Form Approved
OMB Control No.: 0920-XXXX
Exp. date: XX/XX/XXXX

Individual: sociodemographic characteristics and clinical history

nterviewer name: Group number	D1. What is the highest level of education that you have obtained?
nterview 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
Eligibility criteria and consent	□ Completed grade 12/GED□ Technical or associate's degree
Gleeps in this house 4+ nights/week ☐ Yes	☐ Bachelor's degree ☐ Professional degree
Does not have definite plans to move (6 mo) ☐ Yes	☐ Post-graduate study
Age: years	D2. What is your current employment status ? Probe if necessary. □ Part-time employee □ Full-time employee □ Business owner
Consent (individuals 21+, parents of minors 1-20)	□ Casual or Informal work□ Student
 □ 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. 	☐ Student and working ☐ Retired ☐ Unemployed ☐ Unable to work due to health problems ☐ Homemaker ☐ Other:
Assent (minors only: verbal 7-11, written 12-20)	D3. Which of the following best describes your place of work?
 □ 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. 	 □ Primarily indoor work □ Primarily outdoor work □ Travel between different buildings or places of work □ Mostly in a car □ Variable □ Other:
Name:	D4. Do you currently have medical insurance ?
Paternal Last Name Maternal Last Name First Name Initial Sex: Male Female Other Oate of birth: MM DD YYYY	Read all options. Mark all that apply. □ Reforma/Plan Mi Salud □ Medicare
MM DD YYYY	☐ Medicaid ☐ Tricare ☐ Private ☐ Other:
□ Text message:	D5. How long have you been living in this community?

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:		(vears)	
☐ Work phone:		(years) D6. From 6am - 8pm , (14	hrs) how much time do you
☐ Other phone:		spend in your house or in	
☐ Email:		urbanization?	
□ Mail			Friday: hours
☐ Use Household Repres			s Saturday: hours
CLINICAL HISTORY Now I w your medical history.	ill ask you some questions about		Sunday: hours
	ed in any research study in	Thursday: hours	o v much money did you spend
which you received a vacc		during the illness, including	
No	□ Zika □ Dengue □	medications, and transpor	
	nales only: —————	Does not recall	
- C1 1 Are you pregnant ?	□ Yes □	C3_0. Have you had (anot	her) fever in the <i>last 12</i>
C1_1. Are you pregnant ? ☐ Yes ☐ No C1_2. How many weeks pregnant are you?		months, since this month	
C2 0. Do you have a fever	currently or in the last 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	began: / /	Read all the options. Mark all th	
C2 2 Have you had any o	MM DD YYYY f the following symptoms ?	□ Nasal congestion□ Diarrhea	□ Red eyes□ Light bleeding
Read all the options. Mark all th	at apply.	☐ Abdominal pain	(gums, nose,
☐ Nasal congestion	☐ Red eyes	☐ Joint pain	petechial,
□ Diarrhea□ Abdominal pain	☐ Light bleeding (gums, nose,	☐ Headache☐ Sore throat	and/or bruising) □ Heavy bleeding
☐ Joint pain	petechial,	☐ Muscle pain	(bloody vomit/cough/
☐ Headache	and/or bruising)	□ Eye pain	stool, heavy vaginal
☐ Sore throat	☐ Heavy bleeding	□ Calf pain □ Chills	bleeding) □ Rash
□ Muscle pain □ Eye pain	(bloody vomit/cough/ stool, heavy vaginal	☐ Nausea/vomiting	☐ Cough
☐ Calf pain	bleeding)	, 3	□ Other:
☐ Chills	□ Rash		
☐ Nausea/vomiting	□ Cough □ Other:	C3_3. Did you see a docto	
		□ No	□ Yes
C2 3. Did you see a doctor for these symptoms?		C3_4. Did the doctor dia	gnose you with any of the
□ N-	□ Yes	following illnesses	
□ No C2 4. Did the doctor diac	gnose you with any of the	□ Dengue □ Chikungunya	□ Viral syndrome □ Influenza
following illnesses?	greet you man any or and	☐ Zika	☐ Other:
☐ Dengue	☐ Viral syndrome	C3_5. Were you hospitali	zed?
□ Chikungunya □ Zika	□ Influenza □ Other:	□ No	
		C3 6. How many days w	ere you hospitalized?
C2_5. Were you hospitali No	zed? □ Yes	days	· —
C2_6. How many days w	oro you hospitalized?	C3_7. In which hospital ?	
days	ere you nospitalized:	☐ San Lucas	□ Concepción/
C2_7. In which hospital ?		□ Damas □ San Cristóbal	San Germán □ Metropolitano/
☐ San Lucas	☐ Concepción/	☐ Metropolitano/	San Germán
□ Damas	San Germán	Dr. Pila	☐ Pavía/Yauco
☐ San Cristóbal☐ Metropolitano/	☐ Metropolitano/ San Germán	☐ Menonita/Guayama	☐ Otro:
Dr. Pila	□ Pavía/Yauco		work did you miss for being
☐ Menonita/Guayama	☐ Otro:	sick?	days
C2_8. How many days of v	work did you miss for being	C3 9 How many days of s	school did you miss for being
sick? days		sick?	days
C2_9. How many days of sick?	school 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, No add all the days missed together.	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?
C2_11. How many days of work did they miss?	C3 12. Did someone else have to miss school to help
C2_12. Did someone else have to miss school to help you while you were sick? Add all the days missed together. No C2_13. How many days of school did they miss?	you while you were sick? Add all the days missed together. 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? \$ \bigcup Does not recall