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| Individual: sociodemographic characteristics and clinical history **Interviewer** name: Group number  XX # Interview **date**: MM / DD / YYYYParticipant number (**HHID P PID**): X X # # # # P # #*Eligibility criteria and consent* **Sleeps** in this house **4+ nights**/week  Yes  **Does not have** definite **plans to move** (6 mo)  Yes   |  |  | | --- | --- | | **Age**: ­­­\_\_\_\_\_\_ years  1-50  Emancipated minor: | Lives independently  from parents  Married  Has children |  *Consent (individuals 21+, parents of minors 1-20)*   |  | | --- | | **Written consent** completed.  Agree to do the **questionnaire**.  Agree to give a **blood sample**.  Agree to the **use** of blood sample for **future studies**.  Agree to be **contacted** periodically in relation to  this study. |  *Assent* *(minors only: verbal 7-11, written 12-20)*  |  | | --- | | **Written consent** completed (12-20).  **Verbal consent** completed (7-11).  Agree to do the **questionnaire**.  Agree to give a **blood sample**.  Agree to the **storage** of blood sample for use in  **future studies**.  Agree to be **contacted** periodically in relation to  this study. |  **Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Paternal Last Name Maternal Last Name First Name Initial **Sex**: 🞎 Male 🞎 Female 🞎 Other Date of birth: \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_  MM DD YYYY   |  |  | | --- | --- | | Cell phone:  Text message:  House phone:  Work phone:  Other phone:  Email: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Mail  Use Household Representative information | |  CLINICAL HISTORY *Now I will ask you some questions about your medical history.* C1\_0. Have you participated in any **research study** in which you received a vaccine for **Zika** or **dengue**?  Zika |  Dengue |  No  ~~-~~  Females only:  ~~-~~  C1\_1. Are you **pregnant**?  Yes |  No C1\_2. How many **weeks** pregnant are you? \_\_\_\_\_\_\_ C2\_0. Do you have a fever ***currently*** or in the ***last 7 days***? Yes |  No C2\_1. Date that the fever **began**: \_\_\_ /\_\_\_ /\_\_\_\_\_  MM DD YYYY  C2\_2. Have you had any of the following **symptoms**?  Read all the options. Mark all that apply.   |  |  | | --- | --- | | Nasal congestion  Diarrhea  Abdominal pain  Joint pain  Headache  Sore throat  Muscle pain  Eye pain  Calf pain  Chills  Nausea/vomiting | Red eyes  Light bleeding  (gums, nose, petechial,  and/or bruising)  Heavy bleeding  (bloody vomit/cough/  stool, heavy vaginal  bleeding)  Rash  Cough  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  C2\_3. Did you see a **doctor** for these symptoms? Yes |  No  C2\_4. Did the **doctor diagnose** you with any of the following illnesses?   |  |  | | --- | --- | | Dengue  Chikungunya  Zika | Viral syndrome  Influenza  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  C2\_5. Were you **hospitalized**?  Yes |  No C2\_6. **How many days** were you hospitalized? \_\_\_\_\_ days  C2\_7. In which **hospital**?   |  |  | | --- | --- | | San Lucas  Damas  San Cristóbal  Metropolitano/  Dr. Pila  Menonita/Guayama | Concepción/  San Germán  Metropolitano/  San Germán  Pavía/Yauco  Otro: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  C2\_8. How many days of **work** did you miss for being sick? \_\_\_\_\_\_\_\_ days C2\_9. How many days of **school** did you miss for being sick? \_\_\_\_\_\_\_\_ days C2\_10. Did someone else have to miss **work** to help you while you were sick?*If multiple people took care of the participant,*   Yes |  No *add all the days missed together.*  C2\_11. How many days of **work** did they miss? **\_\_\_\_\_\_** C2\_12. Did someone else have to miss **school** to help you while you were sick?