STUDY ID: _____ -___-_____

Date: __ __/__ __ __ /__ __ __ __

D D M M M Y Y Y Y

Staff Administered: _____

Form Approved
OMB No. 0920-XXXX
Exp. Date xx/xx/20xx

<u>ADULT</u> 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 <u>other</u> 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.