



The information provided is strictly confidential and will only be used for statistical analysis

A. Control Data

1	Municipality
2	Address

3	Telephone
4	Household High trans. <input type="text" value="1"/> Low trans. <input type="text" value="2"/>

B. Housing information

1	Type of housing	
a.	House	<input type="text" value="1"/>
b.	Room	<input type="text" value="2"/>
c.	Flat	<input type="text" value="3"/>
d.	Other type of housing (tent, shop, van, houseboat, natural refuge, bridge, etc)	<input type="text" value="4"/>

2	Main material used for outer walls	
a.	Blocks, bricks, stone, polished wood	<input type="text" value="1"/>
b.	Earth, wattle and daub	<input type="text" value="2"/>
c.	Coated wattle and daub	<input type="text" value="3"/>
d.	Wattle and daub without coating	<input type="text" value="4"/>
e.	Rough wood, boards, cork	<input type="text" value="5"/>
f.	Prefabricated material	<input type="text" value="6"/>
g.	Guadua, bamboo, mat, other plants	<input type="text" value="7"/>
h.	Zinc, cloth, canvas, cardboard, tin, waste, plastic	<input type="text" value="8"/>
i.	No walls	<input type="text" value="9"/>

3	Main material used for floors	
a.	Marble, wood, polished and varnished wood	<input type="text" value="1"/>
b.	Mat or wall-to-wall carpet	<input type="text" value="2"/>
c.	Tiles, vinyl, boards, brick.	<input type="text" value="3"/>
d.	Rough wood, boards, cork, other natural materials	<input type="text" value="4"/>
e.	Cement, gravel	<input type="text" value="5"/>
f.	Earth, sand	<input type="text" value="6"/>

4	Which of the following public, private or communal amenities does the housing have?	
a.	Running water:	<input type="text" value="1"/>
b.	Sewer connection	<input type="text" value="1"/>
c.	Mains electricity	<input type="text" value="1"/>
d.	Piped natural gas	<input type="text" value="1"/>
e.	Propane gas (cylinders/tanks)	<input type="text" value="1"/>
f.	Landline phone	<input type="text" value="1"/>
g.	Refuse collection:	<input type="text" value="1"/>

5	Housing occupied by household is:	
	Own property, but paying mortgage	<input type="text" value="1"/>
	Own property, inherited	<input type="text" value="2"/>
	Own property, fully paid	<input type="text" value="3"/>
	Rented or sublet	<input type="text" value="4"/>
	Usufruct	<input type="text" value="5"/>
	A squat	<input type="text" value="6"/>

2	How many people live in this household?			
	Less than 5 years old	<input type="text" value="Total"/>	<input type="text" value="Studying"/>	<input type="text" value="Working"/>
	Between 5 and 11	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Between 12 and 18	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Between 19 and 50	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Over 50 years old	<input type="text"/>	<input type="text"/>	<input type="text"/>

3	What type of sanitation does your household have?	
a.	Toilet connected to sewer system	<input type="text" value="1"/>
b.	Toilet connected to septic tank	<input type="text" value="2"/>
c.	Toilet with no connection	<input type="text" value="3"/>
d.	Latrine	<input type="text" value="4"/>
e.	Tidal	<input type="text" value="5"/>
f.	There is no sanitation	<input type="text" value="6"/>

4	How do you dispose of household waste?	
a.	There is a refuse collection service	<input type="text" value="1"/>
b.	Incineration	<input type="text" value="2"/>
c.	Land-fill	<input type="text" value="3"/>
d.	Thrown into the river, channel, ravine or lagoon	<input type="text" value="4"/>
e.	Thrown into the patio, mound, ditch or waste ground	<input type="text" value="5"/>
f.	Collected by an informal service (wheel barrow, cart, etc)	<input type="text" value="6"/>

5	The water for preparing food is obtained mainly from:	
	Public or communal water supply	<input type="text" value="1"/>
	Well with pump	<input type="text" value="2"/>
	Well without pump, pool	<input type="text" value="3"/>
	Rain water	<input type="text" value="4"/>
	River, stream, spring	<input type="text" value="5"/>
	Public fountain	<input type="text" value="6"/>
	Tank truck/water carrier	<input type="text" value="7"/>
	Bottled water or water in other recipient	<input type="text" value="8"/>

Go to 7

6	The water from the mains reaches your home:			
	All the time	<input type="text" value="1"/>	Sometimes	<input type="text" value="4"/>
	Some days	<input type="text" value="2"/>	Never	<input type="text" value="5"/>
	Once a week	<input type="text" value="3"/>	Other	<input type="text" value="6"/>

7	Do you store water in pans or recipients in your home?			
	Yes, for more than 7 days	<input type="text" value="1"/>	Don't store	<input type="text" value="3"/>
	Yes, for less than 7 days	<input type="text" value="2"/>		

8	Do you store tyres, bottles and other recipients?				
	Yes	<input type="text" value="1"/>	No	<input type="text" value="2"/>	→ Go to 10

C. Living conditions of the household

1	How many households are there in this housing?	<input type="text"/>
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9	How often do you clean these objects?			
	Every week	<input type="text" value="1"/>	Rarely	<input type="text" value="4"/>
	Every 15 days	<input type="text" value="2"/>	Never	<input type="text" value="5"/>
	Once a month	<input type="text" value="3"/>		

10 **Does the household have a sink, basin, or tank?**
 Yes 1 No 2 → Go to 12

11 **How often do you wash it?**
 Number of days

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 Never

0	
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12 **How does this household prevent mosquito bites?**

Window nets	1	
Bed nets	1	
Fumigation	1	
Use of insect repellent	1	
Other, which? _____	1	
None	1	

 Go to D

D. Household information

1 **Age of head of household**
 years old

2 **Sex of head of household**
 1 Male 2 Female

3 **Marital status of head of household**

1	Single
2	Married/civil union
3	Separated/divorced
4	Widow(er)

4 **Level of studies of head of household**

1	None	4	Higher education
2	Primary	5	Technician
3	Secondary	6	Technology

5 **Working status of head of household**

1	Working	→	Occupation _____
2	Homemaker		_____
3	Study		
4	Private means/retired		
5	Looking for work		
6	Permanent disability		
7	Other activity, What? _____		

6 **Approximately how much did this household spend last month on:**

a. Food \$ _____
 b. Education \$ _____
 c. Health \$ _____
 d. Public services \$ _____
 e. Transport \$ _____
 f. Housing (rent, etc) \$ _____
 g. Leisure \$ _____
 h. Purchase of insecticides \$ _____
 i. Purchase of repellents \$ _____
 j. Others \$ _____

7 **What is the monthly household income**

a. Head of household \$ _____
 b. Income of other household members \$ _____
 c. Rent \$ _____
 d. Pensions \$ _____
 e. Benefits \$ _____
 f. Other income \$ _____

8 **Is the household affiliated to Sisben?**
 Yes 1 → Level _____
 No 2

E. Practical Knowledge and Attitudes

1 **Have you heard about dengue fever?**
 yes 1 No 2 → Go to 3

2 **Where have you heard of dengue fever? (wait for answer)**

Television	1	
Radio	1	
Papers	1	
Poster	1	
Other, which? _____	1	

Health provider	1	
Friends/colleagues	1	
Neighbors	1	
In hospital	1	
	1	

3 **Have received invitations to or participated in preventive or control activities for dengue fever?**
 Yes 1 No 2

4 **Do you consider dengue fever a problem?**
 Yes 1 No 2

5 **If you have heard about dengue fever, in your opinion, it is a serious, moderate or mild disease?**

Serious	1	
Moderate	2	
It can be all three	3	

Mild	4	
Don't know	5	

6 **In your opinion: How is dengue fever transmitted between persons?** Interviewer: DONT READ RESPONSES

Mosquito?	1	
Direct contact	1	
Water	1	
Flies	1	
Dirty surroundings	1	
Rats, fleas, pigs, other animals	1	
Others, specify _____	1	
Don't know	2	

7 **Can dengue fever be prevented?**
 Yes 1 No 2
 Not sure 3

8 **Generally, where do mosquitos lay their eggs and grow? (Dont read responses)**

