

## 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 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.

<b>Date of first sexual encounter with index case:</b>		<b>2 weeks after last sexual encounter during the period of interest:</b>
(MM/DD/YY) ___/___/___	through	(MM/DD/YY) ___/___/___

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

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

Yes       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: \_\_\_\_\_

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).

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

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

Symptom	
<input type="radio"/>	<b>Fever (subjective or objective)</b>
<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, date of first symptoms (MM/DD/YY) \_\_\_/\_\_\_/\_\_\_     No