

S1 Appendix. Questionnaire for data collection

Leprosy patient questionnaire

Identification		
Interview date: / /	Interviewer:	City:
Health unit:		
Name:		Nickname:
Current address:		
e-mail:		
Age:	Date of birth: / /	Sex: () Male () Female
Ethnic group: () Black () White () Indigenous () Mestizo		
City of birth:		State:
Someone who resided with you up to 5 years before you had leprosy moved? () No () Yes. How many people?		
Epidemiological data		
Any other residents have or had leprosy? () No () Yes. How many?		
Besides leprosy, you had or have another disease? () No () Yes. Specify:		
Are you pregnant? () No () Yes () Not applicable What is your gestational age?		
Do you suspect pregnancy?		
Do you use any medication regularly? () No () Yes. Specify:		
Clinical information		
Registration number in SINAN:		
Treatment start date: / /	End date of treatment:	Therapeutic scheme:
Operational classification: () Paucibacillary () Multibacillary		

Household contact questionnaire

Identification		
Interview date: / /	Interviewer:	City:
Health unit:		
Name:		Nickname:
Current address:		
e-mail:		
Age:	Date of birth: / /	Sex: () Male () Female
Ethnic group: () Black () White () Indigenous () Mestizo		
City of birth:		State:
Epidemiological data		
Have you ever had leprosy? () No () Yes		
Do you had or have another disease? () No () Yes. Specify:		
Are you pregnant? () No () Yes () Not applicable		
What is your gestational age?		
Do you suspect pregnancy?		
Dermatoneurological evaluation		
Suggestive signs of leprosy? () No () Yes. Specify:		
Dermatological evaluation Skin lesions? () No () Yes How many? Skin lesions with sensory loss? () No () Yes How many? Skin plaques? () No () Yes How many? Tubercles? () No () Yes How many? Nodules? () No () Yes How many? Infiltration? () No () Yes How many? Others? () No () Yes How many?	Neurological evaluation Thickened nerves? () No () Yes. Specify: () Ulnar () Radial () Lateral popliteal () Posterior tibial Reduced muscle strenght () No () Yes. Specify: () Eyelids () Abductor of the fifth finger () Abductor of the thumb () Wrist extensor () Halux extensor () Long extensor of toes () Tibialis anterior muscle () Peroneous muscles	Sensitivity test Sensory deficit? () No () Yes. Specify: () Left eye () Right eye () Left hand () Right hand () Left foot () Right foot
Confirmed diagnosis? () No () Yes () Not evaluated () Not applicable		
Information related to the case		
Degree of kinship:		