>Locality (Village or District): _____</p> <p>Health Area: _____</p> <p>Health Zone: _____</p> <p>Date (dd/mm/yyyy) : ____ / ____ / ____</p> <p>Time (hh: mm): ____ : ____</p>
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(INFORM THE PARTICIPANT THAT YOU WILL NOW BEGIN ADMINISTERING THE SURVEY. READ THE FOLLOWING TEXT BEFORE YOU BEGIN.)

Script: Hello, my name is _____ *(also introduce the whole team present)*. We are here on behalf of [Ministry of Health]. An outbreak of Ebola virus disease (EVD) has occurred in your area. The government [or other entity conducting response activities] is taking steps to identify and test people who may be infected with Ebola so that they can be taken to a specialized hospital for treatment. They will also offer vaccination and monitoring for people who have been in close contact with them. In order to improve the fight against Ebola virus disease in our country, we are talking to people to understand their views about this disease. We'd like to ask you a few questions about health and how you and your family protect yourself from disease. The information we collect will be used by [the Ministry of Health] to improve its efforts to stop the spread of Ebola. Answer survey questions will take around 30 minutes.

Before you decide, I would like to review a few points:

- This survey is voluntary. You are not obligated to answer questions that you do not want to answer, and you can choose to end the survey at any time.
- There are no right or wrong answers, we would just like to know your experiences and views.
- The information you provide today will remain private. I will not ask for your name as part of this investigation.
- The report we write will be a summary of all the investigations we conduct, without it being possible to identify you or your responses.
- If you have any further questions after the survey is completed, you can contact [name and job title] at [phone number].

Do you agree to participate in this survey? Yes or no

(Note the verbal consent to participate here; if you refuse to participate, thank them for their time and end the survey.)

Do you have any questions before you start? *(Write questions here)*

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TEXT OF THE QUESTION	RESPONSE OPTIONS
SOURCES OF HEALTH INFORMATION	
1. Over the past week, have you been looking for information on how to protect yourself from infectious diseases?	<p><i>(Unless noted otherwise, for all questions, read all answer choices to the respondent, and check the one answer that they provide.)</i></p> <ol style="list-style-type: none"> 1. Yes 2. No go to Q.2 3. Refuse <i>(Do not read)</i>
1.b. What are your sources of information about how to protect yourself from infectious diseases?	<p><i>(Do not read answer choices. Check all the answers provided by the participant.)</i></p> <ol style="list-style-type: none"> 1. Health worker 2. Community health volunteer 3. Traditional healer / lay health practitioner 4. Radio 5. Television 6. Online or print news 7. Posters or leaflets 8. Facebook 9. WhatsApp 10. Twitter 11. Instagram 12. SMS [Message from operators] 13. Community Leader 14. Place of prayer [worship, mass, religious leaders] 15. Family and friends 16. At school 17. Health facility 18. Word of Mouth 19. Other <i>(specify)</i>: _____ 20. None 21. Refuse

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TEXT OF THE QUESTION	RESPONSE OPTIONS
2. What are your sources of general information, for things like events, news and topics than interest you?	<p>(Do not read answer choices. Check all the answers provided by the participant.)</p> <ol style="list-style-type: none"> 1. Health worker 2. Community health volunteer 3. Traditional healer / lay health practitioner 4. Radio 5. Television 6. Online or print news 7. Posters or leaflets 8. Facebook 9. WhatsApp 10. Twitter 11. Instagram 12. Websites 13. SMS [Message from operators] 14. Community Leader 15. Place of prayer [worship, mass, religious leaders] 16. Family and friends 17. At school 18. Health Facility 19. Word of Mouth 20. Other (specify): _____ 21. None 22. Refuse
2b. What are your sources of health information?	<p>(Do not read answer choices. Check all the answers provided by the participant.)</p> <ol style="list-style-type: none"> 1. Health worker 2. Community health volunteer 3. Traditional healer / lay health practitioner 4. Radio 5. Television 6. Posters or leaflets 7. Facebook 8. WhatsApp 9. Twitter 10. Instagram 11. SMS [Message from operators] 12. Community Leader 13. Place of prayer [worship, mass, religious leaders] 14. Family and friends 15. At school 16. Health facility 17. Word of Mouth 18. Other (specify): _____ 19. None 20. Refuse

