

FOR OFFICE USE ONLY:

Insert Onset Date - End Date:

[Place Lab ID label here]

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

0 1 2 3 4 5 6 7 8 9 10+ times

3. 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

4. Since we spoke to you on the phone, have you had problems with frequent urination? Circle One

Yes No

5. Since we spoke to you on the phone, have you had pain or burning with urination? Circle One

Yes No

6. Since we spoke to you on the phone, have you noticed blood in your urine? Circle One

Yes No

7. 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.