Form Approved
OMB Control No.: 0920-XXXX
Expiration date: XX/XX/XXXX

FOLLOW-UP SURVEY



1.	What date and time did you provide each of the samples?																		
Urine		Date:						Time:											
Semen		Date:						Time:											
2.	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														an				
		0	1	2	3	4	5	6	7	8	9	10+	time	es					
3.	Prior to co (orgasm)?	•	_	day's	s sar	nple	e, ho	w m	any	day	/s ha	as it	beer	since	you	r las	st eja	culat	ion
			0	1	2	3	4	5	6	7	8	9	10-	- days					
4.	Since we spoke to you on the phone, have you had problems with frequent urination? Circle One													on?					
							Yes	;			1	No							
5.	Since we s One	poke t	о уо	u or	n the	e ph	one,	hav	e yo	ou h	ad p	oain (or bu	ırning	with	ı uri	inatio	o n? Ci	ircle
							Yes	;			1	No							
6.	Since we spoke to you on the phone, have you noticed blood in your urine? Circle One																		
							Yes	;			1	۷o							
7.	Since we s	Since we spoke to you on the phone, have you noticed blood in your semen? Circle One																	
							Yes	;			1	No				_			

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