## **Chikungunya Investigation - Individual Interview Form**

Team #:	_Interviewer:		_Date of interview	V:	/	_/
Individual ID (e.g.,	SJ-1-A-1):					
1. Name:	(air (an)	nitio I	Datamal	N 4	ato va al	
First (given)				Maternal		
2. Gender: L Male	e ∐Female :	3. Date o	f Birth (MM/DD/Y)	/YY):	/	
4. How long have y	ou been living in F	Puerto Ri	co?yea	rs		
5. Have you been to	old by a clinician t	hat you h	ave any of the fol	lowing i	medical c	conditions?
$\Box$ Diabetes $\Box$ High blood pressure		e 🗆	Heart disease		☐ High	cholesterol
☐ Stroke ☐ Ki	dney disease		Liver disease		☐ Thyro	oid disease
☐ Asthma ☐ Lu	ıng disease		Joint disease/arth	ritis	☐ Canc	er
6. Do you take any	of the following m		•	☐ Ant	ibiotics	
7. Have you experience (If more than	encing any new ill n one illness episo		•			☐ No .)
7a. If yes, fir	st day of illness (I	MM/DD/Y	YYYY):/	/		<u>_</u>
7b. What sy	mptoms did you h	ave (che	ck all that apply)?			
☐ Fever	☐ Chills		Nausea/Vomiting	usea/Vomiting $\square$ Diarrhea		
$\square$ Muscle pain	$\square$ Joint pain		Skin rash	☐ Red	d eyes	
$\square$ Headache $\square$ Pain behind eyes		eyes $\square$	Abdominal pain	dominal pain 🔲 Cough		
☐ Runny nose joints)	$\square$ Sore throat		Calf pain	☐ Arthritis (red, swollen		
☐ Minor bleeding (	e.g., petechia, gu	m bleed,	nosebleed, severe	e bruisir	ng)	
☐ Major bleeding (	e.g., vomiting bloc	od, cough	ning up blood, bloo	od in sto	ool, heavy	y menses)

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)

$\hfill\Box$ 7b-1. If you had joint pain, indicate the locations where you had the pain				
7c. How long did this illness last?days				
7d. Did you go to the doctor because of this illness? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$				
7d-1. If yes, Name of hospital/clinic:				
7d-2. What was the diagnosis?				
☐ Viral syndrome ☐ I don't know ☐ Other:				
7d-3. Were you hospitalized for this illness? $\square$ Yes $\square$ No				
7d-3a. If yes, Hospital Name:				
7d-3b. Days in the hospital:days				
8. Have you used mosquito repellent in the past month? $\Box$ Daily $\Box$ Weekly $\Box$ Never				
9. Have you slept under a bednet in the past month? $\square$ Yes $\square$ No				
10. Have you traveled outside of Puerto Rico in the past 3 months? $\square$ Yes $\square$ 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: