|  |  |  |
| --- | --- | --- |
| [CDC_logo_electronic_color_noname.jpg](http://brandidentitystandards.cdc.gov/@api/deki/files/55/=CDC_logo_print_color_noname.eps)**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**](mailto:ZikaMalesStudy@cdc.gov) **with any questions.**