Attachment H. Baseline and follow-up questionnaires

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| --- | --- | --- | --- |
| # | Question | Options | Skip |
| **Section A. Visit information**  **Interviewer: Answer A1-A4. Do not read.** | | | |
| A1 | ZIP# | \_ \_ \_ \_ - \_ \_ |  |
| A2 | Date | \_ \_ / \_ \_ / \_ \_ \_ \_  dd/mm/yyyy |  |
| A3 | Visit code | **V01 V02 V03 V04**  S06 **M02** S10 S12  S14 **M04** S18 S20  S22 S24 **M06** | If (A3 ne V01) skip to B2. If A3=V01, continue to A4a. |
| A4 | Interviewer: do not read question; answer it yourself.  Is this a household contact? | 0, No  1, Yes | If no (0), skip to A6. If yes (1), continue to A4a. |
| **Household contacts**  **INTERVIEWER: If household contact ask A4a. Otherwise, go to A5.** | | | |
| A5 | What is your relationship with the person who gave you a coupon? | 1, Spouse, significant other, or partner.  2, Parent.  3, Son/daughter.  4, Sibling  5, Grandmother/grandfather  6, Other.  7, Someone who lives with me but we are not family.  99, Do not know  77, Refused to answer | If 1, continue to A5a. Else, skip to A6. |
| A5a | Have you had sex with this person in the last 30 days? | 0, No  1, Yes  99, Do not know  77, Refused to answer |  |
| **INTERVIEWER: If V01 continue to A6. Other, go to B2.**  **Participant information** | | | |
| A6 | Age  **INTERVIEWER: If age <1 years enter “0”.** | \_\_\_ [0-100] |  |
| A7 | What is your date of birth? | \_ \_ / \_ \_ / \_ \_ \_ \_  dd/mm/yyyy |  |
| A8 | What is your sex? | 1, Male  2, Female  99, Do not know  77, Refused to answer | If male (1) or <14, skip to A9. Else, continue to A8a. |
| A9 | Have you visited the United States or another country in the last 30 days? | 0, No  1, Yes  99, Do not know  77, Refused to answer | If yes (1), continue to A9a. Else, skip to B1. |
| A9a | City | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| A9b | Country | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| A9c | Start Date | \_ \_ / \_ \_ / \_ \_ \_ \_  dd/mm/yyyy |  |
| A9d | End date | \_ \_ / \_ \_ / \_ \_ \_ \_  dd/mm/yyyy |  |
| A10 | 2nd city | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | If 2nd city, continue to A10a. Else, skip to B1. |
| A10a | 2nd country | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| A10b | 2nd Start Date | \_ \_ / \_ \_ / \_ \_ \_ \_  dd/mm/ yyyy |  |
| A10c | 2nd End date | \_ \_ / \_ \_ / \_ \_ \_ \_  dd/mm/y yyyy |  |
| A11 | 3rd city | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | If 3rd city, continue to A11a. Else, skip to B1. |
| A11a | 3rd country | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| A11b | 3rd Start Date | \_ \_ / \_ \_ / \_ \_ \_ \_  dd/mm/yyyy |  |
| A11c | 3rd End date | \_ \_ / \_ \_ / \_ \_ \_ \_  dd/mm/yyyy |  |
| **Section B. Clinical Information** | | | |
| B1 | Since November 2015 have you had any of the following? Rash, fever, arthralgia and conjunctivitis  **INTERVIEWER: Read all the options, except 99 and 77** | 0, No  1, Yes  99, Do not know  77, Refused to answer | If B1=0 (no) and A2=V01, skip to C1. If B1=0 (no) and A2 not V01, end survey. Else, continue to B2. |
| B2 | Do you have any of these symptoms now? | 0, No  1, Yes  99, Do not know  77, Refused to answer | If (A2 ne V01 or B1=0) and B2=0, skip to D4. Else, continue to B3. |
| B3 | Which was your first symptom?  **INTERVIEWER: Read all the options, except 99 and 77** | 1, Fever  2, Rash  3, Arthralgia  4, Conjunctivitis  5, Other  99, Do not know  77, Refused to answer |  |
| B3a | Date you had the first symptom | \_ \_ / \_ \_ / \_ \_ \_ \_  dd/mm/yyyy |  |
| **INTERVIEWER:**  **READ: “**Now I'll ask you about a list of symptoms. Tell me if you have had these symptoms since his illness began on the date he gave me. If you have any of these symptoms, I will ask for how many days you have had the symptom**.”** | | | |
| B4 | Fever | 0, No  1, Yes  99, Do not know  77, Refused to answer | If no (0), skip to B5. Else, continue to B4a. |
| B4a | Duration in days  **INTERVIEWER: if symptom started the day of the interview, enter “0”.** | \_\_ (0-100) |  |
| B5 | Rash | 0, No  1, Yes  99, Do not know  77, Refused to answer | If no (0), skip to B6. Else, continue to B5a. |
| B5a | Duration in days  **INTERVIEWER: if symptom started the day of the interview, enter “0”.** | \_\_ (0-100) |  |
| B5b | Type  **INTERVIEWER: Do not read choices. Show flashcard B5 and enter the number with the corresponding picture.** | 1, Maculopapular  2, Petechial  3, Purpura  4, Other | If other (4), continue to B5c. Else, skip to B6. |
| B5c | Other rash description: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| B6 | Eye pain | 0, No  1, Yes  99, Do not know  77, Refused to answer | If no (0), skip to B7. Else, continue to B6a. |
| B6a | Duration in days  **INTERVIEWER: if symptom started the day of the interview, enter “0”.** | \_\_ (0-100) |  |
| B7 | Cough | 0, No  1, Yes  99, Do not know  77, Refused to answer | If no (0), skip to B8. Else, continue to B7a. |
| B7a | Duration in days  **INTERVIEWER: if symptom started the day of the interview, enter “0”.** | \_\_ (0-100) |  |
| B8 | Red eye | 0, No  1, Yes  99, Do not know  77, Refused to answer | If no (0), skip to B9. Else, continue to B8a. |
| B8a | Duration in days  **INTERVIEWER: if symptom started the day of the interview, enter “0”.** | \_\_ (0-100) |  |
| B9 | Headache | 0, No  1, Yes  99, Do not know  77, Refused to answer | If no (0), skip to B10. Else, continue to B9a. |
| B9a | Duration in days  **INTERVIEWER: if symptom started the day of the interview, enter “0”.** | \_\_ (0-100) |  |
| B10 | Intolerance to light | 0, No  1, Yes  99, Do not know  77, Refused to answer | If no (0), skip to B11. Else, continue to B10a. |
| B10a | Duration in days  **INTERVIEWER: if symptom started the day of the interview, enter “0”.** | \_\_ (0-100) |  |
| B11 | Yellow eyes or skin | 0, No  1, Yes  99, Do not know  77, Refused to answer | If no (0), skip to B12. Else, continue to B11a. |
| B11a | Duration in days  **INTERVIEWER: if symptom started the day of the interview, enter “0”.** | \_\_ (0-100) |  |
| B12 | Enlarged lymph nodes  **INTERVIEWER: Flashcard GANGLIOS.** | 0, No  1, Yes  99, Do not know  77, Refused to answer | If no (0), skip to B13. Else, continue to B12a. |
| B12a | Duration in days  **INTERVIEWER: if symptom started the day of the interview, enter “0”.** | \_\_ (0-100) |  |
| B13 | Diarrhea | 0, No  1, Yes  99, Do not know  77, Refused to answer | If no (0), skip to B14. Else, continue to B13a. |
| B13a | Duration in days  **INTERVIEWER: if symptom started the day of the interview, enter “0”.** | \_\_ (0-100) |  |
| B14 | Nausea | 0, No  1, Yes  99, Do not know  77, Refused to answer | If no (0), skip to B15. Else, continue to B14a. |
| B14a | Duration in days  **INTERVIEWER: if symptom started the day of the interview, enter “0”.** | \_\_ (0-100) |  |
| B15 | Vomiting | 0, No  1, Yes  99, Do not know  77, Refused to answer | If no (0), skip to B16. Else, continue to B15a. |
