# ATTACHMENT 6. CASE INTERVIEW FORM TO IDENTIFY SEXUAL CONTACTS

*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 (0920-1446).*

*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:** *date of illness onset through 6 weeks after symptom onset, or date of interview, whichever is earliest*

|  |  |  |
| --- | --- | --- |
| **Date of symptom onset:** | through | **Six weeks after symptom onset or date of interview (whichever is earliest):** |
| (MM/DD/YY) \_\_\_/\_\_\_/\_\_\_ | (MM/DD/YY) \_\_\_/\_\_\_/\_\_\_ |

What is your sex?

 o Female o Male

Did you have sexual or intimate contact with anyone between the time you became ill [*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 o No

[If partner traveled] Did they also get sick within two weeks of returning? o Yes à move on to next partner o No o Unknown

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-vaginal 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