

6.) Place of Birth - State:

7.) City of current address:

7.a) State of current address:

Topic II – Subject characteristics

Now we are going to ask you some general questions:

1.) What is your color?

- Caucasian
- Black
- Yellow (Asian)
- Mulatto
- Indian
- Refused to answer

2.) Do you know how to read and write?

- Yes
- No
- Refused to answer

3.) What is your educational level?

- Adult alphabetizing
- Never been to school
- I have been to school but I did not complete Elementary school
- Elementary school
- High school
- College or technical school
- Graduate school
- Master degree
- Doctor degree
- Refused to answer

4.) Current Marital Status:

- Single
- Married
- Divorced/legally separated
- Widower
- Single but living with a partner.
- Other

8.a) How many times in the last 30 days have you drunk?

- Every day or almost every day
- 3 to 5 times a week
- 1 to 2 times a week
- Less than one time a week
- Didn't drink in the last 30 days
- Refused to answer

8.b) When/if you drink alcohol, on average how many drinks do you consume at one time?
(Note: a drink is equal to one shot of distilled alcohol (spirits), a glass of beer, or a glass of wine):

- 1 to 2
- 3 to 5
- more than 5 and less than 10
- more than 10
- Don't Know
- Refused to answer

Physical Activity:

9.) Do you participate in exercise or any physical activity where you exert yourself, such as sport? (eg.:football, tennis, running, swimming, etc..)

- Yes
- No (go to question 10)
- Refused to answer

9.a) How many days per week do you exercise or practice this activity(ies)?

- 1 time per week
- 2 to 3 times per week
- 4 to 6 times per week
- Every day
- Refused to answer

9.b) How long does this activity take each time you do it?

- Less than 15 minutes
- 15 to 30 minutes
- 30 minutes to 1 hour
- 1 hour to 2 hours
- More than 2 hours
- Refused to answer

Are you able to do the following each of the following physical activities:

10.1) Can you walk down a flight of 8 steps or more without stopping?

Yes

No

(If Yes go to 10.2, if No go to 10.4)

10.2a) Can you carry anything up a flight of 8 steps or more without stopping?

Yes

No

10.2b) Can you have sexual intercourse without stopping?

Yes

No

Refused to answer

10.2c) Can you do outdoor work such as garden, rake, or weed?

Yes

No

10.2d) Can you slow dance?

Yes

No

10.2e) Can you walk at a normal pace on level ground?

Yes

No

(If Yes to any 10.2 question go to 10.3, if No go to question 11)

10.3a) Can you carry at least 11 kilograms (24 pounds) up a flight of 8 steps or more without stopping?

Yes

No

10.3b) Can you lift objects that weigh at least 36 kilograms (80 pounds)?

Yes

No

10.3c) Can you do outdoor work such as shovel or spade dirt?

Yes

No

10.3d) Can you do recreational activities such as soccer, basketball or volleyball?

Yes

No

10.3e) Can you walk at a fair pace or jog slowly on level ground?

- Yes
- No

(Go to question 11)

10.4a) Can you stand and take a shower without stopping or sitting down?

- Yes
- No

10.4b) Can you change the sheets or remake a bed?

- Yes
- No

10.4c) Can you hang washed clothes out to dry?

- Yes
- No

10.4d) Can you clean windows, or mop floors?

- Yes
- No

(If No to any 10.4 question go to 10.5, if Yes for all the 10.4 questions go to question 11)

10.5) Can you dress yourself alone without stopping or receiving help?

- Yes
- No

Topic IV - ANAMNESIS (Basic Medical History)

11.) Have you been told by a doctor or health professional that you have high cholesterol or cholesterol problems?

- Yes
- No (Skip to question 12)
- Don't Know
- Refused to answer

11.a) If yes, have you been under medical treatment (taking medicine) for high cholesterol?

- Yes
- No
- Don't Know
- Refused to answer

12.) Have you ever received blood transfusion?

- Yes
- No
- Don't know
- Refused to answer

13.) Have you been told by a doctor or a nurse that you have or had visceral or cutaneous leishmaniasis also called Kalazar?

- Yes
- No
- Don't know
- Refused to answer

13.a) If yes, how long ago?

- Less than 1 year
- 1 to 5 years
- More than 5 years
- Don't know
- Refused to answer

14.) Have any of your relatives ever had Chagas disease?

- Yes
- No
- Don't know
- Refused to answer

14.a) If yes, who? Please specify which relative(s)?

- Father
- Mother
- Brother or sister
- Daughter or son
- Other
- Don't know
- Refused to answer

15.) Has a doctor ever talked to you about Chagas disease?

