

CHIKUNGUNYA INVESTIGATION — INDIVIDUAL INTERVIEW FORM

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7d-2. What was the diagnosis? Chikungunya Dengue
 Viral syndrome I don't know Other: _____

7d-3. Were you hospitalized for this illness? Yes No

7d-3a. If yes, Hospital Name: _____

7d-3b. Days in the hospital: _____ days

8. Have you used mosquito repellent in the past month? Daily Weekly Never

9. Have you slept under a bed in the past month? Yes No

10. Have you traveled outside of Puerto Rico in the past 3 months? Yes No

10a. If yes, specify where and date of return to Puerto Rico for the most recent trip:

United States (excluding USVI) Dominican Republic Caribbean cruise

Other: _____

Date of return to PR (MM/DD/YYYY): _____ / _____ / _____

NOTES: