

Dengue/Chikungunya Household information questionnaire.

To be completed by the field researcher during household visit.

Unsure and Decline tick boxes in italic font are there for the field researcher to record if participants give these responses to questions, they should not be read out to participants.

“For the study, we would like to know some general information about your household, such as the number and ages of people living there. Participants can answer these questions together or in private”

Time Started: _____

PARTICIPANTS ARE NOT TO BE ASKED THESE QUESTIONS

1. Household code:

.....

GPS #:

Waypoint #:

1.1 Household location:

Longitude: **E**.....

Latitude: **N**.....

1.2 Zone

A. Members of the household

2. How many members of this household are || members

A household or dwelling is defined as all living space that shares a kitchen

☐ Unsure ☐ Decline

3. Are there any members of your household who claim this house as their primary residence but are not living here presently?

If no, skip to 6.

4. If yes, where are they presently living?

City/Town:	State:	<input type="checkbox"/> Unsure	<input type="checkbox"/> Decline
City/Town:	State:	<input type="checkbox"/> Unsure	<input type="checkbox"/> Decline
City/Town:	State:	<input type="checkbox"/> Unsure	<input type="checkbox"/> Decline
City/Town:	State:	<input type="checkbox"/> Unsure	<input type="checkbox"/> Decline
City/Town:	State:	<input type="checkbox"/> Unsure	<input type="checkbox"/> Decline

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Text S2: Questionnaires

Household questionnaire

5. Below, for each household member record their age, gender, relationship to each other, and whether they are participant providing social/travel information. Start with the oldest member of the household. If they are a participant, record their participant code too.

	Age/Sex (years)	5-40 years?	Individual questionnaire?	Blood sample?	Participant ID	Comments
Head of Househ old	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Declined <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Declined <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Declined <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Declined <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Declined <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Declined <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Declined <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Declined <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Declined <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Declined <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Declined <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Declined <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Declined <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Declined <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Declined <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Declined <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Declined <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Declined <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Declined <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Declined <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Declined <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Declined <input type="checkbox"/> No	
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Declined <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Declined <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Declined <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Declined <input type="checkbox"/> No	

For each participant in the household, please complete an individual form.

B. Characteristics of the household - I

- 1 What type of dwelling does the household live in? ☐ Unsure
☐ Decline
Single house (1)
Several separate structures (2)
Flat/Apartment (3)
Room in larger dwelling (4) ☐
Improvised housing/slum clearance board (5)
Slum (6)
Other (7) _____
- 2 What is your present occupancy status? ☐ Unsure
☐ Decline
Owner (1)
Renter (2)
Leasing(3) ☐
Provided free of charge by Relatives/landlord/Employer (4)
Squatting/Living without paying rent (5)
- 3 How long have you lived at this site? ☐ Unsure
☐ Decline
If below 12 months, write in the number of months, otherwise write the number of years _____ months
_____ years
- 4 How many separate rooms do the members of your household occupy? ☐ Unsure
☐ Decline
(do not count kitchen, bathrooms, toilets, storeroom, pooja rooms, or garage) _____ rooms
- 5 Do you have an electricity connection in your house? ☐ Unsure
☐ Decline
Yes (1)- government approved
Yes (2)- not government approved ☐
No (3)

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Text S2: Questionnaires
Household questionnaire

6 What were your **two main** sources of drinking water over the past month?

Metro water
Piped into residence/yard/plot
(1)
Public tap (2)

Surface water
River/stream (11)
Pond/lake (12)

☐ *Unsure*
☐ *Decline*

Ground water
Handpump in residence (3)
Bore Well (4)
Pumped into house (5)
Public handpump (6)

Rainwater (13)
Tanker truck (14) |__| (1)
From individual (15)
Buy mineral water (16)
|__| (2)
Other –specify(17)

Well water
Well in residence/yard/plot
Covered well (7)
Open well (8)
Public well
Covered well (9)
Open well (10)

7 Is there a water well within 100meters of the house?

☐ *Unsure*
☐ *Decline*

Yes(1) If yes, record longitude and latitude
No (2)- **skip to 8**

|__|

GPS # _____ Longitude **E** _____

Waypoint # _____ Latitude **N** _____

7.1 If yes, is it covered?

Yes-permanently covered (1)

No – not permanently covered (2)

|__|

☐ *Unsure*
☐ *Decline*

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Text S2: Questionnaires
Household questionnaire

8 What kind of toilet facility does your household use?

Flush toilet

Own flush toilet (1)

Shared flush toilet (2)

Public flush toilet (3)

Pit toilet/latrine

own pit toilet/latrine (4)

Shared pit toilet/latrine (5)

