Version 23_06_2008

Questionnaire Sub-project # 3

"Natural history and laboratorial findings of Chagas disease among positive Brazilian blood donors to *T. cruzi*."

Fundação Pró-Sangue Hemocentro de São Paulo Fundação Hemominas - Belo Horizonte Blood Systems Research Institute –California, USA

0.1.) Blood center conducting the interview:
[] Montes Claros -MG [] Hemocentro- SP
0.2.) Date of Interview: [][]/[][][][][] (Day/month/year)
0.3.) Interviewer's ID number (RG): [_] [_][_][_][_][_][_][_][_][_][_][_]
0.3a) Interviewer's Name: [_] [_][_][_][_][_][_][_][_][_] [_] [_]

<u>Topic I – Basic demographic information:</u>

1.) Study Subject ID : [_][_][_][_][_][_][_][_][_][_]

2.) Age: [_][_](in years)

3.) Gender: [_] Male [_] Female

4.) Date of Birth: [_][_]/[_] [_]/[_][_][_]

5.) Place of Birth – City:

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

Version 23_06_2008	Subject ID [][_][_][_][_][_][_][_][][_][_]
Only for women:												
5.) Are you pregnant? [] Yes [] No [] Don´t Know [] Refused to answer												
5.a) If pregnant, which trime [] First [] Second	ster?											

- [___] Third
- ___] Don't Know
-] Refused to answer

Topic III- Lifestyle and Health

Now we are going to ask you some questions about your lifestyle and your current health. Please answer each question as completely as possible.

- 6.) Which of the following statements best describes your use of cigarettes?
 - [__] Never smoked (Skip to question 8)
 - [___] Used to smoke but don't anymore
 - [___] Currently smoke cigarettes
 - [__] Refused to answer

6.a) If you currently smoke or when you used to smoke:

- [__] Smoked no more than 100 cigarettes in my entire life
- [__] Smoked some days, but not every day
- [__] Smoked less than a pack of cigarettes every day
- [___] Smoked about one to two packs of cigarettes every day
- [__] Smoked at least two packs of cigarettes every day
- [__] Refused to answer

7.) During the last 12 months, did you stop smoking for one or more days because you were trying to quit smoking?

- [__] Yes
- [___] No
- __] Refused to answer
- 8.) Do you use to drink alcoholic drinks?
 - [__] Yes
 - [___] No
 - __] Refused to answer
 - V23_06_08

Version 23_06_2008	Subject ID [_][][_][_][_][_][][][][][_]
--------------------	--------------	--------	-----	----	-----	-----	----	----	----	----	----

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 Vec as to 10.2, if Ne as to 10.4)
(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

 Version 23_06_2008
 Subject ID [__][_][_][_][_][_][_][_][_][_]]

Version 23_06_2008	Subject ID [_][][_][_][][_][][_][_][_][_]
--------------------	--------------	--------	----	--------	----	----	------	----	-----	----

10.3e) Can you walk at a face 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

V23_06_08

	Version 23_06_2008	Subject ID [_][][][][_][][_][_][_][_	_][]	
[] [] [] [] []	<u>f yes</u> , which exams? (You Blood Exam or Blood Te X-ray Electrocardiogram (EKG Echocardiogram Barium Swallow Other exam (Specify) Not applicable Refused to answer)					n –	oleas	e ma	ırk al	l tha	t apply))
[[ave you been told by a do] Yes] No (skip to question 18] Don't know] Refused to answer		se th	at yo	ou ha	ive or	had	Cha	gas o	lisea	se?		
[[<u>f yes</u> , how long have ago] Less than 1 year] 1 to 5 years] 5 to 10 years] More than 10 years ago] Don't know] Refused to answer		agnos	sed w	vith C	Chaga	is dis	sease	?				
[] [] []	e you under medical care Yes No Don't know Refused to answer	e for Chagas o	disea	se at	this	time	?						
17.a) <u>I</u>	<u>f yes</u> , can you tell us whe	ere?											
[<u>f yes</u> , have you been und] Yes] No] Refused to answer	ler medical tr	eatm	ient ((takir	ng me	edicii	ne) fo	or Ch	agas	i dise	ase?	
[] []	o you wear reading glass Yes No Refused to answer	es?											

