

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

1c. How did you take your temperature?

1d. How many days did it last?

If yes,

days



GOBIERNO DE PUERTO RICO

Site code	Participant code	Pregnant Woman					
<u> </u>		I <u>0</u> I					
Today's date: _	/ / MM DD YY	YY					
ZIKV RNA	Persistence	(ZIRP): F	Pregnant Won	nan Syı	mptom	Questionnair	е
TO BE COMP	PLETED BY PATI	ENT					
Part I: Sympo We will now a		stions abou	t symptoms you m	ight have	had or a	re currently experi	encing.
1. In the past <u>If YES</u> :	2 weeks, did you	have fever	(>=100.4 F/38.0 C)?	□₁ Yes	□ ₀ No	□ ₇₇ Don't know	□ ₈₈ Refuse
1a.Wh	nen did the fever s	start?					
	$\overline{M}\overline{M}\overline{D}\overline{D}'\overline{Y}$	$\overline{Y}\overline{Y}\overline{Y}$	□ ₇₇ Don't know	□ ₈₈ Ref	use		
1b. W	hat was the highe	st temperati	ure you had?				

degrees \square_1 Celsius \square_2 Fahrenheit \square_{77} Don't know \square_{88} Refuse

 \square_1 Orally \square_2 Rectally \square_3 Under the arm \square_4 In the ear \square_{77} Don't know \square_{88} Refuse

Dose mg/kg

 \square_{66} Still ongoing \square_{77} Don't know \square_{88} Refuse

□₁ Thermometer □₂ Feeling your forehead □₃ Other □₁७ Don't know □₃೩ Refuse

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

1e. Did you take any medication for it? \square_0 No \square_1 Yes \square_{77} Don't know \square_{88} Refuse

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 \square_{11} Aspirin

 \square_{12} Ibuprofen





If YES:

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GOBIERNO DE PUERTO RICO
Departamento de Salud

Site code Participant code Pregnant Woman	€ •₹
0	
Today's date:/ MM DD YYYY	
Dose mg/kg	
\square_{13} Acetaminophen (tylenol) Dose mg/kg \square_{14} Other	
2. In the past 2 weeks, did you have a rash? \square_1 Yes \square_0 No \square_{77} Don't know \square_{88} Refuse <u>If YES</u> :	
2a. On what date did the rash start?	
$\frac{1}{M} \frac{1}{M} \frac{1}{D} \frac{1}{D} \frac{1}{Y} \frac{1}{Y} \frac{1}{Y} = \square_{77} \text{ Don't know} \square_{88} \text{ Refuse}$	
2b. How many days did it last?	
days \square_{66} Still ongoing \square_{77} Don't know \square_{88} Refuse	
2c. When you had the rash, was it itchy?	
\square_1 Yes \square_0 No \square_{77} Don't know \square_{88} Refuse	
2d. When you had the rash, what did it look like?	
\square_0 Bumpy \square_1 Blotchy \square_2 Other \square_{77} Don't know \square_{88} Refuse	
2e. Where was the rash? (Check all that apply)	
\square_1 Face \square_2 Neck \square_3 Chest \square_4 Stomach \square_5 Arms \square_6 Hands \square_7 Back \square_8 Legs \square_9 Feet \square_{10} All over my body \square_{77} Don't know \square_{88} Refuse	е
3. In the past 2 weeks, did you have red eyes lasting more than a couple of hours? \square_1 Yes \square_0 No \square_{77} Don't know \square_{88} Refuse	

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

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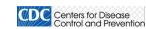
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GOBIERNO DE PUERTO RICO
Departamento de Salud

Site code Participant code Pregnant	Departamento de San
Woman	
l <u> </u>	
Today's date:/ MM DD YYYY	
$\frac{1}{M} \frac{1}{M} \frac{1}{D} \frac{1}{D} \frac{1}{Y} \frac{1}{Y} \frac{1}{Y} \frac{1}{Y}$ \square_{77} Don't know \square_{88} Refuse	
3b. How many days did it last?	
days \square_{66} Still ongoing \square_{77} Don't know \square_{88} Refuse	
3c. When you had red eyes, were your eyes itchy?	
\square_1 Yes \square_0 No \square_{77} Don't know \square_{88} Refuse	
3d. Were both of your eyes red or just one?	
\square_2 Both \square_1 Only one \square_{77} Don't know \square_{88} Refuse	
3e. Was there any discharge? (Fluid or pus coming from your eye)	
\square_1 Yes \square_0 No \square_{77} Don't know \square_{88} Refuse	
4. In the past 2 weeks, did you joint pain or swelling? □₁ Yes □₀ No □٫٫ Don't know □٫٫ E. If YES .:	≀efuse
5a. On what date did you first notice your joints being swollen or painful?	
$\frac{1}{M} \frac{1}{M} \frac{1}{D} \frac{1}{D} \frac{1}{Y} \frac{1}{Y} \frac{1}{Y} \frac{1}{Y}$ \square_{77} Don't know \square_{88} Refuse	
5b. How many days did it last?	
days \square_{666} Still ongoing \square_{777} Don't know \square_{888} Refuse	
5c. When your joints were swollen or painful, which joints were affected? (Check all that ap	ply)
\square_0 Neck \square_1 Shoulders \square_2 Back \square_3 Hips \square_4 Knees \square_5 Ankles \square_6 To	oes

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	GOBIERNO DE PUERTO RICO

OMB Control No.: 0920-XXX
Expiration date: XX/XX/XXX

Site code Participant code Pregnant Woman				Departamento de Sal
Foday's date:	□ ₇₇ Don't	know □:	88 Refuse	
5. In the past 2 weeks, did you have any of the followin	ng symptom	ıs?		
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
	\square_1 Yes	□₀ No	□ ₇₇ Don't know	

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

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Departamento de Salud

Site code Participant code Pregnant Woman	
Today's date:/	
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? \square_1 Yes \square_0 No 7.1. If no, why no?	
7.2 If yes, 7.2a Date of specimen collection (mm/dd/yyyy):	

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Public reporting burden of this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (xxx-xxxx).

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

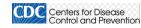
□2. RT-PCR & IgM

 \square_0 RT-PCR \square_1 IgM

□₃ Other

7.2d. Type of test:

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





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Form Approved

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

Site code	Participant code	Pregnant Woman			
ll	III	l <u>0</u> l			
Today's date: _	MM DD YY	YY			
	e sample taken? no, why?		0		
8.2 <i>If</i> y	/es.				
	8.2a. Date of sp	oecimen collect	tion (mm/dd/yyy	yy):	
	8.2b. Time of sp				
	8.2c. Date spec	cimen was sent	t to laboratory (ı	mm/dd/yyyy): _.	
	8.2d. Type of te	st:			
		RT-PCR			
		IgM	_		
		RT-PCR & IgM	1		
	∐ 3	Other			