

Site code	Participant code	Pregnant Woman
_	_ _ _	0

Today's date: ___/___/___
MM DD YYYY

iii. *If yes*, reason of visit _____ Name of facility _____

8. Have you had blood taken since your last visit? ₁ Yes ₀ No

iv. *If yes*,
1. Reason of blood collection _____

9. Have you had urine taken since your last visit? ₁ Yes ₀ No

v. *If yes*,
1. Reason of urine collection _____

10. Have you had a blood transfusion since your last visit? ₁ Yes ₀ No

i. *If yes*,
1. Reason for transfusion _____
2. Date (mm/dd/yyyy) _____

11. Has there been any change to your overall health since the last visit? ₁ Yes ₀ No

i. *If yes*, specify _____

12. 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

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

Site code Participant code Pregnant Woman
|_| |_|_|_| |0|

Today's date: ___/___/___
 MM DD YYYY

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): _____

Site code	Participant code	Pregnant Woman
_	_ _ _	0

Today's date: ____/____/____
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 _____