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: $0 = n_0$, $1 = y_{es}$, 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

V23_06_08

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
۲ I	Don

_] Don't know] Refused to answer

- Version 23 06 2008
- 23.) Have you ever been bitten by the kissing bug?
 - []Yes
 - Γ Î No
 - 1 Don't Know
 - 1 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

1.) Responsible Center for the Clinical Evaluation:									
[] Montes Claros – MG [] FPS Hemocenter -SP									
2.) Physical Exam Date: [][]/[][][][][]									
3.) Examiner ID: [][][][][][][][][][
3.a) Examiner Name: [][][][][][][][][][

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 1.) Have you been told by a doctor or a nurse that you have any of the following health problems?

	Code
1.) Diabetes	
2.) Kidney problems	
3.) Coagulation problems (bleeding or clotting diseases)	
4.) Heart attack	
5.) Hypertension (high blood pressure)	
6.) Lung Disease	

2.) Please tells if you have had or currently have any of the following:

	Code
2.1) Do you feel pain when you swallow food?	
2.2.) Do you have trouble swallowing or have the sensation of something stuck in your esophagus/throat?	
If the answer to question 2.2 is NO, please skip to question 2.4	
2.3a.)Does it occur more often with solid food than with paste or liquid food?	
2.3b.) Is it getting worse along the time?	
2.3c) Do you need to drink water to help food go through your	
esophagus/throat?	
2.4) Do you feel "crammed with food" after eating?	
2.5) Do you often feel as if your mouth is watering? (too much salivation)	
2.6) Has a doctor, based on a chest X-Ray, told you that you have a big esophagus?	
2.7) Is it usual for you to have no bowel movement for 3 or more days? If	*
yes, how many times has this happened to you in the last month?	
2.8) Has a doctor, based on an abdominal X-Ray, told you that you have a big colon?	
2.9) Do you feel unable to climb 2 flights of stairs without resting?	
2.10) Do you have heart palpitations?	
2.11) Do you have difficulty breathing when lying down?	
2.12) Have you experienced swelling or puffiness in your feet in the morning?	
2.13) Does your heartbeat sometimes race when resting?	
2.14) Have you noticed any visible neck veins in the when standing up or sitting in front of a mirror?	
2.15) Has your doctor told you that you have heart abnormalities or rhythm	
problems on electrocardiogram (EKG)?	
2.16) Have you been told that your heartbeat is not regular?	
2.17) Do you have a pacemaker?	
2.18) Have you ever noticed your heartbeat racing or beating abnormally?	
2.19) Have you ever awakened during the night with shortness of breath or	
not being able to breathe?	
2.20) Do you feel shortness of breath when you have to use physical	
strength, for example: climbing up stairs or hills?	

* a) Once b) 2 – 5 times c) More than 5 times

2.a) Do you feel chest pain?

[]	Yes
[]	No

2.b) If yes, is it typical angina? (physician shall characterize)

[]	Yes
[]	No

3.) Do you currently take or have you taken any of the following medicines: We will show a picture card that contains the most popular medications for heart failure and other cardiovascular conditions