| B15a | Duration in days  **INTERVIEWER: if symptom started the day of the interview, enter “0”.** | \_\_ (0-100) |  |
| B16 | Itching | 0, No  1, Yes  99, Do not know  77, Refused to answer | If no (0), skip to B17. Else, continue to B16a. |
| B16a | Duration in days  **INTERVIEWER: if symptom started the day of the interview, enter “0”.** | \_\_ (0-100) |  |
| B17 | Swelling | 0, No  1, Yes  99, Do not know  77, Refused to answer | If no (0), skip to B18. Else, continue to B17a. |
| B17a | Duration in days  **INTERVIEWER: if symptom started the day of the interview, enter “0”.** | \_\_ (0-100) |  |
| B18 | Pain or burning with urination | 0, No  1, Yes  99, Do not know  77, Refused to answer | If no (0), skip to B19. Else, continue to B18a. |
| B18a | Duration in days  **INTERVIEWER: if symptom started the day of the interview, enter “0”.** | \_\_ (0-100) |  |
| B19 | Difficulty urinating | 0, No  1, Yes  99, Do not know  77, Refused to answer | If no (0), skip to B20. Else, continue to B19a. |
| B19a | Duration in days  **INTERVIEWER: if symptom started the day of the interview, enter “0”.** | \_\_ (0-100) |  |
| B20 | Pelvic or groin pain | 0, No  1, Yes  99, Do not know  77, Refused to answer | If no (0), skip to B21. Else, continue to B20a. |
| B20a | Duration in days  **INTERVIEWER: if symptom started the day of the interview, enter “0”.** | \_\_ (0-100) |  |
| B21 | Abdomen/lower back pain | 0, No  1, Yes  99, Do not know  77, Refused to answer | If no (0), skip to B22. Else, continue to B21a. |
| B21a | Duration in days  **INTERVIEWER: if symptom started the day of the interview, enter “0”.** | \_\_ (0-100) |  |
| B22 | Blood in urine | 0, No  1, Yes  99, Do not know  77, Refused to answer | If no (0), skip to B23. Else, continue to B22a. |
| B22a | Duration in days  **INTERVIEWER: if symptom started the day of the interview, enter “0”.** | \_\_ (0-100) |  |
| B23 | Blood in stool | 0, No  1, Yes  99, Do not know  77, Refused to answer | If no (0) AND age ≥13 (A6 ≥13) AND male (A8=1), skip to B24.  If Yes (1), continue to B23a.  Else, skip to B27. |
| B23a | Duration in days  **INTERVIEWER: if symptom started the day of the interview, enter “0”.** | \_\_ (0-100) | If no (0) AND age ≥13 (A6 ≥13) AND male (A8=1), continue to B24.  Else, skip to B27. |
| B24 | Painful ejaculation | 0, No  1, Yes  99, Do not know  77, Refused to answer | If no (0), skip to B25. Else, continue to B24a. |
| B24a | Duration in days  **INTERVIEWER: if symptom started the day of the interview, enter “0”.** | \_\_ (0-100) |  |
| B25 | Penile discharge | 0, No  1, Yes  99, Do not know  77, Refused to answer | If no (0), skip to B26. Else, continue to B25a. |
| B25a | Duration in days  **INTERVIEWER: if symptom started the day of the interview, enter “0”.** | \_\_ (0-100) |  |
| B26 | Blood in semen | 0, No  1, Yes  99, Do not know  77, Refused to answer | If no (0), skip to B27. Else, continue to B26a. |
| B26a | Duration in days  **INTERVIEWER: if symptom started the day of the interview, enter “0”.** | \_\_ (0-100) |  |
| B27 | Other  **INTERVIEWER: write in any other symptoms** | Testicular Pain \_  0, No  1, Yes  99, Do not know  77, Refused to answer Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **INTERVIEWER: If V01 (baseline) continue a C1. Other go to D1.**  **Section C.** **Demographics and household** | | | |
| C1 | What is your current marital status? *Choose one.*  INTERVIEWER: Read all the options, except 99 and 77 | 1, N/A (e.g. child)  2, Married  3, Living together as married  4, Separated  5, Divorced  6, Widowed  7, Never married  99, Do not know  77, Refused to answer |  |
