

Attachment 6 – Questionnaire for Follow-up Study Visits: Pilot and Modules A and B

AA1. Participant's unique study ID number: _____

AA2. Study enrollment date: _____

AA3. Participant's sex (male or female): _____

AA4. Participant's age at study enrollment (in years): _____

If contact information has changed, list below:

AA5. Participant's home residency (village/district/subcounty): _____

AA6. Participant's contact information (address/es) _____

AA7. Participant's contact information (telephone/s) _____

AA8. Participant's contact information (email/s)

AA9. Participant's contact information (other) _____

AA19. Today's date: _____

AA20. Interviewer name/initials: _____

AA21. Study visit number and date _____

Thank you for participating in this study. I will be conducting your interview today, and it will last about 15 minutes. I ask all participants in this survey the same questions. All of your answers are confidential. I will mark a response to every question, but if you are not comfortable answering any question, you can tell me to mark "no answer." You can also ask me to go back, or repeat any questions. Are you comfortable proceeding with the interview now?

I would like to ask you a few questions about the time period since we last saw you.

J1.

Since your last study visit, do you have any new health problems?

- No, not that I know of
- Yes
- Other (specify) _____
- Don't know/not sure
- No answer

J2.

If answer yes to the above question, please specify

- Eye/vision problems
- Muscle pains
- Joint pains
- Weight loss
- Feeling depressed (unable to concentrate, feeling very sad, poor appetite, other)
- Sexual problems (specify) _____
- Other (specify) _____
- Don't know/not sure
- No answer

J3.

Since our last meeting, has anyone in your family become sick with Ebola?

- No
- Yes if yes, whom? (CIRCLE ALL RELEVANT: a) spouse, b) child, parent, c) in-laws, d) extended family, e) boy/girlfriend)
- No answer/prefer not to answer
- Don't know/not sure

J4. Since our last meeting have you been sexually active?

- No (stop here, go to section K below)
- Yes (continue to the next question J5)

If yes: Since our last meeting, how often did you use a condom during sex?

- Choose one.
- Never
 - Some of the time
 - Every time
 - Other (specify) _____
 - Don't know/not sure
 - No answer/prefer not to answer

Only for men:

J5

How often have you engaged in sexual activities with a partner since your last visit?

- every day
- > 3 times a week
- 3 times weekly
- < 3 times weekly
- once every week
- once/one-off meeting
- Never
- No answer/prefer not to answer

The following questions (K1-K2) will be asked of lactating women only:

K1.

In the past 3 days, have you breastfed (provided your breast milk to any children, or allowed a child to suckle at your breast)? Choose one.

- No
- Yes
- Other (specify) _____
- Don't know/not sure
- No answer / prefer not to answer

K2.

If not, why not? Check all that apply

- I ran out of/stopped producing breast milk
- I was worried about infecting my baby with Ebola
- My husband/partner/family member/community leader told me not to breastfeed
- My doctor told me not to breastfeed.
- Other (please specify) _____
- Don't know/not sure
- No answer / prefer not to answer

L1.

Thank you very much for participating in the survey today. Do you have any other comments or concerns you would like to share about these topics?

Specify _____

For staff use only

	Date	Staff initials
Questionnaire administered		
Questionnaire checked for completeness		
Data entered		
Data entry checked for completeness		