***EMERGE*ncy ID NET CRASHED Project**

**TELEPHONE FOLLOW UP FORM**

*All participants should be called approximately 45 days (+/- 10 days) after enrollment. Please record all call attempts on a log. If unable to complete visit, please complete the first question on this form and note reason for missed visit. Please review the participant’s enrollment form so you can prompt them for questions 2a (remind them of the number of days they reported having the rash at that time) and question 3. Questions 8-10 are for participants 16 years and older.*

1. Telephone follow-up completed:

☐ Yes (Proceed to #2)

☐ Unable to complete follow-up

1a. If unable to complete follow-up, specify reason:

☐ Participant illness or injury

☐ Participant refusal

☐ Scheduling difficulties

☐ Unable to contact

☐ Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did the rash you (or your child) had about 5 or 6 weeks ago when you went to the emergency room, which I will refer to as “your first ER visit,” completely disappear?

[ ]  No

[ ]  Yes

[ ]  Decline to answer

2a. If Yes, for how many days in total did you (or your child) have the rash from the beginning until it went away? *(site coordinator can remind/prompt participant with the number of days they reported having the rash at enrollment)*

 \_\_\_\_\_\_\_days

2b. If No, how would you say your (or your child’s) rash looks now compared to your first ER visit?

 [ ]  Better

 [ ]  About the same

 [ ]  Worse

1. Did all of your (or your child’s) initial symptoms, besides the rash, go away completely? *(site coordinator should double-check what symptoms were reported at enrollment)*

 [ ]  No

 [ ]  Yes

 ☐ Did not report other symptoms at enrollment

[ ]  Decline to answer

 3a. If No, which of the following symptoms are you (or your child) still having? (*Site coordinator should read the symptoms the participant reported at enrollment and* *check all that still apply*)

 [ ]  Fever

[ ]  Chills

 [ ]  Body aches or muscle aches

 [ ]  Feeling tiredness or fatigue

 [ ]  Headache

 [ ]  Stuffy or congested nose

 [ ]  Sore throat

 [ ]  Cough

 [ ]  Swollen glands in your neck, armpits, or groin area (private area)

[ ]  Discomfort or pain when you pee, or peeing more often than usual, or having a strong feeling of needing to pee?

 [ ]  Discomfort in your bottom area (butt) when going to bathroom to poop?

[ ]  Feeling like you need to go to the bathroom to poop a lot, even though you actually don’t need to go?

 [ ]  Liquid or fluid coming out of your bottom area (butt)

 [ ]  Liquid or fluid coming out of your vagina (more than normal) or penis

 [ ]  Pain or discomfort in your lower belly area

 [ ]  Pain or discomfort when you have sex (***only for those 16 years and older***)

 [ ]  Other symptoms:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did you (or your child) develop another rash after your first ER visit?

 [ ]  No

 [ ]  Yes

 [ ]  Decline to answer

1. How many days total were you (or your child) unable to do regular activities because of your (their) initial illness?

\_\_\_\_\_ days

 *(If they were able to do their normal daily activities even when sick, then enter ‘0’).*

1. Since your first ER visit, has anyone you (or your child) live(s) with gotten a similar rash?

 [ ]  No

[ ]  Yes

[ ]  Decline to answer

 6a. If yes, how many adults 18 years and older?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If yes, how many children less than 18 years old?:\_\_\_\_\_\_\_\_\_\_\_\_\_

 (*enter ‘0’ if none*)

1. Since your first ER visit, have you (or your child) needed to go to the doctor or get more medical care for your (their) symptoms?

[ ]  No

[ ]  Yes

[ ]  Decline to answer

7a. If Yes, how many doctor visits did you (or your child) have for your illness?

 \_\_\_\_\_\_\_\_\_\_

 7b. If Yes, did the doctor prescribe you (or your child) some medicine?

 [ ]  Yes, please specify what medicine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Yes, but don’t remember what the name of it was

 [ ]  No

7c. If Yes, did you (or your child) have to stay in the hospital because of your (their) illness?

 [ ]  Yes

 [ ]  No

7d. If Yes, did you (or your child) have a positive Mpox (also known as Monkeypox) test at any of these visits?

[ ]  Yes

 [ ]  No/No test was done

 [ ]  Don’t know

**The following questions are for participants 16 years or older:**

1. Since your first ER visit, have you gotten a vaccine (shot) to protect against Mpox (also known as Monkeypox)?

 [ ]  No or not sure

 [ ]  Yes

[ ]  Decline to answer

 8a. If Yes, what type of vaccine (shot) did you get and when did you get it?

 [ ]  Imvanex/ACAM2000, date (mm/dd/yyyy)\_\_\_\_\_\_\_\_\_\_\_\_\_

  [ ]  Imvamune/JYNNEOS, date: (mm/dd/yyyy)\_\_\_\_\_\_\_\_\_\_\_\_

 8a1. Was this your first dose or second dose?

 [ ]  First dose

 [ ]  Second dose

 [ ]  Not sure which dose

 [ ]  Unknown Mpox vaccine, date: (mm/dd/yyyy)\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Since your first ER visit, have you been told that you have a new infection that can be passed through sex (also known as a sexually transmitted infection or “STD”)?

 [ ]  No

 [ ]  Yes

[ ]  Decline to answer

 9a. If Yes, please check below which infection(s) you were diagnosed with:

 [ ]  Chlamydia

[ ]  Gonorrhea

[ ]  Herpes

[ ]  Syphilis

[ ]  HIV

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  I don’t know

[ ]  Decline to answer

1. Since your first ER visit, have any of the people you had intimate contact (sex) with gotten a similar infection?

 [ ]  I have not had sexual partners since the first ER visit

 [ ]  No

 [ ]  Yes

[ ]  Decline to answer

 10a. If Yes, how many women developed a similar infection?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If yes, how many men developed a similar infection?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Comments (please use this space for any comments or questions):**

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Form Completed by MM DD YYYY