QUESTIONNAIRE ON CHIKUNGUNYA
FOR HEALTHCARE PROFESSIONALS

Guidelines for interviewer:

This questionnaire is aimed to assess healthcare professionals’ knowledge on Chikungunya. Where possible, the interviewees (the healthcare professionals) should be encouraged to elaborate in order for the interviewer to assess their full understanding of Chikungunya, from general awareness to details on diagnosis and treatment.

Please find below a list of questions to ask the healthcare professionals. To facilitate the process, this interview guide includes a list of the possible correct answers which the interviewee may answer. Please tick the appropriate boxes according to the interviewee’s answers. The interviewer should not offer assistance in answering the questions, such as reading out possible answers. A final ‘Other’ box is also provided in case the interviewee’s answer does not fit into any of the given answers or the interviewee provides an incorrect answer.

1. Have you heard about Chikungunya?

☐ No (Please go to Question no. 2)

☐ Yes

If yes, how did you learn about Chikungunya?

☐ Personal experience
  ☐ I contracted the disease
  ☐ A member of my family contracted the disease
  ☐ Someone I know contracted the disease

☐ I had a patient presenting with Chikungunya

☐ I received information about the disease
  ☐ Please state source: .............................................................................................................

☐ I read about it
  ☐ Please state source: .............................................................................................................

☐ Other: ....................................................................................................................................
2. Do you know where the disease can be found?

☐ No *(Please go to Question no. 3)*

☐ Yes

If yes, please state:

☐ AFRICA

☐ SOUTHEAST ASIA

☐ INDIAN SUBCONTINENT

☐ INDIAN OCEAN

☐ EUROPE

☐ OTHER CONTINENTS

3. Do you know how it is transmitted?

☐ No *(Please go to Question no. 4)*

☐ Yes

If yes, please state:

☐ Infected bites by

  - Insects
  - Mosquitoes (no specification)
  - “Tiger Mosquitoes”
  - *Aedes albopictus*
  - *Aedes aegypti*

☐ Other: ...........................................................................................................
4. Do you know the symptoms?

☐ No *(Please go to Question no. 5)*

☐ Yes

If yes, please state:

☐ Sudden onset of high fever (>38.5°C)
☐ Headaches
☐ Back pain
☐ Myalgia
☐ Arthraglia
☐ Maculo-papular rash
☐ Other: .................................................................

5. Do you know the symptoms of possible long-term complications?

☐ No *(Please go to Question no. 6)*

☐ Yes

If yes, please state:

☐ Gastro-intestinal complications
☐ Cardiovascular decompensation
☐ Menigo-encephalitis
☐ Other: .................................................................

6. Are you aware of the treatment procedure?

☐ No *(Please go to Question no. 7)*

☐ Yes

If yes, please state:

☐ There is no treatment specific to Chikungunya

☐ Treatment is symptomatic only
  - non-steroid anti-inflammatory
  - non-salicylic analgetics

☐ Other: ..............................................................................
7. Do you know how individuals can prevent contracting Chikungunya?

☐ No (Please go to Question no. 8)

☐ Yes

If yes, please state:

☐ Avoid mosquito bites
  o Wear long-sleeved shirts and long trousers
  o Use mosquito repellents, coils or other devices
  o Use insecticide-treated bed nets
  o Set the air-conditioning to a low temperature at night

8. Do you know how individuals can prevent the vector from breeding in and around their houses?

☐ No (Please go to Question no. 9)

☐ Yes

If yes, please state:

☐ Avoid water gathering around the house

☐ Other: ........................................................................................................................................

9. Are you aware of any existing or planned activities aimed at preventing or controlling possible outbreaks of Chikungunya?

☐ No

☐ Yes

• Please state which activities:
  ........................................................................................................................................
  ........................................................................................................................................
  ........................................................................................................................................
10. Are you aware of where and how to report confirmed cases of Chikungunya?

☐ No

☐ Yes

- Please state where and/or how confirmed cases should be reported:

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11. Do you feel that you have sufficient information on Chikungunya to advise patients?

☐ No

☐ Yes

12. Would you like to receive more information?

☐ No

☐ Yes