

Baseline Questionnaire for Men

Section A: To be completed by the Receptionist

1 Unique Study ID:

Thank you for participating in this study. First, I would like to ask you about the best way we can contact you in case we need to call you to schedule appointments. If someone else answers the phone, we will not tell them any information about the study. I would like to remind you that your involvement in the study is completely confidential.

2 Address of residence: _____

3 Village of residence: _____

4 District of residence: _____

5 Telephone: _____

6 Other contact/next of kin: _____

Now I would like to ask you about the time you were in the Ebola Treatment Unit. We can use your Ebola discharge certificate to help you remember these dates. May I please see your Ebola discharge certificate? Enter the following details using ETU discharge certificate.

7 ETU where participant was treated for EVD: _____

8 ETU clinical ID number (if known): _____

9 Date of ETU *admission*: (DD/MM/YYYY) ____ / ____ / ____ Estimated

10 Date of ETU *discharge*: (DD/MM/YYYY) ____ / ____ / ____ Estimated

11 Date of 1st blood test *positive* for Ebola: (DD/MM/YYYY) ____ / ____ / ____ Estimated

12 Date of 1st blood test *negative* for Ebola: (DD/MM/YYYY) ____ / ____ / ____ Estimated

13 Date of 2nd blood test *negative* for Ebola: (DD/MM/YYYY) ____ / ____ / ____ Estimated

14 Date of enrollment: (DD/MM/YYYY) ____ / ____ / ____

Public reporting burden of this collection of information is estimated to average 30 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

Unique ID _____

15 Anthropometry measurements:

Height: _____ (cm)

Weight: _____ (kg)

CHECKED BY RECEPTIONIST:

Signature: _____

Date: **(DD/MM/YYYY)** ____/____/____

Section B: To be completed by the Nurse

16 Interview Date: (DD/MM/YYYY) ____ / ____ / _____

17 Initials of person conducting the interview: _____

Thank you for participating in this study. I will be conducting your interview today and it will last around 1 hour. I ask all participants in this study the same questions. All of your answers are confidential. I will mark a response to every question, but if you are not comfortable answering any question, you can tell me to mark “Refused”. You can also ask me to go back, or repeat any questions. I would like to remind you that your involvement in the study is completely confidential. Are you comfortable proceeding with the interview now?

Socio-Demographic Questions:

Now I would like to ask you a few questions about yourself and your family.

18 What is your gender?

- 01** - Male
- 03** - Transgender
- 99** - Refused

19 What is your age at today? (in years) Estimated

Mark 99 if refused. If age is not known, estimate the age of the participant.

20 What is your date of birth? (DD/MM/YYYY) ____ / ____ / _____ Estimated

Mark 99/99/9999 if refused. If birth date is not known, please leave blank.

21 What is your level of education?

- 01** - No school
- 02** - Primary
- 03** - Junior Secondary
- 04** - Senior Secondary
- 05** - Technical /Vocational training
- 06** - University
- 88** - Don't know
- 99** - Refused

22 What is your religion?

- 01** - Muslim
- 02** - Christian
- 03** - Other → SPECIFY _____
- 88** - Don't know
- 99** - Refused

Unique ID _____

23 Are you working or studying?

01 - Yes

02 - No **SKIP TO 26**

99 - Refused **SKIP TO 27**

24 What type of work do you do?

01 - Health care worker

02 - Trader

03 - Laborer

04 - Driver

05 - Shop assistant

06 - Hairdresser

07 - Housewife

08 - Student

09 - Not working

10 - Other → SPECIFY _____

99 - Refused

25 If you are working or studying, is it the same as what you did before you had Ebola?

01 -Yes

02 - No

88 - Don't know

99 - Refused

26 If you are not working, why?

27 Who do you live with? **MARK ALL THAT APPLY**

01 - Alone

02 - With friend/s

03 - With wife/ wives, or partner

04 - With parents

05 - With extended family member/s

99 - Refused

28 How many people live in your home/household, including yourself? Home/household means the people you live with. For example: you cook from the same pot or you use the same bathroom.

Mark 99 if refused.

29 Did you move after recovering from Ebola because of stigma?

- 01 - Yes
- 02 - No
- 99 - Refused

30 What is your current relationship status? **Choose one.**

- 01 - Single
- 02 - Widowed
- 03 - Long-term relationship
- 04 - Married
- 05 - Separated or divorced
- 06 - Other (e.g. dating) → Specify _____
- 88 - Don't know
- 99 - Refused

Now I would like to ask you some questions about your home. Please pick one option that best describes your home.

