Individual: sociodemographic characteristics and clinical history

| Interviewer name: Group number | D1. What is the highest level of education that you have obtained? | |
|---|--|--|
| Interview date: MM / DD / YYYY | □ No school □ Grades 1 to 5 | |
| Participant number (HHID P PID): X X # # # # P # # | □ Grades 6 to 8 □ Grades 9 to 11 □ Completed grade 12/GED □ Technical or associate's degree | |
| Eligibility criteria and consent | | |
| Sleeps in this house 4+ nights/week | □ Bachelor's degree □ Professional degree | |
| Does not have definite plans to move (6 mo) Yes | Post-graduate study | |
| Age: years 1-50 □ Lives independently from parents | D2. What is your current employment status ? Probe if necessary. | |
| Emancipated | □ Part-time employee □ Full-time employee | |
| minor: | Business owner | |
| Consent (individuals 21+, parents of minors 1-20) | Casual or Informal work Student | |
| U Written consent completed. | Student and working | |
| Agree to do the questionnaire . | Retired Unemployed | |
| Agree to give a blood sample. Agree to the use of blood sample for future | Unable to work due to health problems | |
| studies. | 🗆 Homemaker | |
| Agree to be contacted periodically in relation to this study. | □ Other: | |
| | D3. Which of the following best describes your place of | |
| Assent (minors only: verbal 7-11, written 12-20) | work? | |
| □ Written consent completed (12-20). | Primarily indoor work | |
| Verbal consent completed (7-11). Agree to do the questionnaire. | Primarily outdoor work Travel between different buildings or places of | |
| Agree to give a blood sample . | work | |
| □ Agree to the storage of blood sample for use in | □ Mostly in a car | |
| future studies. Agree to be contacted periodically in relation to | | |
| this study. | □ Other: | |
| Name: | D4. Do you currently have medical insurance ? | |
| | □ Yes | |
| Paternal Last Name Maternal Last Name First Name Initial | □ No D4a. Type of insurance: | |
| Sex: Male Female Other | Read all options. Mark all that apply. | |
| | Reforma/Plan Mi Salud Medicare | |
| Date of birth:/// | | |
| | Private Other: | |
| 마이에에는 The straight | D5. How long have you been living in this community? | |
| Text message: | | |

Individual: sociodemographic

characteristics and clinical

history

Public reporting burden of this collection of information is estimated to average **15** minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-XXXX

| House phone: | | (years) | |
|--|--|---|--|
| Work phone: | | | hrs) how much time do you |
| □ Other phone: | | spend in your house or in | this community or |
| 🗆 Email: | | urbanization? | |
| 🗆 Mail | | | Friday: hours |
| Use Household Represe | | | s Saturday: hours |
| CLINICAL HISTORY Now I will ask you some questions about your medical history. | | | Sunday: hours |
| | ed in any research study in | Thursday: hours | |
| which you received a vacc | ine for Zika or dengue ? | during the illness, includin | w much money did you spend ng doctor's visits, |
| □ Zika □ Dengue □ No | | medications, and transpor | |
| Females only: | | Does not recall | |
| - C1 1 Are you pregnant? | □ Yes □ | C3_0. Have you had (anot | her) fever in the last 12 |
| C1_1. Are you pregnant ? | | months, since this month | |
| C2 0. Do you have a fever <i>currently</i> or in the <i>last</i> 7 | | Yes 🗆 No | |
| days? | | C3_1. Date that the fever | began:// |
| □ No | □ Yes | C3 2. Did you have any of | f the following symptoms ? |
| C2_1. Date that the fever | pegan:// | Read all the options. Mark all th | |
| | the following symptoms ? | Nasal congestion Diarrhea | □ Red eyes □ Light bleeding |
| Read all the options. Mark all tha | at apply. | Abdominal pain | (gums, nose, |
| Nasal congestion | Red eyes Light bleeding | □ Joint pain □ Headache | petechial, and/or bruising) |
| □ Abdominal pain | (gums, nose, | Sore throat | Heavy bleeding |
| □ Joint pain | petechial, | □ Muscle pain | (bloody vomit/cough/ stool, heavy vaginal |
| Headache Sore throat | and/or bruising) □ Heavy bleeding | □ Eye pain □ Calf pain | bleeding) |
| Muscle pain | (bloody vomit/cough/ | 🗆 Chills | □ Rash |
| □ Eye pain □ Calf pain | stool, heavy vaginal bleeding) | □ Nausea/vomiting | □ Cough □ Other: |
| □ Chills | □ Rash | | |
| Nausea/vomiting | □ Cough □ Other: | C3 3. Did you see a doct | or for these symptoms? |
| | | | □ Yes |
| C2 3. Did you see a docto | r for these symptoms? | □ No C3 4. Did the doctor dia | gnose you with any of the |
| | □ Yes | following illnesses | |
| □ No C2_4. Did the doctor diag | nase you with any of the | Dengue Childungungung | □ Viral syndrome |
| following illnesses? | nose you with any of the | □ Chikungunya □ Zika | □ Influenza □ Other: |
| □ Dengue | Viral syndrome | C3_5. Were you hospitali | |
| □ Chikungunya □ Zika | □ Influenza □ Other: | | |
| | | C3_6. How many days w | ere you hospitalized? |
| C2_5. Were you hospitaliz □ No | zed? □ Yes | days | |
| C2 6. How many days we | ere vou hospitalized? | C3_7. In which hospital ? | |
| days | | □ San Lucas □ Damas | Concepción/ San Germán |
| C2_7. In which hospital ? | | □ San Cristóbal | □ Metropolitano/ |
| | Concepción/ | Metropolitano/ Dr. Pila | San Germán |
| □ Damas □ San Cristóbal | San Germán | 🗆 Menonita/Guayama | □ Pavía/Yauco □ Otro: |
| 🗆 Metropolitano/ | San Germán | | work did you miss for being |
| | □ Pavía/Yauco □ Otro: | sick? | |
| | | | days |
| C2_8. How many days of work did you miss for being sick? days | | C3_9. How many days of s sick? | school did you miss for being days |
| C2_9. How many days of s sick? | chool did you miss for being days | C3_10. Did someone else | have to miss work to help |

| C2_10. Did someone else have to miss work to help you while you were sick? If multiple people took care of the participant, | you while you were sick? If multiple people took care of the participant, |
|--|---|
| add all the days missed together. C2 11. How many days of work did they miss? | C3_11. How many days of work did they miss? |
| C2 12. Did someone else have to miss school to help | C3_12. Did someone else have to miss school to help you while you were sick? |
| you while you were sick? Add all the days missed together. | Add all the days missed together. , No |
| No C2_13. How many days of school did they miss? | 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 |