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3. The last time you searched for health information, was this for ...	<p><i>(Read all answer choices. Check all the answers listed.)</i></p> <ol style="list-style-type: none"> 1. Yourself (respondent) 2. Another person you care for (for example, a spouse, child, parent, relative or friend) 3. Other (<i>specify</i>): _____ 4. Refuse (<i>Do not read</i>)
TRUST IN HEALTH INFORMATION	
4. In general, how much do you trust health workers for health information?	<ol style="list-style-type: none"> 1. A lot 2. Moderately 3. A little 4. Not at all 5. I have no opinion 6. I don't know 7. Refuse (<i>Do not read</i>)
5. In general, how much do you trust community health volunteers for health information?	<ol style="list-style-type: none"> 1. A lot 2. Moderately 3. A little 4. Not at all 5. I have no opinion 6. I don't know 7. Refuse (<i>Do not read</i>)
6. In general, how much do you trust traditional healers / lay health practitioners for health information?	<ol style="list-style-type: none"> 1. A lot 2. Moderately 3. A little 4. Not at all 5. I have no opinion 6. I don't know 7. Refuse (<i>Do not read</i>)
7. In general, how much do you trust radio for health information?	<ol style="list-style-type: none"> 1. A lot 2. Moderately 3. A little 4. Not at all 5. I have no opinion 6. I don't know 7. Refuse (<i>Do not read</i>)
8. In general, how much do you trust television for health information?	<ol style="list-style-type: none"> 1. A lot 2. Moderately 3. A little 4. Not at all 5. I have no opinion 6. I don't know 7. Refuse (<i>Do not read</i>)

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TEXT OF THE QUESTION	RESPONSE OPTIONS
9. In general, how much do you trust posters or leaflets for health information?	<ol style="list-style-type: none"> 1. A lot 2. Moderately 3. A little 4. Not at all 5. I have no opinion 6. I don't know 7. Refuse (Do not read)
10. In general, how much do you trust social media (e.g., Facebook, WhatsApp, Twitter, Instagram) for health information?	<ol style="list-style-type: none"> 1. A lot 2. Moderately 3. A little 4. Not at all 5. I have no opinion 6. I don't know 7. Refuse (Do not read)
11. In general, how much do you trust community leaders (e.g., local chiefs) for health information?	<ol style="list-style-type: none"> 1. A lot 2. Moderately 3. A little 4. Not at all 5. I have no opinion 6. I don't know 7. Refuse (Do not read)
12. In general, how much do you trust religious leaders for health information?	<ol style="list-style-type: none"> 1. A lot 2. Moderately 3. A little 4. Not at all 5. I have no opinion 6. I don't know 7. Refuse (Do not read)
13. In general, how much do you trust family members for health information?	<ol style="list-style-type: none"> 1. A lot 2. Moderately 3. A little 4. Not at all 5. I have no opinion 6. I don't know 7. Refuse (Do not read)
13b. In general, how much do you trust friends for health information?	<ol style="list-style-type: none"> 1. A lot 2. Moderately 3. A little 4. Not at all 5. I have no opinion 6. I don't know 7. Refuse (Do not read)

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TEXT OF THE QUESTION	RESPONSE OPTIONS
13c. In general, how much do you trust school for health information?	<ol style="list-style-type: none"> 1. A lot 2. Moderately 3. A little 4. Not at all 5. I have no opinion 6. I don't know 7. Refuse (Do not read)
13d. how much do you trust “side-walk radio” (word of mouth) for health information?	<ol style="list-style-type: none"> 1. A lot 2. Moderately 3. A little 4. Not at all 5. I have no opinion 6. I don't know 7. Refuse (Do not read)
13e. In general, how much do you trust health facilities (clinics, health centers, hospitals) for health information?	<ol style="list-style-type: none"> 1. A lot 2. Moderately 3. A little 4. Not at all 5. I have no opinion 6. I don't know 7. Refuse (Do not read)
13f. In general, how much do you trust SMS (message from mobile phone networks) for health information?	<ol style="list-style-type: none"> 1. A lot 2. Moderately 3. A little 4. Not at all 5. I have no opinion 6. I don't know 7. Refuse (Do not read))
MAIN HEALTH CONCERNS IN THE COMMUNITY	
14. What do you think are the most common diseases in your community?	<p><i>Read all answer choices. Check all the answers listed.</i></p> <ol style="list-style-type: none"> 1. Ebola virus disease 2. COVID-19 3. Malaria 4. Tuberculosis 5. VIH 6. STD 7. Cholera 8. Measles 9. Typhoid 10. Influenza 11. Acute respiratory tract infection 12. Diarrhea 13. Other (<i>specify</i>): _____ 14. Refuse (<i>Do not read</i>)

