

MPOX MODULAR CASE INVESTIGATION TOOL

Use this tool to gather important information on a person under investigation (PUI) for mpox or for a confirmed case of mpox. It is organized in 9 modules to obtain detailed information about the patient, identify exposure events that may have led to transmission, and characterize the population(s) in which the disease is spreading. You may choose to include or omit modules and questions as appropriate given the context of the investigation.

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I. Demographics

1. Do you reside in the US?

Yes

a. If yes, which state or territory do you live in? _____

i. If you reside in a Tribal Area, please specify: _____

No

b. If no, what is your primary country of residence? _____

Unknown

Declined to answer

2. What is your age, in years? _____ Unknown Declined to answer

3. What is your race? Please select all that apply.

White

African American or Black

Asian

Native Hawaiian/Pacific Islander

American Indian/Alaska Native

a. If American Indian/Alaska Native, what is your tribal affiliation? _____

Other

b. If other, please specify: _____

Unknown

Declined to answer

4. What is your ethnicity?

Hispanic or Latino

Non-Hispanic or Latino

Unknown

Declined to answer

5. How do you currently describe yourself?
- Male / man / boy
 - Female / woman / girl
 - Transgender female / male-to-female (MTF) / trans woman / trans girl
 - Transgender male / female-to-male (FTM) / trans man / trans boy
 - Another gender identity (for example: non-binary, genderqueer, two spirit)
 - a. If another gender identity, please specify: _____
 - Unknown
 - Declined to answer
6. What sex were you assigned at birth (for example: sex listed on original birth certificate)?
- Male
 - Female
 - Intersex
 - Other
 - a. If other, please specify: _____
 - Unknown
 - Declined to answer
7. Which of the following best represents how you think of yourself?
- Gay, lesbian, or same gender loving
 - Straight
 - Bisexual
 - I use a different term (for example: asexual, queer)
 - a. If you use another term, please specify: _____
 - Questioning, unsure, don't know
 - Unknown
 - Declined to answer

8. What kind of health insurance or health care coverage do you have? Please select all that apply.

- My parent's health plan
- A private health plan purchased through an employer
- A private health plan purchased through an exchange (i.e. Healthcare.gov)
- Medicaid or Medicare
- Some other Medical
- Assistance program
- TRICARE (CHAMPUS)
- Veterans Administration coverage
- Some other health care plan

a. If some other health care plan, please specify: _____

- I don't currently have any health insurance
- Unknown
- Declined to answer

9. Do you live alone?

- Yes
- No
- Unknown
- Declined to answer

a. If no, who are the people who live with you? Please select all that apply.

- Partner
- Child or children
- Parent (s)
- Sibling (s)
- Other family member(s)
- Friend(s)
- Roommate(s)
- Other

i. If other, please specify: _____

- Unknown
- Declined to answer

10. In the three weeks before your illness onset, what type of dwelling were you in?

- Single family dwelling (i.e. one family in a residence)
- Multi-family dwelling (i.e. more than one family in a residence)
- Hotel
- Congregate housing (e.g., hostels, homeless shelter, university (dormitory) housing, prison/jail)

a. If yes, please specify type of congregate housing: _____

Unsheltered (no dwelling)

Other

b. If other, please specify: _____

Unknown

Declined to answer

11. In the three weeks before your illness onset, did you stay overnight with friends, relatives, or someone you didn't know well because you didn't have a regular, adequate, and safe place to stay at night?

Yes

a. If yes, please describe the conditions you stayed in and for how long: _____

No

Unknown

Declined to answer

II. Medical history

12. Is the person under investigation/confirmed case deceased?

Yes

a. If yes, what was their date of death? ____/____/_____

Unknown Declined to answer

No

Unknown

Declined to answer

13. Are you currently pregnant?

Yes

No

a. If no, were you pregnant in the three weeks before illness onset and/or during this illness?

Yes

No

Unknown

Declined to answer

Not applicable

Unknown

Declined to answer

14. Have you recently (within the last three weeks) given birth?

Yes

a. If yes, was the baby diagnosed with or did they show any signs/symptoms of mpox disease?

Yes

No

Unknown

Declined to answer

No

Not applicable

Unknown

Declined to answer

15. Are you currently breastfeeding?

Yes

No

a. If no, were you breastfeeding in the three weeks before illness onset and/or during this illness?

Yes

- No
- Unknown
- Declined to answer
- Not applicable
- Unknown
- Declined to answer

16. Have you been diagnosed with any infections other than mpox during this current illness or within the last three weeks (e.g., gonorrhea, chlamydia, syphilis, HSV, other sexually transmitted disease, varicella)?

- Yes
 - a. If yes, please specify infection(s): _____
- No
- Unknown
- Declined to answer

17. Do you have HIV?

- Yes
- No
- Unknown
- Declined to answer

If YES:

a. When were you diagnosed with HIV? If you are not sure of the exact date, an estimate of the month/year is okay. ___/___/_____ Unknown Declined to answer

b. Are you currently taking anti-retroviral treatment (medicine to treat your HIV)?

- Yes
- No

i. If no, what is the main reason you are not currently taking any antiretroviral medicines? Please select all that apply.

- Not currently going to a health care provider for my HIV
- CD4 count and viral load are good
- Don't have money or insurance for antiretroviral medicines
- Don't want to take antiretroviral medicines
- Other

a. If other, please specify: _____

Unknown

Declined to answer

Unknown

Declined to answer

c. What was your viral load when it was last checked? _____

Exact value unknown but UNDETECTABLE

Exact value unknown but DETECTABLE

Unknown

Declined to answer

d. When was your viral load last checked? ____/____/_____

Unknown Declined to answer

e. What was your CD4 count when it was last checked? _____

Exact value unknown but OVER 200

Exact value unknown but UNDER 200

Unknown

Declined to answer

f. When was your CD4 count last checked? ____/____/_____

Unknown Declined to answer

If NO:

g. If no, are you currently receiving HIV pre-exposure prophylaxis (also known as PrEP)?

Yes

No

Unknown

Declined to answer

18. Do you have any known immunocompromising conditions (excluding HIV) or take immunosuppressive medications? Immunocompromising conditions can include organ transplants, stem cell transplants, and active cancer. Certain medicines like chemotherapy, biologic therapies, and steroids can also weaken the immune system.

Yes

a. If yes, please describe the condition or treatment: _____

- No
- Unknown
- Declined to answer

19. Have you received a vaccine against mpox/smallpox?

- Yes
- No
- Unknown
- Declined to answer

If they have been vaccinated against mpox and/or smallpox, ask the following for each dose of vaccine received. If exact dates are unknown, ask for the approximate month and/or year where possible.

a. Date of dose: ____/____/_____

- Unknown

i. If unknown, approximately when did you receive this dose?

- Within the last 2 years
- 2-5 years ago
- 5-10 years ago
- >10 years ago
- Other

i. If other, please specify: _____

- Declined to answer

- Declined to answer

b. Which vaccine type did you receive for this dose?

- ACAM2000
- JYNNEOS
- DryVax
- Other

i. If other, please specify: _____

- Unknown

- Declined to answer

c. What was the route of administration for this dose?

- Subcutaneous (an injection administered above the elbow or side of arm into the muscle)

Intra dermal (an injection administered below the elbow or forearm and under the skin)

Other

i. If other, please specify: _____

Unknown

Declined to answer

d. Where did you receive this dose (i.e., name of clinic, doctor's office)?

Doctor's office

Public health clinic/community health clinic

Street outreach program/mobile unit

Sexually transmitted disease clinic

Hospital (inpatient)

Correctional facility (jail or prison)

Emergency room

School or University health clinic

Other

i. If other, please specify: _____

Unknown

Declined to answer

e. What was the reason you received this vaccination?

Pre-exposure for mpox

Post-exposure for mpox

Routine pre-exposure due to occupational risk

Other

i. If other, please specify: _____

Unknown

Declined to answer

III. Patient illness characteristics

20. During this illness, have you experienced a fever?

- Yes
- No
- Unknown
- Declined to answer

If they have experienced a fever:

a. What day did the fever begin? ____/____/_____ Unknown Declined to answer

b. What day did the fever end, if applicable? ____/____/_____ Not applicable

Unknown Declined to answer

c. Did you take your temperature?

Yes

i. If yes, please indicate what your temperature was for each date you measured it: _____ °C/F ____/____/_____ Unknown

No

Unknown

Declined to answer

21. During this illness, have you experienced a rash?

- Yes
- No
- Unknown
- Declined to answer

If they have experienced a rash:

a. What day did the rash begin? ____/____/_____ Unknown Declined to answer

b. Where on the body did the rash start?

- Face
- Head
- Neck
- Mouth
- Lips or oral mucosa
- Trunk
- Arms

- Legs
- Palms of hands
- Soles of feet
- Genitals (i.e., penis, vagina)
- Perianal (i.e., around the buttole)
- Other

i. If other, please specify: _____

- Unknown
- Declined to answer

c. Where else on the body has the rash spread, if applicable? Please select all that apply.

- Face
- Head
- Neck
- Mouth
- Lips or oral mucosa
- Trunk
- Arms
- Legs
- Palms of hands
- Soles of feet
- Genitals (i.e., penis, vagina)
- Perianal (i.e., around the buttole)
- Other

i. If other, please specify: _____

- Not applicable
- Unknown
- Declined to answer

d. When the rash was at its worst, approximately how many lesions were there on the body (e.g., 1-9, 10-49, 50-99, >=100)? _____

22. During this illness, have you experienced enlarged lymph nodes?

- Yes
- No
- Unknown
- Declined to answer

23. During this illness, have you experienced pruritis (itching)?
- Yes
 - No
 - Unknown
 - Declined to answer
24. During this illness, have you experienced rectal pain?
- Yes
 - No
 - Unknown
 - Declined to answer
25. During this illness, have you experienced rectal bleeding?
- Yes
 - No
 - Unknown
 - Declined to answer
26. During this illness, have you experienced pus or blood in your stool (poop)?
- Yes
 - No
 - Unknown
 - Declined to answer
27. During this illness, have you experienced proctitis (inflammation of the rectum)?
- Yes
 - No
 - Unknown
 - Declined to answer
28. During this illness, have you experienced tenesmus (frequent urge to poop)?
- Yes
 - No
 - Unknown
 - Declined to answer
29. During this illness, have you experienced any headaches?
- Yes
 - No
 - Unknown
 - Declined to answer
30. During this illness, have you experienced any malaise (general feeling of illness or weakness)?
- Yes
 - No

- Unknown
 Declined to answer
31. During this illness, have you experienced any abdominal (stomach) pain?
- Yes
 No
 Unknown
 Declined to answer
32. During this illness, have you experienced any vomiting or nausea?
- Yes
 No
 Unknown
 Declined to answer
33. During this illness, have you experienced any myalgia (muscle aches)?
- Yes
 No
 Unknown
 Declined to answer
34. During this illness, have you experienced any chills?
- Yes
 No
 Unknown
 Declined to answer
35. During this illness, have you experienced any ocular (eye) symptoms or involvement? (e.g., ocular lesions, keratitis, conjunctivitis, eyelid lesions)?
- Yes
- a. If yes, please specify:
- Ocular lesions
 Keratitis
 Conjunctivitis
 Eyelid lesions
 Other
- i. If other, please describe: _____
- Unknown
 Declined to answer
- No
 Unknown

Declined to answer

36. During this illness, have you experienced any other symptoms we have not asked about?

Yes

a. If yes, please describe: _____

No

Unknown

Declined to answer

37. Have you been hospitalized for this illness?

Yes

No

Unknown

Declined to answer

If they were hospitalized for this illness:

a. What was the reason for hospitalization?

Breathing problems requiring mechanical ventilation

Breathing problems not requiring mechanical ventilation

Treatment for secondary infection

Pain control

Disseminated disease

Exacerbation of underlying condition (e.g., autoimmune or skin condition)

Other

i. If other, please specify: _____

Unknown

Declined to answer

b. When were you first hospitalized? ___/___/___ Unknown Declined to answer

c. When did you leave the hospital (if applicable)? ___/___/___ Not applicable

Unknown Declined to answer

38. Have you been isolating?

Yes

No

Unknown

Declined to answer

If they have been isolating:

- a. When did you start isolating? ____/____/____ Unknown Declined to answer
- b. When did you end isolation (if applicable)? ____/____/____ Not applicable
 Unknown Declined to answer

If they have ended isolation:

- i. At the time you ended isolation, were all lesions resolved?

- Yes
 No
 Unknown
 Declined to answer

- ii. Did you take precautions to limit the spread of mpox?

- Yes

- a. If yes, please describe the precautions you took. Please select all that apply.

- Covered lesions
 Wore mask
 Other

- i. If other, please specify: _____

- Unknown
 Declined to answer

- No

- Unknown

- Declined to answer

39. Have you received treatment for mpox?

- Yes

- a. If yes, which treatment(s) did you receive? Please select all that apply.

- TPOXX (tecovirimat)
 Vaccinia immune globulin intravenous (VIG-IV)
 Cidofovir
 Brincidofovir
 Topical cidofovir

State/Local ID: _____

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Other

i. If other, please specify: _____

No

Unknown

Declined to answer

IV. Work

40. Are you currently employed?

Yes

No

a. If no, were you employed at any time in the three weeks before your illness onset?

Yes

No

Unknown

Declined to answer

Unknown

Declined to answer

If employed currently or in the three weeks before illness onset:

i. What kind of work do you do (e.g., registered nurse, janitor, flight attendant)? If you work at more than one job, please answer for your main job, that is, the one where you work the most hours. _____

Unknown Declined to answer

ii. What kind of business or industry do you work in (e.g., hospital, clinic, airline)? If you work at more than one job, please answer for your main job, that is, the one where you work the most hours. _____

Unknown Declined to answer

iii. Are you a health care worker? By health care worker, we mean any paid or unpaid person working in a healthcare setting who has the potential for exposure to patients or to infectious materials.

Yes

No

Unknown

Declined to answer

If they are a health care worker:

a. Have you cared for someone who was sick or died from mpox?

Yes

No

Unknown

Declined to answer

If they have cared for someone who was sick or died from mpox:

i. What dates were you caring for this individual?

_____ Unknown Declined to answer

- ii. Have you had unprotected contact with the skin lesions or body fluids of a patient with mpox (e.g., inadvertent splashes of patient saliva to the eyes or mouth of a person), or soiled materials (e.g., linens, clothing)? *This is considered a higher risk exposure to mpox.*
- Yes
 No
 Unknown
 Declined to answer
- iii. Have you been inside the patient's room or within 6 feet of a patient with mpox during any medical procedures that may create aerosols from oral secretions (e.g., cardiopulmonary resuscitation, intubation), or activities that may have resuspended dried exudates (e.g., shaking of soiled linens), without wearing a NIOSH-approved particulate respirator with N95 filters or higher and eye protection? *This is considered a higher risk exposure to mpox.*
- Yes
 No
 Unknown
 Declined to answer
- iv. Have you been within 6 feet for a total of 3 hours or more (cumulative) of an unmasked patient with mpox without wearing a facemask or respirator? *This is considered an intermediate risk exposure to mpox.*
- Yes
 No
 Unknown
 Declined to answer
- v. Have you had unprotected contact between an exposed individual's intact skin and the skin lesions or bodily fluids from a patient with mpox, or soiled materials (e.g., linens, clothing)? *This is considered an intermediate risk exposure to mpox.*
- Yes
 No
 Unknown
 Declined to answer
- vi. Have you performed activities resulting in contact between an exposed individual's clothing and the patient with mpox's skin lesions or bodily fluids, or their soiled materials (e.g., during turning, bathing, or assisting with transfer) while not wearing a gown? *This is considered an intermediate risk exposure to mpox.*

- Yes
- No
- Unknown
- Declined to answer

vii. Did you enter into the contaminated room or patient care area of a patient with mpox without wearing all recommended PPE, and in the absence of any exposures above? *This is considered a lower risk exposure to mpox.*

- Yes
- No
- Unknown
- Declined to answer

41. In the three weeks before illness onset, did you do any sex work (e.g., escort, adult film actor, etc.). By sex work, we mean getting paid by a client, customer, or employer to engage in any sex (e.g., vaginal, oral, or anal sex) or close intimate contact (e.g., cuddling, kissing, touching partner's genitals or anus, or sharing sex toys) with them or another person.

