Code Number:		School Number:			
Grade:	Turn:		Date:		
Questions for th	ne pupil				
Name and Surname:					
DNI:	Date of birth:		(EVEN		
Phone number:	1.P				
Place of birth: Province of Argentina					
O Bolivia O P	araguay <mark>O</mark> Peru	Other country	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
Had you ever receive a blood transfusion? O No O Yes					

## Questions for the mother

Name and Surnam	ne:			
DNI:	Date of birth:			
Phone number:				X
Place of birth: Province of Argentina				$\bigcirc$
O Bolivia O Par	aguay <mark>O</mark> Peru	O Other co	untry	A)
Had you ever receive a blood transfusion? ONO OYes			O Yes	M
Have you had a positive blood test for Chagas disease during your pregnancy?				

Yes O No O