Clean water	1	
Dirty water	1	
Anything	1	
Other, specify _____	1	

On wet clothing	1	
In plants	1	
Don't know	1	

9 **Have you seen larvae in your home at some time?**
 Yes 1 No 2

10 **What do you do at home to reduce the presence of mosquitos? (Do not read the responses)**

Nothing	1	
Spray the house interior	1	
Clean refuse containers	1	
Cover the water tank	1	
Add chemicals to the water	1	
Keep animals in the water (fish, turtles)	1	
Use bacteria to combat larvae	1	
Use bed nets	1	
Kill mosquitoes, e.g. with chemicals or mosquito coil	1	
Personal protection with repellents	1	
Other, what? _____	1	

11 **What measures does the government take to control the mosquito that transmits dengue fever?**
Interviewer: DO NOT read the responses

Check water reservoirs	1		Don't know	1	
Add chemicals to the water	1		Nothing	2	
Spray the inside of the house	1				
Educate people	1				
Provide covers for recipients	1				
Provide fish/bacteria	1				
Fumigation	1				
Cut plants	1				
Collection of old tyres	1				
Other specify _____	1				

12 **When was the last time you were visited by staff working on the eradication of the mosquito that transmits dengue fever?**

In the last month	1		More than a year ago	4	
2 and 6 months ago	2		Don't remember/never	5	
6 and 12 months ago	3				

13 **Have you received support or materials (biological control) for elimination of dengue mosquitos or larvae? (bacteria, fish, etc).**

Yes

1	
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 Specify _____

No

2	
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14 **What should the government do to improve control of dengue fever?**
Interviewer: DO NOT read the responses

a. Check the water deposits	1	
b. Add chemicals to the water	1	
c. Fumigate the inside of the house	1	
d. Educate people	1	
e. Provide covers for recipients	1	
f. Supply fish or bacteria to have in the water	1	
g. Fumigate the outside of the housing	1	
h. Cut down plants	1	
i. Other specify _____	1	
j. Nothing	1	

F. Assessment scenarios

1 Dengue fever, transmitted by a mosquito, could negatively affect the quality of life of the members of the household and impact their health making them unable to perform normal activities and generating costs for the household (purchase of drugs, doctor visits, etc.)
If the national, regional, or municipal authorities undertook a project to completely eliminate this disease in this municipality, allowing the households to avoid high costs in prevention, disease treatment and loss of pay due to sick leave:
Would you be prepared to pay \$ 10 a month as a contribution to enable the authorities to eradicate this disease, by means of a services bill issued by municipality for five years?
Yes, I would pay for eradication of dengue fever

1	
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 → Go to 2 No

2	
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 → Go to 4

2 **Are you sure of this answer, bearing in mind the importance of the health of your household members in their daily lives?**
Yes

1	
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 → Go to 3 No

2	
---	--

 → Go to 4

3 **And if the monthly sum to pay were \$ 11.5, would you be prepared to pay?**
Yes

1	
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 → Go to 6 No

2	
---	--

 → Go to 6

4 **And if, instead of this sum, you had to pay \$ 8.5, would you be prepared to pay?**
Yes

1	
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 → Go to 6 No

2	
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 → Go to 5

5 **What is the main reason you would not be prepared to pay?**

Don't think that I will become ill	1		Due to corruption	4	
Don't believe in the authorities	2		No money available	5	
Others should have to pay	3		The monthly quota is very high	6	
Other reason	7		Which ? _____		

6 **Risk assessment**

A	1	
B	2	
C	3	

1 Interviewer name

2 Name of supervisor

G. Dengue fever morbidity (individuals who became ill in 2011)

(Use this format for individuals who became ill with dengue fever in 2011)