*Add all the days missed together. ,*  Yes |  No C2\_13. How many days of **school** did they miss? **\_\_\_\_\_\_** |  | Individual: sociodemographic characteristics and clinical history  D1. What is the highest **level of education** that you have obtained?   |  | | --- | | No school  Grades 1 to 5  Grades 6 to 8  Grades 9 to 11  Completed grade 12/GED  Technical or associate’s degree  Bachelor’s degree  Professional degree  Post-graduate study |  D2. What is your current **employment status**?*Probe if necessary.*  |  | | --- | | Part-time employee  Full-time employee  Business owner  Casual or Informal work  Student  Student and working  Retired  Unemployed  Unable to work due to health problems  Homemaker  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  D3. Which of the following best describes your place of work?  |  | | --- | | Primarily indoor work  Primarily outdoor work  Travel between different buildings or places of work  Mostly in a car  Variable  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  D4. Do you currently have **medical insurance**? Yes |  No D4a. **Type** of insurance:  *Read all options. Mark all that apply.*   |  |  | | --- | --- | | Reforma/Plan Mi Salud  Medicare  Medicaid  Private | Tricare  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  D5.How **long** have you been living in this community?\_\_\_\_\_\_\_ (years)D6. From **6am - 8pm**, (14 hrs) how much time do you spend in your house or in this community or urbanization?  |  |  | | --- | --- | | Monday: \_\_\_\_\_\_\_\_\_ hours  Tuesday: \_\_\_\_\_\_\_\_\_ hours  Wednesday: \_\_\_\_\_ hours  Thursday: \_\_\_\_\_\_\_\_ hours | Friday: \_\_\_\_\_\_\_\_ hours  Saturday: \_\_\_\_\_ hours  Sunday: \_\_\_\_\_\_\_ hours |   C2\_14. Approximately how much **money** did you spend during the illness, including doctor’s visits, medications, and transportation costs? ­­­­$\_\_\_\_\_  Does not recall C3\_0. Have you had (another) fever in the ***last 12 months***, since this month of the past year?  Yes |  No C3\_1. Date that the fever **began**: \_\_\_ /\_\_\_ /\_\_\_\_\_  MM DD YYYY  C3\_2. Did you have any of the following **symptoms**?  Read all the options. Mark all that apply.   |  |  | | --- | --- | | Nasal congestion  Diarrhea  Abdominal pain  Joint pain  Headache  Sore throat  Muscle pain  Eye pain  Calf pain  Chills  Nausea/vomiting | Red eyes  Light bleeding  (gums, nose, petechial,  and/or bruising)  Heavy bleeding  (bloody vomit/cough/  stool, heavy vaginal  bleeding)  Rash  Cough  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  C3\_3. Did you see a **doctor** for these symptoms? Yes |  No  C3\_4. Did the **doctor diagnose** you with any of the following illnesses   |  |  | | --- | --- | | Dengue  Chikungunya  Zika | Viral syndrome  Influenza  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  C3\_5. Were you **hospitalized**?  Yes |  No C3\_6. **How many days** were you hospitalized? \_\_\_\_\_ days  C3\_7. In which **hospital**?   |  |  | | --- | --- | | San Lucas  Damas  San Cristóbal  Metropolitano/  Dr. Pila  Menonita/Guayama | Concepción/  San Germán  Metropolitano/  San Germán  Pavía/Yauco  Otro: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  C3\_8. How many days of **work** did you miss for being sick?\_\_\_\_\_\_\_\_ days C3\_9. How many days of **school** did you miss for being sick? \_\_\_\_\_\_\_\_ days C3\_10. Did someone else have to miss **work** to help you while you were sick?*If multiple people took care of the participant,*   Yes |  No *add all the days missed together.*  C3\_11. How many days of **work** did they miss? **\_\_\_\_\_\_** C3\_12. Did someone else have to miss **school** to help you while you were sick?*Add all the days missed together. ,*  Yes |  No C3\_13. How many days of **school** did they miss? **\_\_\_\_\_\_** C3\_14. Approximately how much **money** did you spend during the illness, including doctor’s visits, medications, and transportation costs? ­­­­$\_\_\_\_\_  Does not recall |