31 What is your main source of drinking water? **Choose one.**

- 01 - Well
- 02 - Surface water (*river, dam, lake, stream or canal*)
- 03 - Piped water **outside** your home
- 04 - Piped water **inside** your home
- 05 - Filtered or bottled water
- 06 - Rain water
- 07 - Other SPECIFY _____
- 99 - Refused

32 What kind of toilet facilities do you mainly have? **Choose one.**

- 01 - Pit latrine
- 02 - Flush toilet
- 03 - Other SPECIFY _____
- 99 - Refused

33 What type of fuel does your home/household mainly use for cooking? **Choose one.**

- 01 - Electricity
- 02 - Gas (Liquid petroleum or natural)
- 03 - Kerosene
- 04 - Charcoal or Wood
- 05 - Other SPECIFY _____
- 99 - Refused

34 What material is mainly used in the construction of the floor in your sleeping room? **Choose one.**

- 01 - Mud/clay
- 02 - Cement
- 03 - Tile
- 04 - Wood
- 05 - Other SPECIFY _____
- 99 - Refused

Questions about the time when you were sick with Ebola

Now I would like to ask some questions about the time when you were sick with Ebola.

First I would like to ask if you were part of any research while you were in the ETU or after you recovered from Ebola. For example, did you receive an experimental drug during your illness, like ZMapp? Did you receive a vaccine to prevent Ebola, like the STRIVE trial? Did you receive convalescent plasma while you were sick with Ebola, or did you give convalescent plasma after recovering from Ebola?

35 Before were you or now are you included in a clinical trial related to your illness with Ebola?

- 01 - Yes
- 02 - No **SKIP TO 37**
- 88 - Don't know **SKIP TO 37**
- 99 - Refused **SKIP TO 37**

36 If you were/ are included in a clinical trial, which intervention or trial did you receive?

MARK ALL THAT APPLY. Read out loud each option.

- 01 - *Received* convalescent plasma while sick with Ebola
- 02 - *Donated* convalescent plasma after recovery from Ebola
- 03 - Experimental drug → Specify experimental drug: _____
- 04 - Vaccine → Specify vaccine: _____
- 05 - Other → Specify: _____
- 88 - Don't know
- 99 - Refused

37 What was the month and approximate day when your Ebola symptoms began? It is ok to guess if you are not sure of the exact date. (DD/MM/YYYY) ____ / ____ / _____ Estimated
Mark 99 if refused.

38 When you were sick with Ebola, did you have vomiting? **Choose one.**

- 01 - Yes I vomited
- 02 - No vomiting
- 88 - Don't know/not sure
- 99 - Refused

39 When you were sick with Ebola, did you have diarrhea? **Choose one.**

- 01 - Yes I had diarrhea
- 02 - No diarrhea
- 88 - Don't know/not sure
- 99 - Refused

40 When you were sick with Ebola, were you ever too sick to get up to relieve yourself in the toilet (or other place where you go to the bathroom)? **Choose one.**

- 01 - Yes I was too sick to get up to relieve myself in the toilet
- 02 - No
- 88 - Don't know/not sure
- 99 - Refused

41 When you were sick with Ebola, were you ever too sick to drink anything for a day or more?

Choose one.

- 01** - Yes I was too sick to drink anything for a day or more
- 02** - No
- 88** - Don't know/not sure
- 99** - Refused

42 When you were sick with Ebola, do you remember your experience in the ETU? **Choose one.**

- 01** - Yes
- 02** - Partially
- 03** - Not at all
- 99** - Refused

43 Has anyone else in your home/household or close contacts had Ebola? *Close contacts include sexual partners and family.*

- 01** - Yes
- 02** - No **SKIP TO 46**
- 88** - Don't know/not sure **SKIP TO 46**
- 99** - Refused **SKIP TO 46**

44 How many people in your home/household or close contacts had Ebola? *Close contacts include*

sexual partners and family.

Mark 99 if refused.

45 If yes, please specify their relationship to you, and if they recovered or died.

Nurses should capture information on sexual partners, siblings, and children. If more than one spouse, sibling or child, please list one per row. Write "refused" under relationship if participant refuses to specify relationship.

No.	Relationship	Outcome			Did this person have Ebola before or after you		
		<i>Recovered</i>	<i>Died</i>	<i>Refused</i>	<i>Before</i>	<i>After</i>	<i>Refused</i>
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Current Health Status

Next I would like to ask you about your health and well-being today.

46 How is your overall health and wellbeing now, *compared to before you had Ebola?*

- 01** - My overall health now is back to normal or the same as before I had Ebola
- 02** - My overall health now is worse than before I had Ebola
- 03** - My overall health now is better than before I had Ebola
- 88** - Don't know
- 99** - Refused

47 *After you recovered from Ebola*, do you have any new health problems?

- 01** - Yes
- 02** - No **SKIP TO 49**
- 88** - Don't know/not sure **SKIP TO 49**
- 99** - Refused **SKIP TO 49**

48 If yes, please specify the new health problems you are experiencing.

MARK ALL THAT APPLY

Please read each symptom out loud.

Symptom	Yes	No	Refused
General (<i>fevers, weight loss, loss of appetite, feeling tired</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye problems (<i>itching, ocular redness, eye lid inflammation, blurred vision, complete loss of vision</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joint problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurological (<i>loss of strength in arms, or legs, inability to balance</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin problems (itching, spots)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric problems (hallucinations, delusions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychological problems (depression, anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (e.g. loss of hair) SPECIFY _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49 *After you recovered from Ebola*, do you have the same level of sexual desire as before you got sick?

- 01** - Yes
- 02** - No
- 88** - Don't know/not sure
- 99** - Refused

Unique ID _____

50 *After you recovered from Ebola, did you make any women pregnant?*

01 - Yes

02 - No **SKIP TO 51**

88 - Don't know/not sure **SKIP TO 51**

99 - Refused **SKIP TO 51**

50a *If yes, how many times have you made a woman pregnant since you recovered from Ebola?*

_____ estimated

Mark 99 if refused.

Co-Morbidities

51 In the 3 months **before** you got Ebola, did you have any of the following?

MARK ALL THAT APPLY

	Response			Did you get treatment?			If yes, which treatment did you receive?	Are still receiving treatment		
	Yes	No	Refused	Yes	No	Refused		Yes	No	Refused
TB	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Malaria	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
HIV/AIDS	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

52 **After** recovering from Ebola, have you had any of the following?

MARK ALL THAT APPLY

	Response			Did you get treatment?			If yes, which treatment did you receive?	Are still receiving treatment		
	Yes	No	Refused	Yes	No	Refused		Yes	No	Refused
TB	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Malaria	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
HIV/AIDS	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

If the participant has a known HIV infection, he/she should be included in the PLHIV survivors' cohort, and will be interviewed with a special questionnaire covering HIV clinical history. The participant should be moved to the PLHIV cohort, and should be replaced in the main study cohort. Ensure this participant is included in the national AIDs control program to receive HIV drugs (ARV).

Sexual Health

Now I would like to ask about the time after you recovered from Ebola. The questions are personal. Please remember all of your answers are confidential. If you feel uncomfortable answering any question, it is okay to say “I prefer not to answer” at any time and we will move on to the next question. We ask everybody the same questions, and all answers will remain confidential. By sharing this private information about your personal life, you can help us understand whether Ebola virus can be passed through sex, when it is safe for Ebola survivors to have sex, and the best ways to prevent others from getting Ebola in the future. By “sex,” I mean any vaginal, anal, or oral sex with any another person.

53 Since recovering from Ebola, have you resumed sexual activity? Sexual activity includes oral, vaginal, or anal sex.

01 - Yes

02 - No **SKIP TO 61**

99 - Refused **SKIP TO 61**

54 What was the date/month you resumed sexual activities? It is okay to guess.

(DD/MM/YYYY) ____ / ____ / _____ Estimated

If refused date, put 99/99/9999

55 Did you engage in sexual activity *in the first three months* after recovering from Ebola?

01 - Yes

02 - No **SKIP TO 57**

88 - Don't know/not sure **SKIP TO 57**

99 - Refused **SKIP TO 57**

56 How often did you use a condom during sex *during the three first months* after recovering from Ebola? **Choose one.**

01 - Never

02 - Some of the time

03 - Every time

88 - Don't know

99 - Refused

57 How often have you engaged in sexual activities **after** recovery from Ebola?

01 - Every day

02 - 3 or more time a week

03 - 2 times per week

04 - Once per week

05 - Once per month

06 - Once

88 - Don't know/not sure

99 - Refused

58 Do you and your sexual partner/s use any method of contraception to avoid pregnancy?
Contraception includes condoms, the pill, intrauterine device, injection, implant..

- 01 - Yes
- 02 - No **SKIP TO 61**
- 88 - Don't know/not sure **SKIP TO 61**
- 99 - Refused **SKIP TO 61**

59 If using contraception, which method/s are you using? **MARK ALL THAT APPLY.**

- 01 - Condom
- 02 - Pill/oral contraception
- 03 - Intrauterine device
- 04 - Injection/hormone shot
- 05 - Implant
- 06 - Other → SPECIFY _____
- 88 - Don't know/not sure
- 99 - Refused

60 Where did you get the condoms you used? **MARK ALL THAT APPLY.**

- 01 - I got them at the ETU where I was treated
- 02 - Free donation from another organization
- 03 - I bought them from a shop/market/pharmacy
- 04 - Gift from a friend/family member/loved one
- 05 - I already had them before I got sick
- 06 - Other → SPECIFY: _____
- 88 - Don't know
- 99 - Refused

61 Do you now have any of the following symptoms **right now?** **MARK ALL THAT APPLY.**

Please read each symptom out loud.

Symptom	Response		
	Yes	No	Refused
Penile/urethral discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ulcers in genital or anal region	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower abdominal pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scrotal swelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groin swelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discharge or pain in the rectum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genital itching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Growths on genital or anal region	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____			

62 Are you circumcised?

01 - Yes

02 - No

88 - Don't know

99 - Refused

63 *Since recovering from Ebola*, have you had any difficulty getting or maintaining an erection?

01 - Yes

02 - No

88 - Don't know/not sure

99 - Refused

64 *Since recovering from Ebola*, have you had any difficulty ejaculating?

01 - Yes

02 - No

88 - Don't know/not sure

99 - Refused

Information received in the ETU

To finish the interview we would like to understand what kind of information about sexual activity you received in the ETU when you were discharged.

65 In the ETU, what advice did you hear about when it is safe for someone who had Ebola to have sex? **MARK ALL THAT APPLY.**

01 - Don't remember hearing any advice

02 - I remember hearing to abstain from sex → SPECIFY Number of months:

03 - I remember hearing to use condoms → SPECIFY Number of months:

(If told to always use, enter 77)

04 - I remember hearing it was safe to have unprotected sexual intercourse immediately

05 - Other → SPECIFY: _____

88 - Don't know

99 - Refused

66 In the ETU, did you receive advice on contraception?

01 - Yes

02 - No

88 - Don't know

99 - Refused

67 In the ETU, were you given any contraception?

01 - Yes

02 - No **SKIP TO 69**

88 - Don't know **SKIP TO 69**

99 - Refused **SKIP TO 69**

68 In the ETU, if you were given contraception, which contraception did you get?

01 - Condoms

02 - Oral pill

03 - Others → SPECIFY: _____

88 - Don't know

99 - Refused

69 Before today, did you receive information from anyone about when it is safe for someone who had Ebola to have sex? If yes, from who? **MARK ALL THAT APPLY.**

01 - No

02 - Yes, from friends or family members

03 - Yes, from leaders in my community

04 - Yes, from staff at the clinic where I was treated / other doctors or medical professionals

05 - Yes, from public health or government officials

06 - Other → SPECIFY: _____

88 - Don't know

99 - Refused

Unique ID _____

70 Thank you very much for participating in the survey today. Do you have any other comments or concerns you would like to share about these topics?

71 Result of questionnaire:

- 01** - Completed
- 02** - Partially completed
- 03** - Participant refused
- 04** - Other → Specify: _____

CHECKED BY NURSE:

Signature _____

Date: ____/____/____
(DD / MM / YYYY)

CHECKED BY RESEARCH ASSISTANT:

Signature _____

Date: ____/____/____
(DD / MM / YYYY)

Unique ID _____

Follow Up Visit Questionnaire for Men

Section A: To be completed by the Receptionist

1 Unique Study ID: □□□□□□□□

First, I would like to ask you if your contact information has changed since your last visit. If someone else answers the phone, we will not tell them any information about the study. I would like to remind you that your involvement in the study is completely confidential.

2 Address of residence: _____

3 Village of residence: _____

4 District of residence: _____

5 Telephone: _____

6 Other contact/next of kin: _____

CHECKED BY RECEPTIONIST:

Signature: _____ Date: (DD/MM/YYYY) ____/____/____