Appendix 1. Andes Virus Exposure Assessment Questionnaire

Required fields are marked with an asterisk (*).

1.1 Contact Demographics

Name*	
Date of birth*	
Address*	
City*	
State*	
Residence type	[ ] single family home [ ] apartment/condo [ ] residential care facility [ ] assisted living [ ] other _____
How many people, including yourself, live in the home?	
In your home, is there a room where you can isolate if you get sick?	
In your home, do you have access to a separate, private bathroom?	
Phone numbers*	Home: _____ Work: _____ Cell:_____
Emergency contact	
Sex*	[ ] Male [ ] Female
If female	Pregnant? [ ] Yes [ ] No [ ] Don't Know Breastfeeding? [ ] Yes [ ] No
Currently employed?*	[ ] Yes [ ] No Job title: _____
If a healthcare worker, name of healthcare facility*	
Underlying medical conditions?*	[ ] Yes [ ] No If yes, list: _____
Immunocompromising medications?*	[ ] Yes [ ] No If yes, list: _____
The following questions are only for those who were on board the M/V Hondius	
Room number on the M/V Hondius*	
Shared a room on M/V Hondius*	[ ] Yes [ ] No If yes, roommate name(s): _____
Shared a bathroom on M/V Hondius*	[ ] Yes [ ] No If yes, room number/name: _____
Date of boarding M/V Hondius*	
Date of disembarkation M/V Hondius*	

1.2 Exposures

Did you do any of the following activities with a person who had Andes virus (or who might have had Andes virus), specifically after they got sick? If yes, provide the date last engaged in this activity, if known.

Question / Item	Yes	No	Don't Know	Comments if Yes
Kiss or hug?	[ ]	[ ]	[ ]	
Provide care?	[ ]	[ ]	[ ]	
Touch or wash soiled clothes or bedding?	[ ]	[ ]	[ ]	
Share the same bed, bedding, or towels?	[ ]	[ ]	[ ]	
Sleep in the same room?	[ ]	[ ]	[ ]	
Share a bathroom?	[ ]	[ ]	[ ]	
Clean the room where they were staying or the bathroom they were using?	[ ]	[ ]	[ ]	
Have sexual contact?	[ ]	[ ]	[ ]	

Share unwashed utensils, food, or drink from the same plate/bowl, or beverages?	[ ]	[ ]	[ ]	
Share a toothbrush?	[ ]	[ ]	[ ]	
Share a cigarette/hookah/vaping device?	[ ]	[ ]	[ ]	
Come into contact with their body fluid(s) Fluids: tears / respiratory-nasal secretions / saliva / vomit / urine / sweat / blood / stool	[ ]	[ ]	[ ]	
Were within 6 feet of them in an enclosed space for at least 15 minutes cumulatively?	[ ]	[ ]	[ ]	
Use this space to describe any other potentially concerning exposures for discussion and assessment:				

1.3 Environmental Exposure Questions Specific to M/V Hondius Passengers

Were you in Argentina before boarding or during the voyage? [ ] Yes [ ] No

If yes, what did you do while you were there? *Describe reported activities, locations visited, dates of occurrences. If not mentioned, ask about visiting a landfill, going birding, being in rural areas.*

1.4 Symptom Inventory

Do you currently have, or have you had since your first possible exposure, any of the following symptoms?

For passengers on M/V Hondius, first exposure to an ill person on the ship is considered to be April 6. Interview should specifically include questions about symptoms on or around April 10. If individuals identify possible exposure in South America before April 6, use the date of that possible exposure as the start point.

Symptom	Yes	No	Date of onset	Current?
Fever (measured or subjective)	[ ]	[ ]		[ ] Yes [ ] No
New or worsening headache	[ ]	[ ]		[ ] Yes [ ] No
New or worsening nausea/vomiting	[ ]	[ ]		[ ] Yes [ ] No
New or worsening diarrhea	[ ]	[ ]		[ ] Yes [ ] No
New or worsening muscle aches/muscle pain	[ ]	[ ]		[ ] Yes [ ] No
New or worsening chest pain	[ ]	[ ]		[ ] Yes [ ] No
New or worsening cough	[ ]	[ ]		[ ] Yes [ ] No
New or worsening difficulty breathing/shortness of breath	[ ]	[ ]		[ ] Yes [ ] No

Describe any signs/symptoms listed above:

1.5 Antipyretic Use

In the past 48 hours, have you taken any medications that can reduce fever, such as acetaminophen (e.g., Tylenol), ibuprofen (e.g., Motrin, Advil), naproxen (e.g., Aleve), aspirin, systemic steroids (e.g., prednisone)?

[ ] Yes [ ] No If yes, list drug(s), dose, how long (in hours) since most recent dose, and purpose:

1.6 Recent Healthcare

Since your first exposure, did you seek health care for a new illness?

[ ] Yes [ ] No [ ] N/A

If YES: Date of visit	
If YES: Healthcare personnel	
If YES: Facility name	
If YES: Facility location	City/country:
Symptoms and treatment received	

1.7 Interviewer Information

Name of person filling out this form	

Agency	
Telephone number and email	
Date and time of assessment	