|  |  |
| --- | --- |
| Questionnaire | Codification |
| Date: \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_  |  |
| Addrees:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Owner name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | BairroRuapropri |
|   |  |
| Previous case of CVL in the household 0 ( ) No 1 ( ) Yes 9 ( ) Did not answer |  CAOLVC |
| Has this house been sprayed with insecticide to control leishmaniasis?0 ( ) No 1( ) Yes 7 ( ) Do not know 9( ) Did not answer |  BORRIF  |
| Is there a backyard in the residence?0 ( ) No 1 ( ) Yes 9 ( ) Did not answer | QUINTAL |
| What are the features of the backyard?0 ( ) Cement 1( ) Ground 2( ) Cement and ground 8 ( ) No applicable | CQUINT |
| What is in the backyard of this residence?0 ( ) No 1 ( ) Yes 8 ( ) No applicable**a) HAQCP** ( ) Plant bed **b) HAQBA** ( ) Banana tree**c) HAQLX** ( ) Garbage **d) HAQMO** ( ) Dry leaves**e) HAQAR** ( ) Trees**f) HAQES** ( ) Manure | a. HAQCP b. HAQBA c. HAQLX d. HAQMOe. HAQAR f. HAQES  |
| How many color televisions are in the residence? 0 ( ) 1 ( ) 2 ( ) 3 ( ) 4 ou + ( ) | TV |
| How many radios are there in the residence? 0 ( ) 1 ( ) 2 ( ) 3 ( ) 4 ou + ( ) | RADIO |
| Quantos banheiros há na residência? 0 ( ) 1 ( ) 2 ( ) 3 ( ) 4 ou + ( ) | BANHEIRO |
| How many bathrooms are there in the residence? 0 ( ) 1 ( ) 2 ( ) 3 ( ) 4 ou + ( ) | CARRO |
| How many employees are there in the residence? 0 ( ) 1 ( ) 2 ( ) 3 ( ) 4 ou + ( ) | EMPREG |
| How many washing machines are there in the residence? 0 ( ) 1 ( ) 2 ( ) 3 ( ) 4 ou + ( ) | MLAVAR |
| How many DVDs are there in the residence? 0 ( ) 1 ( ) 2 ( ) 3 ( ) 4 ou + ( ) | DVD |
| How many refrigerators are there in the residence? 0 ( ) 1 ( ) 2 ( ) 3 ( ) 4 ou + ( ) | GELAD |
| How many freezers (or part of the duplex refrigerator) is in the residence? 0 ( ) 1 ( ) 2 ( ) 3 ( ) 4 ou + ( ) | FREEZER |
| Schooling of the head of the family. 1 ( ) Illiterate2 ( ) Primary school3 ( ) Secondary School4 ( ) University |  ESCOLRE |
| Your home is: 1 ( ) Own 2 ( ) Rented 3 ( ) financed | CASA |

|  |  |
| --- | --- |
|  Dog data |  |
| Owner name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PROPRIFC |
| Group: 0 ( ) control 1 ( ) collar | GRUPO |
| When was the collar put on? \_\_\_/\_\_\_/\_\_\_\_\_ | Coleira |
|  DPP: 0 ( ) Negative 1 ( ) Positive  | DPP1 |
|  ELISA: 0 ( ) Negative 1 ( ) Positive 3 ( ) Unrealized | ELISA1 |
|  Sample code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  | COD\_\_\_\_\_\_\_\_ |
| Name of dog:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_ Color:\_\_\_\_\_\_\_\_\_\_\_\_\_ | Nome\_\_\_\_\_\_\_\_\_Idade\_\_\_\_\_\_\_\_\_\_\_ |
| Sex: 0 ( ) Male 1 ( ) Female / Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | SEXOCAO |
| Size: 0 ( ) Small 1 ( ) Medium 2 ( ) Big | PORTE |
| Fur length: 0 ( ) Long 1 ( ) Short | PELO |
| Do you take the dog to the vet? 0 ( ) No 1 ( ) Yes 7 ( ) Do not know 9( ) Did not answer | VETER |
| Place where dogs lived and rested 0 ( ) Inside the house 1 ( ) In the backyard 2 ( ) In the balcony  | ONDFIC |
| Place where the dog sleeps 0 ( ) Inside the house 1 ( ) In the backyard 2 ( ) In the balcony | ONDDORM |
| Had access to the street?0 ( ) No 1 ( ) Yes 7 ( ) Do not know 9( ) Did not answer | CFPGE |
| How long has the dog been living with the family in this residence?1 ( ) months:\_\_\_ 2( ) years:\_\_\_\_ 7 ( ) Do not know 9( ) Did not answer | QTCMOR |
| Do you regularly use flea and tick shampoo on this dog?0 ( ) No 1 ( ) Yes 7 ( ) Do not know 9( ) Did not answer | SHAMPOO |
| Does this dog show symptoms of visceral leishmaniasis?0 ( ) No 1 ( ) Yes  | APSINT |
| What symptoms do you notice? Check with “X” the symptoms you are seeing in the dog.a) ( ) Alopecia h ( ) Keratoconjunctivitisb) ( ) Onychogryphosis i ( ) Apathyc) ( ) Opaque bristles j ( ) Weight Lossd) ( ) Loss of appetite K ( ) Diarrhoeae) ( ) Coriza L ( ) Vomitingf) ( ) Splenomegaly g) ( ) Lesion on the skin | a. QSINTPL b. QSINTUNc. QSINTPO d.QSINTCPe QSINTCOf. QSINTAB g. QSINTMAh. QSINTCJi. QSINTDMj. QSINTEMk. QSINTDIl. QSINTVO |
| Was the dog wearing a collar on return?0 ( ) No 1 ( ) Yes 8 ( ) No applicable | COLR1 |
| Has the animal had any adverse reaction to the collar?0 ( ) No 1 ( ) Yes 8 ( ) No applicableIf so, which one?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | REACR1 |