Site co	de Participant code Pregnant Woman		Centers for Disease Control and Prevention
I	_l		200 DN 20
Today's	date:// MM DD YYYY		GOBIERNO DE PUERTO RICO Departamento de Salud
ZIKV	RNA Persistence (ZIRP): Pregnant-Woman Fo	llow-up Questionnaire
1.	Study visit #:		
2.	Study visit location:		
	\square_1 Obstetric clinic \square_2 Laboratory \square_3 Pediatrician's office		
3.	Date of last study visit (mm/dd/y	yyy):	
4.	Have the last two study related \square_1 Yes \square_0 No	blood draws come out negative	e for Zika virus infection by RT-PCR?
ТО ВЕ	COMPLETED BY PATIENT		
We wi			anges to it since your last study visit.
5.	Have you visited the emergency i. <i>If yes,</i> reason of	<u> </u>	Yes ⊔₀ No Name of facility
6.	Have you been hospitalized sine ii. <i>If yes,</i> reason of		No Name of facility
7.	Have you had an outpatient visi	t not requiring an ER visit or ho	ospitalization? \square_1 Yes \square_0 No
	searching existing data sources, gathering An agency may not conduct or sponsor, ar currently valid OMB control number. Send	and maintaining the data needed, and co nd a person is not required to respond to d comments regarding this burden estima	minutes, including the time for reviewing instructions, ompleting and reviewing the collection of information. a collection of information unless it displays a ate or any other aspect of this collection of Clearance Officer; 1600 Clifton Road NE, MS D-74,

Atlanta, Georgia 30333; ATTN: PRA (0920-1189).



Site code	Participant code Pregnant Woman IIII I_0_I	GOBIERNO DE PUERTO RICO Departamento de Salud
Today's date:	MM DD YYYY	Name of facility
9. Have	you had blood taken since your last visit? □₁ Yes □₀ No iv. If yes, 1. Reason of blood collection_ you had urine taken since your last visit? □₁ Yes □₀ No v. If yes, 1. Reason of urine collection_ you had a blood transfusion since your last visit? □₁ Yes □ i. If yes, 1. Reason for transfusion 2. Date (mm/dd/yyyy)	$ m I_{o}$ No
11. Has t	here been any change to your overall health since the last vis i. <i>If yes</i> , specify	sit? □₁ Yes □₀ No
12 12	you delivered your baby since your last visit? \square_1 Yes \square_0 No 2a. If yes, 2a ₁ . Date of delivery: (mm/dd/yyyy):2a ₂ . Was it a live-birth: \square_1 Yes \square_0 No	o
13. If you	have not delivered, where do you plan to deliver (provide th	e name of facility)?



Site code Par	rticipant code	Pregnant Woman I_0_I				GOBIERNO DE P Departamento de Sal
Today's date: MM TO BE COMPLE						
PART I: Microbio	ological Test	ing				
14. Was a blood s 14a. <i>If no</i> ,		en? □₁ Yes	□₀ No			
				ws came out negativ		ection
14	.b.1. Date of .b.2 Time of	specimen co	llection (mm/dd/yy llection (hh:mm): _ sent to laboratory (yy): (mm/dd/yyyy):		
14	\square_1 . \square_2 .	test: RT-PCR IgM RT-PCR & Ig Other	М			
15. Was a urine s 15a. <i>If no</i> ,		P □₁ Yes □	o No			
		-		ples came out nega	itive for Zika virus ir ——	nfection
15 15	b.b.1. Date of b.b.2 Time of b.b.3. Date sp	specimen co ecimen was	llection (mm/dd/yy llection (hh:mm): _ sent to laboratory (yy): (mm/dd/yyyy):		
15	\square_1 . \square_2 .	test: RT-PCR IgM RT-PCR & Ig Other	ıM			
PART II: Study 1	<u>Fermination</u>					
16. Was the subje	ect terminated	I from the stu	dy? □₁ Yes □₀ N	No		
16a _{1.} If yes	s, date of stud	ly termination	(mm/dd/yyyy):			



Site code	Participant code	Pregnant Woman	-	0	GOBIERNO DE PUERTO RICO Departamento de Salud
II	lll	I <u>0</u> I			
Today's date:	MM DD YY	YY			
16a ₂ . I	\square_1 End on \square_2 Admits \square_3 Loss \square_4 No Io	of study peri tted to hosp to follow-up	ital for adverse outcomes to participate in study		
	□₅ Other	r, specify			