Public pit toilet/latrine (6)

☐

No facility/bush/field (7)

Other- specify (8)

9 Are you connected to a sanitation system for liquid wastes?

Yes, underground drains (1)

Yes, open drains (2)

Yes, soak pit/septic tank (3)

Other -specify(4)

☐

No (5)

☐ Unsure

☐ Decline

10 What kind of rubbish disposal facilities does your household use?

Collected by truck (1)

Rubbish pit (2)

Burning (3)

Dumped and used for fertilizer (4)

Private collector (5)

Self-dumping (6)

None (7)

☐

☐ Unsure

☐ Decline

11 Name the furthest place any member of the household travelled in the last 6 months

☐ Unsure

☐ Decline

City/Town: State:

If no one has travelled, **skip to 14**

Participant ID:

(if individual is not participant, write relationship with head of household eg. wife, son)

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Text S2: Questionnaires
Household questionnaire

- 12 Name the furthest place any member of the household travelled in the last 30 days

☐ Unsure
☐ Decline

City/Town: State:

Participant ID:
(if individual is not participant, write relationship with head of household eg. wife, son)

- 13 Name the furthest place any member of the household travelled in the last 7 days

☐ Unsure
☐ Decline

City/Town: State:

Participant ID:
(if individual is not participant, write relationship with head of household eg. wife, son)

- 14 Do you, or any other member of the household own any of these items (check all that apply)

☐ Unsure
☐ Decline

- ☐ Radio
- ☐ Bicycle
- ☐ Television
- ☐ Scooter/bike
- ☐ Land
- ☐ Car
- ☐ Refrigerator
- ☐ Cellular telephone (working)
- ☐ Air conditioner

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Text S2: Questionnaires

Household questionnaire

- 15 What is the estimated total household income per month (averaged over the last year)? Note: all sources of income from any member of the household should be included in this estimate. In Indian rupees ☐ *Unsure*
☐ *Decline*
<1000 (1)
1000-2999 (2)
3000-4999 (3)
5000-6999 (4)
7000-9999 (5)
10000-19999 (6)
>20000 (7)
- 16 What is your educational level? ☐ *Unsure*
☐ *Decline*
Professional degree or honours (1)
Graduate or Post-graduate (2)
Intermediate (3)
Vocational/Trade School (4)
High school (5)
Middle school(till 8th standard) (6)
Primary school - till 5th standard (7)
Not formally educated (8)
Illiterate (9)
Other -specify(10)
- 17 What is our current occupation? ☐ *Unsure*
☐ *Decline*
Professional (1)
Semi professional (2)
Clerical/shop owner/farm owner (3)
Skilled worker (4)
Semi-skilled worker (5)
Unskilled worker (6)
Unemployed (7)
Other -specify(8)

Comments: _____

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Text S2: Questionnaires
Household questionnaire

Text S2

Characteristics of the Dwelling -II

The following questions should be completed by the interviewer.

- 18 The outer walls of the main dwelling of the household are predominantly made of what material? ☐ Unsure
- Grass (1)
- Mud (2)
- Compacted earth (3)
- Mud brick (4)
- Burnt bricks (5)
- Concrete (6)
- Wood (7)
- Unfinished wood (8)
- Iron sheets (9)
- Asbestos sheet (10)
- Plastic sheets (11)
- Cloth (12)
- Thatch (palm leaves/ coconut leaves) (13)
- Other – specify (14)
-
- 19 The roof of the main dwelling is predominantly made of what Material? ☐ Unsure
- Grass (1)
- Iron sheets (2)
- Asbestos sheet (3)
- Plastic sheets (4)
- Cloth (5)
- Thatch (palm leaves/ coconut leaves) (6)
- Lite roof (7)
- Clay tiles (8)
- Burnt tiles (9)
- Concrete (10)
- Plastic (11)
- Sheeting (12)
- Tarpaulin (13)
- Other - specify (14)
-

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Text S2: Questionnaires
Household questionnaire

- 20 The floor of the main dwelling is predominantly made of ☐ Unsure
what material?
Sand (1)
Smoothed mud (2)
Smooth cement (3)
Wood (4)
Iron sheet (5)
Plastic sheet (6)
Tile/mosaik (7)
Tarpaulin (8)
Other – specify (9)
-

Text S2

C. Individual questionnaire

Household code.....

Participant ID.....

Was information on the individual provided by the individual him/herself?

Yes (1) **skip to 2**

☐

No (2)

- 1.1 Which household member provided information on behalf of the Individual? (eg. Mother, father, brother)

☐ *Unsure*

☐ *Decline*

- 1.2 Why was the individual not interviewed?