- Yes
- No
- Don't know
- Refused to answer

15.a) Has a doctor suggested you have a test for Chagas disease?

- Yes
- No
- Don't know
- Refused to answer

15.b) If yes, which exams? (You may mark more than one option – please mark all that apply)

- Blood Exam or Blood Test
- X-ray
- Electrocardiogram (EKG)
- Echocardiogram
- Barium Swallow
- Other exam (Specify) _____
- Not applicable
- Refused to answer

16.) Have you been told by a doctor or a nurse that you have or had Chagas disease?

- Yes
- No (skip to question 18)
- Don't know
- Refused to answer

16.a) If yes, how long have ago were you diagnosed with Chagas disease?

- Less than 1 year
- 1 to 5 years
- 5 to 10 years
- More than 10 years ago
- Don't know
- Refused to answer

17.) Are you under medical care for Chagas disease at this time?

- Yes
- No
- Don't know
- Refused to answer

17.a) If yes, can you tell us where? _____

17.b) If yes, have you been under medical treatment (taking medicine) for Chagas disease?

- Yes
- No
- Refused to answer

18.) Do you wear reading glasses?

- Yes
- No
- Refused to answer

18.a) How do you describe your night vision?

- I can see well
- I have some difficulty seeing when it is dark
- I have great difficulty seeing when it is dark
- I don't know
- Refused to answer

19.) Excluding Chagas disease, have any of your relatives ever had a heart attack or other cardiovascular disease?

- Yes
- No
- Don't know
- Refused to answer

19.a) If yes, who? Please specify which relative(s)

- Father
- Mother
- Brother or sister
- Daughter or son
- Other
- Don't know
- Refused to answer

19.b) If YES for father, brother or son: The heart attack or other cardiovascular disease happened at an age inferior to 55?

- Yes
- No
- Don't know
- Refused to answer

19.c) If YES for mother, sister or daughter: The heart attack or other cardiovascular disease happened at an age inferior to 65?

- Yes
- No
- Don't know
- Refused to answer

For question 20 please use the following codes: 0= no, 1= yes, 3= don't know, 4= refused to answer

20.) Inpatient and outpatient medical care:

- Have you been hospitalized?
- Emergency room visit?
- Have you had heart, esophagus or intestinal surgery? Specify _____
- Have you been ill and needed to see a doctor attendance in a medical clinic

Topic V- Knowledge about and risk exposures for Chagas Disease

Now we are going to ask some questions about your knowledge about and possible exposure to the infection that causes Chagas disease.

21.) Besides your birth city, have you ever lived some place else?

Yes

No

Refused to answer

21.a) Please, list all the places you have lived since you were born:

*For Rural Area and Presence of kissing bug use the following codes: 0= No, 1 = Yes, 3 = don't know, 4 = refused to answer

City	State	Do you consider this to be a Rural Area? *	Do you know if the kissing bug is present in this area? *	How long (in years)

22.) Do you know how to recognize a kissing bug? (Show pictures of a kissing bug).

Yes

No

Don't know

Refused to answer

23.) Have you ever been bitten by the kissing bug?

- Yes
- No
- Don't Know
- Refused to answer

23.a) If yes, how long ago?

- Less than 1 year
- 1 to 5 years
- 5 to 10 years
- More than 10 years ago
- Don't know
- Refused to answer

24.) Do you know someone who has been bitten by kissing bug?

- Yes
- No
- Don't Know
- Refused to answer

24.a) If yes, who?

- Relatives who lived in the same house
- Relatives who lived in the neighborhood
- Relatives who lived far away
- Don't Know
- Refused to answer

25.) Have you ever lived in a house constructed of wood and mud? (Show a picture of this type of house)

- Yes
- No
- Don't Know
- Refused to answer

25.a) If Yes, how long ago?

- Less than 1 year
- 1 to 5 years
- 5 to 10 years
- More than 10 years ago
- Don't know
- Refused to answer

25.b) For how long did you live in this type of house?

- Months
 Years
 Don't Know
 Refused to answer

26.) Have you ever lived in a house constructed with a thatched roof? (Show pictures of this type of roof)

- Yes
 No
 Don't know
 Refused to answer

26.a) If yes, how long ago?

- Less than 1 year
 1 to 5 years
 5 to 10 years
 More than 10 years ago
 Don't know
 Refused to answer

26.b) For how long did you live in a house with this type of roof?

- Months
 Years
 Don't Know
 Refused to answer

27.) Have you ever worked in a laboratory with infectious material?

