

## 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		