# ATTACHMENT 7. SEXUAL CONTACT INTERVIEW FORM

*Before interview: visit* [*this website*](https://www.cdc.gov/oropouche/data-maps/countries-and-territories-at-risk-for-oropouche.html) *to see which countries are listed as having* ***recent human disease cases*** *(as of 11/27/24: Bolivia, Brazil, Colombia, Cuba, Dominican Republic, Guyana, Panama, 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.

|  |  |  |
| --- | --- | --- |
| **Date of first sexual encounter with index case:** | through | **2 weeks after last sexual encounter during the period of interest:** |
| (MM/DD/YY) \_\_\_/\_\_\_/\_\_\_ | (MM/DD/YY) \_\_\_/\_\_\_/\_\_\_ |

***[INTRO SCRIPT, ELIGIBILITY, CONSENT PROCESS]***

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

o Yes o No

If yes, obtained dates of travel from (MM/DD/YY) \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ and location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; if traveled to more than one location with recent Oropouche, record additional travel dates and location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

|  |
| --- |
| Symptom |
| o | **Fever (subjective or objective)** |
| o | Headache |
| o | Muscle aches |
| o | Joint pain/aches |
| o | Light sensitivity |
| o | Eye (retroorbital) pain |
| o | Rash over large parts of the body |
| o | Stiff neck |
| o | Confusion |
| o | Memory loss |
| o | Muscle weakness |
| o | Seizures |
| o | Other symptom(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| o | 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.

o Yes, date of first symptoms (MM/DD/YY) \_\_\_/\_\_\_/\_\_\_ o No