Yes

If yes, proceed with Sexual Contact Module

No

Unknown

Declined to answer

42. Have you received any items (like drugs, money, favor, food, or housing) in exchange for sex or close intimate contact?

Yes

a. If yes, please describe the exchange: _____

Unknown Declined to answer

No

Unknown

Declined to answer

43. Have you given any items (like drugs, money, favor, food, or housing) in exchange for sex or close intimate contact?

Yes

a. If yes, please describe the exchange: _____

Unknown Declined to answer

No

Unknown

Declined to answer

V. Travel

44. Did you travel during the three weeks before your illness onset?

- Yes
- No
- Unknown
- Declined to answer

If they report travel:

a. Where did you travel to (i.e., city, state, country)? _____

- Unknown
- Declined to answer

b. When did you leave? ____/____/_____ Unknown Declined to answer

c. When did you return? ____/____/_____ Unknown Declined to answer

d. Did you wear a mask while in transit?

- Yes
- No
- Unknown
- Declined to answer

e. Have you been identified as an air contact (i.e., were you informed that you were on a plane with an mpox case)?

- Yes
- No
- Unknown
- Declined to answer

f. Did you have intimate or sexual contact on this trip?

- Yes
 - If yes, proceed with Sexual Contact module*
- No
- Unknown
- Declined to answer

VI. Ill person contacts

45. In the three weeks before your illness onset, have you had any interaction with anyone who had symptoms of mpox or mpox-related illness when you interacted with them?

- Yes
- No
- Unknown
- Declined to answer

If yes, please ask the questions below for each ill contact:

a. What date(s) did you interact with this person? ____/____/_____

- Unknown
- Declined to answer

b. What is the current gender identity of this person?

- Male / man / boy
- Female / woman / girl
- Transgender female / male-to-female (MTF) / trans woman / trans girl
- Transgender male / female-to-male (FTM) / trans man / trans boy
- Another gender identity (for example: non-binary, genderqueer, two spirit)
 - i. If another gender identity, please specify: _____
- Unknown
- Declined to answer

c. How old is this person, in years? _____ Unknown Declined to answer

d. Have they received a laboratory confirmed diagnosis of mpox or orthopoxvirus infection from a health care provider?

- Yes
- No
- Unknown
- Declined to answer

e. In which country did you interact with them? _____

- Unknown
- Declined to answer

f. Did they have recent (within the last three weeks) domestic or international travel?

- Yes
 - i. If yes, in which country did you interact with them? _____
 - Unknown Declined to answer
- No

- Unknown
 Declined to answer

g. What type of interaction(s) did you have with this person? Please select all that apply.

- Caregiving
 Sexual or intimate contact
If they report sexual or intimate contact, proceed with Sexual Contact module
 Shared food, utensils, or dishes
 Shared clothing
 Shared towels or bedding either at home or at another location
 Shared transportation (e.g., carpooling, riding a bus, riding a motorcycle, using a taxi, using Uber)
 ii. If yes, please specify the type of transportation: _____
 Shared bathrooms (toilets, sinks, showers) either at home or at another location
 Face-to-face contact, not including intimate contact (being within six feet for more than three hours of an unmasked case-patient without wearing, at a minimum, a surgical mask)
 Other
 iii. If other, please specify: _____
 Unknown
 Declined to answer

46. In the three weeks before your first symptoms appeared (also called symptom onset), have you had any interaction with anyone who has developed any symptoms of mpox or mpox-related illness since the time you interacted with them?

