Form Approved
OMB Control No.: 0920-XXXX
Expiration date: XX/XX/XXXX

Site code	Participant code	Pregnant Woman
I___I	I___I___I___I	I_**0**_I

Today's date: _____/_____/_____
MM DD YYYY

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

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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?

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Today's date: _____/_____/_____
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__ __/__ __ /__ __ __ __ ☐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

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☐$_{7}$ 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?:*

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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

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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