STUDY ID: _____

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

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?

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_____ 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. _____