

**CASE REPORT FORM**

**Undetermined agent and risk factors for chikungunya or dengue virus infections  
among community service volunteers in the Dominican Republic, 2014**

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Demographic Information and Travel History

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0. What is your name? \_\_\_\_\_ (Last, First, MI)

1. What is your date of birth? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

2. Sex:  Male  Female

3. What countries outside of the continental United States have you ever visited before this trip to the Dominican Republic (please also list such places as Puerto Rico, the US Virgin Islands, and Guam)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Unique ID # (e.g., SJ-1-A-1): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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Trip Illness History

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4. Have you experienced a **fever** since you arrived in the Dominican Republic?

Yes  No

If yes, please specify as accurately as possible the following information about each of your illnesses with fever. If no, skip to Question 5.

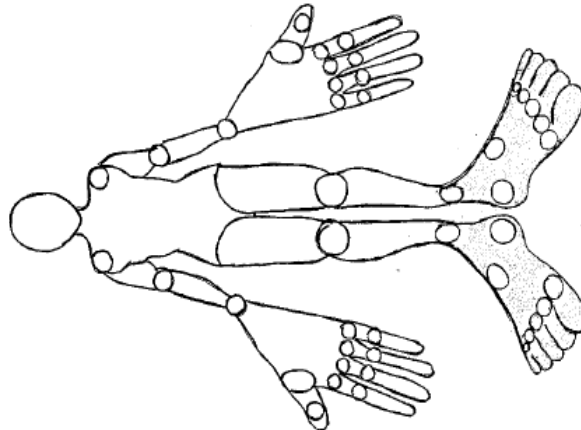
Illness with fever #1

4.1a. Symptom onset: Month: \_\_\_\_\_ Day: \_\_\_\_\_

4.1b.1-17. Please check all that apply

- Chills
- Red eyes
- Nausea/Vomiting
- Muscle pain
- Red or swollen joints
- Minor bleeding (e.g., petechiae (small red/purple sometimes raised spots on skin), gum bleed, nosebleed, excessive or unusual bruising)
- Major bleeding (e.g., vomiting blood, coughing up blood, blood in stool, heavy menses)
- Headache
- Eye pain/pain behind eyes
- Diarrhea
- Calf pain
- Joint pain
- Skin rash
- Runny nose
- Abdominal pain/discomfort
- Joint pain
- Skin rash
- Sore throat
- Cough

4.1c. If you had joint pain, indicate the locations where you had the pain



Unique ID # (e.g., SJ-1-A-1): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

4.1d. Approximately how long did this illness last? \_\_\_\_\_ days

4.1e. Did you activate your emergency CALM plan because of this illness?

Yes  No

4.1f. Did you go to the doctor because of this illness?  Yes  No

4.1h. What was the diagnosis?

