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

Individual: sociodemographic characteristics and clinical history

Interviewer name: Group number

Interview **date**: MM / DD / YYYY

Participant 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: _____
Preferred method(s) of **contact**:
☐ Text message: _____

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?

_____

☐ 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

(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

C2_10. Did someone else have to miss **work** to help you while you were sick?

If multiple people took care of the participant, add all the days missed together.

☐ Yes | ☐ No

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? _____

you while you were sick?

If multiple people took care of the participant, add all the days missed together.

☐ Yes | ☐ No

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