|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Individual: sociodemographic characteristics and clinical history**Interviewer** name: Group numberXX #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 🞎 OtherDate 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 | [ ]  NoC2\_1. Date that the fever **began**: \_\_\_ /\_\_\_ /\_\_\_\_\_ MM DD YYYYC2\_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 | [ ]  NoC2\_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 | [ ]  NoC2\_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? \_\_\_\_\_\_\_\_ daysC2\_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 | [ ]  NoC2\_13. How many days of **school** did they miss? **\_\_\_\_\_\_** |  | Individual: sociodemographic characteristics and clinical historyD1. 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: \_\_\_\_\_\_\_\_ hoursSaturday: \_\_\_\_\_ hoursSunday: \_\_\_\_\_\_\_ hours |

C2\_14. Approximately how much **money** did you spend during the illness, including doctor’s visits, medications, and transportation costs? ­­­­$\_\_\_\_\_ [ ]  Does not recallC3\_0. Have you had (another) fever in the ***last 12 months***, since this month of the past year? [ ]  Yes | [ ]  NoC3\_1. Date that the fever **began**: \_\_\_ /\_\_\_ /\_\_\_\_\_ MM DD YYYYC3\_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 | [ ]  NoC3\_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 | [ ]  NoC3\_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?  \_\_\_\_\_\_\_\_ daysC3\_9. How many days of **school** did you miss for being sick? \_\_\_\_\_\_\_\_ daysC3\_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 | [ ]  NoC3\_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 |