**Patient questionnaire - Spain**

This questionnaire is addressed to all patients attending the Health Service to receive Chagas disease screening or treatment/care after receiving a positive diagnosis.

Patient ID: |\_\_|\_\_|\_\_|\_\_|

Date of interview: |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_|

**Demographic and socioeconomic data**

Date of birth: |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_|

Level of education:

Primary |\_\_|

Secondary |\_\_|

University |\_\_|

Post-University |\_\_|

Occupation:

Housekeeper |\_\_|
Freelance |\_\_|
Employed |\_\_|
Unemployed |\_\_|
Farmer |\_\_|

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discrete choice experiment (DCE)

Each patient will be asked only one type of DCE: for the prophylactic vaccine or for the therapeutic vaccine

1. Prophylactic vaccine

Note for the interviewer:

*Definition of the DCE variables:*

Severity and duration of adverse reactions (AR) such as fever, diarrhea, nausea, dizziness, among others.

Options: low= an event which is easily tolerated by the subject, causing minimal discomfort and not interfering with everyday activities for less than 1 day; medium = an event which is sufficiently discomforting to interfere with normal everyday activities for 1 to 3 days; high= an event which prevents normal everyday activities for 1 to 3 days

Protection duration: How often would you accept being vaccinated in order to be protected?

Options: only once, every year, every 5 years

Way of administration of the vaccine

Options: needle; no needle (e.g. sublingual, nasal)

Number of doses: How many doses are you willing to accept in order to be protected during the first year (not including a potential boost later in time - after 5-10 years)?

Options: 2; 3; 4

Price per dose: How much money would you willing to pay (out of pocket) per vaccine dose?

Options: free; the equivalent of 0.5 day of your work/your husband/breadwinner; the equivalent of 1 day of your work/your husband/breadwinner

Target: Who would you vaccinate in your family?

Options: just myself; everyone in the family; my children only

Read to participant: A vaccine is currently being developed to prevent infection from Chagas disease. We would like to know which option you would choose between A and

B

|  |  |
| --- | --- |
|  |  1 |
|  A |  B |
| Severity and duration of adverse reactions (AR)  | High | Low |
| Vaccination frequency | Only once | Every year |
| Way of administration | Needle  | No needle |
| Number of doses | 2 | 3 |
| Price per dose | Free | The equivalent of 1 day of your work/your husband/breadwinner  |
| Target  | Everyone in the family | My children only |

|  |  |
| --- | --- |
|  |  2 |
|  A |  B |
| Severity and duration of adverse reactions (AR)  | Medium | Low |
| Vaccination frequency | Every year | Every 5 years |
| Way of administration | Needle | No needle |
| Number of doses | 4 | 2 |
| Price per dose | The equivalent of 1 day of your work/your husband/breadwinner  | The equivalent of 0.5 day of your work/your husband/breadwinner  |
| Target  | Everyone in the family | My children only |

|  |  |
| --- | --- |
|  |  3 |
|  A |  B |
| Severity and duration of adverse reactions (AR)  | Low | Medium |
| Vaccination frequency | Only once | Every 5 years |
| Way of administration | Needle | No needle |
| Number of doses | 3 | 4 |
| Price per dose | The equivalent of 1 day of your work/your husband/breadwinner  | The equivalent of 0.5 day of your work/your husband/breadwinner  |
| Target  | Everyone in the family | Just myself |

|  |  |
| --- | --- |
|  |  4 |
|  A |  B |
| Severity and duration of adverse reactions (AR)  | Medium | High |
| Vaccination frequency | Only once | Every 5 years |
| Way of administration | Needle | No needle |
| Number of doses | 2 | 4 |
| Price per dose | The equivalent of 0.5 day of your work/your husband/breadwinner  | Free |
| Target  | Just myself | Everyone in the family |

|  |  |
| --- | --- |
|  |  5 |
|  A |  B |
| Severity and duration of adverse reactions (AR)  | High | Low |
| Vaccination frequency | Every 5 years | Only once |
| Way of administration | Needle | No needle |
| Number of doses | 3 | 4 |
| Price per dose | The equivalent of 0.5 day of your work/your husband/breadwinner  | Free |
| Target  | Everyone in the family | Just myself |

|  |  |
| --- | --- |
|  |  6 |
|  A |  B |
| Severity and duration of adverse reactions (AR)  | High | Medium |
| Vaccination frequency | Every 5 years | Every year |
| Way of administration | Needle | No needle |
| Number of doses | 4 | 2 |
| Price per dose | The equivalent of 1 day of your work/your husband/breadwinner  | Free |
| Target  | Just myself | Everyone in the family |