| C2 | What is the highest level of education you completed?  INTERVIEWER: Read all the options, except 99 and 77 | 0, No school  1, Grades 1 through 5  2, Grades 6 through 8  3, Grades 9 through 12  4, High school diploma / GED  5, Some college, Associate’s or Technical Degree  6, Bachelor’s Degree  7, Any post graduate studies  99, Do not know  77, Refused to answer |  |
| C3 | What best describes your employment status? Are you:  INTERVIEWER: Read all the options, except 99 and 77 | 0, N/A (child)  1, Employed full-time  2, Employed part-time  3, Informal or casual work  4, A homemaker  5, A full-time student  6, Retired  7, Unable to work for health reasons  8. Unemployed  9. Other  99, Do not know  77, Refused to answer |  |
| C4 | How much time during the day do you spend outdoors?  INTERVIEWER: Read all the options, except 99 and 77 | 0, Very little to none  1, Many hours  2, All day  99, Do not know  77, Refused to answer | If contact (A4=1), skip to C7. Else, continue to C5. |
| C5 | What was your household income last year from all sources before taxes?  INTERVIEWER: Use flashcard. | 1, $0 – $9,999  2, $10,000 – $19,999  3, $20,000 – $29,999  4, $30,000 – $39,999  5, $40,000 – $49,999  6, $50,000 – $59,999  7, $60,000 – $79,999  8, $80,000 or more  99, Do not know  77, Refused to answer |  |
| C6 | How many people live in your household, including yourself? Household means all of the people that you live with. | \_\_ |  |
| C7 | Do you currently have health insurance or health care coverage? | **1, Yes**  **0, No**  **99, Do not know**  **77, Refused to answer** | If contact (A4=1), skip to C12. Else, continue to C8. |
| C8 | How many of the windows in your house have intact screens?  INTERVIEWER: Read all the options, except 99 and 77 | 1, None  2, Some  3, All  99, Do not know  77, Refused to answer |  |
| C9 | Do you use air conditioning in your home?  INTERVIEWER: Read all the options, except 99 and 77 | 0, No  1, Yes, in all the rooms  2, Yes, only in the bedrooms  99, Do not know  77, Refused to answer |  |
| C10 | How often do you leave your doors or windows open?  INTERVIEWER: Read all the options, except 99 and 77 | 1. Never 2. Daytime only 3. Night-time only 4. Always 5. Other   99, Do not know  77, Refused to answer |  |
| C11 | In the past 30 days, have you used mosquito coils (e.g., Cobra, espiral, caracol) OR natural repellents in your house or patio to keep mosquitoes away? | 0, No  1, Yes  99, Do not know  77, Refused to answer |  |
| C12 | In the past 30 days, how often have you used mosquito repellent? | 0, Never  1, Every now and then  2, A few times a week  3, Daily  4, Always  99, Do not know  77, Refused to answer |  |
| **Section D. Adults and emancipated minors** | | | |
| **INTERVIEWER**: If adult or emancipated minor, continue to D4, else end the interview.  I will ask you some questions about sexual and injection risk. You may refuse to answer any question. | | | |
| D4 | In the past 7 days, with how many different persons have you had oral, vaginal or anal sex? | \_\_\_\_ [0-1000] | If 0 **and** male, skip to D7. Else, skip to D8. |
| D5 | In the past 7 days, how many times have you had vaginal or anal sex? | \_\_\_\_ [0-1000] | If 0 **and** male, skip to D7. Else, skip to D8. |
| D6 | Of the [fill with “# of times engaged in sex” (q14)] times you had anal or vaginal sex, how many times did you or your partner use a condom? | \_\_\_\_ [0-1000] | Continue to D6a. |
