Form App OMB No. 0920- Exp. Date 03/31	
CHIKUNGUNYA INVESTIGATION — INDIVIDUAL INTERVIEW FORM	

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Team #:	Interviewer:	Date of interv	riew:/	
Individual ID	(e.g., SJ-1-A-1):			
Specimen ID): (place sticker here))		
1. Name:	First (given)			
	First (given)	Paternal	Maternal	
2. Gender: [☐ Male ☐ Female	3. Date of Birth (MM/DD/	YYYY):/	
4. How long h	nave you been living i	n Puerto Rico? ye	ears	
5. Have you l	peen told by a clinicia	n that you have any of the	following medical conditions?	
□ Diabetes	☐ High blood pressu	ure ☐ Heart disease	☐ High cholesterol	
□ Stroke	☐ Kidney disease	☐ Liver disease	☐ Thyroid disease	
☐ Asthma	☐ Lung disease	☐ Joint disease/ar	thritis ☐ Cancer	
□ NS		medications daily: rpofen) □ Corticosteroids rillnesses in the past 3 more		
(If more than one illness episode, detail each additional episode in Notes.)				
7a. If <u>y</u>	yes, first day of illness	s (MM/DD/YYYY):/_	/	
7b. W	hat symptoms did you	ı have (check all that apply)?	
□ Fever	☐ Chills	☐ Nausea/Vomitin	g □ Diarrhea	
☐ Muscle pa	in □ Joint pain	☐ Skin rash	☐ Red eyes	
☐ Headache	☐ Pain behin	id eyes □ Abdominal pain	☐ Cough	
☐ Runny nos	se ☐ Sore throa	t □ Calf pain	☐ Arthritis	
☐ Minor blee	eding (e.g., petechia,	gum bleed, nosebleed, sev	rere bruising)	
☐ Major blee	eding (e.g., vomiting b	lood, coughing up blood, b	lood in stool, heavy menses)	
	ow long did this illness d you go to the doctor	s last? days r because of this illness?	□ Yes □ No	
7d-1.	If yes, Name of hospit	tal/clinic:		

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7d-2. What was the diagnosis? □ Chikungunya □ Dengue
☐ Viral syndrome ☐ I don't know ☐ Other:
7d-3. Were you hospitalized for this illness? ☐ Yes ☐ No
7d-3a. If yes, Hospital Name:
7d-3b. Days in the hospital: days
8. Have you used mosquito repellent in the past month? ☐ Daily ☐ Weekly ☐ Never
9. Have you slept under a bed in the past month? ☐ Yes ☐ No
10. Have you traveled outside of Puerto Rico in the past 3 months? \Box Yes \Box No
10a. If yes, specify where and date of return to Puerto Rico for the most recent trip:
☐ United States (excluding USVI) ☐ Dominican Republic ☐ Caribbean cruise
□Other:
Date of return to PR (MM/DD/YYYY):/

NOTES: