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| KAP: Younger Children (7-11)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.*

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| [ ]  School[ ]  Brochures [ ]  Internet[ ]  Children[ ]  Newspapers/magazines[ ]  Official spokespeople[ ]  Health professionals[ ]  Radio | [ ]  Social networks (Facebook,  Twitter, Instagram)[ ]  Community  meetings[ ]  TV[ ]  Neighbors[ ]  WhatsApp |

 |  |

6. Do you think that diseases transmitted by mosquitos such as dengue, Zika and chikungunya are a problem in your community? [ ]  Yes | [ ]  No8. 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 meA **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? [ ]  Yes | [ ]  No13. Do you think that **your community should do more** to **control** mosquitoes? [ ]  Yes | [ ]  No 14b. Do you think **you** are **responsible** for **controlling** mosquitoes? [ ]  Yes | [ ]  No  |   | KAP: Younger Children (7-11)**Participant Laboratory Data****Participant ID:** P**\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_** Month Day  Year**Collection Date:**  **\*\*Project flag:\*\*** *Fever in last 7 days* No: **COPA** Yes: **COPA\_SYM****PARTICIPANT BARCODE**YesNo |