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KNOWLEDGE AND CONCERNS ABOUT EBOLA VIRUS DISEASE (EVD)	
15. Have you ever heard of Ebola Virus Disease (EVD)?	<ol style="list-style-type: none"> Yes No → <i>read the script below to the respondent, then proceed to Q.43</i> Script: The signs and symptoms of Ebola Virus Disease (EVD) are similar to those of other diseases, and usually include fever, headache or body aches, vomiting, and diarrhea. After several days, symptoms may include bleeding gums or other hemorrhaging. People most at risk of EVD are those who have been close to other people who are sick or have died from EVD or an unknown cause. <i>[Also include any relevant updates regarding the EVD outbreak in the community.]</i> Proceed to Q.43. Refuse (<i>Do not read</i>)
16. What have you heard about EVD?	<ol style="list-style-type: none"> (Free text) : _____ I don't know Refuse (<i>Do not read</i>)
17. From whom did you last hear about EVD?	<p><i>Read all answer choices. Check all the answers listed.</i></p> <ol style="list-style-type: none"> Public announcements (megaphone or crier) Community leader Community health volunteer Health worker Traditional healer / lay health practitioner Religious leader: church / mosque / other Personal network: relatives / friends I don't know Other (<i>specify</i>): _____ Refuse (<i>Do not read</i>)
18. From what source did you last see, hear or read something about EVD?	<p><i>Read all answer choices. Check all the answers listed.</i></p> <ol style="list-style-type: none"> Health worker Community health volunteer Traditional healer / lay health practitioner Radio Television Online or print news Posters or leaflets Facebook WhatsApp Twitter Instagram Websites SMS [Message from operators] Community Leader Place of prayer [worship, mass, religious leaders] Family and friends At school Health Facility Word of Mouth [Sidewalk Radio] Other (<i>specify</i>): _____ None Refuse

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19. Do you think the EVD epidemic in your community is real?	<ol style="list-style-type: none"> 1. Yes 2. No → go to Q.21 3. I don't know → go to Q.21 4. Refuse (<i>Do not read</i>)
20. If you think the EVD outbreak is real, what do you think is the cause of the epidemic?	<p>(Do not read answer choices. Check all the answers indicated by the participant)</p> <ol style="list-style-type: none"> 1. A person being near an infected animal, dead or alive 2. Introduced by cases imported from outside the community 3. Intentionally introduced for profit ["Ebola business"] 4. Introduced by politicians 5. Introduced by foreigners 6. Witchcraft [mystical/magical source] 7. I don't know 8. Other (<i>specify</i>): _____ 9. Refuses (<i>Do not read</i>)
20a. What do you think are the causes of the spread?	<ol style="list-style-type: none"> 1. Lack of information 2. People taking care of people who are sick with EVD 3. Touching infected animals 4. Other (<i>specify</i>): _____ 5. Refuse (<i>Do not read</i>)
21. If you don't believe the EVD outbreak is real, why do you think the people employed in the EVD response are here?	<p>(Do not read answer choices. Check all the answers indicated by the participant)</p> <ol style="list-style-type: none"> 1. To make money ["Ebola business"] 2. For political purposes 3. To oppress an ethnic group 4. To exterminate an ethnic group 5. Didn't see anyone in the community working to finish the EVD outbreak 6. Other (<i>specify</i>): _____ 7. Refuse (<i>Do not read</i>)
22. Do most people in your community believe that there is an EVD outbreak in the community right now?	<ol style="list-style-type: none"> 1. Yes 2. Not 3. I don't know 4. Refuse (<i>Do not read</i>)
22a. Do you think you can get infected or become sick with EVD?	<ol style="list-style-type: none"> 1. Yes 2. No → go to Q.22c 3. I don't know → go to Q.23 4. Refuse (<i>Do not read</i>)
22b. If you think you can get or get sick with EVD, how high would you say your risk is for getting sick?	<ol style="list-style-type: none"> 1. Very high risk 2. High risk 3. Medium risk 4. Low risk 5. Very low risk 6. Refuse (<i>Do not read</i>)

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22c. If you think you can't get sick or get EVD, why?	<ol style="list-style-type: none"> 1. I am with God 2. I am vaccinated 3. I don't handle bushmeat or wild animals 4. I protect myself by rituals (amulets) 5. Other (<i>specify</i>): _____ 6. Refuse (<i>Do not read</i>)
23. How worried are most people in your community about getting sick with EVD?	<ol style="list-style-type: none"> 1. Not worried 2. A little worried 3. Very worried 4. I don't know 5. Refuse (<i>Do not read</i>)
24. How worried are you about getting sick with EVD?	<ol style="list-style-type: none"> 1. Not worried 2. A little worried 3. Very worried 4. I don't know 5. Refuse (<i>Do not read</i>)
EBOLA VIRUS DISEASE (EVD) TRANSMISSION	
25. How can EVD be transmitted from person to another?	<p>(<i>Do not read answer choices. Check all the answers provided by the participant.</i>)</p> <ol style="list-style-type: none"> 1. Contact with body fluids (urine, saliva, sweat, feces, vomit, breast milk, vaginal secretions and semen) of a person with EVD 2. Contact with body fluids of a person who died of EVD 3. Contact with objects contaminated with body fluids of a person who is sick or deceased from EVD 4. Sexual intercourse with a person infected with EVD 5. Sexual intercourse with an EVD survivor 6. Shaking hands with people 7. By eating wild animals 8. Airborne transmission 9. By a curse or witchcraft 10. Other (<i>specify</i>): _____ 11. I don't know 12. Refuse (<i>Do not read</i>)

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EVD PROTECTIVE MEASURES	
26. What are the ways to protect against EVD?	<p>(Do not read answer choices. Check all the answers provided by the participant.)</p> <ol style="list-style-type: none"> 1. Wash your hands regularly with soap 2. Get vaccinated with the EVD vaccine 3. Do not touch the body of a person who has died of EVD 4. Do not attend funerals of people who died from EVD 5. Wear gloves before caring for a sick person 6. Wear gloves before cleaning vomit or other liquids of a sick person, 7. Using a condom when having sex with someone infected with EVD 8. Using a condom when having sex with someone who has survived EVD 9. Avoid going to a clinic, health center or hospital 10. Avoid consulting a traditional healer / lay health practitioner 11. Accept disinfection of the house if needed 12. It's impossible to protect against EVD 13. Other (specify): _____ 14. I don't know 15. Refuse (Do not read)
27. Have you taken any steps to avoid being infected with EVD?	<ol style="list-style-type: none"> 1. Yes 2. No → go to Q.29 3. Refuse (Do not read)
28. What steps have you taken to avoid being infected with EVD?	<p>(Do not read answer choices. Check all the answers provided by the participant.)</p> <ol style="list-style-type: none"> 1. I wash my hands regularly with soap 2. I received the EVD vaccine 3. I avoid touching the body of someone who has died from EVD 4. I would not attend the funeral of someone who has died from EVD 5. I wear gloves when touching or caring for a sick person 6. I wear gloves when cleaning vomit or other liquids of a sick person 7. I use a condom when having sex with someone infected with EVD 8. I use a condom when having sex with someone who has survived EVD 9. I avoid going to clinics, health centers or hospitals 10. I avoid visiting traditional practitioners / lay health practitioner 11. I have authorized the disinfection of my house 12. Other (specify): _____ 13. I don't know 14. Refuse (Do not read)
29. Have you encountered any obstacles in trying to protect yourself against EVD?	<ol style="list-style-type: none"> 1. Yes 2. No → go to Q.31 3. I don't know → go to Q.31 4. Refuse (Do not read)

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EVD PROTECTIVE MEASURES	
<p>30. What are the obstacles you have faced in trying to protect yourself against EVD?</p>	<p><i>(Do not read answer choices. Check all the answers provided by the participant.)</i></p> <ol style="list-style-type: none"> 1. Cost of supplies (gloves, soap, etc.) 2. Availability of supplies (gloves, soap, etc.) 3. Lack of access to clean water 4. No access to the vaccine 5. No room to isolate a sick person in the house 6. No way to avoid risky behaviors (care for the sick, participation in funerals, etc.) 7. The community does not approve of these changes in behavior 8. Other (<i>specify</i>): _____ 9. Refuse (<i>Do not read</i>)
SIGNS AND SYMPTOMS	
<p>31. Can you <u>describe</u> the signs that a person may have EVD?</p>	<p><i>(Do not read answer choices. Check all the answers provided by the participant.)</i></p> <ol style="list-style-type: none"> 1. Fever 2. Headaches 3. Body pain 4. Vomiting 5. Diarrhea 6. Bleeding gums or other bleeding 7. Generalized weakness and fatigue 8. Other (<i>specify</i>): _____ 9. I don't know 10. Refuse (<i>Do not read</i>)
<p>Read the following to the participant: The most common signs and symptoms of Ebola virus disease (EVD) are similar to those of other infectious diseases and include fever, headache or body aches, vomiting, diarrhea, and generalized weakness and fatigue. After several days, they may include bleeding gums or other hemorrhaging. People most at risk of EVD are those who have been close to other people who are sick or have died from EVD or an unknown cause. The next questions will focus on what you would do if you or others show signs of EVD.</p>	

