Form Approved
OMB Control No. 0920-XXXX
Exp. Date: XX/XX/XXXX

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: __/__/__
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 <u>best</u> 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**	None 0

	intact screens?	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?**	____Years Range 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