**ZIKV RNA Persistence (ZIRP): Pregnant-Woman Follow-up Questionnaire**

1. Study visit #:\_\_\_\_\_\_\_\_\_\_\_\_
2. Study visit location:

🞎1 Obstetric clinic

🞎2 Laboratory

🞎3 Pediatrician’s office

1. Date of last study visit (mm/dd/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_
2. Have the last two study related blood draws come out negative for Zika virus infection by RT-PCR?

🞎1 Yes 🞎0 No

TO BE COMPLETED BY PATIENT

**PART I: General Health**

*We will now ask you questions about your general health and any changes to it since your last study visit.*

1. Have you visited the emergency room since your last visit? 🞎1 Yes 🞎0 No
   * 1. *If yes,* reason of visit\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of facility\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you been hospitalized since your last visit? 🞎1 Yes 🞎0 No
   * 1. *If yes,* reason of hospitalization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of facility\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Have you had an outpatient visit not requiring an ER visit or hospitalization? 🞎1 Yes 🞎0 No
   * 1. *If yes,* reason of visit\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of facility\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Have you had blood taken since your last visit? 🞎1 Yes 🞎0 No
   * 1. *If yes,*
        1. Reason of blood collection\_\_\_\_\_\_\_\_\_\_\_\_
4. Have you had urine taken since your last visit? 🞎1 Yes 🞎0 No
   * 1. *If yes,*
        1. Reason of urine collection\_\_\_\_\_\_\_\_\_\_\_\_
5. Have you had a blood transfusion since your last visit? 🞎1 Yes 🞎0 No
   * 1. *If yes,*
        1. Reason for transfusion \_\_\_\_\_\_\_\_\_\_\_\_
        2. Date (mm/dd/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_
6. Has there been any change to your overall health since the last visit? 🞎1 Yes 🞎0 No
   * 1. *If yes,* specify\_\_\_\_\_\_\_\_\_\_\_\_
7. Have you delivered your baby since your last visit? 🞎1 Yes 🞎0 No

12a. *If yes,*

12a1. Date of delivery: (mm/dd/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_

12a2. Was it a live-birth: 🞎1 Yes 🞎0 No

1. If you have **not** delivered, where do you plan to deliver (provide the name of facility)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TO BE COMPLETED BY STUDY STAFF

**PART I: Microbiological Testing**

14. Was a blood specimen taken? 🞎1 Yes 🞎0 No

14a. *If no,* why?

🞎0 The last two study related blood draws came out negative for Zika virus infection

🞎1 Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14.b. *If yes,*

14.b.1. Date of specimen collection (mm/dd/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_

14.b.2 Time of specimen collection (hh:mm): \_\_\_\_\_\_\_\_\_\_\_\_

14.b.3. Date specimen was sent to laboratory (mm/dd/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_

14.b.4. Type of test:

🞎0 RT-PCR

🞎1. IgM

🞎2. RT-PCR & IgM

🞎3 Other

15. Was a urine sample taken? 🞎1 Yes 🞎0 No

15a. *If no,* why?

🞎0 The last two study related urine samples came out negative for Zika virus infection

🞎1 Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15.b. *If yes,*

15.b.1. Date of specimen collection (mm/dd/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_

15.b.2 Time of specimen collection (hh:mm): \_\_\_\_\_\_\_\_\_\_\_\_

15.b.3. Date specimen was sent to laboratory (mm/dd/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_

15.b.4. Type of test:

🞎0 RT-PCR

🞎1. IgM

🞎2. RT-PCR & IgM

🞎3.  Other

**PART II: Study Termination**

16. Was the subject terminated from the study? 🞎1 Yes 🞎0 No

16a1. If yes, date of study termination (mm/dd/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_

16a2. If yes, reason:

🞎0 Last two sample collections tested negative for Zika confirmed by rRT-PCR

🞎1 End of study period

🞎2 Admitted to hospital for adverse outcomes

🞎3 Loss to follow-up

🞎4 No longer wants to participate in study

🞎5 Terminated by study staff

🞎5 Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_