|  |  |
| --- | --- |
|  |  7 |
|  A |  B |
| Severity and duration of adverse reactions (AR)  | Low | High |
| Vaccination frequency | Every 5 years | Every year |
| Way of administration | Needle | No needle |
| Number of doses | 2 | 3 |
| Price per dose | Free | The equivalent of 0.5 day of your work/your husband/breadwinner  |
| Target  | My children only | Just myself |

|  |  |
| --- | --- |
|  |  8 |
|  A |  B |
| Severity and duration of adverse reactions (AR)  | High | Medium |
| Vaccination frequency | Every year | Every 5 years |
| Way of administration | No needle | Needle |
| Price per dose | 2 | 3 |
| Precio de cada dosis | The equivalent of 1 day of your work/your husband/breadwinner  | Free |
| Target  | Everyone in the family | My children only |

|  |  |
| --- | --- |
|  |  9 |
|  A |  B |
| Severity and duration of adverse reactions (AR)  | Medium | Low |
| Vaccination frequency | Only once | Every year |
| Way of administration | No needle | Needle |
| Number of doses | 4 | 3 |
| Price per dose | The equivalent of 1 day of your work/your husband/breadwinner  | Free |
| Target  | My children only | Just myself |

|  |  |
| --- | --- |
|  |  10 |
|  A |  B |
| Severity and duration of adverse reactions (AR)  | Medium | High |
| Vaccination frequency | Every 5 years | Every year |
| Way of administration | No needle | Needle |
| Number of doses | 2 | 4 |
| Price per dose | The equivalent of 1 day of your work/your husband/breadwinner  | The equivalent of 0.5 day of your work/your husband/breadwinner  |
| Target  | Just myself | My children only |

|  |  |
| --- | --- |
|  |  11 |
|  A |  B |
| Severity and duration of adverse reactions (AR)  | High | Low |
| Vaccination frequency | Every year | Only once |
| Way of administration | Needle | No needle |
| Number of doses | 2 | 3 |
| Price per dose | The equivalent of 1 day of your work/your husband/breadwinner  | The equivalent of 0.5 day of your work/your husband/breadwinner  |
| Target  | My children only | Everyone in the family |

|  |  |
| --- | --- |
|  |  12 |
|  A |  B |
| Severity and duration of adverse reactions (AR)  | Low | High |
| Vaccination frequency | Every 5 years | Only once |
| Way of administration | Needle | No needle |
| Number of doses | 4 | 3 |
| Price per dose | The equivalent of 0.5 day of your work/your husband/breadwinner  | Free |
| Target  | Everyone in the family | My children only |

1. Therapeutic vaccine

Note for the interviewer:

*Definition of the DCE variables:*

Severity and duration of adverse reactions (AR) such as fever, diarrhea, nausea, dizziness, among others.

Options: low= an event which is easily tolerated by the subject, causing minimal discomfort and not interfering with everyday activities for less than 1 day; medium = an event which is sufficiently discomforting to interfere with normal everyday activities for 1 to 3 days; high= an event which prevents normal everyday activities for 1 to 3 days

Way of administration of the vaccine

Options: needle; no needle (e.g. sublingual, nasal)

Number of doses: How many doses are you willing to accept in order to be cured?

Options: 2; 3; 4

Price per dose: How much money would you willing to pay (out of pocket) per vaccine dose?

Options: free; the equivalent of 0.5 day of your work/your husband/breadwinner; the equivalent of 1 day of your work/your husband/breadwinner; the equivalent of 2 days of work

Read to participant: A vaccine is currently being developed to cure Chagas disease. We would like to know which option you would choose between A and B

|  |  |
| --- | --- |
|  |  1 |
|  A |  B |
| Severity and duration of adverse reactions (AR) | High | Medium |
| Way of administration | No needle | Needle |
| Number of doses | 3 | 4 |
| Price per dose: | The equivalent of 1 day of your work/your husband/breadwinner | Free |

|  |  |
| --- | --- |
|  |  2 |
|  A |  B |
| Severity and duration of adverse reactions (AR)  | Low | Medium |
| Way of administration | Needle | No needle |
| Number of doses | 2 | 3 |
| Price per dose | The equivalent of 1 day of your work/your husband/breadwinner  | The equivalent of 2 days of your work/your husband/breadwinner  |

|  |  |
| --- | --- |
|  |  3 |
|  A |  B |
| Severity and duration of adverse reactions (AR)  | High | Low |
| Way of administration | Needle | No needle |
| Number of doses | 2 | 4 |
| Price per dose | Free | The equivalent of 0.5 day of your work/your husband/breadwinner  |

|  |  |
| --- | --- |
|  |  4 |
|  A |  B |
| Severity and duration of adverse reactions (AR)  | High | Low |
| Way of administration | Needle | No needle |
| Number of doses | 3 | 2 |
| Price per dose | The equivalent of 0.5 day of your work/your husband/breadwinner  | The equivalent of 2 days of your work/your husband/breadwinner  |

|  |  |
| --- | --- |
|  |  5 |
|  A |  B |
| Severity and duration of adverse reactions (AR)  | High | Low |
| Way of administration | No needle | Needle |
| Number of doses | 2 | 3 |
| Price per dose | The equivalent of 0.5 day of your work/your husband/breadwinner  | Free |

|  |  |
| --- | --- |
|  |  6 |
|  A |  B |
| Severity and duration of adverse reactions (AR)  | High | Medium |
| Way of administration | Needle | No needle |
| Number of doses | 4 | 2 |
| Price per dose | The equivalent of 2 days of your work/your husband/breadwinner  | Free |

|  |  |
| --- | --- |
|  |  7 |
|  A |  B |
| Severity and duration of adverse reactions (AR)  | High | Medium |
| Way of administration | No needle | Needle |
| Number of doses | 2 | 3 |
| Price per dose | Free | The equivalent of 1 day of your work/your husband/breadwinner  |

|  |  |
| --- | --- |
|  |  8 |
|  A |  B |
| Severity and duration of adverse reactions (AR)  | Low | Medium |
| Way of administration | Needle | No needle |
| Number of doses | 4 | 3 |
| Price per dose | The equivalent of 0.5 day of your work/your husband/breadwinner  | The equivalent of 1 day of your work/your husband/breadwinner  |

|  |  |
| --- | --- |
|  |  9 |
|  A |  B |
| Severity and duration of adverse reactions (AR)  | Medium | Low |
| Way of administration | Needle | No needle |
| Number of doses | 4 | 3 |
| Price per dose | The equivalent of 2 days of your work/your husband/breadwinner  | The equivalent of 0.5 day of your work/your husband/breadwinner  |

|  |  |
| --- | --- |
|  |  10 |
|  A |  B |
| Severity and duration of adverse reactions (AR)  | High | Low |
| Way of administration | No needle | Needle |
| Number of doses | 4 | 2 |
| Price per dose | Free | The equivalent of 2 days of your work/your husband/breadwinner  |

|  |  |
| --- | --- |
|  |  11 |
|  A |  B |
| Severity and duration of adverse reactions (AR)  | Low | Medium |
| Way of administration | No needle | Needle |
| Number of doses | 4 | 2 |
| Price per dose | The equivalent of 1 day of your work/your husband/breadwinner  | The equivalent of 0.5 day of your work/your husband/breadwinner  |

|  |  |
| --- | --- |
|  |  12 |
|  A |  B |
| Severity and duration of adverse reactions (AR)  | Low | Medium |
| Way of administration | Needle | No needle |
| Number of doses | 3 | 4 |
| Price per dose | The equivalent of 2 days of your work/your husband/breadwinner  | The equivalent of 1 day of your work/your husband/breadwinner  |

# Quality of life related with health (EQ-5D-3L)

**Read to Participant:**

Now I would like to ask you some questions about your health and life. For each question indicate the option that best describes how you feel TODAY.

**Instruction:** Read all responses and ask participant to choose one option:

**Mobility**:

I have no problems in walking about

I have some problems in walking about

I am confined to bed

**Self-care**

I have no problems with self-care

I have some problems washing or dressing myself

I am unable to wash or dress myself

**Usual Activities** (e.g work, study, housework, family or leisure activities)

I have no problems with performing my usual activities

I have some problems with performing my usual activities

I am unable to perform my usual activities

**Pain/Discomfort**

I have no pain or discomfort

I have moderate pain or discomfort

I have extreme pain or discomfort

**Anxiety/Depression**

 I am not anxious or depressed

 I am moderately anxious or depressed

 I am extremely anxious or depressed

**Visual Analogue Scale**

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0. We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.

