**ZEN Colombia – Adult Symptoms Questionnaire**

1. In the past 2 weeks, have you had any of the following symptoms?

|  |  |
| --- | --- |
| Fever | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
| Rash | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
| Red eyes lasting more than a couple hours | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
| Joint pain or swelling | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |

***If the respondent answered YES to any of the symptoms above, continue. If not, go to Question 6.***

2. *If YES to fever, ask:*

2a. When you had a fever, what was the highest temperature you had?

\_\_\_\_\_\_\_\_\_\_\_\_ degrees 🞎1 Celsius 🞎2 Fahrenheit

🞎777 *Don’t know* 🞎888 *Refused*

2b. When did the fever start?

\_\_ \_\_/\_\_ \_\_ \_\_ /\_\_ \_\_ 🞎777 *Don’t know* 🞎888 *Refused*

D D M M M Y Y

2c. How many days did it last?

\_\_\_\_\_\_\_\_\_ days 🞎666 Still ongoing 🞎777 *Don’t know* 🞎888 *Refused*

3. *If YES to rash, ask:*

3a. When you had the rash, was it itchy?

🞎0 No 🞎1 Yes 🞎777 *Don’t know* 🞎888 *Refused*

3b. Was the rash bumpy?

🞎0 No 🞎1 Yes 🞎777 *Don’t know* 🞎888 *Refused*

3c. Where was the rash? *(Check all that apply)*

🞎1 Face 🞎2 Neck 🞎3 Chest 🞎4 Stomach 🞎5 Arms 🞎6 Hands

🞎7 Back 🞎8 Legs 🞎9 Feet 🞎777 *Don’t know* 🞎888 *Refused*

3d. When did the rash start?

\_\_ \_\_/\_\_ \_\_ \_\_ /\_\_ \_\_ 🞎777 *Don’t know* 🞎888 *Refused*

D D M M M Y Y

3e. How many days did it last?

\_\_\_\_\_\_\_\_\_ days 🞎666 Still ongoing 🞎777 *Don’t know* 🞎888 *Refused*

4. *If YES to red eyes, ask:*

4a. When you had red eyes, were your eyes itchy?

🞎0 No 🞎1 Yes 🞎777 *Don’t know* 🞎888 *Refused*

4b. Were both of your eyes red or just one?

🞎2 Both 🞎1 Only one 🞎777 *Don’t know* 🞎888 *Refused*

4c. Was there any discharge? (Fluid or pus coming from your eye)

🞎0 No 🞎1 Yes 🞎777 *Don’t know* 🞎888 *Refused*

4d. When did you first notice your eyes were red?

\_\_ \_\_/\_\_ \_\_ \_\_ /\_\_ \_\_ 🞎777 *Don’t know* 🞎888 *Refused*

D D M M M Y Y

4e. How many days did it last?

\_\_\_\_\_\_\_\_\_ days 🞎666 Still ongoing 🞎777 *Don’t know* 🞎888 *Refused*

5. If YES to joint swelling or pain, ask:

5a. When your joints were swollen or painful, which joints were affected? *(Check all that apply)*

🞎0 Neck 🞎1 Shoulders 🞎2 Back 🞎3 Hips 🞎4 Knees 🞎5 Ankles 🞎6 Toes

🞎7 Elbows 🞎8 Wrists 🞎9 Fingers 🞎77 *Don’t know* 🞎88 *Refused*

5b. When did you first notice your joints being swollen or painful?

\_\_ \_\_/\_\_ \_\_ \_\_ /\_\_ \_\_ 🞎777 *Don’t know* 🞎888 *Refused*

D D M M M Y Y

5c. How many days did it last?

\_\_\_\_\_\_\_\_\_ days 🞎666 Still ongoing 🞎777 *Don’t know* 🞎888 *Refused*

6. In the past 2 weeks, did you have any of the following symptoms:

|  |  |
| --- | --- |
| Nausea | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
| Vomiting | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
| Diarrhea | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
|  |  |
| Coughing | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
| Sneezing | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
| Runny nose | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
| Sore throat | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
| Swollen lymph nodes | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
|  |  |
| Dizziness or fainting | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
| Numbness or tingling in your hands or feet | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
| Ringing in your ears | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
| Tiredness or fatigue | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
| Muscle weakness | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
| Muscle aches | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
| Headache | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
|  |  |
| Eye pain | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
| Sensitivity to light | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
|  |  |
| Itchy skin without a rash | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
| Skin redness without a rash | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
|  |  |
| Chest pain | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
| Shortness of breath | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
|  |  |
| Blood in your urine | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
| Nosebleeds | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
|  |  |
| Black, tarry stools | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
| Constipation | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
|  |  |
| [*Women only:*] Vaginal bleeding | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
| [*Women only:*] Vaginal discharge | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
| [*Men only:*] Blood in your semen | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |

7. In the past 2 weeks, have you had any other unusual symptoms you would like to tell me about?

a. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Post-Partum Women With a Live Born Infant**

20. Are you currently breastfeeding?

🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused*