

## ZIKA INVESTIGATION — INDIVIDUAL INTERVIEW FORM

Team #: \_\_\_\_\_ Interviewer: \_\_\_\_\_ Date of interview (MM/DD/YYYY): \_\_\_/\_\_\_/\_\_\_

Individual ID (e.g., S-1-A-1): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

1. Name: \_\_\_\_\_  
                    First (given)                      Initial                      Paternal                      Maternal

2. Sex:  Male     Female     Other     Refuse to answer

3. Date of Birth (MM/DD/YYYY): \_\_\_/\_\_\_/\_\_\_

4. For females only: Are you currently pregnant (circle one)  Yes  No

4a. If yes, please provide name and contact information of your obstetrician (or general physician if you do not have an obstetrician yet).

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

5. How long have you been living in Puerto Rico? \_\_\_\_\_ years  Refuse to answer

6. Have you been told by a clinician that you have any of the following medical conditions?

Diabetes     High blood pressure     Heart disease     High cholesterol

Stroke     Kidney disease     Liver disease     Thyroid disease

Asthma     Lung disease     Joint disease/arthritis     Cancer

Lupus     Other autoimmune disease (specify: \_\_\_\_\_)

None of the above

Refuse to answer / Don't know

7. Do you take any of the following medications daily:

NSAID (e.g., aspirin, Ibuprofen)     Corticosteroids     Antibiotics

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Other: \_\_\_\_\_

None

Refuse to answer / Don't know

8. Have you had any new, acute illnesses in the past 6 months?

*Note to interviewer: this should not include flare-ups of chronic illnesses.*

Yes  No  Refuse to answer / Don't recall

*(If more than one illness episode, use additional copy of questions 8 – 8d-3 to record, and document each additional episode in Notes.)*

8a. If yes, first day of illness (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

*Note to interviewer: ask for best guess of participant, even if they can remember only the week. Show calendar to participant to aid recall.*

Refuse to answer / Don't recall

8b. What symptoms did you have (check all that apply)?

Fever  Skin rash  Nausea/Vomiting  Diarrhea

Muscle pain  Joint pain  Chills  Red eyes

Headache  Pain behind eyes  Abdominal pain  Cough

Runny nose  Sore throat  Calf pain  Arthritis (red, swollen joints)

Minor bleeding (e.g., petechiae, gum bleeding, nosebleeds, bruising)

Major bleeding (e.g., vomiting blood, coughing up blood, blood in stool, heavy menses)

Other (specify): \_\_\_\_\_

Don't recall / Refuse to answer

8c. How long did this illness last? \_\_\_\_\_ days  Don't recall / Refuse to answer

8d. Did you go to the doctor because of this illness?  Yes  No

Don't recall / Refuse to answer

8d-1. If yes, how many times did you seek medical attention for this illness?

\_\_\_ times  I don't know  Refuse to answer / Don't recall

8d-2. What was the diagnosis?  Zika  Chikungunya  Dengue

Viral syndrome, unspecified  Other: \_\_\_\_\_

Refuse to answer / Don't know

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8d-3. Were you hospitalized for this illness?  Yes  No

Refuse to answer / don't recall

8d-4a. If yes, Hospital Name: \_\_\_\_\_

8d-4b. Days in the hospital: \_\_\_\_\_ days

I don't know  Refuse to answer

9. During an average week from 7am–7pm, many hours are you at home or in this community on (maximum = 12)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Refuse to answer / Don't know

*Note to interviewer: ask the participant for their best guess.*

10. How frequently do mosquitoes bite you?  Daily  At least once a week  Rarely

Never  Don't know / Refuse to answer

11. When do mosquitoes usually bite you? (*select all that apply*)  Morning  Daytime

Evening  Night-time  Mosquitoes don't bite me  Refuse to answer / don't know

12. Where do mosquitoes usually bite you? (*select all that apply*)  Home  Work/school

Others' homes inside my community  Others' homes outside my community

Elsewhere  Mosquitoes don't bite me  Refuse to answer / don't know

13. Have you used mosquito repellent in the past month?

Daily  Weekly  Never  Refuse to answer / don't know

14. Have you slept under a bednet in the past month?  Yes  No

Refuse to answer / don't recall

15. What is the highest level of education that you have completed?

No school  Grades 1 through 8  Grades 9 through 11  Grade 12 or GED

Some college, Associate's, or Technical Degree  Bachelor's Degree

Any post graduate studies

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Do not know / Refused to answer

**NOTES:**