Name of interviewee _____ Relation to patient _____

1	Name _____	Age _____	Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>
	Approximate date of disease _____			1 <input type="checkbox"/>	2 <input type="checkbox"/>
2	Identity document _____	Type	cc <input type="checkbox"/>	TI <input type="checkbox"/>	Other <input type="checkbox"/>
3	Relation to head of household				
	1. Head <input type="checkbox"/>	3. Son/daughter <input type="checkbox"/>	5. Not related <input type="checkbox"/>		
	2. Spouse <input type="checkbox"/>	4. Other relation <input type="checkbox"/>			
4	Work situation on contracting the disease				
	Working <input type="checkbox"/>	1 <input type="checkbox"/>	➔ How many days of school were missed due to this disease? <input style="width: 50px;" type="text"/>		
	Studying <input type="checkbox"/>	2 <input type="checkbox"/>			
	Homemaker <input type="checkbox"/>	3 <input type="checkbox"/>			
	Looking for work: <input type="checkbox"/>	4 <input type="checkbox"/>			
		Other activity <input type="checkbox"/>	5 <input type="checkbox"/>	Which? _____	
5	If working: NOTE: the monthly salary is the one received at the time of disease				
	Monthly salary \$ _____	Days off work due to the disease _____			
6	(NAME).....Were you affiliated to the social security system?				
	EPS / PRE-PAID <input type="checkbox"/>	1 <input type="checkbox"/>	Military / police <input type="checkbox"/>	3 <input type="checkbox"/>	Affiliated <input type="checkbox"/>
	EPSS <input type="checkbox"/>	2 <input type="checkbox"/>	Other entity <input type="checkbox"/>	4 <input type="checkbox"/>	Not affiliated <input type="checkbox"/>
				5 <input type="checkbox"/>	6 <input type="checkbox"/>
7(NAME) Was hospitalized (a) (considered hospitalized if in hospital for more than 8 hours)				
	Yes <input type="checkbox"/>	1 <input type="checkbox"/>	➔		
	No <input type="checkbox"/>	2 <input type="checkbox"/>			
			Hospital name	Municipality	# Days
			<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 50px;" type="text"/>
			<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 50px;" type="text"/>
			<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 50px;" type="text"/>
8(NAME) In total, how many days were you ill with this disease?				
	<input style="width: 100%; height: 20px;" type="text"/>				
	Pre-sick leave complaints	Off work	Days with complaints after sick leave		
9	When(NAME) became ill with DENGUE FEVER, what were the costs to the household for:				
		In the POS as copayment	In the POS out-of-pocket expenses	Own resources not insured	Self-medication
	Hospitalization	\$ _____	\$ _____	\$ _____	
	Copayment / Quota	\$ _____			
	Physician fees / traditional physicians	\$ _____	\$ _____	\$ _____	
	Transport costs within municipality	\$ _____	\$ _____	\$ _____	
	Transport costs outside municipality	\$ _____	\$ _____	\$ _____	
	Laboratory tests	\$ _____	\$ _____	\$ _____	
	Nurses and carers fees	\$ _____	\$ _____	\$ _____	
	Purchase of medicines	\$ _____	\$ _____	\$ _____	\$ _____
	Lodging in other towns	\$ _____	\$ _____	\$ _____	
	Food expenses in other towns	\$ _____	\$ _____	\$ _____	
	Child carer fees	\$ _____	\$ _____	\$ _____	
	Changes to living quarters	\$ _____	\$ _____	\$ _____	
	Funeral expenses	\$ _____	\$ _____	\$ _____	
	Post-disease expenses	\$ _____	\$ _____	\$ _____	
	Other expenses	\$ _____	\$ _____	\$ _____	\$ _____
10	Some of the members of the household of stopped working or studying to care for the patient?				
	Working <input type="checkbox"/>	1 <input type="checkbox"/>	➔ How many days work missed? _____ What was their monthly salary? \$ _____		
	Studying <input type="checkbox"/>	2 <input type="checkbox"/>	➔ How many stopped studying? _____ In total, how many days did they miss? _____		
	No <input type="checkbox"/>	3 <input type="checkbox"/>	Note: if more than one person stopped working, not the details on the back of the form		
11	Diagnosis for(NAME):				
	Dengue fever <input type="checkbox"/>	1 <input type="checkbox"/>	Dengue hemolytic <input type="checkbox"/>	2 <input type="checkbox"/>	Died <input type="checkbox"/>
				3 <input type="checkbox"/>	