Chikungunya  Dengue  Viral syndrome  I don't know

Other: If other, please specify \_\_\_\_\_

4.1i. Were you hospitalized for this illness?  Yes  No

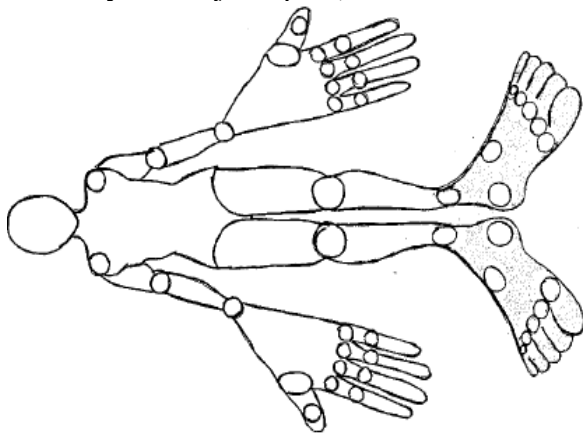
Illness with fever #2

4.2a. Symptom onset: Month: \_\_\_\_\_ Day: \_\_\_\_\_

4.2b.1-17. Please check all that apply

- |  |  |  |                                      |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Chills                | <input type="checkbox"/> Headache                  | <input type="checkbox"/> Runny nose                | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Red eyes              | <input type="checkbox"/> Eye pain/pain behind eyes | <input type="checkbox"/> Cough                     |                                      |
| <input type="checkbox"/> Nausea/Vomiting       | <input type="checkbox"/> Diarrhea                  | <input type="checkbox"/> Abdominal pain/discomfort |                                      |
| <input type="checkbox"/> Muscle pain           | <input type="checkbox"/> Calf pain                 | <input type="checkbox"/> Joint pain                |                                      |
| <input type="checkbox"/> Red or swollen joints | <input type="checkbox"/> Skin rash                 |  |                                      |
- Minor bleeding (e.g., petechiae (small red/purple sometimes raised spots on skin), gum bleed, nosebleed, excessive or unusual bruising)
- Major bleeding (e.g., vomiting blood, coughing up blood, blood in stool, heavy menses)

4.2c. If you had joint pain, indicate the locations where you had the pain



Unique ID # (e.g., SJ-1-A-1): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

4.2d. Approximately how long did this illness last? \_\_\_\_\_ days

4.2e. Did you activate your emergency CALM plan because of this illness?

Yes  No

4.2f. Did you go to the doctor because of this illness?  Yes  No

4.2h. What was the diagnosis?

Chikungunya  Dengue  Viral syndrome  I don't know

Other: If other, please specify \_\_\_\_\_

4.2i. Were you hospitalized for this illness?  Yes  No

\*\*\*\*\*If more than two illness with fever, please request additional answer sheets\*\*\*\*\*

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#### Experiences at Study Site

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5. Did the house that you were staying at have:

5a. Screens on the window?  Yes  No

5b. Screens on the doors?  Yes  No

5c. Air-conditioning?  Yes  No

6. Do you remember being bitten by mosquitoes during your 2014 trip to the Dominican Republic?  Yes  No

6.1 If yes, please indicate the time of day when you were bitten by mosquitoes  
**most often** (please choose a single answer)

a) morning

b) afternoon

c) early evening

d) late evening

7. How frequently did you apply/use insect repellent during your trip to the Dominican Republic?

a) Once daily

b) Multiple times a day (Please specify number of times per day \_\_\_\_\_)

c) Not every day, but when I noticed mosquitoes were around.

d) Never

e) Other (Please specify \_\_\_\_\_)

Unique ID # (e.g., SJ-1-A-1): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

8. Which of the following did you do during your travel to the Dominican Republic to protect yourself from being bitten by mosquitoes? (Please circle all that apply):

- a) Wore long sleeves shirts
- b) Wore long pants
- c) Wore a hat
- d) Wore close-toed shoes (such as tennis shoes)
- e) Bed nets
- f) Mosquito coils
- g) Used insecticide aerosols (to spray in room and not on skin)
- h) Wore insecticide treated clothing
- i) None of these
- j) Other (Please specify \_\_\_\_\_)

9. Did you treat your clothing with insecticide (permethrin) before you traveled to the Dominican Republic?       Yes       No

10. Did you travel to other areas (outside of your service location) of the Dominican Republic?       Yes       No

10.1 If yes, please indicate places and days spent there:

Location 1: \_\_\_\_\_ #days \_\_\_\_\_  
Location 2: \_\_\_\_\_ #days \_\_\_\_\_  
Location 3: \_\_\_\_\_ #days \_\_\_\_\_

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Pre-Travel Health Preparation for the June/July 2014 Trip to the Dominican Republic

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11. Did you seek pre-travel advice from a healthcare provider (doctor, nurse, nurse practitioner, or physician assistant) before your summer 2014 trip to the Dominican Republic?       Yes       No

12. If yes, what type of clinic did you go to prior to your trip to the Dominican Republic?  
If no, please skip to question 18.

