

Attachment 5 — Survivor Questionnaire (Initial Study Visit and Follow-up)
Questionnaire for the initial study visit: Pilot and Combined Module A/B

[COMPLETE THIS PAGE AT STUDY ENROLLMENT AFTER INFORMED CONSENT]

A1. Participant's unique study ID number: _____

A2. Study enrollment date: _____

A3. Participant's sex (male or female): _____

A4. Participant's age at study enrollment (in years): _____

A5. Participant's home residency (village/district/subcounty): _____

A6. Participant's contact information (address/es):

A7. Participant's contact information (telephone/s): _____

A8. Participant's contact information (email/s): _____

A9. Participant's contact information (other): _____

[CONFIRM THESE DETAILS USING ETU DISCHARGE CERTIFICATE, IF POSSIBLE]

A10. Name/clinical ID of ETU where participant was treated for EVD:

A11. Date of ETU admission: _____

A12. Date of ETU discharge: _____

A13. Date of 1st blood test positive for Ebola: _____

A14. Date of 1st blood test negative for Ebola: _____

A15. Date of 2nd blood test negative for Ebola: _____

Inquire if the participant was part of a research study. For example, did they receive

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an experimental drug during their illness, such as ZMapp, did they receive convalescent plasma during their illness, did they receive a vaccine to prevent Ebola infections as part of the STRIVE trial, or did they give convalescent plasma after recovering from their illness.

A16. Was the participant included in a clinical trial related to his/her illness with Ebola Virus Disease?

- No
- Yes
- Don't know

A17. If yes, specify the name of the trial_____

A18. If known, specify what intervention that he/she received_____

A19. Today's date: _____

A20. Interviewer name/initials: _____

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?

First, I would like to ask you a few questions about yourself and your family.

B1.

How many years of school have you completed? Choose one.

- Less than six years
- Six to eight years
- More than eight years
- Other (specify) _____
- Don't know/not sure
- No answer

B2.

About how much money do you normally earn in a month? Fill in the blank. Amount in Leones (SLL): (will create categories)_____

- Don't know/not sure
- No answer

B3.

Who do you live with? Mark all that apply.

- Alone
- With friend/s or roommate/s
- With spouse or partner
- With parents or extended family member/s
- Other (specify) _____
- Don't know/not sure
- No answer

B4.

How many people live in your household, including yourself?

- Number

B5.

What is your current relationship status? Choose one.

- Single
- Long-term relationship
- Married
- Separated, Divorced, or Widowed
- Other (specify) _____
- Don't know/not sure
- No answer

To be asked of women only (questions B6, B7, and B8):

B6.

How many times have you been pregnant? Choose one.

- I have never been pregnant
- One time
- Two times
- Three times
- More than three times (specify) _____
- Don't know/not sure
- No answer

B7.

Is there any chance you are pregnant today? Choose one.

- No chance
- Yes, I am pregnant, and my baby is due on (specify date) _____
- Don't know/not sure
- No answer

B8.

In the past 7 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

For men and women:

B9.

Do you and your main sexual partner use any method of contraception to avoid pregnancy?

- Yes
- No
- No answer
- Don't know
- Don't remember
- No sexual partner

If answered yes to the previous question, which method/s are you using?

- Condom
- Pill/oral contraception
- Intrauterine device
- Injection/hormone shot
- Other

Now I would like to ask some questions about the time when you were sick with Ebola.

C1.

What was the month and approximate day or date when you first began to feel sick from Ebola? It is ok to guess if you are not sure of the exact date.

C2.

When you were sick with Ebola, did you have vomiting? Choose one.

- No vomiting
- Yes, I vomited
- Don't know/not sure

No answer

C3.

When you were sick with Ebola, did you have diarrhea? Choose one.

No diarrhea

Yes, I had diarrhea

Don't know/not sure

No answer

C4.

When you were sick with Ebola, were you ever too sick to get up to relieve yourself in the toilet (or other usual location)? Choose one.

No

Yes

Don't know/not sure

No answer

C5.

When you were sick with Ebola, were you ever too sick to drink anything for a day or more? Choose one.

No

Yes

Don't know/not sure

No answer

C6.

Were you pregnant during your Ebola illness?

No / I am a man

Yes

Don't know/not sure

No answer

C7.

If yes, did the baby live? Choose one.

I was not pregnant during my Ebola illness / I am a man

Yes, I am still pregnant now

Yes, the baby was born and is living now

No, the baby was born alive but died later

No, the baby was not born alive / miscarriage / stillbirth

Other (specify) _____

Don't know/not sure

No answer

C8.

Has anyone else in your family had Ebola?

- No
- Yes
- Don't know/not sure
- No answer

**If yes, how many of your family members had EBOLA,
___#Please specify their relationship to you**

- 1.
- 2.
- 3.

Next I would like to ask about your health today.

D1.

How is your overall health and wellbeing now, compared to before you had Ebola?

