STUDY ID: _____

Date: __ __/__ __ __ /__ __
D D M M M Y Y

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*

STUDY ID: _____

Date: __ __/__ __ __ /__ __
D D M M M Y Y

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. _____

STUDY ID: _____

Date: __ __/__ __ __ /__ __
D D M M M Y Y

For Post-Partum Women With a Live Born Infant

20. Are you currently breastfeeding?

☐$_1$ Yes ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*