- Yes
 No
 Unknown
 Declined to answer

If yes, please ask the questions below for each ill contact:

a. What date(s) did you interact with this person? ____/____/_____

- Unknown Declined to answer

b. What is the current gender identity of this person?

- Male / man / boy
 Female / woman / girl
 Transgender female / male-to-female (MTF) / trans woman / trans girl
 Transgender male / female-to-male (FTM) / trans man / trans boy

- Another gender identity (for example: non-binary, genderqueer, two spirit)
 - i. If another gender identity, please specify: _____
- Unknown
- Declined to answer

c. How old is this person, in years? _____ Unknown Declined to answer

d. Have they received a laboratory confirmed diagnosis of mpox or orthopoxvirus infection from a health care provider?

- Yes
- No
- Unknown
- Declined to answer

e. In which country did you interact with them? _____

- Unknown Declined to answer

f. Did they have recent (within the last three weeks) domestic or international travel?

- Yes
 - i. If yes, in which country did you interact with them? _____
 - Unknown Declined to answer
- No
- Unknown
- Declined to answer

g. What type of interaction(s) did you have with this person? Please select all that apply.

- Caregiving
- Sexual or intimate contact
 - If they report sexual or intimate contact, proceed with Sexual Contact module*
- Shared food, utensils, or dishes
- Shared clothing
- Shared towels or bedding either at home or at another location
- Shared transportation (e.g., carpooling, riding a bus, riding a motorcycle, using a taxi, using Uber)
 - i. If yes, please specify the type of transportation: _____
- Shared bathrooms (toilets, sinks, showers) either at home or at another location
- Face-to-face contact, not including intimate contact (being within six feet for more than three hours of an unmasked case-patient without wearing, at a minimum, a surgical mask)
- Other

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ii. If other, please specify: _____

Unknown

Declined to answer

VII. Events

47. In the three weeks before your illness onset, have you attended any large public or private events (e.g., concert, wedding, festival, parade)?

- Yes
- No
- Unknown
- Declined to answer

If yes, please ask the following for each event:

a. What was the name of the event? _____

- Unknown
- Declined to answer

b. What date(s) was the event? ____/____/_____

- Unknown
- Declined to answer

c. What was the location of the event? _____

- Unknown
- Declined to answer

d. How many people were at the event? _____ Unknown Declined to answer

e. Were you ill at the time you participated in the event?

- Yes
- No

i. If no, how many days after the event did you begin to develop symptoms? _____ Unknown Declined to answer

- Unknown
- Declined to answer

f. Do you think you were exposed to mpox at this event?

- Yes

i. If yes, please explain: _____

- No
- Unknown
- Declined to answer

VIII. Sexual Contact

48. Did you engage in any sex (e.g., vaginal, oral, or anal sex) and/or close intimate contact (e.g., cuddling, kissing, touching partner's genitals or anus, or sharing sex toys) in the three weeks before your illness onset?

Yes

a. If yes, approximately how many partners? _____ Unknown Declined to answer

No

Unknown

Declined to answer

If yes, please ask the following questions for each partner:

i. What was the approximate date(s) of this interaction? _____

Unknown Declined to answer

ii. How did you meet this partner?

Online or on an app (e.g., Grindr, Tinder, Scruff)

Work

School

Gathering with friends

Gym

Massage parlor

Gay bar or club

Restaurant/bar

Festival

Bathhouse or sauna

Sex club or sex party

a. Can you specify the date(s) of event? ____/____/____

Unknown Declined to answer

b. Please specify name of event: _____

Unknown Declined to answer

c. Please specify location of this event: _____

Unknown Declined to answer

d. Please provided contact information for organizer: _____

Unknown Declined to answer

- Adult bookstore/video store
- Park or other public cruising place
- Social event (e.g., wedding)
- Cruise ship
- Support group
- Not applicable (e.g., long-term partner)
- Other

i. If other, please specify: _____

- Unknown
- Declined to answer

iii. What is their gender identity?

