

ATTACHMENT 7. SEXUAL CONTACT INTERVIEW FORM

Before interview: visit [this website](#) to see which countries are listed as having **recent human disease cases** (as of 10/1/24: Bolivia, Brazil, Colombia, Cuba, Dominican Republic, Guyana, and Peru)

Complete before interviewing contact

Period of interest (from case interview): _____

Date of first sexual encounter during period of interest: _____

Date of last sexual encounter during period of interest: _____

(provided by case during interview, confirm with contact)

Possible symptom onset window (date of first sexual encounter with index case through 2 weeks after last sexual encounter during the period of interest): _____

[INTRO SCRIPT, ELIGIBILITY, CONSENT PROCESS]

Did you travel to [LIST COUNTRIES WITH RECENT OROPOUCHE VIRUS DISEASE CASES] since January 1, 2023?

Yes à end interview No

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: _____

Pregnancy status (if applicable): Yes No Unknown/Not sure

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).

Between the dates of [possible symptom onset window], did you experience any of the following symptoms?

Symptom	
<input type="radio"/>	Fever (subjective or objective)
<input type="radio"/>	Headache
<input type="radio"/>	Muscle aches
<input type="radio"/>	Joint pain/aches
<input type="radio"/>	Light sensitivity
<input type="radio"/>	Eye (retroorbital) pain
<input type="radio"/>	Rash over large parts of the body
<input type="radio"/>	Stiff neck
<input type="radio"/>	Confusion
<input type="radio"/>	Memory loss
<input type="radio"/>	Muscle weakness
<input type="radio"/>	Seizures
<input type="radio"/>	Other symptom(s): _____ _____
<input type="radio"/>	No symptoms experienced

If the respondent reports fever + at least one other listed symptom (NOT an “other” symptom): Would you be willing to have a blood sample taken to test for signs of Oropouche virus infection? You would receive your results and information about what your test results mean.

Yes No