

ATTACHMENT 6. CONTACT TRACING SURVEY

To be completed using information from initial interview:

Patient ID #: _____ Date of interview: _____

Date of symptom onset: _____ Date of return from travel: _____

Period of interest: _____ through _____

(date of return from travel through 6 weeks days after symptom onset, or date of interview, whichever is earliest)

What sex were you assigned at birth, on your original birth certificate?

Female Male Other Prefer not to answer/decline

How do you currently describe yourself? (check all that apply)

Female Male Transgender Prefer not to answer/decline

I use a different term: _____

Did you have sexual or intimate contact with anyone between the time you returned from travel [give date] through [end of period of interest]? Further information if needed: sexual contact includes things like oral, anal, and vaginal sex or touching the genitals (penis, testicles, labia, and vagina) or anus (butt) of another person.

Yes No → End of interview

If yes, can you provide some information about your sexual partners during that time period?

Yes No → End of interview

During the period of interest, how many different people did you have oral, vaginal or anal sex with?

CDC estimates the average public reporting burden for this collection of information as 15 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

Complete the following section for each sexual partner:

Partner name: _____ Phone number: _____

Did this partner travel with you before your illness? Yes → move on to next partner No

Do we have permission to contact this partner? Yes No → move on to next partner

Date of earliest sexual encounter during the period of interest: _____

Date of latest sexual encounter during the period of interest: _____

Total number of sexual encounters with this partner during period of interest: _____

During this time period, what kinds of sexual contact did you have with this partner?

Oral-penile Oral-vaginal Oral-anal

Penile-vaginal Penile-anal Don't know

None of the above, specify: _____

If yes to oral-penile:

Did you or your partner use a condom during these oral-penile sexual exposures?

Yes, always Yes, but not always No N/A

If yes to penile-vaginal, or penile-anal:

Did you or your partner use a condom during these penile-vaginal and/or penile-anal sexual exposures?

Yes, always Yes, but not always No N/A

If yes to oral-vaginal:

Did you or your partner use any type of barrier contraceptive such as a dental dam during these oral-penile sexual exposures?

Yes, always Yes, but not always No N/A

Did you or your partner use any other types of barrier contraceptive such as an internal condom or diaphragm during these sexual exposures?

Yes, always Yes, but not always No N/A