Attachment J. Baseline and follow-up questionnaires

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| **Zika Shedding Study Form**  **Baseline Questionnaire** | | | | | | | | | |
| To be completed by study personnel in consultation with participant | | | | | | | | | |
| **Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Study ID #: \_\_\_\_\_\_ Study Visit Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Study Visit #: \_\_\_\_\_\_\_\_ Coupon #: \_\_\_\_\_\_\_\_**  **Participant Age: \_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**  **Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street Address  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City State Zip Code  (\_\_\_\_\_\_\_) \_\_\_\_\_\_ - \_\_\_\_\_\_\_ (\_\_\_\_\_\_) \_\_\_\_\_\_\_-\_\_\_\_\_\_  Primary Phone Number Secondary Phone Number | | | | | | | | | |
| **Travel History in the past 14 days** | | | | | | | | | |
| Have you visited any municipalities in Puerto Rico or countries outside Puerto Rico in the past 14 days?  Country/Municipality visited:\_\_\_\_\_\_\_\_\_\_\_ Travel start date:\_\_/\_\_/\_\_ Travel end date: \_\_/\_\_/\_\_  Country/ Municipality visited:\_\_\_\_\_\_\_\_\_\_\_ Travel start date:\_\_/\_\_/\_\_ Travel end date: \_\_/\_\_/\_\_  Country/ Municipality visited:\_\_\_\_\_\_\_\_\_\_\_Travel start date:\_\_/\_\_/\_\_ Travel end date: \_\_/\_\_/\_\_ | | | | | | | | | |
| **Clinical Information** | | | | | | | | | |
| \_\_Asymptomatic \_\_Symptomatic  If symptomatic complete the section below by circling the right answer and providing the duration of the symptoms or signs in days. If asymptomatic move to question 1 below | | | | | | | | | |
| Date of first symptom: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_ Date of first fever: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_ | | | | | | | | | |
| Symptom | |  |  | Duration in Days | Symptom | |  |  | Duration in days |
| Fever | | Yes | No |  | Nausea | | Yes | No |  |
| Red eye | | Yes | No |  | Vomiting | | Yes | No |  |
| Rash | | Yes | No |  | Itching | | Yes | No |  |
| Rash type: \_\_Maculopapular \_\_ Petechial \_\_Purpuric \_\_Other Distribution: \_\_\_\_\_\_\_\_\_ | | | | | Swelling | | Yes | No |  |
| Pain/burning with urination | | Yes | No |  |
| Eye pain | | Yes | No |  | Difficulty urinating | | Yes | No |  |
| Cough | | Yes | No |  | Pelvic or groin pain | | Yes | No |  |
| Joint pain | | Yes | No |  | Abdomen/lower back pain | | Yes | No |  |
| Headache | | Yes | No |  | Painful ejaculation (men only) | | Yes | No |  |
| Intolerance to light | | Yes | No |  | Penile discharge (men only) | | Yes | No |  |
| Yellow eyes or skin | | Yes | No |  | Blood in stool | | Yes | No |  |
| Enlarged lymph nodes | | Yes | No |  | Blood in urine | | Yes | No |  |
| Diarrhea | | Yes | No |  | Blood in semen (men only) | | Yes | No |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| **No** | **Questions** | | | | | **Responses** | | | |
| 1 | **What is your current marital status? *Choose one.*** | | | | | Child …0  Married …1  Living together as married …2  Separated …3  Divorced …4  Widowed …5  Never married …6  Don't Know …99  Refuse to Answer …77 | | | |
| 2 | **What is the highest level of education you completed?** | | | | | No school….0  Grades 1 through 8.....1  Grades 9 through 11….2  Grades 12 or GED…3  Some college, Associate’s or Technical Degree…4  Bachelor’s Degree…5  Any post graduate studies…6  Don't Know…99  Refuse to Answer …77 | | | |