Age under 12 years (1)

☐ *Unsure*

☐ *Decline*

Not available to be interviewed at that time (2)

Present, but unwilling to be interviewed (3)

Other –specify (4)

☐

- 2 Date of birth

dd mm yy

☐ *Unsure*

☐ *Decline*

- 2.1 Age

years

☐ *Unsure*

☐ *Decline*

- 3 Sex

Female (1)

Male (2)

Transgender(3)

☐

☐ *Unsure*

☐ *Decline*

- 4 Relationship to head of household

Him/herself (1)

Sibling (2)

Parent (3)

Children (4)

Spouse (5)

Grand –parent (6)

Employee (7)

Other relationship (specify) (8)

☐

☐ *Unsure*

☐ *Decline*

☐ No relationship (9)

The hidden burden of dengue and chikungunya in Chennai, India
Text S2: Questionnaires
Household questionnaire

- 5 Have you always lived in this neighborhood? ☐ *Unsure*
Yes (1) –**skip to 6** ☐ *Decline*
No (2)
- 5.1 How long is it since you came to stay here, in this neighborhood/location? ☐ *Unsure*
_____ years ☐ *Decline*
If below 12 months, write in the number of months,
otherwise write the number of years _____ months
- 5.2 How long is it since you came to live in this house? ☐ *Unsure*
If below 12 months, write in the number of months, _____ years ☐ *Decline*
otherwise write the number of years _____ months
- 5.3 Where did you move from? ☐ *Unsure*
Another house, same location/neighborhood (1) ☐ *Decline*
Another neighborhood, same zone (2) _____
Another zone, same city (3)
Another region/district, same state (4)
Another state (5)
Another country (6)
- 6 What has been your main activity during the last 7 days? ☐ *Unsure*
Employee (1) - ask 6.1 ☐ *Decline*
Family business worker (2)
Self-employed (3)
Employer (4)
Unemployed, worked before, seeking work (5)
Unemployed, worked before, not seeking work (6)
Non-worker, never worked before, seeking work (7) _____
Non-worker, never worked before, not seeking work (8)
Homeworker (9)
Farmer (10)
Student (11)
Child – not going to school (12)
Other (13) -specify
-
- 6.1 If employee, type of labor ☐ *Unsure*
Daily wages (1) _____ ☐ *Decline*
Weekly wages (2)

The hidden burden of dengue and chikungunya in Chennai, India

Text S2: Questionnaires

Household questionnaire

Monthly Wages/income (3)

Permanent Income(4)

7 On a typical day, how many hours do you spend away, at a location other than this dwelling? _____ hours ☐ Unsure ☐ Decline

8 Other than this dwelling, what is the location where you spend most of your day? (name neighborhood) _____ ☐ Unsure ☐ Decline

9 On a typical day (yesterday), do you go to places in your immediate neighborhood, but beyond own house? ☐ Unsure ☐ Decline
Yes (1) - time spent (hours) ? _____
No (2) hours

10 On a typical day (yesterday), do you go to places outside your immediate neighborhood but within your zone? ☐ Unsure ☐ Decline
Yes (1) - time spent (hours) _____
No (2) hours

11 On a typical day (yesterday), do you go to places outside your zone but within your city? ☐ Unsure ☐ Decline
Yes (1) - time spent (hours) _____
No (2) hours

12 On a typical day (yesterday), do you go to places outside your city? ☐ Unsure ☐ Decline
Yes (1) - time spent (hours) _____
No (2) hours

13 Are you aware of a disease called dengue?
Yes (1)
No (2) **skip to 14**

If yes, what do you know? _____

The hidden burden of dengue and chikungunya in Chennai, India
Text S2: Questionnaires
Household questionnaire

☐ *Unsure*
☐ *Decline*

13.1 Have you ever had dengue fever in the past?

|_|

Yes (1) –date

No (2) **skip to 14**

|_|||_|||_|
dd mm yy

13.2 If yes, was dengue fever diagnosed at a medical facility?

☐ *Unsure*
☐ *Decline*

Yes (1)

No (2)

|_|

14 Are you aware of a disease called chikungunya?

Yes (1)

No (2)

If yes, what do you know?

14.1

Have you ever had Chikungunya in the past?

|_|

☐ *Unsure*
☐ *Decline*

Yes (1) -date

No (2) - **If no, you have finished the questionnaire**

|_|||_|||_|
dd mm yy

14.2 If yes, was Chikungunya diagnosed at a medical facility?

☐ *Unsure*
☐ *Decline*

Yes (1)

No (2)

|_|

Comments:

THANK YOU VERY MUCH !!!!