3.1. Anti-arrhythmia drugs, such as:
b. AmiodaroneImage: Second
3.2. Diuretics, such as:
a. FurosemideImage: close spiron of the spiron
b. Hydrochlorothiazidec. Espironolactona3.3. Angiotensin converting enzyme (ACE) inhibitors, such as:a. Captoprilb. Enalaprilc. Losartan3.4. Beta agonists (Beta blockers), such as:a. Carvedilolb. Atenololc. Propranolol
c. EspironolactonaImage: Spironolactona3.3. Angiotensin converting enzyme (ACE) inhibitors, such as:Image: Spironolactonaa. CaptoprilImage: Spironolactonab. EnalaprilImage: Spironolactonac. LosartanImage: Spironolactona3.4. Beta agonists (Beta blockers), such as:Image: Spironolactonaa. CarvedilolImage: Spironolactonab. AtenololImage: Spironolactonac. PropranololImage: Spironolactona
3.3. Angiotensin converting enzyme (ACE) inhibitors, such as: a. a. Captopril b. b. Enalapril c. c. Losartan c. 3.4. Beta agonists (Beta blockers), such as: a. a. Carvedilol c. b. Atenolol c. c. Propranolol c.
a. CaptoprilImage: classificationb. EnalaprilImage: classificationc. LosartanImage: classification3.4. Beta agonists (Beta blockers), such as:Image: classificationa. CarvedilolImage: classificationb. AtenololImage: classificationc. PropranololImage: classification
b. Enalaprilc. Losartan3.4. Beta agonists (Beta blockers), such as:a. Carvedilolb. Atenololc. Propranolol
c. Losartan3.4. Beta agonists (Beta blockers), such as:a. Carvedilolb. Atenololc. Propranolol
3.4. Beta agonists (Beta blockers), such as: a. a. Carvedilol b. b. Atenolol c. c. Propranolol c.
a. Carvedilol b. Atenolol c. Propranolol
b. Atenolol c. Propranolol
c. Propranolol
3.5. Vasodialators, such as:
a. Hydralazine
b. Isosorbide mononitrate
3.6. Calcium channel blockers, such as:
a. Amlodipina
3.7. Anti-coagulants, such as:
a. Warfarin
b. AAS (aspirin)
3.8. Chagas disease treatments, such as:
a. Nifurtimox
b. Benznidazole

4.) Have you ever fainted or lost consciousness?

[]] Yes
[]] No
[]] Don't Know
[] Refused to answer

If YES, answer the questions 4a, 4b, 4c, 4d

4.a) How many times in the last two years have these episodes happened to?

[__][__] times

[__] Don't remember

[__] 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 <u>before</u> 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 <u>after</u> 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

Versão 23_06_2008	Subject ID [][][_][_][][][]][][]	I[]	[]
-------------------	--------------	----	----	-----	-----	----	-----	----	-----	-----	---	---

Signs and Symptoms:

a) Jugular vein stas	sis: [] Absent	[] pre	sent
If present, indicate: []+/4+	[] ++/4+	[] +++/4+	[] 4+/4+
b) Liver growth:	[] Absent	[] pr	esent
If present, specify:	cm of right co	ostal fold	
c) Edema of inferio	r limbs: [] Absent	[] p	resent
If present, indicate: []+/4+ (+ cacifo)	[] ++/4+	[] +++/4+	[] 4+/4+
d) Heart Auscultati [] Normal [] Altered	on:		
<u>Other:</u>			
e) Lung Auscultatio Lung Crepit [] Ye [] Ne Other:	ation es		

Resting Electrocardiograph Results:

1.) Responsible Center for the Electrocardiogragh:
[] 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:

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

No

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

Coronary Artery Disease
Valvular Heart Disease, , specify:
Hypertensive Cardiopathy
Cardio pulmonary Disease
Congenital Heart Disease, specify:
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)		
$(VE>115g/m^2 \text{ for men, } VE>95 g/m^2 \text{ for women})$		
10. Congenital Heart Disease: specify		
11. Other: specify		

EKG Form

EKG Results	Yes	No
1. Sinus Tachycardia		
2. Sinus Bradycardia with heart rate >=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

- 2.) Gender: [__] Male [__] Female
- 3.) Birth Date: [__][_]/[_][_][_][_][_]
- 4.) What is the reason for non-enrollment (mark all that apply):

Refused
Deceased:
Date of death: [][]/[][]/[][][][]
Cause of death:
Too ill to participate:
Specify illness:
Cardiac illness
Gastrointestinal illness
Other (specify:)
Unknown
Lost to follow-up
Other

5.) Subject agrees to answer short questionnaire?

] Yes	→	Date of Co	mpletion	[_][_]/[_][_]/[_][_][_	_][_	_]
] 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:

Sig	n or Symptom	Code
a)	Do you feel pain when you swallow food?	
	Do you have trouble swallowing or have the sensation of something stuck in your esophagus/throat?	
	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?	
	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?	
I) /	Are you taking any heart medications? (specify:)	