Attachment J. Baseline and follow-up questionnaires

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://									
						ate:// Travel end dat			
						ate:// Travel end date			
	al Information								
Asy	ymptomaticSympt	omatic							
					right	answer and providing the dur	ation of t	he symp	toms or
	in days. If asymptomati				to of	first four.	/		
Date	of first symptom:	/_	/_	Duration in	ite oi	first fever:/		- 	Duration in
Symp	tom			Duration in	Sym	ptom			days
Fever	-	Yes	No		Nau	sea	Yes	No	
Red eye		Yes	No		Vom	niting	Yes	No	
Rash Yes		No		Itchi	ng	Yes	No		
Trastitype:traceriopaparat recentar				Swe	lling	Yes	No		
PurpuricOther Distribution: Pai			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		Bloo	od in semen (men only)	Yes	No	
Other:									
No		Questic				Responses			
1	What is your currer	nt marit	al stat	us? Choose		Child0			
one.				Married1 Living together as married2					
						Livir	ig togeth	ner as m	arried2

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer. 1600 Clifton Road NE. MS D-74. Atlanta. Georgia 30333: ATTN: PRA 0920-XXXX

		Separated3
		Divorced4
		Widowed5
		Never married6
		Don't Know99
		Refuse to Answer77
2	What is the highest level of education you	No school0
	completed?	Grades 1 through 81
		Grades 9 through 112
		Grades 12 or GED3
		Some college, Associate's or Technical Degree4
		Bachelor's Degree5
		Any post graduate studies6
		Don't Know99
		Refuse to Answer77
3	What <u>best</u> describes your employment status?	Child0
	Are you:	Employed full-time1
	/	Employed part-time2
		A homemaker3
		A full-time student4
		Retired5
		Unable to work for health reasons6
		Unemployed7
		Other8
		Don't Know99
		Refuse to Answer77
4	What was your household income last year	\$0 to \$9,999 1
	from all sources before taxes?	\$10,000 to \$19,999 2
	nom an sources serore taxes.	\$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,	Range 1-100
	including yourself? Household means all of the	Don't Know 99
	people that you live with.	Refuse to Answer 77
6	Do you currently have health insurance or	No 0
	health care coverage?	Yes 1
	neutificate coverage.	Don't Know 99
		Refuse to Answer 77
7	How would you describe the house where you	One-story house 1
,		Two-story house 2
	live?	Apartment/condo building 3
		Other:
		Don't Know 99
		Refuse to Answer 77
0	How many of the windows in your house have	
8	How many of the windows in your house have	None 0

	intact screens?	Some 1
	intact screens:	All 2
		Don't Know 99
		Refuse to Answer 77 7
9	Do you use air conditioning in your home?	No 0
7	Do you use all conditioning in your nome:	
		Yes, in all rooms 1
		Yes, but only in the bedroom 2 Other 3
		Don't Know 99
		Refuse to Answer 77
10	Hanalli, da con la con com da con constituida con	
10	Usually, do you leave your doors or windows	Never 0
	open?	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	No 0
	(e.g., Cobra, espiral, caracol) or natural	Yes 1
	repellents in your house or patio to keep	Don't Know 99
	mosquitoes away?	Refuse to Answer 77
	, ,	
12	In the past 30 days, how often have you used	Never 0
	mosquito repellent?	Daily 1
		Weekly 2
		Monthly 3
		Rarely 4
		Don't Know 99
		Refuse to Answer 77
40		ions for adults only
13	In the past 7 days how many different persons	Range 1-1000
	have you had oral, <u>vaginal</u> or <u>anal</u> sex?	Don't Know 99
		Refuse to Answer 77
14	In the past 7 days, how many times have you	Range 1-1000
	had anal or vaginal sex?	Don't Know 99
	24. 500 20 40	Refuse to Answer 77
15	Of the [fill with "# of times engaged in vaginal or	Range 1-1000
	anal sex" (q14)] times you had sex in the past 7	Don't Know 99
	days, how many times did you or your partner use a condom?	Refuse to Answer 77
16	For men only: In the past 7 days how many	Range 1-1000
	times have you ejaculated (had an orgasm)	Don't Know 99
	including sex and masturbation?	Refuse to Answer 77
17	Have you ever in your life shot up or injected	No 0
	any drugs other than those prescribed for you?	Yes 1
	By shooting up, I mean anytime you might have	Don't Know 99
	used drugs with a needle, either by mainlining,	Refuse to Answer 7
	skin popping, or muscling.	Refuse to Allswell)
18	When was the last time you injected any drug?	Years Range 1-1000
10	Trinen was the last time you injected any drug:	I Cal 3 Nalige 1-1000

That is, how many days or months or years ago did you last inject?
[Interviewer: Enter the number below. If today, enter "000"]

Months Range 1-1000
Don't Know 99
Refuse to Answer 77