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

## CHIKUNGUNYA INVESTIGATION — INDIVIDUAL INTERVIEW FORM

Team #:	Interviewer:	Date of interview:	/		
Individual ID (e	.g., SJ-1-A-1):				
Specimen ID: (	place sticker here)				
1. Name:	irst (given)	Datamat	Mataural		
F	irst (given)	Paternal	Maternal		
2. Gender: □ N	⁄lale □Female 3. Da	ate of Birth (MM/DD/YYYY)	:/		
4. How long hav	ve you been living in Puer	to Rico? years			
5. Have you bee	en told by a clinician that y	you have any of the followir	ng medical conditions?		
□ Diabetes □	High blood pressure	☐ Heart disease	☐ High cholesterol		
☐ Stroke ☐	l Kidney disease	☐ Liver disease	☐ Thyroid disease		
□ Asthma □	Lung disease	☐ Joint disease/arthritis	☐ Cancer		
<ul> <li>6. Do you take any of the following medications daily:</li> <li>□ NSAID (e.g., aspirin, Iburpofen) □ Corticosteroids □ Antibiotics</li> <li>7. Have you experiencing any new illnesses in the past 3 months? □Yes □ No (If more than one illness episode, detail each additional episode in Notes.)</li> </ul>					
7a. If yes, first day of illness (MM/DD/YYYY):/					
7b. What symptoms did you have (check all that apply)?					
	☐ Chills		□ Diarrhea		
☐ Muscle pain	☐ Joint pain	☐ Skin rash	☐ Red eyes		
☐ Headache	☐ Pain behind eyes	s □ Abdominal pain	□ Cough		
☐ Runny nose	☐ Sore throat	☐ Calf pain	☐ Arthritis		
☐ Minor bleeding (e.g., petechia, gum bleed, nosebleed, severe bruising)					
☐ Major bleeding (e.g., vomiting blood, coughing up blood, blood in stool, heavy menses)					
7d. Did y	long did this illness last? ou go to the doctor becau	use of this illness?	□ No		

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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: