**ZIKV RNA Persistence (ZIRP): Pregnant Woman Symptom Questionnaire**

TO BE COMPLETED BY PATIENT

**Part I: Symptoms**

*We will now ask you some questions about symptoms you might have had or are currently experiencing.*

1. In the past 2 weeks, did you have fever (>=100.4 F/38.0 C)? 🞎1 Yes 🞎0 No 🞎77 Don’t know 🞎88 Refuse

  *If* ***YES*** *:*

1a.When did the fever start?

\_\_ \_\_/\_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ 🞎77 Don’t know 🞎88 Refuse

 M M D D Y Y Y Y

1b. What was the highest temperature you had?

 \_\_\_\_\_\_\_\_\_\_\_\_ degrees 🞎1 Celsius 🞎2 Fahrenheit 🞎77 Don’t know 🞎88 Refuse

1c. How did you take your temperature?

 🞎1 Thermometer 🞎2 Feeling your forehead 🞎3 Other 🞎77 Don’t know 🞎88 Refuse

1c.a. ***If thermometer****,* how did you measure your temperature?

 🞎1 Orally 🞎2 Rectally 🞎3 Under the arm 🞎4 In the ear 🞎77 Don’t know 🞎88 Refuse

1d. How many days did it last?

\_\_\_\_\_\_\_\_\_ days 🞎66 Still ongoing 🞎77 Don’t know 🞎88 Refuse

1e. Did you take any medication for it? 🞎0 No 🞎1 Yes 🞎77 Don’t know 🞎88 Refuse

 ***If yes****,*

🞎11 Aspirin

Dose \_\_\_\_\_\_\_\_\_ mg/kg

 🞎12 Ibuprofen

 Dose \_\_\_\_\_\_\_\_\_ mg/kg

 🞎13 Acetaminophen (tylenol)

Dose \_\_\_\_\_\_\_\_\_ mg/kg

 🞎14 Other

2. In the past 2 weeks, did you have a rash? 🞎1 Yes 🞎0 No 🞎77 Don’t know 🞎88 Refuse

  *If* ***YES*** *:*

2a. On what date did the rash start?

\_\_ \_\_/\_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ 🞎77 Don’t know 🞎88 Refuse

 M M D D Y Y Y Y

2b. How many days did it last?

\_\_\_\_\_\_\_\_\_ days 🞎66 Still ongoing 🞎77 Don’t know 🞎88 Refuse

2c. When you had the rash, was it itchy?

🞎1 Yes 🞎0 No 🞎77 Don’t know 🞎88 Refuse

2d. When you had the rash, what did it look like?

🞎0 Bumpy 🞎1 Blotchy 🞎2 Other 🞎77 Don’t know 🞎88 Refuse

 2e. 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 🞎10 All over my body 🞎77 Don’t know 🞎88 Refuse

3. In the past 2 weeks, did you have red eyes lasting more than a couple of hours?

🞎1 Yes 🞎0 No 🞎77 Don’t know 🞎88 Refuse

  *If* ***YES*** *:*

3a. On what date did you first notice your eyes were red?

\_\_ \_\_/\_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ 🞎77 Don’t know 🞎88 Refuse

 M M D D Y Y Y Y

 3b. How many days did it last?

\_\_\_\_\_\_\_\_\_ days 🞎66 Still ongoing 🞎77 Don’t know 🞎88 Refuse

 3c. When you had red eyes, were your eyes itchy?

🞎1 Yes 🞎0 No 🞎77 Don’t know 🞎88 Refuse

 3d. Were both of your eyes red or just one?

🞎2 Both 🞎1 Only one 🞎77 Don’t know 🞎88 Refuse

 3e. Was there any discharge? (Fluid or pus coming from your eye)

🞎1 Yes 🞎0 No 🞎77 Don’t know 🞎88 Refuse

4. In the past 2 weeks, did you joint pain or swelling? 🞎1 Yes 🞎0 No 🞎77 Don’t know 🞎88 Refuse

  *If* ***YES*** *:*

5a. On what date did you first notice your joints being swollen or painful?

\_\_ \_\_/\_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ 🞎77 Don’t know 🞎88 Refuse

 M M D D Y Y Y Y

 5b. How many days did it last?

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

 5c. 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 Refuse

5. In the past 2 weeks, did you have any of the following symptoms?

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

6. In the past 2 weeks, have you had any other symptom from the ones mentioned above?

 🞎1 Yes 🞎0 No 🞎77 Don’t know 🞎88 Refuse

*6a.****If YES****, which ones*?

 Symptom 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Symptom 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Symptom 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Symptom 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Symptom 5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TO BE COMPLETED BY STUDY STAFF

**PART I: Microbiology testing**

7. Was a blood specimen taken? 🞎1 Yes 🞎0 No

 7.1. *If no,* why no? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 7.2 *If yes,*

7.2a. Date of specimen collection (mm/dd/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_

7.2b. Time of specimen collection (hh:mm): \_\_\_\_\_\_\_\_\_\_\_\_

 7.2c. Date specimen was sent to laboratory (mm/dd/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_

 7.2d. Type of test:

🞎0 RT-PCR

🞎1. IgM

🞎2. RT-PCR & IgM

🞎3 Other

8. Was a urine sample taken? 🞎1 Yes 🞎0 No

 8.1 *If no,* why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8.2 *If yes.*

8.2a. Date of specimen collection (mm/dd/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_

8.2b. Time of specimen collection (hh:mm): \_\_\_\_\_\_\_\_\_\_\_\_

 8.2c. Date specimen was sent to laboratory (mm/dd/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_

 8.2d. Type of test:

🞎0 RT-PCR

🞎1. IgM

🞎2. RT-PCR & IgM

🞎3 Other