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

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

🞎1 Pediatrician’s office

🞎2 Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Date of last study visit (mm/dd/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_
2. Have the infant’s last two study related blood draws come out negative for Zika virus infection by rRT-PCR? 🞎1 Yes 🞎0 No

TO BE COMPLETED BY INFANT’S PARENT/GUARDIAN

**PART I: General Health**

*Thank you for allowing your infant to participate in this study. We will now like to ask you questions about your infant’s general health since his last study visit. Since your infant’s last study visit (or delivery if this is his first visit)…*

1. Have you had any concerns about the health of your infant? 🞎1 Yes 🞎0 No
	* 1. If yes, please specify your concerns\_\_\_\_\_\_\_\_\_\_\_\_
2. Has your infant visited the emergency room since his/her last visit? 🞎1 Yes 🞎0 No
	* 1. If yes, reason of visit\_\_\_\_\_\_\_\_\_\_\_\_ Name of facility\_\_\_\_\_\_\_\_\_\_\_\_
3. Has your infant been hospitalized since his/her last visit? 🞎1 Yes 🞎0 No
	* 1. If yes, reason of hospitalization\_\_\_\_\_\_\_\_\_\_\_\_ Name of facility\_\_\_\_\_\_\_\_\_\_\_\_
4. Has your infant had an outpatient visit not requiring an ER visit or hospitalization? 🞎1 Yes 🞎0 No

If yes, reason of visit\_\_\_\_\_\_\_\_\_\_\_\_ Name of facility\_\_\_\_\_\_\_\_\_\_\_\_

1. Has your infant had blood taken since his/her last visit? 🞎1 Yes 🞎0 No
	* 1. If yes, reason of blood collection\_\_\_\_\_\_\_\_\_\_\_\_
2. Has your infant given a urine sample since his/her last visit? 🞎1 Yes 🞎0 No
	* 1. If yes, reason of urine collection\_\_\_\_\_\_\_\_\_\_\_\_

TO BE COMPLETED BY MEDICAL RECORD ABSTRACTION

**PART I: Vitals**

1. Infant’s weight? \_\_\_\_\_\_\_\_ 🞎 grams 🞎 kilograms
2. Infant’s height? \_\_\_\_\_\_\_\_🞎 centimeters 🞎 inches
3. Infant’s head circumference? \_\_\_\_\_\_\_\_centimeters

**PART II: Neurological development**

1. Has the baby experienced any of the following since his/her last visit?
	* 1. Apnea ☐1 Yes ☐0 No ☐77 Unknown
		2. Seizures ☐1 Yes ☐0 No ☐77 Unknown
		3. Paralysis ☐1 Yes ☐0 No ☐77 Unknown
		4. Joint Contracture ☐1 Yes ☐0 No ☐77 Unknown
		5. Floppiness ☐1 Yes ☐0 No ☐77 Unknown
		6. Other: ☐1 Yes ☐0 No ☐77 Unknown

 If yes, Specify: \_\_\_\_\_\_\_\_\_\_\_\_

1. Signs of any of the following abnormalities in the infant since his/her last visit?
	* 1. Facial dysmorphia ☐1 Yes ☐0 No ☐77 Unknown
		2. Eye abnormalities ☐1 Yes ☐0 No ☐77 Unknown
		3. Ear abnormalities ☐1 Yes ☐0 No ☐77 Unknown
		4. Excess head skin ☐1 Yes ☐0 No ☐77 Unknown
		5. Reduced size of the skull ☐1 Yes ☐0 No ☐77 Unknown
		6. Down syndrome features ☐1 Yes ☐0 No ☐77 Unknown
		7. Other: ☐1 Yes ☐0 No ☐77 Unknown

 If yes, Specify: \_\_\_\_\_\_\_\_\_\_\_\_

**PART III: Microbiology testing**

16. Was a blood specimen of the infant taken? 🞎1 Yes 🞎0 No

 16a. *If no,* why?

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

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

 16b. Date (mm/dd/yyyy)

16c. Time (hh:mm) of specimen collection: \_\_\_\_\_\_\_\_\_\_\_\_

 16d. Date specimen was sent to laboratory (mm/dd/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_

 16e. Type of test:

🞎0 RT-PCR

🞎1. IgM

🞎2 RT-PCR & IgM

🞎3 Other

17. Was a urine sample of the baby obtained? 🞎1 Yes 🞎0 No

17a. *If no,* why?

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

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

17b. Date (mm/dd/yyyy)

17c. Time (hh:mm) of specimen collection: \_\_\_\_\_\_\_\_\_\_\_\_

 17d. Date specimen was sent to laboratory (mm/dd/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_

 17e. Type of test:

🞎0 RT-PCR

🞎1. IgM

🞎2 RT-PCR & IgM

🞎3 Other

**PART IV: Study Termination**

18. Was data collection concluded for this infant for the study? 🞎1 Yes 🞎0 No

 18a1. If yes, reason:

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

🞎1 End of study period

🞎2 Admitted to hospital for adverse outcomes

🞎3 Withdrawn from study by guardian

🞎4 Terminated by study staff

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

18a2. If yes, date of study termination (mm/dd/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_