- My overall health now is back to normal or the same as before I had Ebola
- My overall health now is worse than before I had Ebola
- My overall health now is better than before I had Ebola
- Other (specify) _____
- Don't know/not sure
- No answer

D2.

Since you recovered from Ebola, do you have any new health problems?

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

D3.

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

D4 Since recovering from Ebola, do you have the same level of sexual desire as before you were sick?

- No
- Yes
- Don't know
- No answer/prefer not to answer

For men only:

D5 Since recovering from Ebola, have you had any difficulty getting or maintaining an erection, or ejaculating?

- No
- Yes
- Don't know
- No answer/prefer not to answer

For men and women:

D6.

Do you have tuberculosis? Choose one.

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

D7.

Do you have diabetes? Choose one.

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

D8.

Have you ever had a test for HIV? Choose one.

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

D9.

Do you have HIV? Choose one.

- No, not that I know of

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

D10.

If you have HIV, are you taking any HIV medications (antiretrovirals or ARVs)?

- No, they weren't offered to me
- No, I can't afford the cost
- No, I don't want to take them
- Yes, I am taking HIV medications
- Other (specify) _____
- Don't know/not sure
- No answer

D11.

Do you now have any symptoms of a possible sexually transmitted infection, such as genital (penile, vaginal, or anal) ulcers, sores, lesions, warts, or discharge?

- No, I do not have any of those symptoms now
- Yes, I have one or more of those symptoms now
- Other (specify) _____
- Don't know/not sure
- No answer

The following section E includes questions that should only be asked to men:

In addition to questions about your health we will ask you how often you have engaged in sexual activity since recovery, if at all. The reason for us asking this questions is to understand more about how any viral remains in your semen could relate to how often you have ejaculated. These questions may disturb you and you can choose not to answer them or any questions that disturb you, at any time.

To be asked to men only:

E1

Since recovering from Ebola, have you resumed sexual activity?

- No (stop here, go to section F below)
- Yes (continue to the next question E2)

If yes:

E2 **What was the date/ month you resumed sexual activities? It is okay to guess.**
Fill in the blank.

Date: _____

Don't know/not sure

No answer/prefer not to answer

E3

How often have you engaged in sexual activities with a partner since recovery from Ebola?

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

To finish the interview we would like to understand what kind of information and advise you received when you left the ETU, and how you have related to that information on sexual activity and also breast-feeding. It is important to us to understand if the information is clear and easy to understand and follow, or if it is sometimes not provided, forgotten easily or difficult to understand or follow.

For men and women:

F1.

Before today, did you receive information from anyone about when it is safe for someone who had Ebola to have sex? Mark all that apply.

No

Yes, from friends or family members

Yes, from leaders in my community

Yes, from staff at the clinic where I was treated / other doctors or medical professionals

Yes, from public health or government officials

Other (specify) _____

Don't know/not sure

No answer

F2.

What advice did you hear about when it is safe for someone who had Ebola to have sex? Mark all that apply.

- Don't remember hearing any advice
- Abstain from sex for ___ days or months
- Use condoms for ___ days or months
- Abstain or use condoms for ___ days or months
- Safe to have unprotected sexual intercourse immediately
- Other (specify) _____
- Don't know/not sure
- No answer

F3.

Before today, did you receive information from anyone about when it is safe for someone who has had Ebola to breastfeed? Mark all that apply.

- No
- Yes, from friends or family members
- Yes, from leaders in my community
- Yes, from staff at the clinic where I was treated / other doctors or medical professionals
- Yes, from public health or government officials
- Other (specify) _____
- Don't know/not sure
- No answer

F4 Did you engage in sexual activity following three first months after recovering from Ebola Ebola recovery

Yes (continue)

No (Go to G1 or finish the interview)

- Don't know/not sure (**Go to G1 or finish the interview**)
- No answer/prefer not to answer (**Go to G1 or finish the interview**)

If yes:

During the three first months after recovering from Ebola, 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

F5 Where did you get the condoms you used?

Mark all that apply.

- I did not use any condoms
- I got them at the ETU where I was treated
- Free donation from another organization
- I bought them from a shop/market/pharmacy
- Gift from a friend/family member/loved one
- I already had them before I got sick
- Other (specify) _____
- Don't know/not sure
- No answer

The following question (G2+3) will be asked of lactating women only:

G1.

What advice did you hear about when it is safe for someone who has had Ebola to breastfeed? Mark all that apply.

- Don't remember hearing any advice
- Resume/continue breastfeeding as soon as possible
- Do not breastfeed for 2 months
- Give the child formula instead of breast milk
- Give the child animal milk instead of breast milk
- Give the child water instead of breast milk
- Other (specify) _____
- Don't know/not sure
- No answer

G2.

Did you receive any ready-to-use infant formula (RUIF) when you were discharged from the ETU? Choose one.

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

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		