STUDY I	D:			•	Form Approved
Date:					MB No. 0920-1190 (p. Date 07/31/2019
Staff Ad	ministered:				
	<u>INFANT</u> Symptom	ıs Ques	stionna	ire	
Cit	y:		_		
	nic:		_		
			_		
	♦ Interviewer instructions: If this is the first	studv vis	it. sav "S	Since vour baby v	was born"
	instead of "Since your baby's first study v		, -, -	,	
Let's f	irst update your baby's insurance information.				
1 \\/ha	at turns of health incurrence does your below hove?				
T. VVIId	at type of health insurance does your baby have?				
	\square_1 Contributory \square_2 Subsidized \square_3 Not insu \square_6 Indeterminate / independent \square_{77} Don't kr			ed □₅ Exception	
2. Wha	at is the name of your baby's health insurance pro	vider?			
	Name:		$_{-}$ \square_{77} D	on't know \square_{88} R	efused
Now w	e have some questions about feeding your ba	bv.			
	o nate come queenene about lecamy your ba	y :			
3. How	are you currently feeding your baby?				
	Breast milk at the breast		□ ₀ No		
	Breast milk from a bottle			□ ₇₇ Don't know	
	Infant formula from a bottle		□ ₀ No		
	Solid foods			\square 77 Don't know	
	Milk or other nutrition through a feeding tube or	□₁ Yes	\square_0 No	\square_{77} Don't know	\square ₈₈ Refused
L	intravenously				
4 115		4 4 f	alia arO		
4. Ha\	ve you noticed your baby having any difficulty rela			Don't know	Dofwood
-	Excessive spitting up	□₁ Yes	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
1	Difficulty swallowing	□₁ Yes		\square 77 Don't know	\square ₈₈ Refused
	Difficulty latching to the breast	□₁ Yes	\square_0 No	\square 77 Don't know	\square ₈₈ Refused
			Applicabl		
	Difficulty sucking at the breast or bottle	□₁ Yes		\square 77 Don't know	\square ₈₈ Refused
		□ ₉₉ Not 2	Applicabl		
	Arching hack/squirming away	Π. ΥΔς		□ Don't know	Des Pofused

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Appendix F4, version 19/MAY/2017

CDC estimates the average public reporting burden for this collection of information as 10 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 (0920-XXXX).

STUDY ID:					
Other:	□₁ Yes	□ ₀ No □ ₇₇ Don't know	w □ ₈₈ Refused		
5. How many hours per day would you sa \square_0 <1 hour \square_1 1-3 hours \square_2 3-0 \square_{77} Don't know \square_{88} Refused		· ·	nours		
6 . Since your baby's last study visit, did y [study health facility name]?	your baby's last study visit, did you seek medical care for your baby at a health facility other than ealth facility name]?				
$\Box_1 \text{ Yes} \qquad \Rightarrow \text{Go to qu}$ $\Box_0 \text{ No} \qquad \Rightarrow \text{Go to qu}$ $\Box_{77} \text{ Don't know} \qquad \Rightarrow \text{Go to qu}$ $\Box_{17} \text{ Perused} \qquad \Rightarrow \text{Go to qu}$	estion #7 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.)	\square_1 Yes (Clinic name:) \square_0 No \square_{77} Don't know \square_{88} Refused			
Tests				
Cranial ultrasound	\square_1 Yes (Clinic name:) \square_0 No \square_{77} Don't know \square_{88} Refused	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		
MRI	\square_1 Yes (Clinic name:) \square_0 No \square_{77} Don't know \square_{88} Refused	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
CAT scan	\square_1 Yes (Clinic name:) \square_0 No \square_{77} Don't know \square_{88} Refused	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		
Hearing screening	\square_1 Yes (Clinic name:) \square_0 No \square_{77} Don't know \square_{88} Refused	$\frac{1}{D} \frac{J}{D} \frac{J}{M} \frac{M}{M} \frac{J}{M} \frac{J}{Y} \frac{Y}{Y} \frac{Y}{Y}$ $\square_{77} Don't know \square_{88} Refused$		
Vision screening	\square_1 Yes (Clinic name:) \square_0 No \square_{77} Don't know \square_{88} Refused	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		
Other:	\square_1 Yes (Clinic name:) \square_0 No \square_{77} Don't know \square_{88} Refused			
Providers				
Pediatrician	\square_1 Yes (Clinic name:) \square_0 No \square_{77} Don't know \square_{88} Refused	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		
Occupation/physical therapy	\square_1 Yes (Clinic name:) \square_0 No \square_{77} Don't know \square_{88} Refused	$\frac{1}{D} \frac{1}{D} \frac{1}{M} \frac{1}{M} \frac{1}{M} \frac{1}{Y} \frac{1}{Y} \frac{1}{Y}$ $\square_{77} Don't know \square_{88} Refused$		
Neurologist	\square_1 Yes (Clinic name:) \square_0 No \square_{77} Don't know \square_{88} Refused	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		
Gastroenterologist	\square_1 Yes (Clinic name:) \square_0 No \square_{77} Don't know \square_{88} Refused			
Other:	\square_1 Yes (Clinic name:			

		STUDY	ID:	-				
		□₀ No	□ ₇₇ Don't	know	□ ₈₈ Refus	sed	D D M M M	Y Y Y Y
Hospi	talization	□₁ Yes	(Clinic nan	ne:)	\square_{77} Don't know Date of admission	
			\square_{77} Don't		□ ₈₈ Refus	sed		·
							D D M M M \square_{77} Don't know	Y Y Y Y
6h If	YES, did a medical p	ırovider	tell vou th	at vou	r hahy mi	nht have		
	a virus	□₁ Yes		-	n't know	\square_{88} Refu	-	,g.
De	ngue	□₁ Yes	□₀ No		n't know	□ ₈₈ Refu		
	ikungunya	□₁ Yes	\square_0 No	\square_{77} Do	n't know	□ ₈₈ Refu	ısed	
Ma	ayaro	□₁ Yes	\square_0 No	$\square_{77} DC$	n't know	\square_{88} Refu	ısed	
	llow Fever	□₁ Yes	\square_0 No		n't know	\square 88 Refu		
-	tomegalovirus	□₁ Yes	□₀ No		n't know	□ ₈₈ Refu		
	bella	□₁ Yes	□ ₀ No		n't know	□ ₈₈ Refu		
	xoplasmosis	□₁ Yes	□₀ No		n't know	□ ₈₈ Refu		
-	philis	□₁ Yes	□₀ No		on't know	□ ₈₈ Refu		
			□₀ No		on't know	□ ₈₈ Refu		
	rvovirus	□₁ Yes	□₀ No □₀ No		on't know on't know	\square_{88} Refu		
	rpes her		⊔₀ No	⊔77 <i>D</i> С	JII L KIIOW	⊔88 кеп	useu	
Οί	IICI	\square_0 No		t know	□ ₈₈ Refu	ısed		
		1-0.13						'
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	\square 77 Don't know	\square 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	\square_0 No	□ ₇₇ Don't know	\square_{88} Refused			
	Vomiting				□₁ Yes	□₀ No	\square 77 Don't know	\square ₈₈ Refused
	Coughing				□₁ Yes	□ ₀ No	\square_{77} Don't know	\square_{88} Refused
	Sneezing				□₁ Yes	\square_0 No	\square_{77} Don't know	\square ₈₈ Refused

❖ If the participant answered YES to fever, rash, red eyes, or joint pain go to question #8.

□₁ Yes

 \square_0 No

 \square_0 No

 \square_0 No

 \square_0 No

 \square_0 No

 \square_0 No

□₀ No

 \square 77 Don't know

 \square 77 Don't know

 \square 77 *Don't know*

 \square ₇₇ Don't know

 \square 77 *Don't know*

□₇₇ Don't know

 \square 77 Don't know

□₈₈ Refused

❖ 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?	
	/ /
	D D M M M Y Y Y Y □ ₈₈ Refused