| D6a | In the past 7 days, how many times have you had oral sex without using a condom? | \_\_\_\_ [0-1000] | If male, continue to D7. Else, skip to D8. |
| D7 | For men only: In the past 7 days how many times have you ejaculated (had an orgasm) during sex or masturbation? | \_\_\_\_ [0-1000] |  |
| D8 | Have you ever in your life shot up or injected any drugs other than those prescribed for you? By shooting up, I mean anytime you might have used drugs with a needle, either by mainlining, skin popping, or muscling. | 0, No  1, Yes  99, Do not know  77, Refused to answer | If yes (1), continue to D9. Else, **end survey.** |
| D9 | When was the last time you injected any drug? That is, how many days or months or years ago did you last inject?  [Interviewer: Enter the number below. If today, enter "000" ] | 0, Today  1, Last week  2, Last month  3, Last 6 months  4, Last year  5, More than a year ago  99, Do not know  77, Refused to answer |  |
| **END OF SURVEY**  **INTERVIEWER: Thanks for your time; we have finished the interview.** | | | |
| **NOTAS** | | | |

**ZIPER Pregnancy Questions**

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| V01 Pregnancy Section  For all adult women and emancipated female minors, go to pregnancy section after last question in core survey. | | | |
| # | Question | Choices | Skip |
| P1 | Have you been pregnant since November 2015? This includes if you are currently pregnant, any live births, still births, miscarriage, fetal death, tubal pregnancies, and induced abortions.  Miscarriage: refers to a pregnancy that terminates naturally during the first 5 months (20 weeks) of pregnancy.  Stillbirth: Refers to a baby that is born dead after 6 or more months (>20 weeks).  Tubal pregnancy: Refers to a pregnancy that occurs in the fallopian tube.  Induced abortion: Refers to a pregnancy that is terminated during the first 6 months using induced methods. | No 0  Yes 1  Don’t know 77  Refuse to answer 99 | If NO (0), END SECTION.  Else, continue to P2. |
| P2 | Are you pregnant right now? | No 0  Yes 1  Don’t know 77  Refuse to answer 99 | If NO, DON’T KNOW, or REFUSE (0, 77, 99), SKIP to P7.  Else, continue to P3. |
| Currently pregnant only | |  |  |
| P3 | What was the first day of your last menstrual period? | DATE  Don’t know 77  Refuse to answer 99 |  |
| P4 | How many weeks pregnant are you? | NUMBER  Don’t know 77  Refuse to answer 99 |  |
| P5 | Doctor’s information  Name, office, phone number | Name:  Office:  Tel:  Any other notes: |  |
| P5 | Have you been pregnant any other time since November 2015? | No 0  Yes 1  Don’t know 77  Refuse to answer 99 | If NO, DON’T KNOW, or REFUSE (0, 77, 99), END pregnancy section.  If YES (1), continue to P7. |
| **Ever pregnant** | |  |  |
| P7 | How many times have you been pregnant since November 2015? (If you are currently pregnant, do not include now.) | NUMBER  Don’t know 77  Refuse to answer 99 | If 0, check skip pattern and confirm.  If 1, continue.  If >1, say, “I am going to ask you about each pregnancy since November. The first time I ask you these questions, please answer based on the first time you were pregnant in that period. The second time, please answer based on the second time you were pregnant in that period. [Add third, fourth, etc. as needed.]”  INTERVIEWER: Repeat “past pregnancy” the number of times. |
| Past pregnancy  INTERVIEWER: If you are repeating this section, say, “Now we are going to talk about the first (second, third, fourth, etc.) time you were pregnant between November 2015 and now.” | | | |
| P8 | What was the outcome of the pregnancy?  Miscarriage: refers to a pregnancy that terminates naturally during the first 5 months (20 weeks) of pregnancy.  Stillbirth: Refers to a baby that is born dead after 6 or more months (>20 weeks).  Tubal pregnancy: Refers to a pregnancy that occurs in the fallopian tube.  Induced abortion: Refers to a pregnancy that is terminated during the first 6 months using induced methods. | Live birth 1  Still birth, miscarriage, or fetal death (baby died before being born) 2  Ectopic / tubal 3  Induced abortion 4  Other (describe) 5  Don’t know 77  Refuse to answer 99 | If 1, skip to P11.  If 2, “I am so sorry for your loss.” Skip to P10.  If 3 or 4, skip to P10.  If 5, continue to P9. |
| P9 | Other (describe) |  |  |
| P10 | How long did that pregnancy last? | \_\_ \_\_ number of weeks  Don’t know 77  Refuse to answer 99 | If repeat, go back to P8.  Else, end survey. |
| P11 | Are you lactating? | No 0  Yes 1  Don’t know 77  Refuse to answer 99 | If yes (1), participant will be asked to give breastmilk. |
| P12 | Are you currently breastfeeding? | No 0  Yes 1  Don’t know 77  Refuse to answer 99 |  |
|  | END SECTION  Thank you for your time. |  |  |

Follow-up visits

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| Follow-up Pregnancy Section  For all adult women and emancipated female minors, go to pregnancy section after last question in core survey. | | | |
| # | Question | Choices | Skip |
| PF1 | Were you pregnant at our last visit? | No 0  Yes 1  Don’t know 77  Refuse to answer 99 |  |
| PF2 | Are you pregnant right now? | No 0  Yes 1  Don’t know 77  Refuse to answer 99 | If PF1 = YES (1) and PF2 = YES (1), END SECTION.  If PF1 = YES (1) and PF2 = NO (1), skip to ## (Outcomes).  If PF1 = NO (0) and PF2 = YES (1), skip to PF4 (New pregnancy).  IF PF1 = NO (0) and PF2 = NO (0), continue to PF3. |
| PF3 | Were you pregnant between our last visit and now? | No 0  Yes 1  Don’t know 77  Refuse to answer 99 | If YES (1), skip to ## (Outcomes).  Else, END SECTION. |
| **New pregnancy only** | |  |  |
| PF4 | What was the first day of your last menstrual period? | DATE  Don’t know 77  Refuse to answer 99 |  |
| PF5 | How many weeks pregnant are you? | NUMBER  Don’t know 77  Refuse to answer 99 |  |
| PF6 | Doctor’s information  Name, office, phone number | Name:  Office:  Tel:  Any other notes: | END SECTION. |
| **Outcomes** | |  |  |
| PF7 | What was the outcome of the pregnancy? | Live birth 1  Still birth, miscarriage, or fetal death (baby died before being born) 2  Ectopic / tubal 3  Induced abortion 4  Other (describe) 5  Don’t know 77  Refuse to answer 99 | If LIVE BIRTH (1), skip to PF10.  If 2, “I am so sorry for your loss.” Skip to PF9.  If 3 or 4, skip to PF9.  If 5, continue to PF8. |
| PF8 | Other (describe) |  | END SECTION.  Thank you for your time. |
| PF9 | How long did that pregnancy last? | Less than 20 weeks (less than 4 months) 1  20 to 28 weeks (4 to 6 months) 2  More than 28 weeks (more than 6 months) 3  Don’t know 77  Refuse to answer 99 | END SECTION.  Thank you for your time. |
| PF10 | Are you lactating? | No 0  Yes 1  Don’t know 77  Refuse to answer 99 | If yes (1), participant will be asked to give breastmilk. |
| PF11 | Are you currently breastfeeding? | No 0  Yes 1  Don’t know 77  Refuse to answer 99 |  |
|  | END SECTION  Thank you for your time. |  |  |