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 …0Married …1Living together as married …2Separated …3Divorced …4Widowed …5Never married …6Don't Know …99Refuse 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…4Bachelor’s Degree…5Any post graduate studies…6 Don't Know…99Refuse to Answer …77 |
| 3 | **What best describes your employment status? Are you:**  | Child…0Employed full-time…1Employed part-time…2A homemaker…3A full-time student…4Retired…5Unable to work for health reasons…6Unemployed…7Other…8Don't Know…99Refuse 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 8Don't Know 99Refuse to Answer 77 |
| 5 | **How many people live in your household, including yourself? Household means all of the people that you live with.** | \_\_\_\_ Range 1-100Don't Know 99Refuse to Answer 77 |
| 6 | **Do you currently have health insurance or health care coverage?** | No 0Yes 1Don’t Know 99Refuse to Answer 77 |
| 7 | **How would you describe the house where you live?**  | One-story house 1Two-story house 2Apartment/condo building 3Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Don't Know 99Refuse to Answer 77\_\_ |
| 8 | **How many of the windows in your house have intact screens?**  | None 0Some 1All 2 Don't Know 99Refuse to Answer 77 77 |
| 9 | **Do you use air conditioning in your home?** | No 0Yes, in all rooms 1Yes, but only in the bedroom 2Other 3Don’t Know 99Refuse to Answer 77 |
| 10 | **Usually, do you leave your doors or windows open?**  | Never 0Daytime only 1Night-time only 2Always 3Other 4 Don’t Know 99Refuse 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 0Yes 1Don’t Know 99Refuse to Answer 77 |
| 12 | **In the past 30 days, how often have you used mosquito repellent?** | Never 0Daily 1Weekly 2Monthly 3Rarely 4 Don’t Know 99Refuse 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 1-1000Don't Know 99Refuse to Answer 77 |
| 14 | **In the past 7 days, how many times have you had anal or vaginal sex?** | \_\_\_\_ Range 1-1000Don't Know 99Refuse 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 1-1000Don't Know 99Refuse 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 1-1000Don't Know 99Refuse 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 0Yes 1Don’t Know 99Refuse 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 1-1000Don't Know 99Refuse to Answer 77 |
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