Form Approved
OMB No. 0920-XXXX
Exp. Date xx/xx/xxxx

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

AA1. Par	ticipant's unique study	ID number:		
AA2. Stud	ly enrollment date:		_	
AA3. Part	ticipant's sex (male or b	female):		
AA4. Par	ticipant's age at study e	enrollment (in yea	ars):	
If contact	t information has chang	ged, list below:		
AA5. Par	ticipant's home resider	ncy (village/distri	ct/subcounty):	
AA6. Par	ticipant's contact infor	mation (address/	es)	
AA7. Par	ticipant's contact infor	mation (telephon	e/s)	
	Participant's		information	(email/s)
	ticipant's contact infor			
AA19. To	day's date:			
AA20. Int	terviewer name/initial	s:		
AA21. Stu	ıdy visit number and d	ate		

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?

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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

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

	No, not that I know of Yes
	1es Other (specify)
	Don't know/not sure
	No answer
•	
1	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
	Since our last meeting, has anyone in your family become sick with Ebola?
]	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
	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
	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
	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 Since our last meeting have you been sexually active?
	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 Since our last meeting have you been sexually active? _No (stop here, go to section K below) _Yes (continue to the next question J5) Since our last meeting, how often did you use a condom during sex?
	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 Since our last meeting have you been sexually active? _No (stop here, go to section K below) _Yes (continue to the next question J5) Since our last meeting, how often did you use a condom during sex? Choose one.
	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 Since our last meeting have you been sexually active? _No (stop here, go to section K below) _Yes (continue to the next question J5) Since our last meeting, how often did you use a condom during sex? Choose oneNever
	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 Since our last meeting have you been sexually active? _No (stop here, go to section K below) _Yes (continue to the next question J5) Since our last meeting, how often did you use a condom during sex? Choose one. Never Some of the time
	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 Since our last meeting have you been sexually active? _No (stop here, go to section K below) _Yes (continue to the next question J5) Since our last meeting, how often did you use a condom during sex? Choose one. Never Some of the time Every time
	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 Since our last meeting have you been sexually active? _No (stop here, go to section K below) _Yes (continue to the next question J5) Since our last meeting, how often did you use a condom during sex? Choose one. _ Never _ Some of the time _ Every time _ Other (specify)
	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 Since our last meeting have you been sexually active? _No (stop here, go to section K below) _Yes (continue to the next question J5) Since our last meeting, how often did you use a condom during sex? Choose one. Never Some of the time Every time

	Only for men:
	Only for men.
J 5	How often have you engaged in sexual activities with a partner since your last visit? every day> 3 times a week3 times weekly< 3 times weeklyonce every weekonce/one-off meetingNeverNo answer/prefer not to answer
The fo	ollowing questions (K1-K2) will be asked of lactating women only:
	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

A6 Page 4 – Persistence of Ebola Virus in Body Fluids of Ebola Virus Disease Survivors

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