

Section 1: Socio-Demographics

1. Gender

- ☐ Male
- ☐ Female

2. Age

- ☐ 18-30
- ☐ 31-40
- ☐ 41-50
- ☐ 51-60
- ☐ >60

3. Ethnicity

- ☐ Malay
- ☐ Chinese
- ☐ Indian
- ☐ Other _____

4. What kind of area do you live in?

- ☐ Urban
- ☐ Rural

5. State?

- ☐ _____

6. How long have you been living in this area?

- ☐ Below 6 months
- ☐ 6 months to < 1 year
- ☐ 1-3 years
- ☐ Above 3 years

7. What kind of home do you live in?

- ☐ Bungalow
- ☐ Semi-Detached
- ☐ Townhouse
- ☐ Flat/Apartment
- ☐ Terrace house
- ☐ Other (please specify) _____

8. How many individuals live in your household, including yourself?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more

Section 2 - Technology/Internet Access/Drones:

9. Do you have access to any of the following technological devices? (Please select all that apply)
- ☐ Mobile/cell phone
 - ☐ Computer
 - ☐ Laptop
 - ☐ Tablet/Notebook/iPad
 - ☐ None of the above
10. How often do you have access to the internet?
- ☐ Daily
 - ☐ A few times in a week
 - ☐ A few times in a month
 - ☐ Never
11. What device do you most commonly use to access the internet?
- ☐ Mobile phone
 - ☐ Computer
 - ☐ Laptop
 - ☐ Tablet/Notebook/iPad
 - ☐ None of the above
12. What social media platforms do you or your family use? (Please select all that apply)
- ☐ Instagram
 - ☐ Facebook
 - ☐ Twitter
 - ☐ Snapchat
 - ☐ WhatsApp
 - ☐ Tiktok
 - ☐ Other _____(Please specify)
13. How often do you use social media?
- ☐ Daily
 - ☐ A few times in a week
 - ☐ A few times in a month
 - ☐ A few times in a year
 - ☐ Never
14. How often do you see a drone flying near your home? (Since the answer is referring to the frequency)
- ☐ Daily
 - ☐ A few times in a week
 - ☐ A few times in a month
 - ☐ A few times in a year
 - ☐ Never
15. Are there any negative things about drones?
- ☐ Yes
 - ☐ No
 - ☐ Not sure

16. Do you have any concerns about drones flying near your home?

- ☐ Yes
- ☐ No
- ☐ Not sure

Section 3 - Rapid Alert System Application:

17. In this future study, drones would fly over study participants' homes once each week to identify potential mosquito breeding sites. Would you have concerns if a drone flew over your home to capture images around your house(s)?

- ☐ Yes
- ☐ No
- ☐ Not sure

18. Based on drone surveillance, we would develop an app and send people a rapid alert system each week. If you were a participant in a study like this, and this was made available to you, would you be willing to download our app/rapid alert system on your technological device(s)?

- ☐ Yes
- ☐ No
- ☐ Not sure

Section 4 - Participation & Feedback:

19. If alerted about a breeding site using the App, how comfortable would you be with cleaning up that breeding site.

- ☐ Very comfortable
- ☐ Somewhat comfortable
- ☐ Comfortable
- ☐ Somewhat uncomfortable
- ☐ Very uncomfortable

20. If alerted about a breeding site, how far would you be willing to travel to help clean up that breeding site?

- ☐ 100-200 meters
- ☐ 200-500 meters
- ☐ 500m- 1km
- ☐ 1-5km
- ☐ > 6 km

21. Ovitrap traps are devices used to collect the eggs laid down by the mosquitoes which develop into larva, pupa and adult mosquitoes. Would you be comfortable and willing to complete a training session about mosquito control (cleaning the breeding sites, counting the eggs from ovitraps, and receive educational materials/resources, etc.)?

- ☐ Yes
- ☐ No
- ☐ Not sure

22. Do you think you would naturally share your experience about the rapid alert system, breeding sites detection and your prompt action via social media (Facebook, Instagram, Twitter, etc.)?

- ☐ Yes
- ☐ No
- ☐ Not sure

Section 5: Household Mosquito Breeding Prevention

23. What diseases can mosquitoes cause? (choose all that apply)

- ☐ Dengue Fever
- ☐ Chikungunya
- ☐ Zika
- ☐ Malaria
- ☐ West Nile Virus
- ☐ Do not know

24. Do you personally feel at risk of mosquito diseases?

- ☐ Yes
- ☐ No
- ☐ Not sure

25. In the last year, did you take any measures to eliminate mosquitos in your household?

- ☐ Yes
- ☐ No
- ☐ Not sure

26. *What measures did you take for mosquito control? (Please circle your answer)*

Used insecticide sprays to reduce mosquitoes	Yes	No	Not Applicable
Cleaned water containers	Yes	No	Not Applicable
Covered water containers	Yes	No	Not Applicable
Treated water in water containers	Yes	No	Not Applicable
Used professional pest control to reduce mosquitoes	Yes	No	Not Applicable
Used screen windows to reduce mosquitoes	Yes	No	Not Applicable
Eliminated standing water around the house to reduce mosquitoes	Yes	No	Not Applicable
Used mosquito coils to reduce mosquitoes	Yes	No	Not Applicable
Cleaned garbage/trash	Yes	No	Not Applicable
Cut down vegetation around the house	Yes	No	Not Applicable
Used smoke to drive away mosquitoes	Yes	No	Not Applicable
Covered body with protective clothing	Yes	No	Not Applicable
Turned containers upside down to avoid water collection	Yes	No	Not Applicable
Disposed of old tires	Yes	No	Not Applicable

27. How often did you use measures to control mosquitos?

- ☐ Weekly
- ☐ Bi-weekly
- ☐ Every month
- ☐ Every few months

28. Are any of the following items present in your yard? (Please circle your answer)

Discarded tires	Yes	No	Not Applicable
Cans	Yes	No	Not Applicable
Plastic bottles	Yes	No	Not Applicable
Coconut shells	Yes	No	Not Applicable
Flower vases	Yes	No	Not Applicable
Holes in ground	Yes	No	Not Applicable
Water jars	Yes	No	Not Applicable
Water tanks	Yes	No	Not Applicable
Window/door screens	Yes	No	Not Applicable
Water duct	Yes	No	Not Applicable

29. What methods do you use to eliminate *Aedes* mosquito breeding sites? (Please select all that apply)

- ☐ Cleaning water containers regularly
- ☐ Covering water containers
- ☐ Cut down vegetation around the home
- ☐ Dispose old tires
- ☐ Treat water in water containers
- ☐ Remove area where water can be stagnant

30. How often do you clean water filled containers and ditches around the house?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Never

31. Do you use any kind of mosquito control **against larvae (baby mosquitoes)** in your household?

- ☐ Yes
- ☐ No
- ☐ Not sure

32. Do you use any kind of mosquito control **against adult mosquitoes** in your household?

- ☐ Yes
- ☐ No
- ☐ Not sure

33. What kind of adult control do you use? (Please select all that apply)

- ☐ **Mosquito nets**
- ☐ **Household insecticide sprays**
- ☐ **Fogging**
- ☐ **Mosquito swatter**
- ☐ **Repellent**
- ☐ **Other:** _____

34. How often do you use the following methods for adult mosquito control?

	Daily	Weekly	Monthly	Every 3 months	More than 3 months
Mosquito nets					
Household insecticide sprays					
Fogging					
Mosquito swatter					
Repellent					

35. This coming rainy season, I will check my house and yard for mosquito breeding sites regularly and eliminate them if necessary.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

36. I will check for mosquito breeding grounds and, if necessary, eliminating them.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

37. I still try to prevent mosquitoes from living around my home even if my neighbors do not.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

38. If there was a new, non-chemical/non-insecticide method of killing mosquitoes around my home, I would try it.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

39. If you had standing water around your home, could you identify if mosquito larvae (baby mosquito) were living in it?

- ☐ Yes
- ☐ No