- Yes
 No
 Don't know
 Refused to answer

Thank you for participating of this research project. Your participation make donated and transfused blood quality safer in our country and may help us better understand Chagas disease.

REDS – Retrovirus Epidemiology Donor Study-II-International Project: Chaga’s Disease

Physical Exam

<p>1.) Responsible Center for the Clinical Evaluation:</p> <p style="padding-left: 20px;">[] [] [] [] Montes Claros – MG</p> <p style="padding-left: 20px;">[] [] [] [] FPS Hemocenter -SP</p> <p>2.) Physical Exam Date: [] [] / [] [] / [] [] [] []</p> <p>3.) Examiner ID: [] [] [] [] [] [] [] [] [] [] [] [] [] [] []</p> <p>3.a) Examiner Name: []</p>
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Demographic Data:

- 1.) Study Subject ID : [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
- 2.) Gender: [] Male [] Female
- 3.) Birth Date: [] [] / [] [] / [] [] [] []
- 4.) Age: [] [] [] (years old)

ANAMNESE

Blood donor´s clinical status	
Symptomatic	[]
Cardiac presentation	[]
Gastrointestinal presentation (GI)	[]
Asymptomatic	[]

For questions 1, 2, and 3 please use the following codes to answer:
0= no, 1= yes, 3= don’t know, 4= refused to answer

4.b) Do you remember how long on average each episode lasted?

[] [] [] (Minutes)

[] Don't remember

[] Refused to answer

For questions 4.c, 4.d please use the following codes to answer:

0= no, 1= yes- only once, 2= Yes - more than once, 3= don't know, 4= refused to answer

4.c) Do you remember noticing any of the following symptoms before fainting or loosing consciousness?

[] Nausea/ Sickness

[] Unexpected signs, For example, a strong odor, or seeing bright spots

[] Chest discomfort

[] Shortness of Breath

[] Palpitations

4.d) Do you remember noticing any of the following symptoms after fainting or loosing consciousness?

[] Urinary or fecal incontinence

[] Mental confusion

[] Weakness in your arms or legs

[] Other (specify) _____

General Physical Exam

General Aspect: [] Good [] Regular [] Bad

Weight: [] [] [] Kg

Height: [] [] [] cm

Blood Pressure:

Arterial Pressure	First Reading	Second Reading
Systolic		
Diastolic		

Pulse: _____/bpm

Rhythmic: [] Yes [] No

Signs and Symptoms:

a) Jugular vein stasis: Absent present

If present, indicate:

+/4+ ++/4+ +++/4+ 4+/4+

b) Liver growth: Absent present

If present, specify: _____ cm of right costal fold

c) Edema of inferior limbs: Absent present

If present, indicate:

+/4+ ++/4+ +++/4+ 4+/4+
(+ cacifo)

d) Heart Auscultation:

Normal
 Altered

Other:

e) Lung Auscultation:

Lung Crepitation

Yes
 No

Other:

Resting Electrocardiograph Results:

1.) Responsible Center for the Electrocardiograph:

[] Montes Claros - MG
[] FPS Hemocenter -SP

2.) ECG Exam Date: [][]/[][]/[][][][]

3.) Responsible for the ECG ID: [][][][][][][][][][][][][]

3.a) Responsible for the ECG Name: [][][][][][][][][][][][][]
[][][][][][][][][][][][][][][][]

4.) Type of Equipment: [][][][][][][][][][][][][][]

5.) Method: [][][][][][][][][][][][][][][]

Demographic Data:

5.) Study Subject ID: [][][][][][][][][][][][]

Electrocardiograph Part I

EKG: [] done [] Not done

Formulário de Averiguação do Painel de Experts

Identificação no Estudo#: _____ REVIEWER: _____

Data da Revisão: _____ (DD/MM/AAAA)

A. If this patient was T.cruzi seropositive, would you diagnose Chagas cardiac disease?

- Yes
- Probably
- Possibly
- Not chagas cardiac disease

Comments:

B. Do you believe the patient has another cardiopathy?

- Yes
- Probably
- No

C. If the answer for question B is YES or PROBABLY, choose one or more of the options bellow:

<input type="checkbox"/>	Coronary Artery Disease
<input type="checkbox"/>	Valvular Heart Disease, , specify: _____
<input type="checkbox"/>	Hypertensive Cardiopathy
<input type="checkbox"/>	Cardio pulmonary Disease
<input type="checkbox"/>	Congenital Heart Disease, specify: _____
<input type="checkbox"/>	Other, specify: _____

