24. Do you have pet animals? (Please, select all options that apply)

Yes, dog(s)		Yes, other(s): _____		No	

*=> If you only selected "**Yes, other(s)**" or "**No**", please proceed to question number **28***

25. Do(es) your dog(s) spend time outdoors, between sunset and sunrise?

Yes		No		Don't know/Can't remember	

*=> If you selected "**Yes**", please specify where* (Please, select all options bellow that apply):

Garden/backyard		Park		Other(s): _____
Street/road		Forest/bush		

26. Do(es) your dog(s) use any insecticide or insect repellent product?

Yes		No		Don't know/Can't remember	

*=> If you selected "**Yes**", please specify* (Please, select all options bellow that apply):

26.1. What type of product(s)?	Collar		Pipette		Spray	
	Shampoo		Pills		Others	
26.2. What time(s) of the year?	All year round		Summer		Spring	
	Autumn		Winter			

27. Is/Are your dog(s) regularly seen by a veterinarian?

Yes		No		Don't know/Can't remember	

*=> If you selected "**Yes**", please specify how often:*

Every two years		Once a year		More than once a year		Don't know/Can't remember	

28. What is:

28.1. Your age?	_____years						
28.2. Your sex?	Male		Female		No answer		
28.3. The zone where you've been living in the last month?	Town Hall (Concelho): _____ Parish (Freguesia): _____						
28.4. Your current job?	_____						

29. What is your level of education? (Please, select the highest level of studies you have completed)

Primary school (1st-4th)		Basic school (5th-9th)		High school (10 th-12 th)	
Bachelor's		Master's/PhD		None of the previous	

30. In the last 2 years, have you been living or traveling abroad from Portugal?

Yes		*In which country/countries?* _____
No		
Don't know/Can't remember		

This questionnaire ends here. We thank you for your participation.

INSTITUTO DE HIGIENE E MEDICINA TROPICAL
DESDE 1902

Código de colheita

Colar aqui

Questionnaire on leishmaniasis

Please answer all the following questions, marking with an "X" the option(s) you consider more appropriate or writing down a short answer in the spaces provided.

1. Have you ever heard about leishmaniasis?

Yes		No		Don't know/Can't remember	

*=> If you selected "**No**" or "**Don't know/Can't remember**", please proceed to question number **22.***

2. In which context(s) have you heard about leishmaniasis? (Please, select all options that apply)

In school/university subjects		In my professional activity		In conversations with family and/or friends	
In a conversation with a veterinarian		In a conversation with a medical doctor		In journals/magazines	
In the television		In posters		Don't know/Can't remember	
On the internet		Through social media		Other(s): _____	

3. Leishmaniasis is a disease caused by (Please, select only one option)**:**

Chemicals		An infection		Don't know/Can't remember	
A nutritional problem		A genetic problem		Other(s): _____	

4. Leishmaniasis is mostly transmitted by: (Please, select all options that apply)

Mosquito bites		Sand fly bites		Flea bites	
Tick bites		Animal scratch or bite		Unprotected sex	
Exposure to polluted environments		Consumption of contaminated water/food		Don't know/Can't remember	
Direct contact with an infected person		Direct contact with infected animals		Other(s): _____	
Blood transfusion		From mother to child			

5. Does leishmaniasis affect animals?

Yes		No		Don't know/Can't remember	

*=> If you selected "**No**" or "**Don't know/Can't remember**", please proceed to question number **14.***

6. Which of the following symptoms can often be seen in animals with leishmaniasis? (Please, select all options that apply)

Coughing		Difficulty breathing		Don't know/Can't remember	
Convulsions		Skin lesions		Other(s): _____	
Vomiting and/or diarrhea		Changes in the nails			
Weight loss		Hair loss			

7. Leishmaniasis in animals (Please, answer each of the following lines)**:**

7.1. Can be treated?	Yes		No		Don't know/Can't remember	
7.2. Can be fatal/lethal?	Yes		No		Don't know/Can't remember	
7.3. Can be prevented/avoided?	Yes		No		Don't know/Can't remember	

8. In Portugal, is there leishmaniasis in animals?

Yes		No		Don't know/Can't remember	

*=> If you selected "**No**" or "**Don't know/Can't remember**", please proceed to question number **13.***

9. Which of these animals is/are more affected by leishmaniasis in Portugal? (Please, select all options that apply)

Horses		Cattle, sheep, goats		Other wild animals	
Cats		Rabbits/hares		Don't know/Can't remember	
Dogs		Mice		Other(s): _____	

10. Has any animal in your house or close to your house ever had leishmaniasis?

Yes		No		Don't know/Can't remember	

11. What do you think is the risk of animals catching leishmaniasis in the area where you live?

None		Low		Medium		High		Don't know/Can't remember	

12. In Portugal, is there a vaccine against leishmaniasis for animals?

Yes		No		Don't know/Can't remember	

*=> If you selected "**Yes**", is/are your pet animal(s) vaccinated against leishmaniasis?*

Yes, every year		No		I don't have pet animals	
Yes, some years		Don't know/Can't remember			

13. Can animals catch leishmaniasis when they travel or live abroad from Portugal?

Yes		No		Don't know/Can't remember	

14. Does leishmaniasis affect people?

Yes		No		Don't know/Can't remember	

*=> If you selected "**No**" or "**Don't know/Can't remember**", please proceed to question number **22.***

15. Which part(s) of the human body is/are more frequently affected by leishmaniasis? (Please, select all options that apply)

Eyes		Brain		Other(s): _____	
Skin		Heart and lungs			
Liver and spleen		Don't know/Can't remember			

16. Leishmaniasis in people (Please, answer each of the following lines)**:**

16.1. Can be treated?	Yes		No		Don't know/Can't remember	
16.2. Can be fatal/lethal?	Yes		No		Don't know/Can't remember	
16.3. Can be prevented/avoided?	Yes		No		Don't know/Can't remember	

17. Can people catch leishmaniasis in Portugal?

Yes		No		Don't know/Can't remember	

*=> If you selected "**No**" or "**Don't know/Can't remember**", please proceed to question number **21.***

18. Has any doctor ever told you that you have/had leishmaniasis?

Yes		No		Don't know/Can't remember	

19. Has any person in your house or close to your house ever had leishmaniasis?

Yes		No		Don't know/Can't remember	

20. What do you think is your risk of catching leishmaniasis?

None		Low		Medium		High		Don't know/Not applicable	

21. Can people catch leishmaniasis when they travel or live abroad from Portugal?

Yes		No		Don't know/Can't remember	

22. In your daily life, do you have (Please, answer each of the following lines)**:**

22.1. Regular contact with wild animals?	Yes		No		Don't know/Can't remember	
22.2. Regular contact with domestic animals?	Yes		No		Don't know/Can't remember	
22.3. Outdoor activities during the night?	Yes		No		Don't know/Can't remember	

23. Does your house have nets in the windows and/or doors?

Yes, in all of them		Yes, in some		None of them		Don't know/Can't remember	