

Transmission of Chikungunya Virus in an Urban Slum Setting, Brazil

Appendix

Study Questionnaire

Household Data

House Identification Number _____

Interviewer Initials _____

Date of the interview _____

(Day-Month-Year)

Location of the house

Valley 1 Valley 2 Valley 4

House block _____

(01-50)

House number on block _____

(010 - 990)

Home Use

- Empty
- Abandoned
- Construction
- Commercial
- Residential
- Commercial e residential

Household inclusion

- Accepted
- Refused
- Not found
- Access impossible

Number of residents in the house _____

Is the access street to your house paved?

- Yes
- No

What is the predominant material of the walls of your home?

- Plastered wall
- Unplastered wall
- Wood or other material that is not brickwork

Individual Consent Data

Participant identification number _____

Name? _____

Sex

- Male
- Female

Date of birth? _____

(Day-Month-Year)

How old are you? _____

Do you accept participate of study?

- Yes
- No

Date of consent or refusal _____

(Day-Month-Year)

What is the reason for not giving consent to participate?

- Not found
- Refused
- Mentally incapable
- Other

Sociodemographic Data

What is your marital status?

- Single
- Married
- Stable union (>6 months)
- Widower
- Divorced

What is your skin color?

- White
- Black
- Brown
- Other

What was the last grade that you completed?

- Never studied or never completed the first year of fundamental school
- 1st year of fundamental school
- 2nd year of fundamental school
- 3rd year of fundamental school
- 4th year of fundamental school
- 5th year of fundamental school
- 6th year of fundamental school
- 7th year of fundamental school
- 8th year of fundamental school
- 9th year of fundamental school
- 1st year of high school
- 2nd year of high school
- 3rd year of high school
- Incomplete college level
- Complete college level

Are you currently working or doing any work activity (formal or informal) for whom you are paid (Can be formal or informal work)?

- Yes
- No

How much do you receive per month? _____

History of Signs and Symptoms Data

NOTE: The following questions regarding fever and arthralgia were used to identify participants with a history compatible with symptomatic CHIKV infection:

From January 2015 until today did you have a fever?

- Yes
- No

If yes, How many times? _____

If yes, What was the month and year of the fever (MM/YY)? _____

From January 2015 until today did you have joint pain?

- Yes
- No

If yes, How many times? _____

If yes, What was the month and year of the joint pain (MM/YY)? _____

During the analyses, we identified individuals reporting only fever; only arthralgia; both, not simultaneous (when they occurred in different periods); and both, simultaneous (when they occurred in the same month and year). We considered the CHIKV IgG-positive participants who simultaneously reported both fever and arthralgia after January 2015 as those with symptomatic CHIKV infection.

From January 2015 until today did you have a rash?

- Yes
- No

If yes, How many times? _____

If yes, What was the month and year of the rash (MM/YY)? _____

From January 2015 until today did you have a myalgia?

- Yes
- No

If yes, How many times? _____

If yes, What was the month and year of the myalgia (MM/YY)? _____

From January 2015 until today did you have a pruritus?

- Yes
- No

If yes, How many times? _____

If yes, What was the month and year of the pruritus (MM/YY)? _____

Did a doctor ever tell you that you had any of the following diseases (you can select more than one option)?

- Leptospirosis
- Dengue
- Zika
- Chikungunya
- High pressure
- Diabetes
- Cancer
- Heart disease
- Stroke
- None