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| CDC_logo_electronic_color_noname.jpg**FOLLOW-UP SURVEY** |
| 1. **What date and time did you provide each of the samples?**
 |
|  **Urine** |  Date: |  Time: |
|  **Semen** |  Date: |  Time: |
| 1. **Prior to collecting today’s sample, how many times have you ejaculated (had an orgasm) in the past 7 days, including sex or masturbation? Circle One**

0 1 2 3 4 5 6 7 8 9 10+ times |
| 1. **Prior to collecting today’s sample, how many days has it been since your last ejaculation (orgasm)? Circle One**

 0 1 2 3 4 5 6 7 8 9 10+ days  |
| 1. **Since we spoke to you on the phone, have you had problems with frequent urination? Circle One**

Yes No |
| 1. **Since we spoke to you on the phone, have you had pain or burning with urination?** Circle One

Yes No |
| 1. **Since we spoke to you on the phone, have you noticed blood in your urine?** Circle One

Yes No |
| 1. **Since we spoke to you on the phone, have you noticed blood in your semen?** Circle One

Yes No |

**Thank you for including this survey in your return kit! Please email** **ZikaMalesStudy@cdc.gov** **with any questions.**