- a) Your primary care provider or personal medical provider (e.g. pediatrician, family practitioner, nurse practitioner, etc.)
- b) A local public health department clinic
- c) A travel medicine specialty clinic
- d) Other (please specify: \_\_\_\_\_)

13. Did you receive any specific information on health risks or diseases present in the Dominican Republic during this appointment?       Yes       No

Unique ID # (e.g., SJ-1-A-1): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

14. Did you receive any specific information about how to avoid mosquito bites during this appointment?     Yes             No

15. If yes, what recommendations did the clinician give you to prevent mosquito bites?

- a) Wear long sleeves
  - b) Wear long pants
  - c) Wear a hat
  - d) Wear close-toed shoes (such as tennis shoes)
  - e) Applied insect repellent (bug spray or lotion) (Please specify brand name, color of bottle- for example Deep Woods OFF has green bottle)
- 
- f) Bed nets
  - g) Mosquito coils
  - h) Insecticide aerosols (to spray in room and not on skin)
  - i) Insecticide treated clothing
  - j) None of these
  - k) Other (Please specify \_\_\_\_\_)

16. Did you receive any specific information about dengue during this appointment?

- Yes             No

17. Did you receive any specific information about chikungunya during this appointment?     Yes             No

18. From what additional source(s) did you seek health information about the Dominican Republic before your travel?

- a) Online/website(s) (please specify: \_\_\_\_\_)
- b) Primary care physician
- c) Friend(s)/Family
- d) Travel/Trip coordinator
- e) Television
- f) Periodicals/Newspapers (please specify: \_\_\_\_\_)
- g) Magazines (please specify: \_\_\_\_\_)
- h) Other (please specify: \_\_\_\_\_)

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Pre-departure training (Program Orientation)

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19. Did you receive any specific information on health risks or diseases in the Dominican Republic during your pre-departure training with your service organization?

- Yes             No

Unique ID # (e.g., SJ-1-A-1): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

20. Did you receive any specific information about how to avoid mosquito bites during this pre-departure training?  Yes  No

21. If yes, did this training make you more likely to use insect repellent while in the DR?  
 Yes  No

22. Did you receive any specific information about dengue during this pre-departure training?  Yes  No

23. Did you receive any specific information about chikungunya during this pre-departure training?  Yes  No

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#### In-country training (Program Orientation)

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24. Did you receive any specific information on health risks or diseases in the Dominican Republic during this in country training?  Yes  No

25. Did you receive any specific information about how to avoid mosquito bites during this in-country training?  Yes  No

26. If yes, did this training make you more likely to use insect repellent while in the DR?  
 Yes  No

27. Did you receive any specific information about dengue during in country training?  
 Yes  No

28. Did you receive any specific information about chikungunya during in country training?  Yes  No

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#### Knowledge of health and safety before travel, pre-travel health visit, and program training

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29. Before signing up for this trip to the Dominican Republic and your training with your service organization, how much did you know about dengue?

- a) A lot
- b) Some
- c) A little
- d) Nothing, never heard of it before going to the Dominican Republic (Skip to question #34)

Unique ID # (e.g., SJ-1-A-1): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

30. Before this trip to the Dominican Republic and your training, did you know that dengue was transmitted by mosquitoes?       Yes       No
31. Before this trip to the Dominican Republic and your training, did you think that you could be exposed to dengue while in the Dominican Republic?    Yes       No
32. Before this trip to the Dominican Republic and your training, did you know that there was no vaccine for dengue?       Yes       No
33. Before this trip to the Dominican Republic and your training, did you know that there was no treatment specifically for dengue?       Yes       No
34. Before signing up for this trip to the Dominican Republic and your training with your service organization, how much did you know about chikungunya?
- a) A lot
  - b) Some
  - c) A little
  - d) Nothing, never heard of it before going to the Dominican Republic (Skip to question #39)
35. Before this trip to the Dominican Republic and your training, did you know that chikungunya was transmitted by mosquitoes?    Yes       No
36. Before this trip to the Dominican Republic and your training, did you think that you could be exposed to chikungunya while in the Dominican Republic?    Yes    No
37. Before this trip to the Dominican Republic and your training, did you know that there was no vaccine for chikungunya?       Yes       No
38. Before this trip to the Dominican Republic, did you know that there was no treatment specifically for chikungunya?    Yes       No

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Comments

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39. Please list any other comments you wish to share:

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Unique ID # (e.g., SJ-1-A-1): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Thank you for completing this questionnaire and participating in the study. If you develop a fever within 2 weeks of returning home, please seek medical care with a health care provider immediately and inform your service organization of this illness.