Persistence of Zika virus in body fluids of patients with Zika virus infection

Screening questionnaire

Site ID:  
(1 = Rio, 2 = Manaus, 3 = Recife)

Unique participant ID:  

Participant type:  
(1 = Index, 2 = Contact symptomatic, 3 = Contact asymptomatic)

GAL number:  

If Contact, Screening number of Index  

SCREENING INFORMATION

1. a) Date of screening:  
   Day  Month  Year

   b) Screened by (nurse name):  
      Initials  

      1 = No  2 = Yes

2. a) Consent for enrolment:  

   b) Consent for follow up of household members:  

ZIKA SYMPTOMS

1 = No  2 = Yes

3. Zika symptoms

   a) Temperature °C  
   e) Conjunctivitis  

   b) Rash  
   f) Pruritus  

   c) Mialgia  
   g) Peri-auricular edema  

   d) Arthralgia  

Thank you for participating in the study. I will be conducting your interview today and it will last around 10 minutes. I ask all participants in this study the same questions. All of your answers are confidential. I will mark a response to every question. It is ok to say “I prefer not to answer” at any time and we will move on to the next question. You can also ask me to go back, or repeat any questions. I would like to remind you that your participation in the study is completely confidential.

Are you comfortable to proceed with the interview now?

I would like to start by asking you a few questions about yourself and your family.

SOCIAL DEMOGRAPHIC DATA

4. Participant’s gender (Do you define yourself as):  
   1 = Male  3 = Transgender  999 if refused
   2 = Female  4 = Transvestite

5. What is your age today?  
   (Mark 99 if refused)  
   Years  

   Day  Month  Year  

6. What is your date of birth?  
   (Mark 8888 in years if unknown and 9999 if question refused)  

   Day  Month  Year
7. What is your race/skin colour? (Read and choose only one option)
   1 = White  5 = Other
   2 = Black  8 = Don't know
   3 = Parda  9 = Refused
   4 = Indigenous
   If Other, specify: ________________________________

8. What is your occupation?
   ________________________________

9. What is your level of education?
   1 = No school (Skip to Q10)  6 = University
   2 = Primary - complete  7 = Post graduated
   3 = Primary - incomplete  8 = Don't know
   4 = Secondary complete  9 = Refused (Skip to Q10)
   5 = Secondary incomplete

10. Years of concluded study: Years __________

11. What is your current relationship status?
   1 = Single  5 = Separated or divorced
   2 = Married  6 = Other
   3 = Widowed  8 = Don't know
   4 = Long-term relationship  9 = Refused
   If Other, specify: ________________________________

12. Remarks
   ________________________________
   ________________________________
   ________________________________

Date SCR completed: ___________ ___________ ___________ Signature: ________________________________