**ZEN Colombia – Infant Symptoms Questionnaire**

1. In the past 2 weeks, has your baby had any of the following symptoms?

|  |  |
| --- | --- |
| Fever | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
| Rash (not a diaper 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* |

***If the respondent answered YES to any of the symptoms above, continue. If not, go to Question 5.***

2. *If YES to fever, ask:*

2a. When your baby had a fever, what was the highest temperature he/she had?

\_\_\_\_\_\_\_\_\_\_\_\_ degrees 🞎1 Celsius 🞎2 Fahrenheit 🞎777 *Don’t know* 🞎888 *Refused*

🞎1 Auxillary 🞎2 Rectal

2b. When did you first notice the fever?

\_\_ \_\_/\_\_ \_\_ \_\_ /\_\_ \_\_ 🞎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 your baby had a rash, did it seem 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? (Choose 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 you first notice the rash?

\_\_ \_\_/\_\_ \_\_ \_\_ /\_\_ \_\_ 🞎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. Were both eyes red or just one?

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

4b. Was there any discharge? (Fluid or pus coming from the eye)

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

4c. When did you first notice your baby’s eyes were red?

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

D D M M M Y Y

4d. How many days did it last?

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

5. In the past 2 weeks, did your baby have any of the following symptoms:

|  |  |
| --- | --- |
| Vomiting | 🞎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* |
| Swollen lymph nodes | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
| Sleeping more than usual | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
| Not feeding as much as usual | 🞎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* |
| More irritable or crying more than usual | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
| Blood in the urine | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |
| Nosebleeds | 🞎0 No 🞎1 Yes 🞎77 *Don’t know* 🞎88 *Refused* |

6. In the past 2 weeks, did your baby have any other unusual symptoms you would like to tell me about?

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

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