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| KAP: Adults and Adolescents 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.*   |  |  |  |  | | --- | --- | --- | --- | | |  |  | | --- | --- | | School  Brochures  Internet  Children  Newspapers/magazines  Official spokespeople  Health professionals  Radio | Social networks  (Facebook,  Twitter, Instagram)  Community  meetings  TV  Neighbors  WhatsApp | |  |  3. Do you think that **mosquitoes** **transmit** diseases? Yes |  No4. *In the* ***next******12 months***, how much risk do you think there is in this house of becoming sick with:  |  |  | | --- | --- | | a. Dengue | High |  Low |  None  None because I have had it | | b. Zika | High |  Low |  None  None because I have had it | | c. Chikungunya | High |  Low |  None  None because I have had it |  5. Would you go to the doctor if you thought you had chikungunya, dengue, o Zika?  |  | | --- | | Yes |  No |  Only if the symptoms were severe |  11. Do you think controlling **mosquito-breeding sites** is a good strategy to prevent mosquito-borne diseases? Yes |  No12. *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? Yes |  No 14. Who do you think is **responsible** for **controlling** mosquitoes?  |  |  | | --- | --- | | a. The government and/or the Department of Health? | Yes |  No | | b. You? | Yes |  No |  15. Do you think it is worth it to **invest time and money** each month to **control mosquitoes** inside and outside the house? Yes |  No |  | KAP: Adults and Adolescents  6. Do you think that diseases transmitted by mosquitos such as dengue, Zika and chikungunya are a problem in your community?  Yes |  No 7. Have you used **mosquito repellent** in the ***last 30 days***? Yes |  No 7a. What **type of repellant** have you used to prevent mosquito bites?   |  |  | | --- | --- | | Citronella  Store-bought spray (Off)  Cream  Towelettes | Natural/Artisanal/  Homemade  repellants  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  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. 10. Currently, what are the **most** **common** mosquito **breeding sites** in this community?  *Select all that apply, do* ***not*** *read the options.*  Hollow trees  Abandoned houses  Neighbors’ houses  Garbage containers  Drains  Debris from hurricane  Tires  Other containers  Pools in abandoned houses  Untreated pools  Septic tanks  Soil  Rooves  There are no breeding sites  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  16. Did you know that we would be here in your community?  Yes |  No  16a. How did you find out that we would be in your community?   |  | | --- | | Through the community leader  Informational flyer  Through someone else  🡪Who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Facebook  🡪 Which page? .  Loud speaker  🡪 Where? \_ .  Radio  🡪 Which station? \_ .  Street banner  Newspaper  🡪 Which one? .  Other: . |   **Participant ID:**  P  **Participant Laboratory Data**  **\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_**  Month Day  Year  **Collection Date:**    **\*\*Project flag:\*\*** *Fever in last 7 days*  No: **COPA**  Yes: **COPA\_SYM**  **PARTICIPANT BARCODE**  Yes  No |