STUDY ID: _____ -___-_____

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

D D M M M Y Y Y Y

Staff Administered: _____

**Form Approved**
**OMB No. 0920-1190**
**Exp. Date 07/31/2019**

# **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* |



Appendix F4, version 19/MAY/2017

| | |
|---|---|
| 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:_____)<br>☐0 No ☐77 *Don't know* ☐88 *Refused* | __ __/__ __ __ /__ __ __ __<br>D D M M M Y Y Y Y<br>☐77 *Don't know* ☐88 *Refused* |
| **Tests** | | |
| Cranial ultrasound | ☐1 Yes (Clinic name:_____)<br>☐0 No ☐77 *Don't know* ☐88 *Refused* | __ __/__ __ __ /__ __ __ __<br>D D M M M Y Y Y Y<br>☐77 *Don't know* ☐88 *Refused* |
| MRI | ☐1 Yes (Clinic name:_____)<br>☐0 No ☐77 *Don't know* ☐88 *Refused* | __ __/__ __ __ /__ __ __ __<br>D D M M M Y Y Y Y<br>☐77 *Don't know* ☐88 *Refused* |
| CAT scan | ☐1 Yes (Clinic name:_____)<br>☐0 No ☐77 *Don't know* ☐88 *Refused* | __ __/__ __ __ /__ __ __ __<br>D D M M M Y Y Y Y<br>☐77 *Don't know* ☐88 *Refused* |
| Hearing screening | ☐1 Yes (Clinic name:_____)<br>☐0 No ☐77 *Don't know* ☐88 *Refused* | __ __/__ __ __ /__ __ __ __<br>D D M M M Y Y Y Y<br>☐77 *Don't know* ☐88 *Refused* |
| Vision screening | ☐1 Yes (Clinic name:_____)<br>☐0 No ☐77 *Don't know* ☐88 *Refused* | __ __/__ __ __ /__ __ __ __<br>D D M M M Y Y Y Y<br>☐77 *Don't know* ☐88 *Refused* |
| Other:_____ | ☐1 Yes (Clinic name:_____)<br>☐0 No ☐77 *Don't know* ☐88 *Refused* | __ __/__ __ __ /__ __ __ __<br>D D M M M Y Y Y Y<br>☐77 *Don't know* ☐88 *Refused* |
| **Providers** | | |
| Pediatrician | ☐1 Yes (Clinic name:_____)<br>☐0 No ☐77 *Don't know* ☐88 *Refused* | __ __/__ __ __ /__ __ __ __<br>D D M M M Y Y Y Y<br>☐77 *Don't know* ☐88 *Refused* |
| Occupation/physical therapy | ☐1 Yes (Clinic name:_____)<br>☐0 No ☐77 *Don't know* ☐88 *Refused* | __ __/__ __ __ /__ __ __ __<br>D D M M M Y Y Y Y<br>☐77 *Don't know* ☐88 *Refused* |
| Neurologist | ☐1 Yes (Clinic name:_____)<br>☐0 No ☐77 *Don't know* ☐88 *Refused* | __ __/__ __ __ /__ __ __ __<br>D D M M M Y Y Y Y<br>☐77 *Don't know* ☐88 *Refused* |
| Gastroenterologist | ☐1 Yes (Clinic name:_____)<br>☐0 No ☐77 *Don't know* ☐88 *Refused* | __ __/__ __ __ /__ __ __ __<br>D D M M M Y Y Y Y<br>☐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<br>☐77 *Don't know* ☐88 *Refused* |
| Hospitalization | ☐1 Yes (Clinic name:_____)<br>☐0 No ☐77 *Don't know* ☐88 *Refused* | *Date of admission:*<br>__ __/__ __ __ /__ __ __ __<br>D D M M M Y Y Y Y<br>☐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: _____<br>☐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 <u>fever</u>, <u>rash</u>, <u>red eyes</u>, or <u>joint pain</u> go to question #8.**
- **If not, go to question #11.**

**8.** *If participant said "Yes" to **<u>fever</u>** in question # **7**:*

| | |
|---|---|
| **8a.** When your baby had a fever, what was the highest temperature he/she had? | _____ degrees Celsius<br>☐77 *Don't know* ☐88 *Refused* |
| **8b.** When did you first notice the fever? | __ __/__ __ __ /__ __ __ __ ☐77 *Don't know*<br>D D M M M Y Y Y Y ☐88 *Refused* |

| | |
|---|---|
| **8c.** How many days did it last? | _____ days ☐66 Still ongoing<br>☐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*<br>D D M M M Y Y Y Y ☐88 *Refused* |
| **9e.** How many days did it last? | _____ days ☐66 Still ongoing<br>☐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<br>☐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*<br>D D M M M Y Y Y Y ☐88 *Refused* |

| | |
|---|---|
| **10d.** How many days did it last? | _____ days ☐66 Still ongoing<br>☐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*<br>D D M M M Y Y Y Y ☐88 *Refused* |
| **11c.** How many days did it last? | _____ days ☐66 Still ongoing<br>☐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: _____<br>☐0 No ☐77 *Don't know* ☐88 *Refused* |

**12.** Since your baby's last study visit, did your baby have 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*

**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.**