- Male / man / boy
- Female / woman / girl
- Transgender female / male-to-female (MTF) / trans woman / trans girl
- Transgender male / female-to-male (FTM) / trans man / trans boy
- Another gender identity (for example: non-binary, genderqueer, two spirit)
- Unknown
- Declined to answer

iv. Has this partner recently traveled outside of their city?

- Yes
 - a. If yes, where did they travel to (city, state, country)?
_____ Unknown Declined to answer
 - b. If yes, what were their approximate dates of travel?
_____ Unknown Declined to answer
- No
- Unknown
- Declined to answer

v. What type of contact did you have with this partner? Please select all that apply.

- Cuddling
- Kissing
- Fingering or hand jobs (hand to penis or vagina)
- Sharing sex toys
- Oral sex (mouth to penis or vagina)
 - a. If yes, did you perform oral sex on someone, i.e., you put your mouth on someone else's penis or vagina?
 - Yes
 - No
 - Unknown
 - Declined to answer
 - i. If yes, did someone perform oral sex on you, i.e., someone else put their mouth on your penis or vagina?
 - Yes
 - No
 - Unknown
 - Declined to answer
- Anal sex (penis in butt)
 - b. If yes, did you have anal sex as a top, i.e., put your penis in someone else's anus (butt)?
 - Yes
 - No
 - Unknown
 - Declined to answer
 - i. If yes, did you have anal sex as a bottom, i.e., someone put their penis in your anus (butt)?
 - Yes
 - No
 - Unknown
 - Declined to answer
- Vaginal sex (penis in vagina)
- Rimming (tongue and/or mouth in/on butthole)
 - Yes
 - No
 - Unknown

Declined to answer

i. If yes, did someone rim you, i.e., someone put their tongue and/or mouth in/on your anus (butthole)?

Yes

No

Unknown

Declined to answer

Other

c. If other, please specify: _____

Unknown

Declined to answer

IX. Animal contact

49. Do any pets live in your household?

- Yes
- No
- Unknown
- Declined to answer

If they have pets:

a. What type of animal(s) live in your household?

- Dog
- Cat
- Prairie dog
- Other small rodent (e.g., rat, mouse, guinea pig, sugar glider, hamster, squirrel, chipmunk, gerbil)
- Other
 - i. If other, please specify: _____
- Unknown
- Declined to answer

b. Are any of these pets allowed to go outside unsupervised (i.e., out of sight for any period of time, even if in a fenced yard)?

- Yes
- No
- Unknown
- Declined to answer

50. Did you touch any live animals (including your pets or others) in the three weeks before your illness onset?

- Yes
- No
- Unknown
- Declined to answer

If they report touching live animals:

a. What type of animal(s)?

- Dog
- Cat
- Prairie dog

Other small rodent (e.g., rat, mouse, guinea pig, sugar glider, hamster, squirrel, chipmunk, gerbil)

Farm animal

Other

i. If other, please specify: _____

Unknown

Declined to answer

b. Please describe your interaction(s) with each animal (e.g., cuddling, hugging, petting, kissing, cleaning urine or feces, sharing bed sleeping space, sharing food):

Unknown Declined to answer

51. Did you eat raw meat, poultry, or seafood purchased in restaurants or from street vendors, informal markets, farmers markets, family farms, or traditional healers in the three weeks before your illness onset?

Yes

a. If yes, what did you eat? _____

Unknown Declined to answer

No

Unknown

Declined to answer

52. Did you touch any dead animals or animal products in the three weeks before your illness onset? This does NOT include handling raw meat purchased at a supermarket or grocery store in the US.

Yes

No

Unknown

Declined to answer

If they report touching dead animals:

a. What type of animal(s)?

Dog

Cat

Prairie dog

Other small rodent (e.g., rat, mouse, guinea pig, sugar glider, hamster, squirrel, chipmunk, gerbil)

Farm animal

Other

i. If other, please specify: _____

Unknown

Declined to answer

b. Please describe your interaction(s) with each animal (e.g., cuddling, hugging, petting, kissing, cleaning urine or feces, sharing bed sleeping space, sharing food):

Unknown Declined to answer