Runny nose

Nosebleeds

Swollen lymph nodes

Blood in the urine

Sleeping more than usual

Not feeding as much as usual

Skin redness without a rash

8c. How many days did it last?		days	□ ₆₆ Still ongoi □ ₇₇ Don't knov	
participant said "Yes" to <u>rash</u> 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	\square_{77} Don't know	\square 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	\square_{77} Don't know	\square_{88} Refused
Arms	□₁ Yes	□₀ No	\square_{77} Don't know	\square_{88} Refused
Hands	□₁ Yes	□₀ No	\square_{77} Don't know	\square_{88} Refused
Back	□₁ Yes	□₀ No	\square 77 Don't know	\square ₈₈ Refused
Legs	□₁ Yes	□₀ No	\square_{77} Don't know	\square_{88} Refused
Feet	□₁ Yes	□₀ No	\square 77 Don't know	\square ₈₈ Refused
Buttocks/genital area	□₁ Yes	□₀ No	\square 77 Don't know	\square ₈₈ Refused
9d. To which parts of the body did the rash spread?				
Face	□₁ Yes	□₀ No	\square 77 Don't know	\square ₈₈ Refused
Neck	□₁ Yes	□₀ No	\square 77 Don't know	\square ₈₈ Refused
Chest	□₁ Yes	□₀ No	\square 77 Don't know	\square ₈₈ Refused
Stomach	□₁ Yes	\square_0 No	\square 77 Don't know	\square ₈₈ Refused
Arms	□₁ Yes	\square_0 No	\square 77 Don't know	\square ₈₈ Refused
Hands	□₁ Yes	\square_0 No	\square 77 Don't know	\square ₈₈ Refused
Back	□₁ Yes	□₀ No	\square 77 Don't know	\square ₈₈ Refused
Legs	□₁ Yes	□₀ No	\square 77 Don't know	□ ₈₈ Refused
Feet	□₁ Yes	□ ₀ No	\square_{77} Don't know	□ ₈₈ Refused
Buttocks/genital area	□₁ Yes	□ ₀ No	□ ₇₇ Don't know	
9d. When did you first notice the rash?	,	1		on't know
		$\frac{1}{M}\frac{1}{M}\frac{1}{V}$	$\overline{Y} \overline{Y} \overline{Y} \square_{88} Re$	ofused
9e. How many days did it last?				nuscu
		days	\square_{66} Still ongoing \square_{77} Don't know	v □ ₈₈ Refused
participant said "Yes" to <u>red eyes</u> in question #7	:			
10a. Were both eyes red or just one?	\square_2 Both \square_{77} Don		y one l ₈₈ <i>Refused</i>	
10b. Was there any discharge? (Fluid or pus coming from the eye)			□ ₇₇ Don't know	□ ₈₈ Refused
10c. When did you first notice your baby's eyes were red?				on't know

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10d. How many days did it last?	days \square_{66} Still ongoing \square_{77} Don't know \square_{88} Refused				
11. If participant said "Yes" to joint pain in question #7:					
11a. When did you first notice the joint pain?	$\frac{1}{D} \frac{1}{D} \frac{1}{M} \frac{1}{M} \frac{1}{M} \frac{1}{Y} \frac{1}{Y} \frac{1}{Y} \frac{1}{Y} \frac{1}{M} \frac{1}$				
11c. How many days did it last?	days \square_{66} Still ongoing \square_{77} Don't know \square_{88} Refused				
11d. Where did you notice the joint pain?					
Arms Legs	\square_1 Yes \square_0 No \square_{77} Don't know \square_{88} Refused \square_1 Yes \square_0 No \square_{77} Don't know \square_{88} Refused				
Other	\square_1 Yes, specify: $\underline{\qquad}$ \square_0 No \square_{77} Don't know \square_{88} Refused				
12. Since your baby's last study visit, did your baby hav about?	ve any <u>other</u> unusual symptoms you would like to tell m				
\square_1 Yes \rightarrow What symptoms? $\underline{\qquad}$ \square_0 No $\underline{\qquad}$ \square_{77} Don't know $\underline{\qquad}$ \square_{88} Refused	□ ₇₇ Don't know				
13. Since your last study visit, have you or your baby enrolled in another Zika Virus study?					
\Box_1 Yes, I did \rightarrow Which study? $_$ \Box_2 Yes, my baby did \rightarrow Which study? $_$ \Box_3 Yes, my baby and I did \rightarrow Which study? $_$ \Box_0 No \Box_{77} Don't know \Box_{88} Refused					
Thank you for completing this guestionnaire.	Please let me know if you have any guestions.				

STUDY ID: _____-_