

## KAP: Older Children (12-13)

1. If you could **change** or **improve** three things in your community, what would they be?

Do **not** read the options; it is okay if they only provide 1-2 answers.

- Standing water
- Environmental/Pollution
- Stray animals
- Crime/Gangs/Safety
- Potable water distribution
- Drugs
- Electricity
- Teen pregnancy
- Sexually transmitted diseases/HIV
- Diseases transmitted by mosquitoes (dengue, Zika, chikungunya)
- Debris
- Lack of sewage system
- Children's health
- Maintenance of green spaces
- Flies, no-see-ums, other insects
- Mosquitoes
- Homelessness
- Trash removal
- Messy or dirty neighborhood
- None
- Other: \_\_\_\_\_

2. In the **last 12 months**, since this month of the past year, which of the following sources have you used to **obtain health information**?

Probe if necessary. Select all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> School                | <input type="checkbox"/> Social networks (Facebook, Twitter, Instagram) |
| <input type="checkbox"/> Brochures             | <input type="checkbox"/> Community meetings                             |
| <input type="checkbox"/> Internet              | <input type="checkbox"/> TV   |
| <input type="checkbox"/> Children              | <input type="checkbox"/> Neighbors                                      |
| <input type="checkbox"/> Newspapers/magazines  | <input type="checkbox"/> WhatsApp                                       |
| <input type="checkbox"/> Official spokespeople |   |
| <input type="checkbox"/> Health professionals  |   |
| <input type="checkbox"/> Radio                 |   |

6. Do you think that diseases transmitted by mosquitoes such as dengue, Zika and chikungunya are a problem in your community?

- No  Yes |

7. Have you used **mosquito repellent** in the **last 30 days**?

- No  Yes |

7a. What **type of repellent** have you used to prevent mosquito bites?

- |   |  |
|---|--|
| <input type="checkbox"/> Citronella               | <input type="checkbox"/> Natural/Artisanal/Homemade repellents |
| <input type="checkbox"/> Store-bought spray (Off) |  |
| <input type="checkbox"/> Cream                    |  |

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8. In the **last 12 months**, how often have you used a **mosquito net**?

- Daily
- One time per week
- One time per month
- Rarely
- Never

9. **Where** do mosquitoes bite you most frequently?

Read the options. Select all that apply.

- Around the house outside
- Inside the house
- Work
- School
- Community sports field
- Somewhere else in the community
- Somewhere else outside of the community
- Mosquitoes do not bite me

A **mosquito-breeding site** is anything that retains water that enables mosquitoes to reproduce. Mosquitoes can even reproduce in an area as small as a bottle cap.

11. Do you think controlling **mosquito-breeding sites** is a good strategy to prevent mosquito-borne diseases?

- No  Yes |

12. In the **last 12 months**, have you **spoken** with any of the following people about how to **control** mosquitoes?

- a. Your family  Yes |  No
- b. Your neighbors  Yes |  No
- c. Your community  Yes |  No

13. Do you think that **your community should do more** to **control** mosquitoes?

- No  Yes |

14b. Do you think **you** are **responsible** for **controlling** mosquitoes?

- No  Yes |

Towelettes

Other: \_\_\_\_\_

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## Participant Laboratory Data

Serum

Serum

Dried Blood Spot

**\*\*Project flag:\*\*** *Fever in last 7 days*

No: **COPA**

Yes: **COPA\_SYM**