Data Dictionary Codebook

06/07/2022 8:19am

#	Variable / Field Name	Field Label *Field Note*	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
Instrument: **Case Report Form** (case_report_form) Enabled as survey			
1	[record_id]	Record ID	text
2	[crf_intro_omb]	Form ApprovedOMB No. 0920-1011Exp. Date 01/31/2023 Case Report Form 2022 Monkeypox Outbreak Public reporting burden of this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data 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 Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)	descriptive
3	[int_state]	Section Header: *1. Interviewer Information* (FOR INTERVIEWER) Reporting State/Territory	dropdown (autocomplete), Required 1, Alabama 2, Alaska 3, American Samoa 4, Arizona 5, Arkansas 6, California 58, Chicago-Cook County, IL 7, Colorado 8, Connecticut 9, Delaware 10, District of Columbia 11, Florida 12, Georgia 13, Guam 14, Hawaii 60, Houston, TX 15, Idaho 16, Illinois 17, Indiana 18, Iowa 19, Kansas 20, Kentucky 57, Los Angeles County, CA 21, Louisiana 22, Maine 64, Marshall Islands 23, Maryland 24, Massachusetts 25, Michigan 63, Micronesia 26, Minnesota 27, Mississippi

			28 Missouri 29 Montana 30 Nebraska 31 Nevada 32 New Hampshire 33 New Jersey 34 New Mexico 35 New York 56 New York City, NY 36 North Carolina 37 North Dakota 61 Northern Mariana Islands 38 Ohio 39 Oklahoma 40 Oregon 62 Palau 41 Pennsylvania 59 Philadelphia, PA 42 Puerto Rico 43 Rhode Island 44 South Carolina 45 South Dakota 46 Tennessee 47 Texas 65 Tribal Area 48 Utah 49 Vermont 51 Virgin Islands 50 Virginia 52 Washington 53 West Virginia 54 Wisconsin 55 Wyoming Question number: 1
4	[int_tribal] Show the field ONLY if: [int_state] = '65'	(FOR INTERVIEWER) If a Tribal Area, specify.	text, Required
5	[int_date]	(FOR INTERVIEWER) Date of interview	text (date_mdy), Required Question number: 2 Field Annotation: @TODAY
6	[int_agency]	(FOR INTERVIEWER) Interviewer agency	text, Required Question number: 3
7	[int_report]	(FOR INTERVIEWER) Are you reporting a confirmed case of orthopoxvirus infection or monkeypox?	yesno, Required 1 Yes 0 No Question number: 4 Stop actions on 0

8	[dem_stateid]	Section Header: *2. Patient Demographics (FOR INTERVIEWER: READ THE FOLLOWING INTRODUCTION BEFORE BEGINNING THE INTERVIEW QUESTIONS) Thank you for speaking with me today. As you may be aware, we are conducting this interview as you have recently been diagnosed with either orthopoxvirus infection or monkeypox. We understand that this may be a difficult time, and we greatly appreciate your participation. The information you provide me today will help inform public health interventions that can identify risk factors and prevent disease spread. This interview should take about 60 minutes to complete. We encourage you to be as honest as possible. If at any time you feel uncomfortable or tired, let me know and we can skip the question or stop or take a break and continue again when you are ready. Do you have any questions for me before we begin? (FOR INTERVIEWER: PAUSE FOR QUESTIONS) Great, let's begin. First, we will begin with some questions to capture key demographic information.* (FOR INTERVIEWER) State assigned case ID (disease event-level identifier; if available, use NNDSS local record ID or case ID) (priority)	text Question number: 5
9	[dem_cdcid]	(FOR INTERVIEWER) CDC assigned case ID (from initial consult with the call center) (priority)	text Question number: 6
10	[dem_localid]	(FOR INTERVIEWER) Patient ID (person-level identifier; if available, use NNDSS local subject ID) (priority)	text Question number: 7
11	[dem_othlab]	(FOR INTERVIEWER) Is the patient a contact of another laboratory confirmed orthopoxvirus infection or monkeypox case? (priority)	radio 1 Yes 2 No 3 Don't know Question number: 8
12	[dem_othlab_patid] Show the field ONLY if: [dem_othlab] = '1'	(FOR INTERVIEWER) If the patient is a contact of another laboratory confirmed orthopoxvirus infection or monkeypox case, please list the patient ID(s) (person-level identifier; if available, use NNDSS local subject ID) of the other case or cases (i.e. patient ID of the index case(s)). (comma separated) (priority)	text Question number: 9
13	[dem_cont_tracing] Show the field ONLY if: [dem_othlab] = '1'	(FOR INTERVIEWER) If the patient is a contact of another laboratory confirmed orthopoxvirus infection or monkeypox case, was the patient been identified through contact tracing? (priority)	radio 1 Yes 2 No 3 Don't know Question number: 10
14	[dem_primeres]	What is your primary country of residence? (priority)	dropdown (autocomplete) 1 Afghanistan 2 Albania 3 Algeria 4 Andorra 5 Angola 6 Antigua and Barbuda 7 Argentina 8 Armenia 9 Australia 10 Austria 11 Azerbaijan 12 Bahamas, The 13 Bahrain 14 Bangladesh 15 Barbados 16 Belarus 17 Belgium 18 Belize 19 Benin (Dahomey)

20	Bolivia
21	Bosnia and Herzegovina
22	Botswana
23	Brazil
24	Brunei
25	Brunswick and Lüneburg
26	Bulgaria
27	Burkina Faso (Upper Volta)
28	Burma
29	Burundi
30	Cabo Verde
31	Cambodia
32	Cameroon
33	Canada
34	Cayman Islands, The
35	Central African Republic
36	Chad
37	Chile
38	China
39	Colombia
40	Comoros
41	Congo Free State, The
42	Costa Rica
43	Cote d'Ivoire (Ivory Coast)
44	Croatia
45	Cuba
46	Cyprus
47	Czechia
48	Czechoslovakia
49	Democratic Republic of the Congo
50	Denmark
51	Djibouti
52	Dominica
53	Dominican Republic
54	Ecuador
55	Egypt
56	El Salvador
57	Equatorial Guinea
58	Eritrea
59	Estonia
60	Eswatini
61	Ethiopia
62	Fiji
63	Finland
64	France
65	Gabon
66	Gambia, The
67	Georgia

68	Germany
69	Ghana
70	Greece
71	Grenada
72	Guatemala
73	Guinea
74	Guinea-Bissau
75	Guyana
76	Haiti
77	Holy See
78	Honduras
79	Hungary
80	Iceland
81	India
82	Indonesia
83	Iran
84	Iraq
85	Ireland
86	Israel
87	Italy
88	Jamaica
89	Japan
90	Jordan
91	Kazakhstan
92	Kenya
93	Kiribati
94	Korea
95	Kosovo
96	Kuwait
97	Kyrgyzstan
98	Laos
99	Latvia
100	Lebanon
101	Lesotho
102	Liberia
103	Libya
104	Liechtenstein
105	Lithuania
106	Luxembourg
107	Madagascar
108	Malawi
109	Malaysia
110	Maldives
111	Mali
112	Malta
113	Marshall Islands
114	Mauritania
115	Mauritius

116	Mexico
117	Micronesia
118	Moldova
119	Monaco
120	Mongolia
121	Montenegro
122	Morocco
123	Mozambique
124	Namibia
125	Nauru
126	Nepal
127	Netherlands, The
128	New Zealand
129	Nicaragua
130	Niger
131	Nigeria
132	North Macedonia
133	Norway
134	Oman
135	Pakistan
136	Palau
137	Panama
138	Papua New Guinea
139	Paraguay
140	Peru
141	Philippines
142	Poland
143	Portugal
144	Qatar
145	Republic of Korea (South Korea)
146	Republic of the Congo
147	Romania
148	Russia
149	Rwanda
150	Saint Kitts and Nevis
151	Saint Lucia
152	Saint Vincent and the Grenadines
153	Samoa
154	San Marino
155	Sao Tome and Principe
156	Saudi Arabia
157	Senegal
158	Serbia
159	Seychelles
160	Sierra Leone
161	Singapore
162	Slovakia
163	Slovenia

			164 Solomon Islands, The 165 Somalia 166 South Africa 167 South Sudan 168 Spain 169 Sri Lanka 170 Sudan 171 Suriname 172 Sweden 173 Switzerland 174 Syria 175 Tajikistan 176 Tanzania 177 Thailand 178 Timor-Leste 179 Togo 180 Tonga 181 Trinidad and Tobago 182 Tunisia 183 Turkey 184 Turkmenistan 185 Tuvalu 186 Uganda 187 Ukraine 188 United Arab Emirates, The 189 United Kingdom, The 190 United States 191 Uruguay 192 Uzbekistan 193 Vanuatu 194 Venezuela 195 Vietnam 196 Yemen 197 Zambia 198 Zimbabwe Question number: 11
15	[dem_age]	What is your age, in years? (priority) *If < 1 year old, input "0".*	text (integer, Min: 0, Max: 110) Question number: 12
16	[dem_gender]	Do you currently describe yourself as male, female, or transgender? (select all that apply)	checkbox 1 dem_gender___1 Male 2 dem_gender___2 Female 3 dem_gender___3 Trangender male 4 dem_gender___4 Transgender female 5 dem_gender___5 Another gender identity 6 dem_gender___6 Refused Question number: 13

17	[dem_sex]	What sex were you assigned at birth, on your original birth certificate?	radio, Required 1 Male 2 Female 3 Refused Question number: 14
18	[dem_female_preg]	Are you currently pregnant? (priority)	radio 1 Yes 2 No 3 Don't know Question number: 15
19	[dem_female_bf]	Are you currently breast feeding? (priority)	yesno 1 Yes 0 No Question number: 16
20	[dem_sexorient]	Which of the following best represents how you think of yourself? (priority)	radio 1 Lesbian or gay 2 Straight (not gay or lesbian) 3 Bisexual 4 A different term 5 Prefer not to answer Question number: 17
21	[dem_sexorient_oth] Show the field ONLY if: [dem_sexorient] = '4'	You mentioned you prefer a different term, can you specify?	text Question number: 18
22	[dem_race]	What is your race? (select all that apply) (priority)	checkbox 1 dem_race___1 American Indian or Alaska Native 2 dem_race___2 Asian 3 dem_race___3 Black or African American 4 dem_race___4 Native Hawaiian or Other Pacific Islander 5 dem_race___5 White Question number: 19
23	[dem_race_aian] Show the field ONLY if: [dem_race(1)] = '1'	You mentioned your race as American Indian or Alaska Native, what is your tribal affiliation?	text Question number: 20
24	[dem_ethnicity]	What is your ethnicity? (priority)	radio 1 Hispanic or Latino 2 Non-Hispanic or Latino Question number: 21
25	[dem_hcw]	Are you a healthcare worker? (priority)	yesno 1 Yes 0 No Question number: 22

26	[hh_usres]	Section Header: *3. Household demographics (FOR INTERVIEWER: READ THE FOLLOWING INTRODUCTION BEFORE BEGINNING THE INTERVIEW QUESTIONS) We are now going to discuss qualities of your household and your residence. For this section, residence will refer to where you spend most of your time.* Do you reside in the US? (priority)	yesno 1 Yes 0 No Question number: 23
27	[hh_state] Show the field ONLY if: [hh_usres] = '1'	What state or territory do you reside in? (in other words, the state/territory used in your address) (priority)	dropdown (autocomplete) 1 Alabama 2 Alaska 3 American Samoa 4 Arizona 5 Arkansas 6 California 58 Chicago-Cook County, IL 7 Colorado 8 Connecticut 9 Delaware 10 District of Columbia 11 Florida 12 Georgia 13 Guam 14 Hawaii 60 Houston, TX 15 Idaho 16 Illinois 17 Indiana 18 Iowa 19 Kansas 20 Kentucky 57 Los Angeles County, CA 21 Louisiana 22 Maine 64 Marshall Islands 23 Maryland 24 Massachusetts 25 Michigan 63 Micronesia 26 Minnesota 27 Mississippi 28 Missouri 29 Montana 30 Nebraska 31 Nevada 32 New Hampshire 33 New Jersey 34 New Mexico 35 New York 56 New York City, NY 36 North Carolina 37 North Dakota

