# 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?

o Female o Male o Other o Prefer not to answer/decline

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

o Female o Male o Transgender o Prefer not to answer/decline

o 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.*

o Yes o No à End of interview

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

o Yes o No à End of interview

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

\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete the following section for each sexual partner:

Partner name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Do we have permission to contact this partner? o Yes o Noà 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?

o Oral-penile o Oral-vaginal o Oral-anal

o Penile-vaginal o Penile-anal o Don't know

o None of the above, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If yes to oral-penile:*

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

o Yes, always o Yes, but not always o No o 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?

o Yes, always o Yes, but not always o No o 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?

o Yes, always o Yes, but not always o No o 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?

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