



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

Site code	Participant code	Infant Number

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

ZIKV RNA Persistence (ZIRP): Infant Follow-up Questionnaire

1. Study visit #: _____
2. Study visit location:
₁ Pediatrician's office
₂ Other, specify: _____
3. Date of last study visit (mm/dd/yyyy): _____
4. Have the infant's last two study related blood draws come out negative for Zika virus infection by rRT-PCR? ₁ Yes ₀ No

TO BE COMPLETED BY INFANT'S PARENT/GUARDIAN

PART I: General Health

Thank you for allowing your infant to participate in this study. We will now like to ask you questions about your infant's general health since his last study visit. Since your infant's last study visit (or delivery if this is his first visit)...

5. Have you had any concerns about the health of your infant? ₁ Yes ₀ No
i. If yes, please specify your concerns _____
6. Has your infant visited the emergency room since his/her last visit? ₁ Yes ₀ No
ii. If yes, reason of visit _____ Name of facility _____
7. Has your infant been hospitalized since his/her last visit? ₁ Yes ₀ No
iii. If yes, reason of hospitalization _____ Name of facility _____



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- 8. Has your infant had an outpatient visit not requiring an ER visit or hospitalization? ₁ Yes ₀ No
If yes, reason of visit _____ Name of facility _____
- 9. Has your infant had blood taken since his/her last visit? ₁ Yes ₀ No
iv. If yes, reason of blood collection _____
- 10. Has your infant given a urine sample since his/her last visit? ₁ Yes ₀ No
v. If yes, reason of urine collection _____

TO BE COMPLETED BY MEDICAL RECORD ABSTRACTION

PART I: Vitals

- 11. Infant's weight? _____ grams kilograms
- 12. Infant's height? _____ centimeters inches
- 13. Infant's head circumference? _____ centimeters

PART II: Neurological development

- 14. Has the baby experienced any of the following since his/her last visit?
 - vi. Apnea ₁ Yes ₀ No ₇₇ Unknown
 - vii. Seizures ₁ Yes ₀ No ₇₇ Unknown
 - viii. Paralysis ₁ Yes ₀ No ₇₇ Unknown
 - ix. Joint Contracture ₁ Yes ₀ No ₇₇ Unknown
 - x. Floppiness ₁ Yes ₀ No ₇₇ Unknown
 - xi. Other: ₁ Yes ₀ No ₇₇ Unknown
If yes, Specify: _____

- 15. Signs of any of the following abnormalities in the infant since his/her last visit?
 - xii. Facial dysmorphism ₁ Yes ₀ No ₇₇ Unknown
 - xiii. Eye abnormalities ₁ Yes ₀ No ₇₇ Unknown
 - xiv. Ear abnormalities ₁ Yes ₀ No ₇₇ Unknown
 - xv. Excess head skin ₁ Yes ₀ No ₇₇ Unknown
 - xvi. Reduced size of the skull ₁ Yes ₀ No ₇₇ Unknown
 - xvii. Down syndrome features ₁ Yes ₀ No ₇₇ Unknown

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).



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xviii. Other: ₁ Yes ₀ No ₇₇ Unknown
If yes, Specify: _____

PART III: Microbiology testing

16. Was a blood specimen of the infant taken? ₁ Yes ₀ No
16a. *If no, why?*

- ₀ The last two study related blood draws came out negative for Zika virus infection
- ₁ Other, specify _____

16b. Date (mm/dd/yyyy)
16c. Time (hh:mm) of specimen collection: _____
16d. Date specimen was sent to laboratory (mm/dd/yyyy): _____

- 16e. Type of test:
- ₀ RT-PCR
 - ₁ IgM
 - ₂ RT-PCR & IgM
 - ₃ Other

17. Was a urine sample of the baby obtained? ₁ Yes ₀ No
17a. *If no, why?*

- ₀ The last two study related urine samples came out negative for Zika virus infection
- ₁ Other, specify _____

17b. Date (mm/dd/yyyy)
17c. Time (hh:mm) of specimen collection: _____
17d. Date specimen was sent to laboratory (mm/dd/yyyy): _____

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17e. Type of test:

- ₀ RT-PCR
- ₁ IgM
- ₂ RT-PCR & IgM
- ₃ Other

PART IV: Study Termination

18. Was data collection concluded for this infant for the study? ₁ Yes ₀ No

18a₁. If yes, reason:

- ₀ Last two sample collections tested negative for Zika confirmed by RT-PCR
- ₁ End of study period
- ₂ Admitted to hospital for adverse outcomes
- ₃ Withdrawn from study by guardian
- ₄ Terminated by study staff
- ₅ Other, specify _____

18a₂. If yes, date of study termination (mm/dd/yyyy): _____