| 3 | **What best describes your employment status? Are you:** | | | | | Child…0  Employed full-time…1  Employed part-time…2  A homemaker…3  A full-time student…4  Retired…5  Unable to work for health reasons…6  Unemployed…7  Other…8  Don't Know…99  Refuse to Answer …77 | | | |
| 4 | **What was your household income last year from all sources before taxes?** | | | | | $0 to $9,999 1  $10,000 to $19,999 2  $20,000 to $29,999 3  $30,000 to $39,999 4  $40,000 to $49,999 5  $50,000 to $59,999 6  $60,000 to $79,999 7  $80,000 or more 8  Don't Know 99  Refuse to Answer 77 | | | |
| 5 | **How many people live in your household, including yourself? Household means all of the people that you live with.** | | | | | \_\_\_\_ Range 1-100  Don't Know 99  Refuse to Answer 77 | | | |
| 6 | **Do you currently have health insurance or health care coverage?** | | | | | No 0  Yes 1  Don’t Know 99  Refuse to Answer 77 | | | |
| 7 | **How would you describe the house where you live?** | | | | | One-story house 1  Two-story house 2  Apartment/condo building 3  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don't Know 99  Refuse to Answer 77\_\_ | | | |
| 8 | **How many of the windows in your house have intact screens?** | | | | | None 0  Some 1  All 2  Don't Know 99  Refuse to Answer 77 77 | | | |
| 9 | **Do you use air conditioning in your home?** | | | | | No 0  Yes, in all rooms 1  Yes, but only in the bedroom 2  Other 3  Don’t Know 99  Refuse to Answer 77 | | | |
| 10 | **Usually, do you leave your doors or windows open?** | | | | | Never 0  Daytime only 1  Night-time only 2  Always 3  Other 4  Don’t Know 99  Refuse to Answer 77 | | | |
| 11 | **In the past 30 days did you use mosquito coils (e.g., Cobra, espiral, caracol) or natural repellents in your house or patio to keep mosquitoes away?** | | | | | No 0  Yes 1  Don’t Know 99  Refuse to Answer 77 | | | |
| 12 | **In the past 30 days, how often have you used mosquito repellent?** | | | | | Never 0  Daily 1  Weekly 2  Monthly 3  Rarely 4  Don’t Know 99  Refuse to Answer 77 | | | |
|  | **Further questions for adults only** | | | | | | | | |
| 13 | **In the past 7 days how many different persons have you had oral, vaginal or anal sex?** | | | | | \_\_\_\_ Range 1-1000  Don't Know 99  Refuse to Answer 77 | | | |
| 14 | **In the past 7 days, how many times have you had anal or vaginal sex?** | | | | | \_\_\_\_ Range 1-1000  Don't Know 99  Refuse to Answer 77 | | | |
| 15 | **Of the** [fill with “# of times engaged in vaginal or anal sex” (q14)] **times you had sex in the past 7 days, how many times did you or your partner use a condom?** | | | | | \_\_\_\_ Range 1-1000  Don't Know 99  Refuse to Answer 77 | | | |
| 16 | **For men only: In the past 7 days how many times have you ejaculated (had an orgasm) including sex and masturbation?** | | | | | \_\_\_\_ Range 1-1000  Don't Know 99  Refuse to Answer 77 | | | |
| 17 | **Have you ever in your life shot up or injected any drugs other than those prescribed for you? By shooting up, I mean anytime you might have used drugs with a needle, either by mainlining, skin popping, or muscling.** | | | | | No 0  Yes 1  Don’t Know 99  Refuse to Answer 77 | | | |
| 18 | **When was the last time you injected any drug? That is, how many days or months or years ago did you last inject?**  **[Interviewer: Enter the number below. If today, enter "000" ]** | | | | | \_\_\_\_Years Range 1-1000  \_\_\_\_Months Range 1-1000  Don't Know 99  Refuse to Answer 77 | | | |
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