**ADULT Symptoms Questionnaire**

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Interviewer instructions: If this is the enrollment visit, say “In the past 2 weeks” instead of “Since your last study visit”.**

**1.** Since your last study visit, have you had any of the following symptoms?

|  |  |
| --- | --- |
| Fever | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Rash | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Red eyes lasting more than 2 hours | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Joint pain or swelling | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |

* ***If the respondent answered YES to any of the symptoms above, go to question #2.***
* ***If not, go to question #7.***

**2.** Since your last study visit, did you seek medical care for any or all of these symptoms at a health facility other than [*study health facility name*]?

🞎1 Yes **🡪 Go to question #2a**

🞎0 No **🡪 Go to question #3**

🞎77 *Don’t know* **🡪 Go to question #3**

🞎88 *Refused* **🡪 Go to question #3**

|  |  |
| --- | --- |
| **2a.** When did you seek care? | \_\_ \_\_/\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ 🞎77 *Don’t know*  D D M M M Y Y Y Y 🞎88 *Refused* |
| **2b.** Where did you seek care? | Facility name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Facility location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **2c.** When you sought care for these symptoms, did a medical provider tell you that you might have any of the following? |  |
| Zika virus |  |
| Dengue | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Chikungunya | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Mayaro | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Yellow Fever | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Cytomegalovirus | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Rubella | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Toxoplasmosis | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Syphilis | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Chicken Pox | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Parvovirus | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Herpes | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Other | 🞎1 Yes: specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |

**3.** *If participant said “Yes” to* ***fever*** *in question #1:*

|  |  |
| --- | --- |
| **3a.** When you had a fever, what was the highest temperature you had? | \_\_\_\_\_\_\_\_\_\_\_\_ degrees Celsius  🞎77 *Don’t know* 🞎88 *Refused* |
| **3b.** When did the fever start? | \_\_ \_\_/\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ 🞎77 *Don’t know*  D D M M M Y Y Y Y 🞎88 *Refused* |
| **3c.** How many days did it last? | \_\_\_\_\_\_\_\_\_ days 🞎66 Still ongoing  🞎77 *Don’t know* 🞎88 *Refused* |

**4.** *If participant said “Yes” to* ***rash*** *in question #1:*

|  |  |
| --- | --- |
| **4a.** When you had the rash, was it itchy? | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| **4b.** Was the rash bumpy? | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| **4c.** On what part of your body did you see the rash first? |  |
| Face | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Neck | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Chest | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Stomach | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Arms | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Hands | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Back | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Legs | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Feet | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Buttocks/genital area | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| **4d.** To which parts of the body did the rash spread? |  |
| Face | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Neck | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Chest | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Stomach | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Arms | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Hands | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Back | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Legs | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Feet | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Buttocks/genital area | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |

|  |  |
| --- | --- |
| **4e.** When did the rash start? | \_\_ \_\_/\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ 🞎77 *Don’t know*  D D M M M Y Y Y Y 🞎88 *Refused* |
| **4f.** How many days did it last? | \_\_\_\_\_\_\_\_\_ days 🞎66Still ongoing  🞎77 *Don’t know* 🞎88 *Refused* |

**5.** *If participant said “Yes” to* ***red eyes*** *in question #1:*

|  |  |
| --- | --- |
| **5a.** When you had red eyes, were your eyes itchy? | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| **5b.** Were both of your eyes red or just one? | 🞎2 Both 🞎1 Only one  🞎77 *Don’t know* 🞎88 *Refused* |
| **5c.** Was there any discharge? (Fluid or pus coming from your eye) | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| **5d.** When did you first notice your eyes were red? | \_\_ \_\_/\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ 🞎77 *Don’t know*  D D M M M Y Y Y Y 🞎88 *Refused* |
| **5e.** How many days did it last? | \_\_\_\_\_\_\_\_\_ days 🞎66 Still ongoing  🞎77 *Don’t know* 🞎88 *Refused* |

**6.** If participant said “Yes” to **joint swelling or pain** in question #1:

|  |  |
| --- | --- |
| **6a.** When your joints were swollen or painful, which joints were affected? |  |
| Neck | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Shoulders | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Back | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Hips | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Knees | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Ankles | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Toes | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Elbows | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Wrists | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Fingers | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| **6b.** When did you first notice your joints being swollen or painful? | \_\_ \_\_/\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ 🞎77 *Don’t know*  D D M M M Y Y Y Y 🞎88 *Refused* |
| **6c.** How many days did it last? | \_\_\_\_\_\_\_\_\_ days 🞎66 Still ongoing  🞎77 *Don’t know* 🞎88 *Refused* |

**7.** Since your last study visit, did you have any of the following symptoms:

|  |  |
| --- | --- |
| Nausea | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Vomiting | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Diarrhea | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Coughing | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Sneezing | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Runny nose | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Sore throat | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Swollen lymph nodes | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Dizziness or fainting | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Numbness or tingling in your hands or feet | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Ringing in your ears | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Tiredness or fatigue | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Muscle weakness (lack of muscle strength) | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Muscle aches (muscle pains) | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Headache | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Back pain | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Abdominal pain | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Eye pain (e.g., burning, sharp, dull, gritty, throbbing, or aching of the eyes) | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Sensitivity to light | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Pain behind the eyes (e.g., pressure behind the eyes) | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Itchy skin without a rash | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Skin redness without a rash | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Chest pain | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Shortness of breath | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Blood in your urine | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Nosebleeds | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Black, tarry stools | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Constipation | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| [*Women only:*] Vaginal bleeding | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused*  🞎66 *Not applicable* |
| [*Women only:*] Vaginal discharge | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused*  🞎66 *Not applicable* |
| [*Men only:*] Blood in your semen | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused*  🞎66 *Not applicable* |

**8.** Since your last study visit, have you had any other unusual symptoms you would like to tell me about?

🞎1 Yes 🡪 What symptoms? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎0 No

🞎77 *Don’t know*

🞎88 *Refused*

**9.** Since your last study visit, have you enrolled in another Zika Virus study?

🞎1 Yes 🡪 Which study? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎0 No

🞎77 *Don’t know*

🞎88 *Refused*

**Thank you for completing this questionnaire. Please let me know if you have any questions.**