

QUESTIONNAIRE ON FLEAS AND FLEA-BORNE DISEASES

1. Number of dogs and/or cats living with you: _____ dog(s) _____ cat(s)

2. Lifestyle: (choose 1 option in each species, if applicable)

DOG (if applicable)

- ☐ Living exclusively indoors
- ☐ Living indoors and having access / going outdoors (street, yard...)
- ☐ Living exclusively outdoors

CAT (if applicable)

- ☐ Living exclusively indoors
- ☐ Living indoors and having access / going outdoors (street, yard...)
- ☐ Living exclusively outdoors

3. Has (have) your pet(s) ever had fleas? (choose 1 option)

- ☐ Yes ☐ No ☐ I don't know / I don't remember

*If you answered **YES**, please continue to question 3(a). If you answered **NO** or **I DON'T KNOW / DON'T REMEMBER**, please jump to question 4.*

3(a). How did you know your pet had fleas? (choose 1 or more options)

- ☐ Through the animal's behaviour (e.g. scratching more than usual)
- ☐ By observing suspicious signs of allergic reaction (e.g. hair loss)
- ☐ By the observation of fleas on the animal
- ☐ By observing fleas in the environment (e.g. carpets, car, beds)
- ☐ Flea bites on members of your household
- ☐ The veterinary doctor said
- ☐ Other. Which one? _____
- ☐ I don't know / I don't remember

4. Do you deworm your pet(s) against fleas? (choose 1 option)

- ☐ Yes ☐ No ☐ I don't know / I don't remember

*If you answered **NO** please continue to question 4(a). If you answered **YES**, please jump to question 5. If you answered **I DON'T KNOW / DON'T REMEMBER**, please jump to question 10.*

4(a). If **NO**, do you have any reason(s) for not deworming your pet(s) against fleas? (choose 1 or more options)

- ☐ Too expensive
- ☐ The deworming scheme against fleas seems complicated
- ☐ The veterinary doctor did not recommend
- ☐ My pet has no fleas
- ☐ I do not consider it effective
- ☐ I do not consider it safe
- ☐ I consider the risk of contact with fleas and associated diseases to be low
- ☐ Other. Which one? _____
- ☐ I don't know / I don't remember

Please jump to question 10

5. Why do you deworm your pet(s) against fleas? (choose 1 or more options)

- ☐ To prevent getting fleas
- ☐ As a treatment, when I see fleas
- ☐ Because the veterinary doctor recommends
- ☐ Because I heard about it on TV / radio / social media
- ☐ Other. Which one? _____
- ☐ I don't know / I don't remember

6. How often do you deworm your pet(s) against fleas? (choose 1 or more options)

- ☐ Once a month ☐ 3 in 3 months ☐ 4 in 4 months ☐ 6 in 6 months ☐ 8 in 8 months ☐ Once a year
- ☐ Other. Which one? _____ ☐ I don't know / I don't remember

7. What type of flea dewormer do you use on your pet(s)? *(choose 1 or more options)*

- ☐ Pipettes (spot-on) ☐ Collar ☐ Pill ☐ Shampoo ☐ Spray
☐ Other. Which one? _____ ☐ I don't know / I don't remember

8. If you have more than one animal at home, and one of them has fleas, do you deworm all the animals? *(choose 1 option. If not applicable, do not answer)* ☐ Yes ☐ No ☐ I don't know / I don't remember

9. If you have both cats and dogs, do you deworm both? *(choose 1 option. If not applicable, do not answer)*

- ☐ Yes, with the same frequency ☐ Yes, with different frequencies ☐ No ☐ I don't know / I don't remember

*If you answered **NO** please continue to question 9(a). If you answered **YES** or **I DON'T KNOW / DON'T REMEMBER**, please jump to question 10.*

9(a). If you answered **NO, what is the reason for not deworming both?** *(choose 1 or more options)*

- ☐ Only the dog(s) have fleas ☐ Only the cat(s) have fleas ☐ The cat(s) do not go outside
☐ Other. Which one? _____ ☐ I don't know / I don't remember

10. Indicate which of the follow aspects are present or characterise adult fleas. *(choose 1 or more options)*

- ☐ Rounded body ☐ Flattened body ☐ Brown colour ☐ White colour ☐ They fly ☐ They jump
☐ They eat blood ☐ They eat dead skin ☐ They eat meat (muscle)
☐ They measure more than 1cm ☐ They measure less than 1cm ☐ I don't know / I don't remember

11. In your opinion, what is the most common way for animals to get fleas? *(choose 1 or more options)*

- ☐ Through the environment, at home (carpets, beds, floors) ☐ Through the environment, outside the house (street, garden, park) ☐ Through another animal ☐ Through people
☐ Other. Which one? _____ ☐ I don't know / I don't remember

12. In your opinion, when are fleas active? *(choose 1 or more options)*

- ☐ All year round ☐ Only in winter ☐ Only in spring ☐ Only in summer
☐ Only in autumn ☐ From spring to autumn
☐ Other. Which one? _____ ☐ I don't know / I don't remember

13. In your opinion, can the fleas that parasitize the dog/cat also parasitize you? *(choose 1 option)*

- ☐ Yes ☐ No ☐ I don't know / I don't remember

14. Did you know that fleas can transmit diseases? *(choose 1 option)*

- ☐ Yes ☐ No ☐ I don't know / I don't remember

*If you answered **NO** or **I DON'T KNOW / DON'T REMEMBER**, please jump to question 19. If you answered **YES**, please continue to question 15.*

15. In your opinion, how does the transmission of an infectious agent from the flea to the animal occur? *(choose 1 or more options)*

- ☐ Through the flea's bite ☐ Through the flea's faeces ☐ Through ingestion of the flea
☐ Other. Which one? _____ ☐ I don't know / I don't remember

16. In your opinion, how can a human be infected by flea-borne agents? *(choose 1 or more options)*

- ☐ By the animal's scratch ☐ By the animal's bite ☐ By contact with the animal ☐ Through the flea's bite
☐ Through the flea's faeces ☐ Through ingestion of the flea
☐ Other. Which one? _____ ☐ I don't know / I don't remember

17. Indicate diseases that you think are transmitted by fleas. *(please list up to 3 examples)*

18. What is/are your usual source(s) regarding fleas and flea-borne diseases? *(choose 1 or more options)*

- ☐ Veterinary doctor ☐ Physician ☐ Television and radio ☐ Magazines and newspapers ☐ Internet / social media
☐ Friends and family ☐ Pharmacy ☐ Education/Profession
☐ Other. Which one? _____ ☐ I don't know / I don't remember

19. If your pet has fleas, do or would you do any of the following practices to control the infestation? *(choose 1 or more options)*

- ☐ I clean and vacuum the house / animal's resting places
☐ I apply insecticidal products in the animal's home / resting places
☐ I use safety nets on windows and doors
☐ I clean and vacuum the car
☐ Brush the animal with a comb indicated for the removal of fleas
☐ I keep the animals indoors from sunset until sunrise
☐ I ask the veterinarian for advice on flea prevention and control
☐ Other. Which one? _____
☐ I don't know / I don't remember

20. What is your age? _____ years **21. What is your sex?** ☐ F ☐ M ☐ I prefer not to say

22. What is your municipality of residence? _____

23. What are your academic qualifications? *(choose 1 option)*

- ☐ Primary Education (1st to 4th grade)
☐ Elementary Education (5th to 9th grade)
☐ High School (10th to 12th grade)
☐ Higher education (bachelor, master, doctorate)
☐ None of the above
☐ I don't know / I don't remember

This questionnaire ends here.

We thank you for your participation.