			<table><tr><td>61</td><td>Northern Mariana Islands</td></tr><tr><td>38</td><td>Ohio</td></tr><tr><td>39</td><td>Oklahoma</td></tr><tr><td>40</td><td>Oregon</td></tr><tr><td>62</td><td>Palau</td></tr><tr><td>41</td><td>Pennsylvania</td></tr><tr><td>59</td><td>Philadelphia, PA</td></tr><tr><td>42</td><td>Puerto Rico</td></tr><tr><td>43</td><td>Rhode Island</td></tr><tr><td>44</td><td>South Carolina</td></tr><tr><td>45</td><td>South Dakota</td></tr><tr><td>46</td><td>Tennessee</td></tr><tr><td>47</td><td>Texas</td></tr><tr><td>65</td><td>Tribal Area</td></tr><tr><td>48</td><td>Utah</td></tr><tr><td>49</td><td>Vermont</td></tr><tr><td>51</td><td>Virgin Islands</td></tr><tr><td>50</td><td>Virginia</td></tr><tr><td>52</td><td>Washington</td></tr><tr><td>53</td><td>West Virginia</td></tr><tr><td>54</td><td>Wisconsin</td></tr><tr><td>55</td><td>Wyoming</td></tr></table> Question number: 24
28	[hh_tribal] Show the field ONLY if: [hh_state] = '65'	You mentioned you reside in a Tribal Area, please specify. (priority)	text, Required
29	[hh_county] Show the field ONLY if: [hh_usres] = '1'	What county do you reside in? (in other words, the county used in your address) (priority)	text Question number: 25
30	[hh_city] Show the field ONLY if: [hh_usres] = '0'	You mentioned that you don't live in the US, so what city do you reside in?	text Question number: 26
31	[hh_country] Show the field ONLY if: [hh_usres] = '0'	You mentioned that you don't live in the US, so what country do you reside in? (priority)	dropdown (autocomplete) <table><tr><td>1</td><td>Afghanistan</td></tr><tr><td>2</td><td>Albania</td></tr><tr><td>3</td><td>Algeria</td></tr><tr><td>4</td><td>Andorra</td></tr><tr><td>5</td><td>Angola</td></tr><tr><td>6</td><td>Antigua and Barbuda</td></tr><tr><td>7</td><td>Argentina</td></tr><tr><td>8</td><td>Armenia</td></tr><tr><td>9</td><td>Australia</td></tr><tr><td>10</td><td>Austria</td></tr><tr><td>11</td><td>Azerbaijan</td></tr><tr><td>12</td><td>Bahamas, The</td></tr><tr><td>13</td><td>Bahrain</td></tr><tr><td>14</td><td>Bangladesh</td></tr><tr><td>15</td><td>Barbados</td></tr><tr><td>16</td><td>Belarus</td></tr></table>

17	Belgium
18	Belize
19	Benin (Dahomey)
20	Bolivia
21	Bosnia and Herzegovina
22	Botswana
23	Brazil
24	Brunei
25	Brunswick and Lüneburg
26	Bulgaria
27	Burkina Faso (Upper Volta)
28	Burma
29	Burundi
30	Cabo Verde
31	Cambodia
32	Cameroon
33	Canada
34	Cayman Islands, The
35	Central African Republic
36	Chad
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39	Colombia
40	Comoros
41	Congo Free State, The
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44	Croatia
45	Cuba
46	Cyprus
47	Czechia
48	Czechoslovakia
49	Democratic Republic of the Congo
50	Denmark
51	Djibouti
52	Dominica
53	Dominican Republic
54	Ecuador
55	Egypt
56	El Salvador
57	Equatorial Guinea
58	Eritrea
59	Estonia
60	Eswatini
61	Ethiopia
62	Fiji
63	Finland
64	France

65	Gabon
66	Gambia, The
67	Georgia
68	Germany
69	Ghana
70	Greece
71	Grenada
72	Guatemala
73	Guinea
74	Guinea-Bissau
75	Guyana
76	Haiti
77	Holy See
78	Honduras
79	Hungary
80	Iceland
81	India
82	Indonesia
83	Iran
84	Iraq
85	Ireland
86	Israel
87	Italy
88	Jamaica
89	Japan
90	Jordan
91	Kazakhstan
92	Kenya
93	Kiribati
94	Korea
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113	Marshall Islands
114	Mauritania
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116	Mexico
117	Micronesia
118	Moldova
119	Monaco
120	Mongolia
121	Montenegro
122	Morocco
123	Mozambique
124	Namibia
125	Nauru
126	Nepal
127	Netherlands, The
128	New Zealand
129	Nicaragua
130	Niger
131	Nigeria
132	North Macedonia
133	Norway
134	Oman
135	Pakistan
136	Palau
137	Panama
138	Papua New Guinea
139	Paraguay
140	Peru
141	Philippines
142	Poland
143	Portugal
144	Qatar
145	Republic of Korea (South Korea)
146	Republic of the Congo
147	Romania
148	Russia
149	Rwanda
150	Saint Kitts and Nevis
151	Saint Lucia
152	Saint Vincent and the Grenadines
153	Samoa
154	San Marino
155	Sao Tome and Principe
156	Saudi Arabia
157	Senegal
158	Serbia
159	Seychelles
160	Sierra Leone

			161 Singapore 162 Slovakia 163 Slovenia 164 Solomon Islands, The 165 Somalia 166 South Africa 167 South Sudan 168 Spain 169 Sri Lanka 170 Sudan 171 Suriname 172 Sweden 173 Switzerland 174 Syria 175 Tajikistan 176 Tanzania 177 Thailand 178 Timor-Leste 179 Togo 180 Tonga 181 Trinidad and Tobago 182 Tunisia 183 Turkey 184 Turkmenistan 185 Tuvalu 186 Uganda 187 Ukraine 188 United Arab Emirates, The 189 United Kingdom, The 190 Uruguay 191 Uzbekistan 192 Vanuatu 193 Venezuela 194 Vietnam 195 Yemen 196 Zambia 197 Zimbabwe Question number: 27
32	[hh_pets]	Do any pets live in your household? (priority)	radio 1 Yes 2 No 3 Don't know Question number: 28

<table>
<tr><td>33</td><td>[hh_pets_type]

Show the field ONLY if:
[hh_pets] = '1'</td><td>You mentioned that pets live in your household, which type of animal(s) are they? (select all that apply)</td><td>checkbox
<table><tr><td>1</td><td>hh_pets_type___1</td><td>Dog</td></tr><tr><td>2</td><td>hh_pets_type___2</td><td>Cat</td></tr><tr><td>3</td><td>hh_pets_type___3</td><td>Prairie dog</td></tr><tr><td>4</td><td>hh_pets_type___4</td><td>Other small rodent (rat, mouse, guinea pig, sugar glider, hamster)</td></tr><tr><td>99</td><td>hh_pets_type___99</td><td>Other</td></tr></table>
Question number: 29</td></tr>
<tr><td>34</td><td>[hh_pets_type_oth]

Show the field ONLY if:
[hh_pets_type(99)] = '1'</td><td>You mentioned some other pet, can you specify?</td><td>text
Question number: 30</td></tr>
<tr><td>35</td><td>[hh_pets_out]

Show the field ONLY if:
[hh_pets] = '1'</td><td>You mentioned that pets live in your household, are any of the pets allowed to go outside unsupervised (i.e. not supervised or out of sight for any period of time even if in a fenced yard)? (priority)</td><td>radio
<table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Don't know</td></tr></table>
Question number: 31</td></tr>
<tr><td>36</td><td>[hh_type]</td><td>In the three weeks before your illness onset, what type of dwelling were you in? (select all that apply) (priority)</td><td>checkbox
<table><tr><td>1</td><td>hh_type___1</td><td>Single family dwelling</td></tr><tr><td>2</td><td>hh_type___2</td><td>Multi-family dwelling</td></tr><tr><td>3</td><td>hh_type___3</td><td>Hotel</td></tr><tr><td>4</td><td>hh_type___4</td><td>Congregate housing (e.g., hostels, homeless shelter, university (dormitory) housing, prison/jail)</td></tr><tr><td>5</td><td>hh_type___5</td><td>Unsheltered (no dwelling)</td></tr><tr><td>99</td><td>hh_type___99</td><td>Other</td></tr></table>
Question number: 32</td></tr>
<tr><td>37</td><td>[hh_type_oth]

Show the field ONLY if:
[hh_type(99)] = "1"</td><td>You mentioned you reside in some other type of dwelling, can you describe the type of dwelling?</td><td>text
Question number: 33</td></tr>
<tr><td>38</td><td>[ptx_deceased]</td><td>Section Header: 4. Patient illness characteristics (FOR INTERVIEWER: READ THE FOLLOWING INTRODUCTION BEFORE BEGINNING THE INTERVIEW QUESTIONS) Now we are going to talk a bit more about your illness.

(FOR INTERVIEWER) Is the patient deceased? (priority)</td><td>radio
<table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Unknown</td></tr></table>
Question number: 34</td></tr>
<tr><td>39</td><td>[ptx_deceased_mpx]

Show the field ONLY if:
[ptx_deceased] = '1'</td><td>If deceased, did they die from this illness?</td><td>radio
<table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>Unknown</td></tr></table>
Question number: 35</td></tr>
<tr><td>40</td><td>[ptx_deceased_dt]

Show the field ONLY if:
[ptx_deceased] = '1'</td><td>(FOR INTERVIEWER) If deceased, date of death. (priority)</td><td>text (date_mdy)
Question number: 36</td></tr>
</table>

<table>
<tr>
<td>41</td>
<td>[ptx_stx]</td>
<td>What symptoms did you experience during course of your illness? (FOR INTERVIEWER: probe for each listed symptom) (select all that apply) (priority)</td>
<td>checkbox
<table>
<tr><td>1</td><td>ptx_stx___1</td><td>Fever</td></tr>
<tr><td>2</td><td>ptx_stx___2</td><td>Rash</td></tr>
<tr><td>3</td><td>ptx_stx___3</td><td>Enlarged lymph nodes</td></tr>
<tr><td>4</td><td>ptx_stx___4</td><td>Cough</td></tr>
<tr><td>5</td><td>ptx_stx___5</td><td>Eye lesions</td></tr>
<tr><td>6</td><td>ptx_stx___6</td><td>Conjunctivitis</td></tr>
<tr><td>7</td><td>ptx_stx___7</td><td>Abdominal pain</td></tr>
<tr><td>8</td><td>ptx_stx___8</td><td>Pruritis (itching)</td></tr>
<tr><td>9</td><td>ptx_stx___9</td><td>Vomiting or nausea</td></tr>
<tr><td>10</td><td>ptx_stx___10</td><td>Runny nose</td></tr>
<tr><td>21</td><td>ptx_stx___21</td><td>Malaise (general feeling of illness/weakness)</td></tr>
<tr><td>22</td><td>ptx_stx___22</td><td>Myalgia (muscle aches)</td></tr>
<tr><td>23</td><td>ptx_stx___23</td><td>Headache</td></tr>
<tr><td>24</td><td>ptx_stx___24</td><td>Tenesmus/urgency to defecate</td></tr>
<tr><td>25</td><td>ptx_stx___25</td><td>Rectal pain</td></tr>
<tr><td>26</td><td>ptx_stx___26</td><td>Rectal bleeding</td></tr>
<tr><td>27</td><td>ptx_stx___27</td><td>Back pain</td></tr>
<tr><td>28</td><td>ptx_stx___28</td><td>Pus or blood on stools</td></tr>
<tr><td>29</td><td>ptx_stx___29</td><td>Chills</td></tr>
<tr><td>99</td><td>ptx_stx___99</td><td>Other</td></tr>
</table>
Question number: 37</td>
</tr>
<tr>
<td>42</td>
<td>[ptx_stx_oth]
Show the field ONLY if:
[ptx_stx(99)] = "1"</td>
<td>You mentioned you had some other symptom, please describe.</td>
<td>text
Question number: 38</td>
</tr>
</table>

<table>
<tr>
<td>43</td>
<td>[ptx_stx_first]

Show the field ONLY if:
[ptx_stx(1)]='1' or [ptx_stx(2)]='1' or [ptx_stx(3)]='1' or [ptx_stx(4)]='1' or [ptx_stx(5)]='1' or [ptx_stx(6)]='1' or [ptx_stx(7)]='1' or [ptx_stx(8)]='1' or [ptx_stx(9)]='1' or [ptx_stx(10)]='1' or [ptx_stx(21)]='1' or [ptx_stx(22)]='1' or [ptx_stx(23)]='1' or [ptx_stx(24)]='1' or [ptx_stx(25)]='1' or [ptx_stx(26)]='1' or [ptx_stx(27)]='1' or [ptx_stx(28)]='1' or [ptx_stx(29)]='1' or [ptx_stx(99)]='1'</td>
<td>You mentioned you had one or more symptoms, what was your first symptom? (select all that apply)</td>
<td>checkbox
<table>
<tr><td>1</td><td>ptx_stx_first___1</td><td>Fever</td></tr>
<tr><td>2</td><td>ptx_stx_first___2</td><td>Rash</td></tr>
<tr><td>3</td><td>ptx_stx_first___3</td><td>Enlarged lymph nodes</td></tr>
<tr><td>4</td><td>ptx_stx_first___4</td><td>Cough</td></tr>
<tr><td>5</td><td>ptx_stx_first___5</td><td>Eye lesions</td></tr>
<tr><td>6</td><td>ptx_stx_first___6</td><td>Conjunctivitis</td></tr>
<tr><td>7</td><td>ptx_stx_first___7</td><td>Abdominal pain</td></tr>
<tr><td>8</td><td>ptx_stx_first___8</td><td>Pruritis (itching)</td></tr>
<tr><td>9</td><td>ptx_stx_first___9</td><td>Vomiting or nausea</td></tr>
<tr><td>10</td><td>ptx_stx_first___10</td><td>Runny nose</td></tr>
<tr><td>21</td><td>ptx_stx_first___21</td><td>Malaise (general feeling of illness/weakness)</td></tr>
<tr><td>22</td><td>ptx_stx_first___22</td><td>Myalgia (muscle aches)</td></tr>
<tr><td>23</td><td>ptx_stx_first___23</td><td>Headache</td></tr>
<tr><td>24</td><td>ptx_stx_first___24</td><td>Tenesmus/urgency to defecate</td></tr>
<tr><td>25</td><td>ptx_stx_first___25</td><td>Rectal pain</td></tr>
<tr><td>26</td><td>ptx_stx_first___26</td><td>Rectal bleeding</td></tr>
<tr><td>27</td><td>ptx_stx_first___27</td><td>Back pain</td></tr>
<tr><td>28</td><td>ptx_stx_first___28</td><td>Pus or blood on stools</td></tr>
<tr><td>29</td><td>ptx_stx_first___29</td><td>Chills</td></tr>
<tr><td>99</td><td>ptx_stx_first___99</td><td>Other</td></tr>
</table>
Question number: 39</td>
</tr>
<tr>
<td>44</td>
<td>[ptx_stx_dt]</td>
<td>What was the date of your illness onset (in other words, the date when any of the symptoms you mentioned first appeared) (priority)</td>
<td>text (date_mdy)
Question number: 40</td>
</tr>
<tr>
<td>45</td>
<td>[ptx_stx_fvr_dt]

Show the field ONLY if:
[ptx_stx(1)] = "1"</td>
<td>You mentioned you had a fever, what was the date of fever onset (in other words, the date the fever first appeared)? (priority)</td>
<td>text (date_mdy)
Question number: 41</td>
</tr>
<tr>
<td>46</td>
<td>[ptx_stx_fvr_temp]

Show the field ONLY if:
[ptx_stx(1)] = '1'</td>
<td>Was the fever ever measured to be 100.4°F or greater (38°C)?</td>
<td>radio
<table>
<tr><td>1</td><td>Yes</td></tr>
<tr><td>2</td><td>No</td></tr>
<tr><td>3</td><td>Don't know</td></tr>
</table>
Question number: 42</td>
</tr>
<tr>
<td>47</td>
<td>[ptx_stx_rash_dt]

Show the field ONLY if:
[ptx_stx(2)] = "1"</td>
<td>You mentioned you had a rash, what was the date of rash onset (in other words, the date the rash first appeared)? (priority)</td>
<td>text (date_mdy)
Question number: 43</td>
</tr>
</table>

<table>
<tr><td>48</td><td>[ptx_stx_rash_loc]
Show the field ONLY if:
[ptx_stx(2)] = "1"</td><td>You mentioned you had a rash, where on your body did the rash begin? (select all that apply) (priority)</td><td>checkbox<table><tr><td>1</td><td>ptx_stx_rash_loc___1</td><td>Face</td></tr><tr><td>2</td><td>ptx_stx_rash_loc___2</td><td>Head</td></tr><tr><td>3</td><td>ptx_stx_rash_loc___3</td><td>Neck</td></tr><tr><td>4</td><td>ptx_stx_rash_loc___4</td><td>Mouth, lips, or oral mucosa</td></tr><tr><td>5</td><td>ptx_stx_rash_loc___5</td><td>Trunk</td></tr><tr><td>6</td><td>ptx_stx_rash_loc___6</td><td>Arms</td></tr><tr><td>7</td><td>ptx_stx_rash_loc___7</td><td>Legs</td></tr><tr><td>8</td><td>ptx_stx_rash_loc___8</td><td>Palms of hands</td></tr><tr><td>9</td><td>ptx_stx_rash_loc___9</td><td>Soles of feet</td></tr><tr><td>10</td><td>ptx_stx_rash_loc___10</td><td>Genitals</td></tr><tr><td>11</td><td>ptx_stx_rash_loc___11</td><td>Perianal</td></tr><tr><td>99</td><td>ptx_stx_rash_loc___99</td><td>Other location</td></tr></table>Question number: 44</td></tr>
<tr><td>49</td><td>[ptx_stx_rash_loc_oth]
Show the field ONLY if:
[ptx_stx_rash_loc(99)] = '1'</td><td>You mentioned you had a rash in some other location, can you please specify?</td><td>text
Question number: 45</td></tr>
<tr><td>50</td><td>[ptx_stx_rash_loc_2]
Show the field ONLY if:
[ptx_stx(2)] = "1"</td><td>You mentioned you had a rash on your [ptx_stx_rash_loc], where on your body did the rash spread during the course of your illness? (select all that apply) (priority)</td><td>checkbox<table><tr><td>1</td><td>ptx_stx_rash_loc_2___1</td><td>Face</td></tr><tr><td>2</td><td>ptx_stx_rash_loc_2___2</td><td>Head</td></tr><tr><td>3</td><td>ptx_stx_rash_loc_2___3</td><td>Neck</td></tr><tr><td>4</td><td>ptx_stx_rash_loc_2___4</td><td>Mouth, lips, or oral mucosa</td></tr><tr><td>5</td><td>ptx_stx_rash_loc_2___5</td><td>Trunk</td></tr><tr><td>6</td><td>ptx_stx_rash_loc_2___6</td><td>Arms</td></tr><tr><td>7</td><td>ptx_stx_rash_loc_2___7</td><td>Legs</td></tr><tr><td>8</td><td>ptx_stx_rash_loc_2___8</td><td>Palms of hands</td></tr><tr><td>9</td><td>ptx_stx_rash_loc_2___9</td><td>Soles of feet</td></tr><tr><td>10</td><td>ptx_stx_rash_loc_2___10</td><td>Genitals</td></tr><tr><td>11</td><td>ptx_stx_rash_loc_2___11</td><td>Perianal</td></tr><tr><td>99</td><td>ptx_stx_rash_loc_2___99</td><td>Other location</td></tr></table>Question number: 46</td></tr>
<tr><td>51</td><td>[ptx_stx_rash_loc_oth_2]
Show the field ONLY if:
[ptx_stx_rash_loc_2(99)] = '1'</td><td>You mentioned the rash spread to some other location, can you please specify?</td><td>text
Question number: 47</td></tr>
<tr><td>52</td><td>[ptx_stx_rash_lesion]
Show the field ONLY if:
[ptx_stx(2)] = "1"</td><td>You mentioned you had a rash, when the rash was at its worst, approximately how many lesions were there on your body? (choose one)</td><td>radio<table><tr><td>1</td><td>1 - 9</td></tr><tr><td>2</td><td>10 - 49</td></tr><tr><td>3</td><td>50 - 99</td></tr><tr><td>4</td><td>>= 100</td></tr><tr><td>5</td><td>Don't know</td></tr></table>Question number: 48</td></tr>
<tr><td>53</td><td>[ptx_hosp]</td><td>Have you ever been hospitalized for this illness? (priority)</td><td>yesno<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>Question number: 49</td></tr>
</table>

54	[ptx_hosp_dur] Show the field ONLY if: [ptx_hosp] = '1'	You mentioned you were hospitalized for this illness, approximately how long, in days, were you hospitalized?	text (integer, Min: 0) Question number: 50
55	[ptx_iso_start_dt]	(FOR INTERVIEWER) If known, start date of patient isolation. (priority)	text (date_mdy) Question number: 51
56	[ptx_iso_end_dt]	(FOR INTERVIEWER) If known, end date of patient isolation (all lesions have resolved, the scabs have fallen off, and a fresh layer of intact skin has formed). (priority)	text (date_mdy) Question number: 52
57	[ptx_antiorthopoxviral]	(FOR INTERVIEWER) Did this patient receive anti-orthopoxviral treatment? (priority)	radio 1 Yes 2 No 3 Don't know Question number: 53
58	[ptx_post_prophylaxis]	(FOR INTERVIEWER) Did the patient receive post-exposure prophylaxis? (priority)	radio 1 Yes ACAM2000 2 Yes JYNNEOS 3 No 4 Don't know Question number: 54
59	[ptx_post_prophylaxis_days] Show the field ONLY if: [ptx_post_prophylaxis] = '1' || [ptx_post_prophylaxis] = '2'	Approximately how many days after initial exposure did the patient receive post-exposure prophylaxis?	text Question number: 55
60	[hist_immuno]	Section Header: *5. Patient medical history (FOR INTERVIEWER: READ THE FOLLOWING INTRODUCTION BEFORE BEGINNING THE INTERVIEW QUESTIONS) Thank you. The next few questions relate to your medical history.* Do you have any known immunocompromising conditions or take immunosuppressive medications? Immunocompromising conditions can include diseases like HIV/AIDS, diabetes, lupus, organ transplants, stem cell transplants, and cancer. Certain medicines like chemotherapy, biologic therapies, and steroids can also weaken the immune system. (priority)	yesno 1 Yes 0 No Question number: 56
61	[hist_immuno_cond] Show the field ONLY if: [hist_immuno] = '1'	You mentioned you are immunocompromised, please describe the associated condition or treatment.	text Question number: 57
62	[hist_spx_doc]	(FOR INTERVIEWER) Is there documented administration of smallpox vaccine prior May 1st, 2022? (priority)	radio 1 Yes 2 No 3 Don't know Question number: 58
63	[hist_spx_doc_year] Show the field ONLY if: [hist_spx_doc] = '1'	If there is documented administration of smallpox vaccine prior to May 1st, 2022, then when was the patient vaccinated? Indicate all dates (year(s), separated by commas).	text Question number: 59
64	[hist_spx_pt_report] Show the field ONLY if: [hist_spx_doc] = '2'	(IF NO DOCUMENTED ADMINISTRATION OF SMALLPOX VACCINE PRIOR TO MAY 1ST, 2022, THEN ASK THE PATIENT THE FOLLOWING:) do you know if you have been vaccinated for smallpox? Vaccine scars do not count.	radio 1 Yes 2 No 3 Don't know Question number: 60
65	[hist_spx_pt_report_year] Show the field ONLY if: [hist_spx_pt_report] = '1'	You mentioned you remember being vaccinated, what year(s) were you vaccinated?	text Question number: 61

66	[illcont_event]	Section Header: *6. Ill person contacts (FOR INTERVIEWER: READ THE FOLLOWING INTRODUCTION BEFORE BEGINNING THE INTERVIEW QUESTIONS) Now we are going to speak a bit more about your recent contact with other persons.* In the three weeks before your first symptom appeared (also called symptom onset), have you attended any large public or private events? For example, like concerts, weddings, festivals, or parades. (priority)	radio 1 Yes 2 No 3 Don't know Question number: 62
67	[illcont_event_notes] Show the field ONLY if: [illcont_event] = '1'	You mentioned that you attended a large event or large events in the three weeks before your symptom onset, can you specify the date of attendance, name and location of this event(s)? (priority)	notes Question number: 63
68	[illcont_inst]	Now we are going to talk about persons who were ill at the time you interacted with them or have become ill since you interacted with them.	descriptive
69	[illcont_hadsymp]	Let's focus on the three weeks before your first symptom appeared (also called symptom onset). During this time, have you had any interaction with anyone who had symptoms of monkeypox or monkeypox-related illness when you interacted with them? (priority)	radio 1 Yes 2 No 3 Don't know Question number: 64
70	[illcont_devsymp]	Again, let's focus on the three weeks before your first symptom appeared (also called symptom onset). During this time, have you had any interaction with anyone who has developed any symptoms of monkeypox or monkeypox-related illness since the time you interacted with them? (priority)	radio 1 Yes 2 No 3 Don't know Question number: 65
71	[illcont_inst_2] Show the field ONLY if: [illcont_hadsymp] = '1' || [illcont_devsymp] = '1'	(FOR INTERVIEWER: IF YES TO EITHER OF THE ABOVE, CONTINUE TO THE FOLLOWING QUESTIONS CONCERNING THESE ADDITIONAL ILL PERSONS. BE SURE TO PROBE FOR ALL ILL CONTACTS.) You mentioned that, in the three weeks before your symptoms first appeared, you either interacted with someone who had symptoms of monkeypox or monkeypox-related illness when you interacted with them and/or they developed symptoms of monkeypox or monkeypox-related illness since you interacted with them. The next set of questions relate to the person or persons you interacted with.	descriptive
72	[illcont_1_date] Show the field ONLY if: [illcont_hadsymp] = '1' || [illcont_devsymp] = '1'	On what date did you interact with this person? (priority)	text (date_mdy) Question number: 66
73	[illcont_1_sex] Show the field ONLY if: [illcont_hadsymp] = '1' || [illcont_devsymp] = '1'	What was the current sex of this person? (priority)	radio 1 Men 2 Women 3 Other gender identity 4 Unknown Question number: 67
74	[illcont_1_age] Show the field ONLY if: [illcont_hadsymp] = '1' || [illcont_devsymp] = '1'	How old is this person, in years?	text (integer, Min: 0) Question number: 68
75	[illcont_1_mpx] Show the field ONLY if: [illcont_hadsymp] = '1' || [illcont_devsymp] = '1'	Did they receive a laboratory confirmed diagnosis of monkeypox or orthopoxvirus infection from a health care provider?	radio 1 Yes 2 No 3 Don't know Question number: 69

76	[illcont_1_loc] Show the field ONLY if: [illcont_hadsymp] = '1' || [illcont_devsymp] = '1'	In which country did you interact with them?	dropdown (autocomplete)

1	Afghanistan
2	Albania
3	Algeria
4	Andorra
5	Angola
6	Antigua and Barbuda
7	Argentina
8	Armenia
9	Australia
10	Austria
11	Azerbaijan
12	Bahamas, The
13	Bahrain
14	Bangladesh
15	Barbados
16	Belarus
17	Belgium
18	Belize
19	Benin (Dahomey)
20	Bolivia
21	Bosnia and Herzegovina
22	Botswana
23	Brazil
24	Brunei
25	Brunswick and Lüneburg
26	Bulgaria
27	Burkina Faso (Upper Volta)
28	Burma
29	Burundi
30	Cabo Verde
31	Cambodia
32	Cameroon
33	Canada
34	Cayman Islands, The
35	Central African Republic
36	Chad
37	Chile
38	China
39	Colombia
40	Comoros
41	Congo Free State, The
42	Costa Rica
43	Cote d'Ivoire (Ivory Coast)
44	Croatia
45	Cuba
46	Cyprus
47	Czechia
48	Czechoslovakia

49	Democratic Republic of the Congo
50	Denmark
51	Djibouti
52	Dominica
53	Dominican Republic
54	Ecuador
55	Egypt
56	El Salvador
57	Equatorial Guinea
58	Eritrea
59	Estonia
60	Eswatini
61	Ethiopia
62	Fiji
63	Finland
64	France
65	Gabon
66	Gambia, The
67	Georgia
68	Germany
69	Ghana
70	Greece
71	Grenada
72	Guatemala
73	Guinea
74	Guinea-Bissau
75	Guyana
76	Haiti
77	Holy See
78	Honduras
79	Hungary
80	Iceland
81	India
82	Indonesia
83	Iran
84	Iraq
85	Ireland
86	Israel
87	Italy
88	Jamaica
89	Japan
90	Jordan
91	Kazakhstan
92	Kenya
93	Kiribati
94	Korea
95	Kosovo
96	Kuwait

97	Kyrgyzstan
98	Laos
99	Latvia
100	Lebanon
101	Lesotho
102	Liberia
103	Libya
104	Liechtenstein
105	Lithuania
106	Luxembourg
107	Madagascar
108	Malawi
109	Malaysia
110	Maldives
111	Mali
112	Malta
113	Marshall Islands
114	Mauritania
115	Mauritius
116	Mexico
117	Micronesia
118	Moldova
119	Monaco
120	Mongolia
121	Montenegro
122	Morocco
123	Mozambique
124	Namibia
125	Nauru
126	Nepal
127	Netherlands, The
128	New Zealand
129	Nicaragua
130	Niger
131	Nigeria
132	North Macedonia
133	Norway
134	Oman
135	Pakistan
136	Palau
137	Panama
138	Papua New Guinea
139	Paraguay
140	Peru
141	Philippines
142	Poland
143	Portugal
144	Qatar

145	Republic of Korea (South Korea)
146	Republic of the Congo
147	Romania
148	Russia
149	Rwanda
150	Saint Kitts and Nevis
151	Saint Lucia
152	Saint Vincent and the Grenadines
153	Samoa
154	San Marino
155	Sao Tome and Principe
156	Saudi Arabia
157	Senegal
158	Serbia
159	Seychelles
160	Sierra Leone
161	Singapore
162	Slovakia
163	Slovenia
164	Solomon Islands, The
165	Somalia
166	South Africa
167	South Sudan
168	Spain
169	Sri Lanka
170	Sudan
171	Suriname
172	Sweden
173	Switzerland
174	Syria
175	Tajikistan
176	Tanzania
177	Thailand
178	Timor-Leste
179	Togo
180	Tonga
181	Trinidad and Tobago
182	Tunisia
183	Turkey
184	Turkmenistan
185	Tuvalu
186	Uganda
187	Ukraine
188	United Arab Emirates, The
189	United Kingdom, The
190	United States
191	Uruguay
192	Uzbekistan

			193 Vanuatu 194 Venezuela 195 Vietnam 196 Yemen 197 Zambia 198 Zimbabwe Question number: 70
77	[illcont_1_travel] Show the field ONLY if: [illcont_hadsymp] = '1' || [illcont_devsymp] = '1'	Did they have recent domestic or international travel? We can define 'recent' as 21 days before you interacted with them.	radio 1 Yes 2 No 3 Don't know Question number: 71
78	[illcont_1_trvl_loc] Show the field ONLY if: [illcont_1_travel]='1'	You mentioned they recently traveled, where did they travel to or from? Please specify the city and country and list all destinations if there are more than one.	notes Question number: 72
79	[illcont_1_type] Show the field ONLY if: [illcont_hadsymp] = '1' || [illcont_devsymp] = '1'	What type of interaction did you have with them? (select all that apply) (priority)	checkbox 1 illcont_1_type___1 Caregiving 2 illcont_1_type___2 Sexual contact 3 illcont_1_type___3 Shared food, utensils, or dishes 4 illcont_1_type___4 Shared clothing 5 illcont_1_type___5 Shared towels or bedding either at home or at another location 6 illcont_1_type___6 Shared transportation (examples: carpooling, riding a bus, riding a motorcycle, using a taxi, using Uber) 7 illcont_1_type___7 Shared bathrooms (toilets, sinks, showers) either at home or at another location 8 illcont_1_type___8 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) 99 illcont_1_type___99 Other Question number: 73
80	[illcont_1_transport] Show the field ONLY if: [illcont_1_type(6)] = "1"	You mentioned that you shared transportation with them, can you please specify the type of transportation?	text Question number: 74
81	[illcont_1_other] Show the field ONLY if: [illcont_1_type(99)] = "1"	You mentioned some other type of interaction with them, can you describe?	text Question number: 75

82 [illcont_1_masks]

Show the field ONLY if:
[illcont_1_type(6)] = "1"

You mentioned that you shared transportation with them, were masks used?

radio

1 Yes, both patient and contact wore masks
2 Partially, only patient wore a mask
3 Partially, only contact wore a mask
4 No, neither patient nor contact wore a mask
5 Don't know

Question number: 76

83 [illcont_2]

Show the field ONLY if:
[illcont_hadsymp] = '1' || [illcont_devsymp] = '1'

Do you have any additional interactions with other persons to share?

If yes, respond to the following questions concerning these ill people. Indicate all of the ill people. There is room at the end of this section for additional contacts.

yesno

1 Yes
0 No

Question number: 77

84 [illcont_2_date]

Show the field ONLY if:
[illcont_2] = '1'

On what date did you interact with this person? (priority)

text (date_mdy)
Question number: 78

85 [illcont_2_sex]

Show the field ONLY if:
[illcont_2] = '1'

What was the current sex of this person? (priority)

radio

1 Men
2 Women
3 Other gender identity
4 Unknown

Question number: 79

86 [illcont_2_age]

Show the field ONLY if:
[illcont_2] = '1'

How old is this person, in years?

text (integer, Min: 0)
Question number: 80

87 [illcont_2_mpx]

Show the field ONLY if:
[illcont_2] = '1'

Did they receive a laboratory confirmed diagnosis of monkeypox or orthopoxvirus infection from a health care provider?

radio

1 Yes
2 No
3 Don't know

Question number: 81

88 [illcont_2_loc]

Show the field ONLY if:
[illcont_2] = '1'

In which country did you interact with them?

dropdown (autocomplete)

1 Afghanistan
2 Albania
3 Algeria
4 Andorra
5 Angola
6 Antigua and Barbuda
7 Argentina
8 Armenia
9 Australia
10 Austria
11 Azerbaijan
12 Bahamas, The
13 Bahrain
14 Bangladesh
15 Barbados
16 Belarus
17 Belgium
18 Belize
19 Benin (Dahomey)

20 Bolivia
21 Bosnia and Herzegovina
22 Botswana
23 Brazil
24 Brunei
25 Brunswick and Lüneburg
26 Bulgaria
27 Burkina Faso (Upper Volta)
28 Burma
29 Burundi
30 Cabo Verde
31 Cambodia
32 Cameroon
33 Canada
34 Cayman Islands, The
35 Central African Republic
36 Chad
37 Chile
38 China
39 Colombia
40 Comoros
41 Congo Free State, The
42 Costa Rica
43 Cote d'Ivoire (Ivory Coast)
44 Croatia
45 Cuba
46 Cyprus
47 Czechia
48 Czechoslovakia
49 Democratic Republic of the Congo
50 Denmark
51 Djibouti
52 Dominica
53 Dominican Republic
54 Ecuador
55 Egypt
56 El Salvador
57 Equatorial Guinea
58 Eritrea
59 Estonia
60 Eswatini
61 Ethiopia
62 Fiji
63 Finland
64 France
65 Gabon
66 Gambia, The
67 Georgia

68 Germany
69 Ghana
70 Greece
71 Grenada
72 Guatemala
73 Guinea
74 Guinea-Bissau
75 Guyana
76 Haiti
77 Holy See
78 Honduras
79 Hungary
80 Iceland
81 India
82 Indonesia
83 Iran
84 Iraq
85 Ireland
86 Israel
87 Italy
88 Jamaica
89 Japan
90 Jordan
91 Kazakhstan
92 Kenya
93 Kiribati
94 Korea
95 Kosovo
96 Kuwait
97 Kyrgyzstan
98 Laos
99 Latvia
100 Lebanon
101 Lesotho
102 Liberia
103 Libya
104 Liechtenstein
105 Lithuania
106 Luxembourg
107 Madagascar
108 Malawi
109 Malaysia
110 Maldives
111 Mali
112 Malta
113 Marshall Islands
114 Mauritania
115 Mauritius

116 Mexico
117 Micronesia
118 Moldova
119 Monaco
120 Mongolia
121 Montenegro
122 Morocco
123 Mozambique
124 Namibia
125 Nauru
126 Nepal
127 Netherlands, The
128 New Zealand
129 Nicaragua
130 Niger
131 Nigeria
132 North Macedonia
133 Norway
134 Oman
135 Pakistan
136 Palau
137 Panama
138 Papua New Guinea
139 Paraguay
140 Peru
141 Philippines
142 Poland
143 Portugal
144 Qatar
145 Republic of Korea (South Korea)
146 Republic of the Congo
147 Romania
148 Russia
149 Rwanda
150 Saint Kitts and Nevis
151 Saint Lucia
152 Saint Vincent and the Grenadines
153 Samoa
154 San Marino
155 Sao Tome and Principe
156 Saudi Arabia
157 Senegal
158 Serbia
159 Seychelles
160 Sierra Leone
161 Singapore
162 Slovakia
163 Slovenia

164 Solomon Islands, The
165 Somalia
166 South Africa
167 South Sudan
168 Spain
169 Sri Lanka
170 Sudan
171 Suriname
172 Sweden
173 Switzerland
174 Syria
175 Tajikistan
176 Tanzania
177 Thailand
178 Timor-Leste
179 Togo
180 Tonga
181 Trinidad and Tobago
182 Tunisia
183 Turkey
184 Turkmenistan
185 Tuvalu
186 Uganda
187 Ukraine
188 United Arab Emirates, The
189 United Kingdom, The
190 United States
191 Uruguay
192 Uzbekistan
193 Vanuatu
194 Venezuela
195 Vietnam
196 Yemen
197 Zambia
198 Zimbabwe

			Question number: 82
89	[illcont_2_travel] Show the field ONLY if: [illcont_2] = '1'	Did they have recent domestic or international travel? We can define 'recent' as 21 days before you interacted with them.	radio 1 Yes 2 No 3 Don't know
			Question number: 83
90	[illcont_2_trvl_loc] Show the field ONLY if: [illcont_2] = '1' && [illcont_2_travel] = '1'	You mentioned they recently traveled, where did they travel to or from? Please specify the city and country and list all destinations if there are more than one.	notes Question number: 84

91 [illcont_2_type]

Show the field ONLY if:
[illcont_2] = '1'

What type of interaction did you have with them? (select all that apply) (priority)

checkbox

1	illcont_2_type___1	Caregiving
2	illcont_2_type___2	Sexual contact
3	illcont_2_type___3	Shared food, utensils, or dishes
4	illcont_2_type___4	Shared clothing
5	illcont_2_type___5	Shared towels or bedding either at home or at another location
6	illcont_2_type___6	Shared transportation (examples: carpooling, riding a bus, riding a motorcycle, using a taxi, using Uber)
7	illcont_2_type___7	Shared bathrooms (toilets, sinks, showers) either at home or at another location
8	illcont_2_type___8	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)
99	illcont_2_type___99	Other

Question number: 85

92 [illcont_2_transport]

Show the field ONLY if:
[illcont_2_type(6)] = "1"

You mentioned that you shared transportation with them, can you please specify the type of transportation?

text
Question number: 86

93 [illcont_2_other]

Show the field ONLY if:
[illcont_2_type(99)] = "1"

You mentioned some other type of interaction with them, can you describe?

text
Question number: 87

94 [illcont_2_masks]

Show the field ONLY if:
[illcont_2_type(6)] = "1"

You mentioned that you shared transportation with them, were masks used?

radio

1 Yes, both patient and contact wore masks
2 Partially, only patient wore a mask
3 Partially, only contact wore a mask
4 No, neither patient nor contact wore a mask
5 Don't know

Question number: 88

95 [illcont_3]

Show the field ONLY if:
[illcont_2] = '1'

Do you have any additional interactions with other persons to share?

If yes, respond to the following questions concerning these ill people. Indicate all of the ill people. There is room at the end of this section for additional contacts.

yesno

1 Yes
0 No

Question number: 89

96 [illcont_3_date]

Show the field ONLY if:
[illcont_3] = '1'

On what date did you interact with this person? (priority)

text (date_mdy)
Question number: 90

97 [illcont_3_sex]

Show the field ONLY if:
[illcont_3] = '1'

What was the current sex of this person? (priority)

radio

1 Men
2 Women
3 Other gender identity
4 Unknown

Question number: 91

98 [illcont_3_age]

Show the field ONLY if:
[illcont_3] = '1'

How old is this person, in years?

text (integer, Min: 0)
Question number: 92

99 [illcont_3_mpx]

Show the field ONLY if:
[illcont_3] = '1'

Did they receive a laboratory confirmed diagnosis of monkeypox or orthopoxvirus infection from a health care provider?

radio

1 Yes
2 No
3 Don't know

Question number: 93

100 [illcont_3_loc]

Show the field ONLY if:
[illcont_3] = '1'

In which country did you interact with them?

dropdown (autocomplete)

1 Afghanistan
2 Albania
3 Algeria
4 Andorra
5 Angola
6 Antigua and Barbuda
7 Argentina
8 Armenia
9 Australia
10 Austria
11 Azerbaijan
12 Bahamas, The
13 Bahrain
14 Bangladesh
15 Barbados
16 Belarus
17 Belgium
18 Belize
19 Benin (Dahomey)
20 Bolivia
21 Bosnia and Herzegovina
22 Botswana
23 Brazil
24 Brunei
25 Brunswick and Lüneburg
26 Bulgaria
27 Burkina Faso (Upper Volta)
28 Burma
29 Burundi
30 Cabo Verde
31 Cambodia
32 Cameroon
33 Canada

34 Cayman Islands, The
35 Central African Republic
36 Chad
37 Chile
38 China
39 Colombia
40 Comoros
41 Congo Free State, The
42 Costa Rica
43 Cote d'Ivoire (Ivory Coast)
44 Croatia
45 Cuba
46 Cyprus
47 Czechia
48 Czechoslovakia
49 Democratic Republic of the Congo
50 Denmark
51 Djibouti
52 Dominica
53 Dominican Republic
54 Ecuador
55 Egypt
56 El Salvador
57 Equatorial Guinea
58 Eritrea
59 Estonia
60 Eswatini
61 Ethiopia
62 Fiji
63 Finland
64 France
65 Gabon
66 Gambia, The
67 Georgia
68 Germany
69 Ghana
70 Greece
71 Grenada
72 Guatemala
73 Guinea
74 Guinea-Bissau
75 Guyana
76 Haiti
77 Holy See
78 Honduras
79 Hungary
80 Iceland
81 India

82 Indonesia
83 Iran
84 Iraq
85 Ireland
86 Israel
87 Italy
88 Jamaica
89 Japan
90 Jordan
91 Kazakhstan
92 Kenya
93 Kiribati
94 Korea
95 Kosovo
96 Kuwait
97 Kyrgyzstan
98 Laos
99 Latvia
100 Lebanon
101 Lesotho
102 Liberia
103 Libya
104 Liechtenstein
105 Lithuania
106 Luxembourg
107 Madagascar
108 Malawi
109 Malaysia
110 Maldives
111 Mali
112 Malta
113 Marshall Islands
114 Mauritania
115 Mauritius
116 Mexico
117 Micronesia
118 Moldova
119 Monaco
120 Mongolia
121 Montenegro
122 Morocco
123 Mozambique
124 Namibia
125 Nauru
126 Nepal
127 Netherlands, The
128 New Zealand
129 Nicaragua

130 Niger
131 Nigeria
132 North Macedonia
133 Norway
134 Oman
135 Pakistan
136 Palau
137 Panama
138 Papua New Guinea
139 Paraguay
140 Peru
141 Philippines
142 Poland
143 Portugal
144 Qatar
145 Republic of Korea (South Korea)
146 Republic of the Congo
147 Romania
148 Russia
149 Rwanda
150 Saint Kitts and Nevis
151 Saint Lucia
152 Saint Vincent and the Grenadines
153 Samoa
154 San Marino
155 Sao Tome and Principe
156 Saudi Arabia
157 Senegal
158 Serbia
159 Seychelles
160 Sierra Leone
161 Singapore
162 Slovakia
163 Slovenia
164 Solomon Islands, The
165 Somalia
166 South Africa
167 South Sudan
168 Spain
169 Sri Lanka
170 Sudan
171 Suriname
172 Sweden
173 Switzerland
174 Syria
175 Tajikistan
176 Tanzania
177 Thailand

178 Timor-Leste
179 Togo
180 Tonga
181 Trinidad and Tobago
182 Tunisia
183 Turkey
184 Turkmenistan
185 Tuvalu
186 Uganda
187 Ukraine
188 United Arab Emirates, The
189 United Kingdom, The
190 United States
191 Uruguay
192 Uzbekistan
193 Vanuatu
194 Venezuela
195 Vietnam
196 Yemen
197 Zambia
198 Zimbabwe

Question number: 94

101 [illcont_3_travel]

Show the field ONLY if:
[illcont_3] = '1'

Did they have recent domestic or international travel? We can define 'recent' as 21 days before you interacted with them.

radio
1 Yes
2 No
3 Don't know

Question number: 95

102 [illcont_3_trvl_loc]

Show the field ONLY if:
[illcont_3_travel]='1'

You mentioned they recently traveled, where did they travel to or from? Please specify the city and country and list all destinations if there are more than one.

notes

Question number: 96

103 [illcont_3_type]

Show the field ONLY if:
[illcont_3] = '1'

What type of interaction did you have with them? (select all that apply) (priority)

checkbox

1	illcont_3_type___1	Caregiving
2	illcont_3_type___2	Sexual contact
3	illcont_3_type___3	Shared food, utensils, or dishes
4	illcont_3_type___4	Shared clothing
5	illcont_3_type___5	Shared towels or bedding either at home or at another location
6	illcont_3_type___6	Shared transportation (examples: carpooling, riding a bus, riding a motorcycle, using a taxi, using Uber)
7	illcont_3_type___7	Shared bathrooms (toilets, sinks, showers) either at home or at another location
8	illcont_3_type___8	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)
99	illcont_3_type___99	Other

Question number: 97

104 [illcont_3_transport]

Show the field ONLY if:
[illcont_3_type(6)] = "1"

You mentioned that you shared transportation with them, can you please specify the type of transportation?

text
Question number: 98

105 [illcont_3_other]

Show the field ONLY if:
[illcont_3_type(99)] = "1"

You mentioned some other type of interaction with them, can you describe?

text
Question number: 99

106 [illcont_3_masks]

Show the field ONLY if:
[illcont_3_type(6)] = "1"

You mentioned that you shared transportation with them, were masks used?

radio

1 Yes, both patient and contact wore masks
2 Partially, only patient wore a mask
3 Partially, only contact wore a mask
4 No, neither patient nor contact wore a mask
5 Don't know

Question number: 100

107 [illcont_4]

Show the field ONLY if:
[illcont_3] = '1'

Do you have any additional interactions with other persons to share?

If yes, respond to the following questions concerning these ill people. Indicate all of the ill people. There is room at the end of this section for additional contacts.

yesno

1 Yes
0 No

Question number: 101

108 [illcont_4_date]

Show the field ONLY if:
[illcont_4] = '1'

On what date did you interact with this person? (priority)

text (date_mdy)
Question number: 102

109 [illcont_4_sex]

Show the field ONLY if:
[illcont_4] = '1'

What was the current sex of this person? (priority)

radio

1 Men
2 Women
3 Other gender identity
4 Unknown

Question number: 103

110 [illcont_4_age]

Show the field ONLY if:
[illcont_4] = '1'

How old is this person, in years?

text (integer, Min: 0)
Question number: 104

111 [illcont_4_mpx]

Show the field ONLY if:
[illcont_4] = '1'

Did they receive a laboratory confirmed diagnosis of monkeypox or orthopoxvirus infection from a health care provider?

radio

1 Yes
2 No
3 Don't know

Question number: 105

112 [illcont_4_loc]

Show the field ONLY if:
[illcont_4] = '1'

In which country did you interact with them?

dropdown (autocomplete)

1 Afghanistan
2 Albania
3 Algeria
4 Andorra
5 Angola
6 Antigua and Barbuda
7 Argentina
8 Armenia
9 Australia
10 Austria
11 Azerbaijan
12 Bahamas, The
13 Bahrain
14 Bangladesh
15 Barbados
16 Belarus
17 Belgium
18 Belize
19 Benin (Dahomey)
20 Bolivia
21 Bosnia and Herzegovina
22 Botswana
23 Brazil
24 Brunei
25 Brunswick and Lüneburg
26 Bulgaria
27 Burkina Faso (Upper Volta)
28 Burma
29 Burundi
30 Cabo Verde
31 Cambodia
32 Cameroon
33 Canada

34 Cayman Islands, The
35 Central African Republic
36 Chad
37 Chile
38 China
39 Colombia
40 Comoros
41 Congo Free State, The
42 Costa Rica
43 Cote d'Ivoire (Ivory Coast)
44 Croatia
45 Cuba
46 Cyprus
47 Czechia
48 Czechoslovakia
49 Democratic Republic of the Congo
50 Denmark
51 Djibouti
52 Dominica
53 Dominican Republic
54 Ecuador
55 Egypt
56 El Salvador
57 Equatorial Guinea
58 Eritrea
59 Estonia
60 Eswatini
61 Ethiopia
62 Fiji
63 Finland
64 France
65 Gabon
66 Gambia, The
67 Georgia
68 Germany
69 Ghana
70 Greece
71 Grenada
72 Guatemala
73 Guinea
74 Guinea-Bissau
75 Guyana
76 Haiti
77 Holy See
78 Honduras
79 Hungary
80 Iceland
81 India

82 Indonesia
83 Iran
84 Iraq
85 Ireland
86 Israel
87 Italy
88 Jamaica
89 Japan
90 Jordan
91 Kazakhstan
92 Kenya
93 Kiribati
94 Korea
95 Kosovo
96 Kuwait
97 Kyrgyzstan
98 Laos
99 Latvia
100 Lebanon
101 Lesotho
102 Liberia
103 Libya
104 Liechtenstein
105 Lithuania
106 Luxembourg
107 Madagascar
108 Malawi
109 Malaysia
110 Maldives
111 Mali
112 Malta
113 Marshall Islands
114 Mauritania
115 Mauritius
116 Mexico
117 Micronesia
118 Moldova
119 Monaco
120 Mongolia
121 Montenegro
122 Morocco
123 Mozambique
124 Namibia
125 Nauru
126 Nepal
127 Netherlands, The
128 New Zealand
129 Nicaragua

130 Niger
131 Nigeria
132 North Macedonia
133 Norway
134 Oman
135 Pakistan
136 Palau
137 Panama
138 Papua New Guinea
139 Paraguay
140 Peru
141 Philippines
142 Poland
143 Portugal
144 Qatar
145 Republic of Korea (South Korea)
146 Republic of the Congo
147 Romania
148 Russia
149 Rwanda
150 Saint Kitts and Nevis
151 Saint Lucia
152 Saint Vincent and the Grenadines
153 Samoa
154 San Marino
155 Sao Tome and Principe
156 Saudi Arabia
157 Senegal
158 Serbia
159 Seychelles
160 Sierra Leone
161 Singapore
162 Slovakia
163 Slovenia
164 Solomon Islands, The
165 Somalia
166 South Africa
167 South Sudan
168 Spain
169 Sri Lanka
170 Sudan
171 Suriname
172 Sweden
173 Switzerland
174 Syria
175 Tajikistan
176 Tanzania
177 Thailand

178 Timor-Leste
179 Togo
180 Tonga
181 Trinidad and Tobago
182 Tunisia
183 Turkey
184 Turkmenistan
185 Tuvalu
186 Uganda
187 Ukraine
188 United Arab Emirates, The
189 United Kingdom, The
190 United States
191 Uruguay
192 Uzbekistan
193 Vanuatu
194 Venezuela
195 Vietnam
196 Yemen
197 Zambia
198 Zimbabwe

Question number: 106

113 [illcont_4_travel]

Show the field ONLY if:
[illcont_4] = '1'

Did they have recent domestic or international travel? We can define 'recent' as 21 days before you interacted with them.

radio
1 Yes
2 No
3 Don't know

Question number: 107

114 [illcont_4_trvl_loc]

Show the field ONLY if:
[illcont_4_travel]='1'

You mentioned they recently traveled, where did they travel to or from? Please specify the city and country and list all destinations if there are more than one.

notes

Question number: 108

115 [illcont_4_type]

Show the field ONLY if:
[illcont_4] = '1'

What type of interaction did you have with them? (select all that apply) (priority)

checkbox

1	illcont_4_type___1	Caregiving
2	illcont_4_type___2	Sexual contact
3	illcont_4_type___3	Shared food, utensils, or dishes
4	illcont_4_type___4	Shared clothing
5	illcont_4_type___5	Shared towels or bedding either at home or at another location
6	illcont_4_type___6	Shared transportation (examples: carpooling, riding a bus, riding a motorcycle, using a taxi, using Uber)
7	illcont_4_type___7	Shared bathrooms (toilets, sinks, showers) either at home or at another location
8	illcont_4_type___8	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)
99	illcont_4_type___99	Other

Question number: 109

116 [illcont_4_transport]

Show the field ONLY if:
[illcont_4_type(6)] = "1"

You mentioned that you shared transportation with them, can you please specify the type of transportation?

text
Question number: 110

117 [illcont_4_other]

Show the field ONLY if:
[illcont_4_type(99)] = "1"

You mentioned some other type of interaction with them, can you describe?

text
Question number: 111

118 [illcont_4_masks]

Show the field ONLY if:
[illcont_4_type(6)] = "1"

You mentioned that you shared transportation with them, were masks used?

radio

1 Yes, both patient and contact wore masks
2 Partially, only patient wore a mask
3 Partially, only contact wore a mask
4 No, neither patient nor contact wore a mask
5 Don't know

Question number: 112

119 [illcont_5]

Show the field ONLY if:
[illcont_4] = '1'

Do you have any additional interactions with other persons to share?

yesno

1 Yes
0 No

Question number: 113

120 [illcont_5_notes]

Show the field ONLY if:
[illcont_5] = '1'

(FOR INTERVIEWER: NOTE ALL ADDITIONAL INTERACTIONS WITH THE FOLLOWING DETAILS)

For each additional persons, please tell me the following:
1) date of interaction
2) the person's sex
3) their age (in years)
4) if they received a laboratory confirmed diagnosis of orthopoxvirus infection or monkeypox
5) if they had additional travel
6) where they traveled to
7) the type of interaction you had with them

notes
Question number: 114

121	[exp_travel_1]	Section Header: *7. Travel, animal and product exposures (FOR INTERVIEWER: READ THE FOLLOWING INTRODUCTION BEFORE BEGINNING THE INTERVIEW QUESTIONS) In this section, we will talk about travel or animal or product related exposures.* Did you travel during the 3 weeks before your first symptom appeared (also called symptom onset)? (priority)	yesno 1 Yes 0 No Question number: 115
122	[exp_travel_notes] Show the field ONLY if: [exp_travel_1] = '1'	(FOR INTERVIEWER: IF YES TO THE ABOVE, CONTINUE TO THE FOLLOWING QUESTIONS CONCERNING THESE TRIPS. BE SURE TO PROBE FOR ALL TRIPS IN THE THREE WEEKS BEFORE SYMPTOM ONSET.)	descriptive
123	[exp_travel_1_loc] Show the field ONLY if: [exp_travel_1] = '1'	You mentioned that you traveled during the 3 weeks before your symptom onset, was this domestic or international travel? (priority)	radio 1 Domestic 2 International Question number: 116
124	[exp_travel_1_departcity] Show the field ONLY if: [exp_travel_1] = '1'	What was the departure city?	text Question number: 117
125	[exp_travel_1_departdate] Show the field ONLY if: [exp_travel_1] = '1'	What was the departure date?	text (date_mdy) Question number: 118
126	[exp_travel_1_arrivecity] Show the field ONLY if: [exp_travel_1] = '1'	What was the arrival city?	text Question number: 119
127	[exp_travel_1_arrivedate] Show the field ONLY if: [exp_travel_1] = '1'	What was the arrival date?	text (date_mdy) Question number: 120
128	[exp_travel_1_mask] Show the field ONLY if: [exp_travel_1] = '1'	Did you wear a mask while in transit? (priority)	radio 1 Yes - always 2 Yes - sometimes 3 Yes - rarely 4 No mask worn 5 Unknown Question number: 121
129	[exp_travel_2] Show the field ONLY if: [exp_travel_1] = '1'	Do you have any additional trips to share?	yesno 1 Yes 0 No Question number: 122
130	[exp_travel_2_loc] Show the field ONLY if: [exp_travel_2] = '1'	You mentioned that you traveled during the 3 weeks before your symptom onset, was this domestic or international travel? (priority)	radio 1 Domestic 2 International Question number: 123
131	[exp_travel_2_departcity] Show the field ONLY if: [exp_travel_2] = '1'	What was the departure city?	text Question number: 124
132	[exp_travel_2_departdate] Show the field ONLY if: [exp_travel_2] = '1'	What was the departure date?	text (date_mdy) Question number: 125
133	[exp_travel_2_arrivecity] Show the field ONLY if: [exp_travel_2] = '1'	What was the arrival city?	text Question number: 126

134 [exp_travel_2_arrivedate] What was the arrival date? text (date_mdy)
Question number: 127

Show the field ONLY if:
[exp_travel_2] = '1'

135 [exp_travel_2_mask] Did you wear a mask while in transit? (priority) radio

1 Yes - always
2 Yes - sometimes
3 Yes - rarely
4 No mask worn
5 Unknown

Question number: 128

Show the field ONLY if:
[exp_travel_2] = '1'

136 [exp_travel_3] Do you have any additional trips to share? yesno

1 Yes
0 No

Question number: 129

Show the field ONLY if:
[exp_travel_2] = '1'

137 [exp_travel_3_loc] You mentioned that you traveled during the 3 weeks before your symptom onset, was this domestic or international travel? (priority) radio

1 Domestic
2 International

Question number: 130

Show the field ONLY if:
[exp_travel_3] = '1'

138 [exp_travel_3_departcity] What was the departure city? text
Question number: 131

Show the field ONLY if:
[exp_travel_3] = '1'

139 [exp_travel_3_departdate] What was the departure date? text (date_mdy)
Question number: 132

Show the field ONLY if:
[exp_travel_3] = '1'

140 [exp_travel_3_arrivecity] What was the arrival city? text
Question number: 133

Show the field ONLY if:
[exp_travel_3] = '1'

141 [exp_travel_3_arrivedate] What was the arrival date? text (date_mdy)
Question number: 134

Show the field ONLY if:
[exp_travel_3] = '1'

142 [exp_travel_3_mask] Did you wear a mask while in transit? (priority) radio

1 Yes - always
2 Yes - sometimes
3 Yes - rarely
4 No mask worn
5 Unknown

Question number: 135

Show the field ONLY if:
[exp_travel_3] = '1'

143 [exp_travel_4] Do you have any additional trips to share? yesno

1 Yes
0 No

Question number: 136

Show the field ONLY if:
[exp_travel_3] = '1'

144 [exp_travel_4_loc] You mentioned that you traveled during the 3 weeks before your symptom onset, was this domestic or international travel? (priority) radio

1 Domestic
2 International

Question number: 137

Show the field ONLY if:
[exp_travel_4] = '1'

145 [exp_travel_4_departcity] What was the departure city? text
Question number: 138

Show the field ONLY if:
[exp_travel_4] = '1'

146	[exp_travel_4_departdate] Show the field ONLY if: [exp_travel_4] = '1'	What was the departure date?	text (date_mdy) Question number: 139
147	[exp_travel_4_arrivecity] Show the field ONLY if: [exp_travel_4] = '1'	What was the arrival city?	text Question number: 140
148	[exp_travel_4_arrivedate] Show the field ONLY if: [exp_travel_4] = '1'	What was the arrival date?	text (date_mdy) Question number: 141
149	[exp_travel_4_mask] Show the field ONLY if: [exp_travel_4] = '1'	Did you wear a mask while in transit? (priority)	radio 1 Yes - always 2 Yes - sometimes 3 Yes - rarely 4 No mask worn 5 Unknown Question number: 142
150	[exp_travel_5] Show the field ONLY if: [exp_travel_4] = '1'	Do you have any additional trips to share?	yesno 1 Yes 0 No Question number: 143
151	[exp_travel_5_notes] Show the field ONLY if: [exp_travel_5] = '1'	(FOR INTERVIEWER: NOTE ALL ADDITIONAL TRIPS WITH THE FOLLOWING DETAILS) For each additional trip, please tell me the following: 1) domestic or international travel 2) departure city 3) departure date 4) arrival city 5) arrival date 6) mask use during travel (yes, always; yes, sometimes; yes, rarely; no mask worn; unknown).	notes Question number: 144
152	[exp_animal_dead]	Did you touch any dead animals or animal products in the three weeks before your first symptom first appeared (also called symptom onset)? (priority)	radio 1 Yes 2 No 3 Don't know Question number: 145
153	[exp_animal_dead_desc] Show the field ONLY if: [exp_animal_dead] = '1'	You mentioned that you touched a dead animal or animals and/or animal products, either raw or cooked, in the three weeks before symptom onset, can you describe the interaction or interactions? For example: Eating or using animal products from informal sources Please include handling, eating, or using animal products from street vendors, informal market, farmers market, family farms, traditional healers . Do not include handling raw meat purchased at a supermarket or grocery store in the US Did you eat raw meat, poultry, or seafood purchased in restaurants or from other sources? Butchering, handling, or cooking meat from wild animals. Using a product derived from wild animal tissue or fluids (cream, powder, etc.). Handling or cleaning up after dead nuisance animals (examples: mice, rats, bats). Hunting Other type of interaction	notes Question number: 146
154	[exp_animal_live]	Did you touch any live animals from the time your first symptom(s) appeared up until now? (priority)	yesno 1 Yes 0 No Question number: 147

155	[exp_animal_live_type] Show the field ONLY if: [exp_animal_live] = '1'	You mentioned that you touched a live animal or animals from the time your first symptom(s) appeared up until now, which type of animal(s)? (select all that apply)	checkbox 1 exp_animal_live_type___1 Dog 2 exp_animal_live_type___2 Cat 3 exp_animal_live_type___3 Prairie dog 4 exp_animal_live_type___4 Other small mammals (e.g., rat, mouse, guinea pig, hamster, squirrel, chipmunk, gerbil) 5 exp_animal_live_type___5 Farm animal 99 exp_animal_live_type___99 Other Question number: 148
156	[exp_animal_live_desc] Show the field ONLY if: [exp_animal_live] = '1'	For each animal or animals, can you briefly describe the interaction(s) (e.g. cuddling or, hugging, petting, kissing, cleaning urine or feces, sharing bed/sleeping space, sharing food, other)?	notes Question number: 149
157	[sexbeh_sex]	Section Header: *8. Sexual behaviors (FOR INTERVIEWER: READ THE FOLLOWING INTRODUCTION BEFORE BEGINNING THE INTERVIEW QUESTIONS) Now, in our last section, we will talk about your sexual behavior. The following questions refer to the three weeks before your first symptom appeared (also called symptom onset). Throughout this section, sex is defined as vaginal, oral, or anal sex. Close intimate contact includes cuddling, kissing, touching a partner's genitals or anus, or sharing sex toys. Again, we encourage you to be as honest as possible.* Did you engage in sex and/or close intimate contact? (priority)	radio 1 Yes 2 No 3 Refuse to answer Question number: 150
158	[sexbeh_msg1] Show the field ONLY if: [sexbeh_sex] = '2'	Probe for confirmation, if still no, then select no.	descriptive
159	[sexbeh_msg2] Show the field ONLY if: [sexbeh_sex] = '3'	Probe for confirmation, if still refusal, then select refuse to answer.	descriptive
160	[sexbeh_sex_type] Show the field ONLY if: [sexbeh_sex] = '1'	You mentioned that you had sex or close intimate contact in the three weeks before symptom onset, can you describe who you interacted with and the approximate number of partners for each? (select all that apply) (priority)	checkbox 1 sexbeh_sex_type___1 Women 2 sexbeh_sex_type___2 Men 3 sexbeh_sex_type___3 Other gender identity 4 sexbeh_sex_type___4 Unknown Question number: 151
161	[sexbeh_sex_type_f] Show the field ONLY if: [sexbeh_sex_type(1)] = "1"	You mentioned you had sex or close contact with women, how many women?	text (integer) Question number: 152
162	[sexbeh_sex_type_m] Show the field ONLY if: [sexbeh_sex_type(2)] = "1"	You mentioned you had sex or close contact with men, how many men?	text (integer) Question number: 153
163	[sexbeh_sex_type_oth] Show the field ONLY if: [sexbeh_sex_type(3)] = "1"	You mentioned you had sex or close contact with persons of other gender identity, how many?	text (integer) Question number: 154
164	[sexbeh_sex_type_ukn] Show the field ONLY if: [sexbeh_sex_type(4)] = "1"	You mentioned you had sex or close contact with other persons, how many?	text (integer) Question number: 155

165 [sexbeh_exp_site]

Show the field ONLY if: [sexbeh_sex] = '1'

You mentioned that you had sex or close intimate contact in the three weeks before symptom onset, which places were exposed? In other words, what were your anatomic site(s) of exposure during sexual and/or close intimate contact? (select all that apply.) (priority)

checkbox

1	sexbeh_exp_site___1	Penis
2	sexbeh_exp_site___2	Vagina
3	sexbeh_exp_site___3	Pharynx (oral)
4	sexbeh_exp_site___4	Rectum (anal)
99	sexbeh_exp_site___99	Other

Question number: 156

166 [sexbeh_exp_oth]

Show the field ONLY if: [sexbeh_exp_site(99)] = "1"

You mentioned some other site was exposed, can you please specify?

text
Question number: 157

167 [sexbeh_travel]

Show the field ONLY if: [sexbeh_sex] = '1'

You mentioned that you had sex or close intimate contact in the three weeks before symptom onset, was this with someone who had recently traveled outside of their city? (select all that apply) (priority)

checkbox

1	sexbeh_travel___1	No
2	sexbeh_travel___2	Yes, to another country
3	sexbeh_travel___3	Yes, to another state
4	sexbeh_travel___4	Yes, to another city within the patient's state
5	sexbeh_travel___5	Unknown

Question number: 158

168 [sexbeh_travel_desc]

Show the field ONLY if: [sexbeh_travel(2)] = "1" or [sexbeh_travel(3)] = "1" or [sexbeh_travel(4)] = "1"

You mentioned they had recently traveled outside their city, if you know, can you please specify the country(s), state(s), or cities they traveled to?

text
Question number: 159

169 [sexbeh_meet]

Show the field ONLY if: [sexbeh_sex] = '1'

You mentioned that you had sex or close intimate contact in the three weeks before symptom onset, during that time, where did you first meet your sex partner or partners? (select all that apply)

checkbox

1	sexbeh_meet___1	Online or on an app
2	sexbeh_meet___2	Work
3	sexbeh_meet___3	School
4	sexbeh_meet___4	Gathering with friends
5	sexbeh_meet___5	Gym
6	sexbeh_meet___6	Massage parlors
7	sexbeh_meet___7	Gay bars or clubs
8	sexbeh_meet___8	Restaurant/bars
9	sexbeh_meet___9	Festivals
10	sexbeh_meet___10	Bathhouses or saunas
11	sexbeh_meet___11	Sex clubs or sex parties
12	sexbeh_meet___12	Adult bookstores/video stores
13	sexbeh_meet___13	Park or other public cruising place
14	sexbeh_meet___14	Social event (e.g., wedding, etc.)
15	sexbeh_meet___15	Cruise ship(s)
17	sexbeh_meet___17	Support groups
18	sexbeh_meet___18	Not applicable (e.g., long-term partner)
99	sexbeh_meet___99	Other

Question number: 160

170 [sexbeh_meet1]

Show the field ONLY if: [sexbeh_meet(99)] = '1'

You mentioned you met your partner in some other location, can you specify?

text
Question number: 161

171	[sexbeh_meet_notes]	You mentioned meeting your sex partner(s) at [sexbeh_meet], what was the approximate date(s) of this interaction(s) (include all dates as MM/DD/YYYY). (priority)	notes Question number: 162
172	[sexbeh_group] Show the field ONLY if: [sexbeh_sex] = '1'	You mentioned that you had sex or close intimate contact in the three weeks before symptom onset. During that time did you participate in any group sex, defined as more than two people, at a festival, group sex event, or sex party? (priority)	radio 1 Yes 2 No 3 Prefer not to answer Question number: 163
173	[sexbeh_group_loc] Show the field ONLY if: [sexbeh_meet(11)]='1'	You mentioned that you participated in group sex at a festival, group sex event, or sex party. Can you specify the date of attendance, name and location of this event? (priority)	notes Question number: 164
174	[sexbeh_exchange] Show the field ONLY if: [sexbeh_sex] = '1'	Did you exchange any items - like drugs, money, favors, food or housing - with anyone with who you had sex or close intimate contact? (priority)	radio 1 Yes, patient gave items 2 Yes, patient received items 3 Yes, patient gave and received items 4 No 5 Refuse to answer 6 Unknown Question number: 165
175	[additional_notes]	Thank you. Those were all the questions I had. Is there anything else you would like to share about your illness or you think is important for me to know?	notes Question number: 166
176	[interview_end]	(FOR INTERVIEWER: END OF INTERVIEW. PLEASE READ THE FOLLOWING SCRIPT BEFORE CONTINUING TO THE NEXT SECTION) Thank you for your time. This concludes our interview. If you have any further questions, you can contact [health department contact information].	descriptive
177	[lab_samples]	Section Header: *9. Laboratory* Were any patient specimens collected? (priority)	yesno 1 Yes 0 No Question number: 167
178	[lab_sample_1_id] Show the field ONLY if: [lab_samples]="1"	Performing laboratory specimen ID (A laboratory generated number that identifies the specimen related to this test)	text, Required Question number: 168
179	[lab_sample_1_type] Show the field ONLY if: [lab_samples] = '1'	What type of sample was collected?	radio 1 Lesion swab 2 Lesion crust 3 Serum 99 Other Question number: 169
180	[lab_sample_1_type_oth] Show the field ONLY if: [lab_sample_1_type] = '99'	If other, describe the type of lesion specimen collected.	text Question number: 170
181	[lab_sample_1_collectdate] Show the field ONLY if: [lab_samples] = '1'	When was the specimen collected?	text (date_mdy) Question number: 171
182	[lab_sample_1_testdate] Show the field ONLY if: [lab_samples] = '1'	When was the specimen tested?	text (date_mdy) Question number: 172

183 [lab_sample_1_loc]
Show the field ONLY if:
[lab_samples] = '1'

Where was the specimen tested? (select all that apply)

checkbox

1	lab_sample_1_loc___1	CDC
2	lab_sample_1_loc___2	LRN
99	lab_sample_1_loc___99	Other

Question number: 173

184 [lab_sample_1_loc_oth]
Show the field ONLY if:
[lab_sample_1_loc(99)] = '1'

If other, specify

text
Question number: 174

185 [lab_sample_1_testtype]
Show the field ONLY if:
[lab_samples] = '1'

How was the specimen tested? (select all that apply)

checkbox

1	lab_sample_1_testtype___1	Monkeypox PCR
2	lab_sample_1_testtype___2	Monkeypox genetic sequencing
3	lab_sample_1_testtype___3	Monkeypox viral culture
4	lab_sample_1_testtype___4	Orthopoxvirus generic PCR
5	lab_sample_1_testtype___5	Non-variola orthopoxvirus PCR
6	lab_sample_1_testtype___6	Orthopoxvirus immunohistochemistry
7	lab_sample_1_testtype___7	Orthopoxvirus electron microscopy
8	lab_sample_1_testtype___8	Serology

Question number: 175

186 [lab_sample_1_result]
Show the field ONLY if:
[lab_samples] = '1'

What was the test result?

radio

1	Negative
2	Positive
3	Indeterminate
4	Unknown

Question number: 176

187 [lab_sample_2]
Show the field ONLY if:
[lab_samples] = '1'

Are there additional samples to report?

yesno

1	Yes
0	No

Question number: 177

188 [lab_sample_2_id]
Show the field ONLY if:
[lab_sample_2]="1"

Performing laboratory specimen ID (A laboratory generated number that identifies the specimen related to this test)

text, Required
Question number: 178

189 [lab_sample_2_type]
Show the field ONLY if:
[lab_sample_2] = '1'

What type of sample was collected?

radio

1	Lesion swab
2	Lesion crust
3	Serum
99	Other

Question number: 179

190 [lab_sample_2_type_oth]
Show the field ONLY if:
[lab_sample_2_type] = '99'

If other, describe the type of lesion specimen collected.

text
Question number: 180

191 [lab_sample_2_collectdate]
Show the field ONLY if:
[lab_sample_2] = '1'

When was the specimen collected?

text (date_mdy)
Question number: 181

192 [lab_sample_2_testdate] — When was the specimen tested? — text (date_mdy)
Question number: 182

Show the field ONLY if:
[lab_sample_2] = '1'

193 [lab_sample_2_loc] — Where was the specimen tested? (select all that apply) — checkbox

1	lab_sample_2_loc___1	CDC
2	lab_sample_2_loc___2	LRN
99	lab_sample_2_loc___99	Other

Question number: 183

Show the field ONLY if:
[lab_sample_2] = '1'

194 [lab_sample_2_loc_oth] — If other, specify — text
Question number: 184

Show the field ONLY if:
[lab_sample_2_loc(99)] = '1'

195 [lab_sample_2_testtype] — How was the specimen tested? (select all that apply) — checkbox

1	lab_sample_2_testtype___1	Monkeypox PCR
2	lab_sample_2_testtype___2	Monkeypox genetic sequencing
3	lab_sample_2_testtype___3	Monkeypox viral culture
4	lab_sample_2_testtype___4	Orthopoxvirus generic PCR
5	lab_sample_2_testtype___5	Non-variola orthopoxvirus PCR
6	lab_sample_2_testtype___6	Orthopoxvirus immunohistochemistry
7	lab_sample_2_testtype___7	Orthopoxvirus electron microscopy
8	lab_sample_2_testtype___8	Serology

Question number: 185

Show the field ONLY if:
[lab_sample_2] = '1'

196 [lab_sample_2_result] — What was the test result? — radio

1	Negative
2	Positive
3	Indeterminate
4	Unknown

Question number: 186

Show the field ONLY if:
[lab_sample_2] = '1'

197 [lab_sample_3] — Are there additional samples to report? — yesno

1	Yes
0	No

Question number: 187

198 [lab_sampled_3_id] — Performing laboratory specimen ID (A laboratory generated number that identifies the specimen related to this test) — text, Required
Question number: 188

Show the field ONLY if:
[lab_sample_3]="1"

199 [lab_sample_3_type] — What type of sample was collected? — radio

1	Lesion swab
2	Lesion crust
3	Serum
99	Other

Question number: 189

Show the field ONLY if:
[lab_sample_3] = '1'

200 [lab_sample_3_type_oth] — If other, describe the type of lesion specimen collected. — text
Question number: 190

Show the field ONLY if:
[lab_sample_3_type] = '99'

201 [lab_sample_3_collectdate] When was the specimen collected? text (date_mdy)
Question number: 191

Show the field ONLY if:
[lab_sample_3] = '1'

202 [lab_sample_3_testdate] When was the specimen tested? text (date_mdy)
Question number: 192

Show the field ONLY if:
[lab_sample_3] = '1'

203 [lab_sample_3_loc] Where was the specimen tested? (select all that apply) checkbox

1	lab_sample_3_loc___1	CDC
2	lab_sample_3_loc___2	LRN
99	lab_sample_3_loc___99	Other

Question number: 193

Show the field ONLY if:
[lab_sample_3] = '1'

204 [lab_sample_3_loc_oth] If other, specify text
Question number: 194

Show the field ONLY if:
[lab_sample_3_loc(99)] = '1'

205 [lab_sample_3_testtype] How was the specimen tested? (select all that apply) checkbox

1	lab_sample_3_testtype___1	Monkeypox PCR
2	lab_sample_3_testtype___2	Monkeypox genetic sequencing
3	lab_sample_3_testtype___3	Monkeypox viral culture
4	lab_sample_3_testtype___4	Orthopoxvirus generic PCR
5	lab_sample_3_testtype___5	Non-variola orthopoxvirus PCR
6	lab_sample_3_testtype___6	Orthopoxvirus immunohistochemistry
7	lab_sample_3_testtype___7	Orthopoxvirus electron microscopy
8	lab_sample_3_testtype___8	Serology

Question number: 195

Show the field ONLY if:
[lab_sample_3] = '1'

206 [lab_sample_3_result] What was the test result? radio

1	Negative
2	Positive
3	Indeterminate
4	Unknown

Question number: 196

Show the field ONLY if:
[lab_sample_3] = '1'

207 [lab_sample_4] Are there additional samples to report? yesno

1	Yes
0	No

Question number: 197

208 [lab_sample_4_id] Performing laboratory specimen ID (A laboratory generated number that identifies the specimen related to this test) text, Required
Question number: 198

Show the field ONLY if:
[lab_sample_4]="1"

209 [lab_sample_4_type] What type of sample was collected? radio

1	Lesion swab
2	Lesion crust
3	Serum
99	Other

Question number: 199

Show the field ONLY if:
[lab_sample_4] = '1'

210	[lab_sample_4_type_oth] Show the field ONLY if: [lab_sample_4_type] = '99'	If other, describe the type of lesion specimen collected.	text Question number: 200
211	[lab_sample_4_collectdate] Show the field ONLY if: [lab_sample_4] = '1'	When was the specimen collected?	text (date_mdy) Question number: 201
212	[lab_sample_4_testdate] Show the field ONLY if: [lab_sample_4] = '1'	When was the specimen tested?	text (date_mdy) Question number: 202
213	[lab_sample_4_loc] Show the field ONLY if: [lab_sample_4] = '1'	Where was the specimen tested? (select all that apply)	checkbox 1 lab_sample_4_loc___1 CDC 2 lab_sample_4_loc___2 LRN 99 lab_sample_4_loc___99 Other Question number: 203
214	[lab_sample_4_loc_oth] Show the field ONLY if: [lab_sample_4_loc(99)] = '1'	If other, specify	text Question number: 204
215	[lab_sample_4_testtype] Show the field ONLY if: [lab_sample_4] = '1'	How was the specimen tested? (select all that apply)	checkbox 1 lab_sample_4_testtype___1 Monkeypox PCR 2 lab_sample_4_testtype___2 Monkeypox genetic sequencing 3 lab_sample_4_testtype___3 Monkeypox viral culture 4 lab_sample_4_testtype___4 Orthopoxvirus generic PCR 5 lab_sample_4_testtype___5 Non-variola orthopoxvirus PCR 6 lab_sample_4_testtype___6 Orthopoxvirus immunohistochemistry 7 lab_sample_4_testtype___7 Orthopoxvirus electron microscopy 8 lab_sample_4_testtype___8 Serology Question number: 205
216	[lab_sample_4_result] Show the field ONLY if: [lab_sample_4] = '1'	What was the test result?	radio 1 Negative 2 Positive 3 Indeterminate 4 Unknown Question number: 206
217	[lab_sample_5] Show the field ONLY if: [lab_sample_4] = '1'	Are there additional samples to report?	yesno 1 Yes 0 No Question number: 207
218	[lab_sample_5_notes] Show the field ONLY if: [lab_sample_5] = '1'	If yes, please list for each additional sample: 1) lab specimen ID 2) sample type 3) date of collection (MM-DD-YYYY) 4) date of testing (MM-DD-YYYY) 5) testing location 6) test type 7) test result.	notes Question number: 208

219	[int_person]	Section Header: *10. Notes and Additional information (FOR INTERVIEWER: USE THIS SPACE ADD ANY ADDITIONAL NOTES, COMMENTS, AND/OR FILES)* (FOR INTERVIEWER) Indicate who interview was conducted with. (Select all that apply)	checkbox, Required 1 int_person___1 Patient 2 int_person___2 Proxy 3 int_person___3 Provider 99 int_person___99 Other Question number: 209
220	[int_person_oth] Show the field ONLY if: [int_person(99)]='1'	(FOR INTERVIEWER) If other, specify.	text Question number: 210
221	[int_date_exp]	(FOR INTERVIEWER) What was the date of likely exposure? (priority)	text (date_mdy) Question number: 211
222	[int_source_exp]	(FOR INTERVIEWER) What was the likely source of exposure?	notes, Required Question number: 212
223	[int_lcl_trvl_case]	(FOR INTERVIEWER) Was this likely an imported/travel-associated case or a locally acquired case? (choose one)	radio, Required 1 Imported/travel-associated 2 Locally acquired 3 Unknown Question number: 213
224	[notes]	(FOR INTERVIEWER) Please use this space to include any additional notes or comments.	notes Question number: 214
225	[file]	(FOR INTERVIEWER) Please upload any relevant, deidentified files (e.g. photos, lab results, or medical records) here.	file Question number: 215
226	[file_2_yn]	(FOR INTERVIEWER) Would you like to add additional documents?	yesno 1 Yes 0 No Question number: 216
227	[file_2] Show the field ONLY if: [file_2_yn] = '1'	(FOR INTERVIEWER) Please upload any relevant, deidentified files (e.g. photos, lab results, or medical records) here.	file Question number: 217
228	[file_3_yn] Show the field ONLY if: [file_2_yn] = '1'	(FOR INTERVIEWER) Would you like to add additional documents?	yesno 1 Yes 0 No Question number: 218
229	[file_3] Show the field ONLY if: [file_3_yn] = '1'	(FOR INTERVIEWER) Please upload any relevant, deidentified files (e.g. photos, lab results, or medical records) here.	file Question number: 219
230	[file_4_yn] Show the field ONLY if: [file_3_yn] = '1'	(FOR INTERVIEWER) Would you like to add additional documents?	yesno 1 Yes 0 No Question number: 220
231	[file_4] Show the field ONLY if: [file_4_yn] = '1'	(FOR INTERVIEWER) Please upload any relevant, deidentified files (e.g. photos, lab results, or medical records) here.	file Question number: 221
232	[file_5_yn] Show the field ONLY if: [file_4_yn] = '1'	(FOR INTERVIEWER) Would you like to add additional documents?	yesno 1 Yes 0 No Question number: 222

233	[file_5] Show the field ONLY if: [file_5_yn] = '1'	(FOR INTERVIEWER) Please upload any relevant, deidentified files (e.g. photos, lab results, or medical records) here.	file Question number: 223
234	[crf_end]	This concludes the case report form, if you would like to retain for your records, please print now.	descriptive
235	[case_report_form_complete]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete