

Baseline Questionnaire for Women

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) ____ / ____ / ____

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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?
 02 - Female
 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

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 were doing 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 husband 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 on Menstruation & Pregnancy

Now I am going to ask you some personal questions about yourself. I ask all women these questions. You do not have to answer these questions if you do not want to.

35 AFTER Ebola, have you had regular periods?

- 01 - Yes
- 02 - No **SKIP TO 36**
- 03 - Other → Specify _____ **SKIP TO 36**
- 88 - Don't know/unsure **SKIP TO 36**
- 99 - Refused **SKIP TO 38**

35a If yes, when was the first day of your last period?

First day of bleeding: (DD/MM/YYYY) ____ / ____ / ____ Estimated

Mark 99/99/9999 if refused.

36 AFTER recovering from Ebola, has your period changed?

- 01 - Yes, my period is different since being sick
- 02 - No, I have not noticed any difference in my monthly cycle **SKIP TO 37**
- 03 - I am pregnant **SKIP TO 38**
- 88 - Don't know/not sure **SKIP TO 37**
- 99 - Refused **SKIP TO 38**

36a If yes, how? **MARK ALL THAT APPLY**

- 01 - Period is more difficult to predict first day of bleeding
- 02 - Lighter flow (smaller number of days bleeding)
- 03 - Heavier flow (more days bleeding)
- 04 - Spotting or repeat bleeding in one month (abnormal bleeding)
- 05 - Less frequent periods
- 06 - Other → Specify _____
- 88 - Don't know/not sure
- 99 - Refused

37 Are you seeing your period right now?

- 01 - Yes
- 02 - No
- 03 - Other → SPECIFY _____
- 88 - Don't know/not sure
- 99 - Refused

If currently menstruating or having regular menstruation, when the interview is finished, offer the woman specimen sampling from menstrual blood.

38 Do you know if you are pregnant today?

- 01 - Yes, I am pregnant
- 02 - No, I am not pregnant today. **SKIP TO 40**
- 88 - Don't know/not sure **SKIP TO 40**
- 99 - Refused **SKIP TO 40**

To all women: We will also offer you the possibility of a pregnancy test as a part of this study; you can accept or decline the test as you like.

39 If you are pregnant today, how many months pregnant are you? Estimated
Mark 99 if refused.

40 How many times have you been pregnant in your life? **Choose one.**
01 - I have never been pregnant
02 - One time
03 - Two times
04 - Three times
05 - Four times
06 - Five times
07 - More than five times→ SPECIFY _____
88 - Don't know/not sure
99 - Refused

41 How many children do you have that are currently alive? Estimated
Mark 99 if refused.

42 Are you producing breast milk or other liquid from your breasts now?
01 - Yes
02 - No **SKIP TO 43**
03 - Other → Specify _____ **SKIP TO 43**
88 - Don't know/not sure **SKIP TO 43**
99 - Refused **SKIP TO 43**

42a How long have you been producing breast milk? months Estimated
Mark 99 if refused.

42b What was the start date of your most recent lactation?
 (DD/MM/YYYY) ____ / ____ / _____ Estimated
Mark 99/99/9999 if refused.

42c Are you breastfeeding an infant right now?
01 - Yes
02 - No **SKIP TO 43**
88 - Don't know/not sure **SKIP TO 43**
99 - Refused **SKIP TO 43**

42d If yes, please specify the number of children you are currently breastfeeding, your relationship to them (son, daughter, niece, nephew, etc.), their age, and if they previously had Ebola
Write "refused" under relationship and age if participant refuses to provide an answer.

| No. | Relationship | Age | | Has this child ever had Ebola illness? | | | If the child had Ebola – please note the date of discharge from ETU |
|-----|--------------|--------|------|--|--------------------------|--------------------------|---|
| | | Months | Year | Yes | No | Refused | |
| 1 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

43 Were you pregnant *during your Ebola illness*?

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

44 If you were pregnant *during your Ebola illness*, how many months pregnant were you?

_____ Estimated

Mark 99 if refused.

45 If you were pregnant *during your Ebola illness*, did the baby live? **Choose one.**

- 01 - I am still pregnant now
- 02 - Yes, the baby was born and is living now
- 03 - No, the baby was born alive but died later
- 04 - No, the pregnancy ended in a miscarriage or stillbirth
- 88 - Don't know/not sure
- 99 - Refused

46 Since recovering from Ebola, have you become pregnant? **Choose one.**

- 01 - Yes
- 02 - No **SKIP TO 48**
- 88 - Don't know/not sure **SKIP TO 48**
- 99 - Refused **SKIP TO 48**

47a If you became pregnant *since recovering from your Ebola illness*, what was the outcome?
Choose one.

- 01 - I am still pregnant now **SKIP TO 48**
- 02 - Yes, the baby was born and is living now
- 03 - No, the baby was born alive but died later
- 04 - No, the pregnancy ended in a miscarriage or stillbirth **SKIP TO 48**
- 88 - Don't know/not sure **SKIP TO 48**
- 99 - Refused **SKIP TO 48**

47b What was the date of birth? (DD/MM/YYYY) _____/_____/_____ Estimated

Mark 99/99/9999 if 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?

48 Were you or are you currently included in a clinical trial related to your illness with Ebola?

- 01 - Yes
- 02 - No **SKIP TO 50**
- 88 - Don't know **SKIP TO 50**
- 99 - Refused **SKIP TO 50**

49 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

50 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.

51 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

52 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

53 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

54 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

55 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

56 Has anyone else in your home/household or close contacts (*such as sexual partners outside of your household, or family*) had Ebola, excluding you?

- 01** - Yes
- 02** - No **SKIP TO 59**
- 88** - Don't know/not sure **SKIP TO 59**
- 99** - Refused **SKIP TO 59**

57 How many people in your home/household or close contacts had Ebola, excluding you? *Close*

contacts include sexual partners and family.

Mark 99 if refused.

58 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.

59 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

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

- 01** - Yes
- 02** - No **SKIP TO 62**
- 88** - Don't know/not sure **SKIP TO 62**
- 99** - Refused **SKIP TO 62**

61 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"/> |

62 *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

Co-Morbidities

63 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"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

64 **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"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <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.

65 Since recovering from Ebola, have you participated in sexual activity? Sexual activity includes oral, vaginal, or anal sex.

01 - Yes

02 - No **SKIP TO 73**

99 - Refused **SKIP TO 73**

66 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

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

01 - Yes

02 - No **SKIP TO 69**

88 - Don't know/not sure **SKIP TO 69**

99 - Refused **SKIP TO 69**

68 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

69 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

70 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 73**
- 88 - Don't know/not sure **SKIP TO 73**
- 99 - Refused **SKIP TO 73**

71 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

72 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

73 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 |
| Vaginal 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"/> |
| 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) _____ | | | |

Information received in the ETU

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

74 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

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

01 - Yes

02 - No

88 - Don't know

99 - Refused

76 In the ETU, were you given any contraception?

01 - Yes

02 - No **SKIP TO 78**

88 - Don't know **SKIP TO 78**

99 - Refused **SKIP TO 78**

77 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

78 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 _____

79 What advice did you hear about when it is safe for someone who has had Ebola to breastfeed?

MARK ALL THAT APPLY.

- 01 - Don't remember hearing any advice
- 02 - Resume/continue breastfeeding as soon as possible
- 03 - Do not breastfeed
- 04 - Give the child formula instead of breast milk
- 05 - Other → SPECIFY: _____
- 88 - Don't know
- 99 - Refused

80 Did you receive any infant formula when you were discharged from the ETU? **Choose one.**

- 01 - Yes
- 02 - No
- 03 - Other → SPECIFY: _____
- 88 - Don't know/not sure
- 99 - Refused

81 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?

82 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 Women

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) ____/____/____