| | Persistence of Zika virus in body fluids of patients with Zika | virus infection | SCR | | | |
|---|---|-----------------|------------------------------|--|--|--|
| | Screening questionnaire | | Page 1/2 /1.2 (08Sept2016 | | | |
| Site ID: (1 = Rio, 2 = Mai | Unique participant | ID: | | | | |
| Participant type: (1 = Index, 2 = C | : GAL number: GAL number: Contact symptomatic, 3 = Contact asymptomatic) | | | | | |
| If Contact, Scree | ening number of Index | | | | | |
| SCREENING INFO | ORMATION | | | | | |
| 1. a) Date of s | screening: | Day Month | Year | | | |
| b) Screene | ed by (nurse name): Initials | | | | | |
| 1 = No 2. a) Consent | 2 = Yes It for enrolment: | | | | | |
| b) Consen | nt for follow up of household members: | | | | | |
| ZIKA SYMPTOMS | S | | | | | |
| 1 = No 3. Zika sympt | 2 = Yes toms | | | | | |
| a) Temper | erature °C e) Conjunctivitis | | | | | |
| b)∣Rash | f) Pruritus | | | | | |
| c) Mialgia | g) Peri-auricular edema | | | | | |
| d) Arthral | lgia | | | | | |
| 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 | | | | | |
| 2 = Female | 4 = Transvestite | | | | | |
| 5. What is vo | pur age today? | | Years | | | |
| | if refused) | Day Adamst | | | | |
| | our date of birth? 888 in years if unknown and 9999 if question refused) | Day Month | Year | | | |

| | Persistence of Zika virus in body fluids of patients with Zika virus infection | | | SCR Page 2/2 |
|--------------------------------------|--|------------------------------------|------------------------|-----------------|
| | | Screening questionna | ire | 1.2 (08Sept201 |
| Site ID: | | | Unique participant ID: | |
| 7 14/6 - 1 1 | | | | |
| - | | ead and choose only one option | 1) | |
| 1 = White | | = Other = Don't know | | |
| 2 = Black | - | | | |
| 3 = Parda 4 = Indigenous | 9 | = Refused | | |
| 4 – maigenous | | | | |
| If Other , specify | <i>_</i> | | | |
| 8. What is your o | occupation? | | | |
| 9. What is your l | evel of education? | | | |
| 1 = No school (S | | 6 = University | | |
| 2 = Primary - co | | 7 = Post graduated | | |
| , 3 = Primary - ind | | 8 = Don't know | | |
| 4 = Secondary c | | 9 = Refused (<i>Skip to Q10</i>) | | |
| 5 = Secondary ii | | | | |
| 10. Years of con 11. What is your | cluded study: · current relationshi | p status? | | Years |
| 1 = Single | | 5 = Separated or divorced | | |
| 2 = Married | | 6 = Other | | |
| 3 = Widowed | | 8 = Don't know | | |
| 4 = Long-term r | elationship | 9 = Refused | | |
| If Other , specify | <i>.</i> | | | |
| 12. Remarks | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | Day | Month Voor | | |
| Date SCR complete | Day | Month Year | | |