Echocardiography Findings Form

Study ID#: _____

Date of Exam: _____ (DD/MM/YYYY)

Weight: _____ Height: _____

ECHO Results	Yes	No
1. Segmental wall motion abnormalities		
2. Apical Aneurysm		
3. Objective or subjective reduction of global left ventricular function		
4. Left ventricular Dilatation (LVDD Diameter >55mm)		
5. Right ventricular Dilatation (RVDD Diameter > 26mm)		
6. Diastolic dysfunction (pseudonormal or restrictive cardiomyopathy)		
7. Mural thrombus		
8. Valve Dysfunction: specify: _____		
9. Left Ventricle Hypertrophy –LVEDD – (Teicholz) (VE > 115g/m ² for men, VE > 95 g/m ² for women)		
10. Congenital Heart Disease: specify _____		
11. Other: specify _____		

EKG Form

Study ID#: _____

Date of Exam: _____ (DD/MM/YYYY)

EKG Results	Yes	No
1. Sinus Tachycardia		
2. Sinus Bradycardia with heart rate \geq 40bpm		
3. Sinus Bradycardia with heart rate $<$ 40		
4. Sino Atrial node dysfunction		
5. Atrial Flutter or Fibrillation		
6. Supraventricular Ectopy or tachycardia		
7. Isolated Ventricular Premature Beat		
8. Frequent Ventricular Premature Beats ($>$ 1 by ECG), polymorphous or sustained		
9. Non-sustained ventricular tachycardia		
10. 1 st degree atrioventricular block		
11. 2 nd degree atrioventricular block		
12. 3 rd degree atrioventricular block		
13. Pacemaker rhythm		
14. Left Bundle Branch Block		
15. Incomplete Right Bundle Branch Block		
16. Complete Right Bundle Branch Block		
17. Left anterior hemi-block		
18. Left posterior hemi-block		
19. Ventricular pre-excitation		
20. Electrical inactivity		
21. Low limb voltage		
22. Primary alterations of ST-T wave		
23. Nonspecific ST-T changes		
24. Long QT Interval		
25. Atrial or Ventricular overload		
26. Other alterations: specify _____		

**REDSII – Retrovirus Epidemiology Donor Study
International Project: Chagas Disease
Non-Enrollment Form**

- 1.) Study Subject ID (Participant Number - PF): [][][][][][][][][][][][]
 2.) Gender: [] Male [] Female
 3.) Birth Date: [][][]/[][][]/[][][][][]
 4.) What is the reason for non-enrollment (mark all that apply):

<input type="checkbox"/>	Refused
<input type="checkbox"/>	Deceased: Date of death: [][][]/[][][]/[][][][][] Cause of death: _____
<input type="checkbox"/>	Too ill to participate: Specify illness: <input type="checkbox"/> Cardiac illness <input type="checkbox"/> Gastrointestinal illness <input type="checkbox"/> Other (specify: _____) <input type="checkbox"/> Unknown
<input type="checkbox"/>	Lost to follow-up
<input type="checkbox"/>	Other

- 5.) Subject agrees to answer short questionnaire?
 [] Yes → Date of Completion [][][]/[][][]/[][][][][]
 [] No

For questions 6 and 7, use the following codes to answer:

0= no, 1= yes, 3= don't know, 4= refused to answer

- 6.) Have you been told by a doctor or a nurse that you have any of the following health conditions? If yes, please tell us the year that you were first told you had the condition.

Condition	Code	Year
a) Chagas Heart Disease		
b) Congestive Heart Failure		
c) Heart Attack		
d) Any Other Heart Problem (specify: _____)		
e) Chagas Disease of Esophagus or Colon (specify: _____)		

- 7.) Please tell us if currently or in the past, any of the following are true for you:

Sign or Symptom	Code
a) Do you feel pain when you swallow food?	
b) Do you have trouble swallowing or have the sensation of something stuck in your esophagus/throat?	
c) Is it usual for you to have no bowel movement for 3 or more days? If yes, how many times has this happened in the last month? _____	
d) Has your doctor told you that you have heart abnormalities or rhythm problems on electrocardiogram (EKG)?	
e) Have you been told by a doctor that your heartbeat is not regular?	
f) Do you have a pacemaker?	
g) Have you ever noticed your heartbeat racing or beating abnormally?	
h) Do you feel shortness of breath when you have to use physical strength, for example: when climbing up stairs or hills?	
i) Have you briefly fainted or lost consciousness in the last 3 years?	
j) Do you have chest pain or angina?	
k) Do you have swelling of your feet or ankles?	
l) Are you taking any heart medications? (specify: _____)	