

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.

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

3. Do you think that **mosquitoes transmit** diseases?

- Yes | No

4. In the **next 12 months**, how much risk do you think there is in this house of becoming sick with:

- | | |
|----------------|--|
| a. Dengue | <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> None |
| | <input type="checkbox"/> None because I have had it |
| b. Zika | <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> None |
| | <input type="checkbox"/> None because I have had it |
| c. Chikungunya | <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> None |
| | <input type="checkbox"/> None because I have had it |

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Office, 1601 Clifton Road, NE, Atlanta, GA 30333, (404) 458-5434. OMB Control No. 0950-0001

Yes | No | Only if the symptoms were

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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 repellent** have you used to prevent mosquito bites?

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

severe

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 |

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?

No Yes |

Other: _____

16. Did you know that we would be here in your community?

No Yes |

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 Laboratory Data

Serum

Serum

Dried Blood Spot

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

No: **COPA**

Yes: **COPA_SYM**