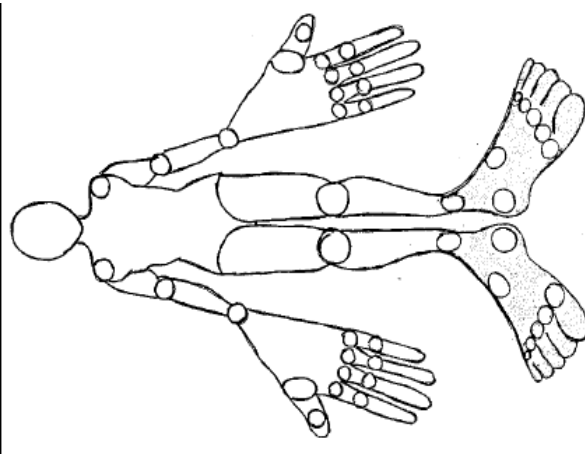


7b-1. If you had joint pain, indicate the locations where you had the pain



7c. How long did this illness last? _____ days

7d. Did you go to the doctor because of this illness? Yes No

7d-1. If yes, Name of hospital/clinic: _____

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 bednet 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: