**INFANT Symptoms Questionnaire**

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Interviewer instructions: If this is the first study visit, say “Since your baby was born” instead of “Since your baby’s first study visit”.**

**Let’s first update your baby’s insurance information.**

**1.** What type of health insurance does your baby have?

🞎1 Contributory     🞎2 Subsidized     🞎3 Not insured   🞎4 Specialized    🞎5 Exception

🞎6 Indeterminate / independent        🞎77 *Don’t know*   🞎88 *Refused*

**2.** What is the name of your baby’s health insurance provider?

            Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    🞎77 *Don’t know*    🞎88 *Refused*

**Now we have some questions about feeding your baby.**

**3.** How are you currently feeding your baby?

|  |  |
| --- | --- |
| Breast milk at the breast | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Breast milk from a bottle | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Infant formula from a bottle | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Solid foods  | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Milk or other nutrition through a feeding tube or intravenously | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |

4**.**  Have you noticed your baby having any difficulty related to feeding?

|  |  |
| --- | --- |
| Excessive spitting up | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Excessive drooling | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Gagging/retching/coughing | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Difficulty swallowing | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Difficulty latching to the breast | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused*🞎99 *Not Applicable* |
| Difficulty sucking at the breast or bottle | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused*🞎99 *Not Applicable* |
| Arching back/squirming away | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |

**5.** How many hours per day would you say your baby cries, on average:

🞎0 <1 hour 🞎1 1-3 hours 🞎2 3-6 hours 🞎3 6-9 hours 🞎4 9-12 hours 🞎5 >12 hours

🞎77 *Don’t know* 🞎88 *Refused*

**6**. Since your baby’s last study visit, did you seek medical care for your baby at a health facility other than [*study health facility name*]?

🞎1 Yes **🡪 Go to question #6a**

🞎0 No **🡪 Go to question #7**

🞎77 *Don’t know* **🡪 Go to question #7**

🞎88 *Refused* **🡪 Go to question #7**

|  |
| --- |
| **6a.** If YES, fill in the table below:  |
| **Reason** | **Date of visit** |
| Because your baby was sick (for example, a fever, rash, etc.) | 🞎1 Yes (Clinic name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* | \_\_ \_\_/\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_  D D M M M Y Y Y Y 🞎77 *Don’t know* 🞎88 *Refused* |
| **Tests** |
| Cranial ultrasound | 🞎1 Yes (Clinic name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* | \_\_ \_\_/\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_  D D M M M Y Y Y Y 🞎77 *Don’t know* 🞎88 *Refused* |
| MRI | 🞎1 Yes (Clinic name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* | \_\_ \_\_/\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_  D D M M M Y Y Y Y 🞎77 *Don’t know* 🞎88 *Refused* |
| CAT scan | 🞎1 Yes (Clinic name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* | \_\_ \_\_/\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_  D D M M M Y Y Y Y 🞎77 *Don’t know* 🞎88 *Refused* |
| Hearing screening | 🞎1 Yes (Clinic name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* | \_\_ \_\_/\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_  D D M M M Y Y Y Y 🞎77 *Don’t know* 🞎88 *Refused* |
| Vision screening | 🞎1 Yes (Clinic name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* | \_\_ \_\_/\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_  D D M M M Y Y Y Y 🞎77 *Don’t know* 🞎88 *Refused* |
| Other:\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎1 Yes (Clinic name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* | \_\_ \_\_/\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_  D D M M M Y Y Y Y 🞎77 *Don’t know* 🞎88 *Refused* |
| **Providers** |
| Pediatrician | 🞎1 Yes (Clinic name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* | \_\_ \_\_/\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_  D D M M M Y Y Y Y 🞎77 *Don’t know* 🞎88 *Refused* |
| Occupation/physical therapy | 🞎1 Yes (Clinic name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* | \_\_ \_\_/\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_  D D M M M Y Y Y Y 🞎77 *Don’t know* 🞎88 *Refused* |
| Neurologist | 🞎1 Yes (Clinic name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* | \_\_ \_\_/\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_  D D M M M Y Y Y Y 🞎77 *Don’t know* 🞎88 *Refused* |
| Gastroenterologist | 🞎1 Yes (Clinic name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* | \_\_ \_\_/\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_  D D M M M Y Y Y Y 🞎77 *Don’t know* 🞎88 *Refused* |
| Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎1 Yes (Clinic name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* | \_\_ \_\_/\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_  D D M M M Y Y Y Y 🞎77 *Don’t know* 🞎88 *Refused* |
| Hospitalization | 🞎1 Yes (Clinic name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* | *Date of admission:*\_\_ \_\_/\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_  D D M M M Y Y Y Y 🞎77 *Don’t know* 🞎88 *Refused* |
| **6b.** If YES, did a medical provider tell you that your baby might have any of the following? |
|  Zika virus | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
|  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* |

**7.** Since your baby’s last study visit, has your baby had any of the following symptoms?

|  |  |
| --- | --- |
| Fever | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Rash (not a diaper 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 (difficulty in moving) | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Vomiting | 🞎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* |
| Swollen lymph nodes | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Sleeping more than usual | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Not feeding as much as usual | 🞎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* |
| Blood in the urine | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| Nosebleeds | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |

* **If the participant answered YES to fever, rash, red eyes, or joint pain go to question #8.**
* **If not, go to question #11.**

**8.** *If participant said “Yes” to* ***fever*** *in question #*  **7***:*

|  |  |
| --- | --- |
| **8a.** When your baby had a fever, what was the highest temperature he/she had? | \_\_\_\_\_\_\_\_\_\_\_\_ degrees Celsius 🞎77 *Don’t know* 🞎88 *Refused* |
| **8b.** When did you first notice the fever?  | \_\_ \_\_/\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ 🞎77 *Don’t know* D D M M M Y Y Y Y 🞎88 *Refused* |
| **8c.** How many days did it last? | \_\_\_\_\_\_\_\_\_ days 🞎66 Still ongoing  🞎77 *Don’t know* 🞎88 *Refused* |

**9.** *If participant said “Yes” to* ***rash*** *in question #* **7***:*

|  |  |
| --- | --- |
| **9a.** When your baby had a rash, did it seem itchy? | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| **9b.** Was the rash bumpy? | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| **9c.** Where did you first see the rash? |  |
|  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* |
| **9d.** 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* |
| **9d.** When did you first notice the rash? | \_\_ \_\_/\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ 🞎77 *Don’t know* D D M M M Y Y Y Y 🞎88 *Refused* |
| **9e.** How many days did it last? | \_\_\_\_\_\_\_\_\_ days 🞎66 Still ongoing  🞎77 *Don’t know* 🞎88 *Refused* |

**10.** *If participant said “Yes” to* ***red eyes*** *in question #7:*

|  |  |
| --- | --- |
| **10a.** Were both eyes red or just one? | 🞎2 Both 🞎1 Only one 🞎77 *Don’t know* 🞎88 *Refused* |
| **10b.** Was there any discharge? (Fluid or pus coming from the eye) | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
| **10c.** When did you first notice your baby’s eyes were red?  | \_\_ \_\_/\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ 🞎77 *Don’t know* D D M M M Y Y Y Y 🞎88 *Refused* |
| **10d.** How many days did it last? | \_\_\_\_\_\_\_\_\_ days 🞎66 Still ongoing  🞎77 *Don’t know* 🞎88 *Refused* |

**11.** *If participant said “Yes” to joint pain in question #7:*

|  |  |
| --- | --- |
| **11a.** When did you first notice the joint pain?  | \_\_ \_\_/\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ 🞎77 *Don’t know* D D M M M Y Y Y Y 🞎88 *Refused* |
| **11c.** How many days did it last? | \_\_\_\_\_\_\_\_\_ days 🞎66 Still ongoing  🞎77 *Don’t know* 🞎88 *Refused* |
| **11d.** Where did you notice the joint pain? |  |
|  Arms | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
|  Legs | 🞎1 Yes 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |
|  Other | 🞎1 Yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎0 No 🞎77 *Don’t know* 🞎88 *Refused* |

**12.** Since your baby’s last study visit, did your baby have any other unusual symptoms you would like to tell me about?

🞎1 Yes 🡪 What symptoms? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎0 No

🞎77 *Don’t know*

🞎88 *Refused*

**13.** Since your last study visit, have you or your baby enrolled in another Zika Virus study?

🞎1 Yes, I did 🡪 Which study? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎2 Yes, my baby did 🡪 Which study? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎3 Yes, my baby and I did 🡪 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.**