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EVD PROTECTIVE MEASURES	
32. What would you do if you had EVD symptoms?	<p><i>(Do not read answer choices. Check all the answers provided by the participant.)</i></p> <ol style="list-style-type: none"> 1. Call the local alert number 2. Inform the authorities <i>[specify to refer to the appropriate point of contact in the context of the investigation]</i> 3. Inform response personnel <i>[specify to refer to the appropriate point of contact for the investigation]</i> 4. Go to a public health center for treatment 5. Go to a private health facility for treatment 6. Go to an Ebola transit center 7. Go to an Ebola Treatment Centre (ETC) for treatment 8. Go to a traditional practitioner for treatment 9. Go to a pharmacy to get medication 10. Stay at home and recover 11. Stay away from others 12. Continue daily activities 13. Contact a religious leader 14. Pray 15. Other <i>(specify)</i>: _____ 16. I don't know 17. Refuses <i>(Do not read)</i>
33. What would you do if a family member had EVD symptoms?	<p><i>(Do not read answer choices. Check all the answers provided by the participant.)</i></p> <ol style="list-style-type: none"> 1. Call the local alert number 2. Inform the authorities <i>[specify to refer to the appropriate point of contact in the context of the investigation]</i> 3. Inform response personnel <i>[specify to refer to the appropriate point of contact for the investigation]</i> 4. Take the person to a public health center for treatment 5. Take the person to a private care facility for treatment 6. Take the person to an Ebola transit center 7. Take the person to an Ebola Treatment Center (ETC) 8. Take the person to a traditional practitioner lay health practitioner 9. Go to a pharmacy to get medication 10. Take care of the person at home 11. Keep the person away from other people 12. Contact a religious leader 13. Pray 14. Do nothing 15. Other <i>(specify)</i>: _____ 16. I don't know 17. Refuse <i>(Do not read)</i>

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EVD PROTECTIVE MEASURES	
34. What would you do if a member of your community is suspected of having EVD?	<p>(Do not read answer choices. Check all the answers provided by the participant.)</p> <ol style="list-style-type: none"> 1. Call the local alert number 2. Inform the authorities [specify to refer to the appropriate point of contact in the context of the investigation] 3. Inform response personnel [specify to refer to the appropriate point of contact for the investigation] 4. Notify a local community leader 5. Encourage the person to seek treatment in an Ebola treatment center 6. Encourage the person to get tested at an Ebola transit center 7. Do nothing 8. Pray 9. Avoid contact with the suspicious person 10. Other (specify): _____ 11. I don't know 12. Refuse (Do not read)
35. What would you do if a member of your community died of EVD or an unknown cause?	<p>(Do not read answer choices. Check all the answers provided by the participant.)</p> <ol style="list-style-type: none"> 1. Do not touch or wash the corpse 2. Call the local alert number 3. Inform the authorities or response personnel [specify to refer to the appropriate point of contact in the context of the investigation] 4. Notify a local community leader 5. Notifying a religious leader 6. Notify a traditional practitioner 7. Notify the local health facility 8. Don't tell anyone 9. Don't be alarmed 10. Hold a funeral in secret 11. Other (specify): _____ 12. I don't know 13. Refuse (Do not read)
COMMUNITY INVOLVEMENT IN THE RESPONSE	
<p>Read the following to the participant: I am also interested in the leaders in your community and the people you think should be involved in ending the EVD outbreak.</p>	
36. Who are the trusted leaders in your community that you could contact for EVD information?	<ol style="list-style-type: none"> 1. Leaders Name (Free Text): _____ 2. I don't know → go to Q.38 3. Refuse (Do not read) → go to Q.38
37. Would you be willing to share their name, phone number, and physical address?	<ol style="list-style-type: none"> 1. Yes → Note name, phone number and physical address: _____ 2. No 3. Refuse (Do not read)

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EVD PROTECTIVE MEASURES	
38. Are there other people in your community who you think should be involved in the response?	<ol style="list-style-type: none"> 1. Yes 2. No → go to Q.40 3. I don't know → go to Q.40 4. Refuse (Do not read)
39. Would you be willing to share their name, phone number and physical address?	<ol style="list-style-type: none"> 1. Yes, write down their names, phone number and physical address: _____ 2. No 3. Refuse (Do not read)
PERCEPTIONS OF RESPONSE [Include this section only if EVD response activities are underway and you want to understand community perceptions. Perceptions of response are covered in more detail in survey 2].	
Read the following to the participant: There are already many organizations and individuals working to end the EVD outbreak. These are called "response teams" and you may have encountered them in your community. These response teams carry out a number of activities, for example, they provide contact tracing, vaccination, medical care and case management for possible EVD cases, and safe and dignified burial.	
40. Have you seen anyone from the response team in your community during the current outbreak?	<ol style="list-style-type: none"> 1. Yes 2. No 3. I don't know 4. Refuse (Do not read)
41. Are you satisfied with the way the response teams work with community members?	<ol style="list-style-type: none"> 1. Yes 2. No → go to Q.42b 3. I don't → go to Q.43 4. Refuse (Do not read) → go to Q.43
42. If so, why are you satisfied?	<ol style="list-style-type: none"> 1. (Free text) _____ 2. Refuse (Do not read)
42b. If not, why are you dissatisfied?	<ol style="list-style-type: none"> 1. (Free text) _____ 2. Refuse (Do not read)
DEMOGRAPHICS	
(Read the following text to the participant): Thank you for taking the time to participate in our survey. Before I conclude, I'd like to ask you a few questions so we can understand your journey a little better.	
43. What is your date of birth?	Date (mm/dd/yyyy): ____ / ____ / ____
44. [Note the gender of the participant]	<ol style="list-style-type: none"> 1. Male 2. Female
45. What is your highest level of education?	<ol style="list-style-type: none"> 1. None 2. Primary school 3. High school 4. Secondary school diploma 5. University degree (including graduate degree) 6. Technical or vocational school 7. Refuse (Do not read)

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EVD PROTECTIVE MEASURES	
46. What type of activity do you engage in to generate the majority of your income?	<ol style="list-style-type: none"> 1. No activity 2. Agriculture, livestock, forestry, and fisheries 3. Extractive activities 4. Manufacturing activities 5. Production and distribution of electricity, gas and water 6. Building construction and civil engineering 7. Accommodation and catering activities 8. Transportation and storage 9. Postal and telecommunications activities 10. Financial and insurance activities 11. Professional, scientific and technical activities 12. Real estate activities and administrative and support services 13. Public administration, defense and compulsory social security 14. Education 15. Health and social work 16. Arts, entertainment and recreation 17. Handyman/ laborer 18. Businessperson 19. Small business 20. Other (<i>specify</i>): _____ 21. Refuse (<i>Do not read</i>)
47. What is your main spoken language ?	<ol style="list-style-type: none"> 1. French 2. Lingala 3. English 4. Kinande 5. Other (<i>specify</i>): _____ 6. Refuses (<i>Do not read</i>)
48. What is your dialect (spoken language of the tribe?)	<ol style="list-style-type: none"> 1. [Language 1] 2. [Language 2] 3. [Language 3] 4. Other (<i>specify</i>): _____ 5. Refuses (<i>Do not read</i>)
49. In which of the following languages would you prefer to receive information about EVD?	<ol style="list-style-type: none"> 1. [Language 1] 2. [Language 2] 3. [Language 3] 4. Other (<i>specify</i>): _____ 5. Refuses (<i>Do not read</i>)

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EVD PROTECTIVE MEASURES	
50. What is your religion?	<ol style="list-style-type: none"> 1. Protestant 2. Catholic 3. Evangelical 4. Muslim 5. Kimbanguistes 6. Atheist 7. Other (<i>specify</i>): _____ 8. Refuse (<i>Do not read</i>)
<p>Read the following text to the participant: Thank you, this marks the end of our survey. Do you have any questions to ask us before finish?</p>	

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