STUDY ID: _________ -___-____________________

Date: __ __/__ __ __ /__ __ __ __

D D M M M Y Y Y Y

Staff Administered: __________________________

Form Approved
OMB No. 0920-1190
Exp. Date 07/31/2019

INFANT Symptoms Questionnaire

City: ____

Clinic: ____

- ❖ **Interviewer instructions: If this is the first study visit, say "Since your baby was born" instead of "Since your baby's first study visit".**

Let's first update your baby's insurance information.

1. What type of health insurance does your baby have?

☐1 Contributory ☐2 Subsidized ☐3 Not insured ☐4 Specialized ☐5 Exception
☐6 Indeterminate / independent ☐77 *Don't know* ☐88 *Refused*

2. What is the name of your baby's health insurance provider?

Name: ____ ☐77 *Don't know* ☐88 *Refused*

Now we have some questions about feeding your baby.

3. How are you currently feeding your baby?

Breast milk at the breast	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused*
Breast milk from a bottle	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused*
Infant formula from a bottle	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused*
Solid foods	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused*
Milk or other nutrition through a feeding tube or intravenously	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused*

4**.** Have you noticed your baby having any difficulty related to feeding?

Excessive spitting up	☐1 Yes ☐0 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*
Difficulty swallowing	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused*
Difficulty latching to the breast	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused* ☐99 *Not Applicable*
Difficulty sucking at the breast or bottle	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused* ☐99 *Not Applicable*
Arching back/squirming away	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused*

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Other: _______________________	☐$_1$ Yes ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*

5. How many hours per day would you say your baby cries, on average:

☐$_0$ <1 hour ☐$_1$ 1-3 hours ☐$_2$ 3-6 hours ☐$_3$ 6-9 hours ☐$_4$ 9-12 hours ☐$_5$ >12 hours
☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*

6. Since your baby's last study visit, did you seek medical care for your baby at a health facility other than [*study health facility name*]?

☐$_1$ Yes → **Go to question #6a**
☐$_0$ No → **Go to question #7**
☐$_{77}$ *Don't know* → **Go to question #7**
☐$_{88}$ *Refused* → **Go to 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.)	☐$_1$ Yes (Clinic name:_________________) ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*	__ __/__ __ __ /__ __ __ __ D D M M M Y Y Y Y ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
Tests		
Cranial ultrasound	☐$_1$ Yes (Clinic name:_________________) ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*	__ __/__ __ __ /__ __ __ __ D D M M M Y Y Y Y ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
MRI	☐$_1$ Yes (Clinic name:_________________) ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*	__ __/__ __ __ /__ __ __ __ D D M M M Y Y Y Y ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
CAT scan	☐$_1$ Yes (Clinic name:_________________) ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*	__ __/__ __ __ /__ __ __ __ D D M M M Y Y Y Y ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
Hearing screening	☐$_1$ Yes (Clinic name:_________________) ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*	__ __/__ __ __ /__ __ __ __ D D M M M Y Y Y Y ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
Vision screening	☐$_1$ Yes (Clinic name:_________________) ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*	__ __/__ __ __ /__ __ __ __ D D M M M Y Y Y Y ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
Other:_____________	☐$_1$ Yes (Clinic name:_________________) ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*	__ __/__ __ __ /__ __ __ __ D D M M M Y Y Y Y ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
Providers		
Pediatrician	☐$_1$ Yes (Clinic name:_________________) ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*	__ __/__ __ __ /__ __ __ __ D D M M M Y Y Y Y ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
Occupation/physical therapy	☐$_1$ Yes (Clinic name:_________________) ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*	__ __/__ __ __ /__ __ __ __ D D M M M Y Y Y Y ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
Neurologist	☐$_1$ Yes (Clinic name:_________________) ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*	__ __/__ __ __ /__ __ __ __ D D M M M Y Y Y Y ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
Gastroenterologist	☐$_1$ Yes (Clinic name:_________________) ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*	__ __/__ __ __ /__ __ __ __ D D M M M Y Y Y Y ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
Other:______________	☐$_1$ Yes (Clinic name:_________________)	__ __/__ __ __ /__ __ __ __

	☐0 No ☐77 *Don't know* ☐88 *Refused*	D D M M M Y Y Y Y ☐77 *Don't know* ☐88 *Refused*
Hospitalization	☐1 Yes (Clinic name:__________________) ☐0 No ☐77 *Don't know* ☐88 *Refused*	*Date of admission:* __ __/__ __ __ /__ __ __ __ D D M M M Y Y Y Y ☐77 *Don't know* ☐88 *Refused*

6b. If YES, did a medical provider tell you that your baby might have any of the following?

Zika virus	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused*
Dengue	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused*
Chikungunya	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused*
Mayaro	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused*
Yellow Fever	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused*
Cytomegalovirus	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused*
Rubella	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused*
Toxoplasmosis	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused*
Syphilis	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused*
Chicken Pox	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused*
Parvovirus	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused*
Herpes	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused*
Other	☐1 Yes, specify: _____________________ ☐0 No ☐77 *Don't know* ☐88 *Refused*

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 ☐77 *Don't know* ☐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 ☐0 No ☐77 *Don't know* ☐88 *Refused*
Vomiting	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused*
Coughing	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused*
Sneezing	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused*
Runny nose	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused*
Swollen lymph nodes	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused*
Sleeping more than usual	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused*
Not feeding as much as usual	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused*
Skin redness without a rash	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused*
Blood in the urine	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused*
Nosebleeds	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused*

- ❖ **If the participant answered YES to fever, rash, red eyes, or joint pain go to question #8.**
- ❖ **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?	__ __/__ __ __ /__ __ __ __ ☐77 *Don't know* D D M M M Y Y Y Y ☐88 *Refused*

8c. How many days did it last?	_________ days ☐$_{66}$ Still ongoing ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*

9. *If participant said "Yes" to* ***rash*** *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 ☐$_{77}$ *Don't know* ☐$_{88}$ *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 ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
Arms	☐$_1$ Yes ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
Hands	☐$_1$ Yes ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
Back	☐$_1$ Yes ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
Legs	☐$_1$ Yes ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
Feet	☐$_1$ Yes ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
Buttocks/genital area	☐$_1$ Yes ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
9d. To which parts of the body did the rash spread?	
Face	☐$_1$ Yes ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *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 ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
Arms	☐$_1$ Yes ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
Hands	☐$_1$ Yes ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
Back	☐$_1$ Yes ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
Legs	☐$_1$ Yes ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
Feet	☐$_1$ Yes ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
Buttocks/genital area	☐$_1$ Yes ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
9d. When did you first notice the rash?	__ __/__ __ __ /__ __ __ __ ☐$_{77}$ *Don't know* D D M M M Y Y Y Y ☐$_{88}$ *Refused*
9e. How many days did it last?	_________ days ☐$_{66}$ Still ongoing ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*

10. *If participant said "Yes" to* ***red eyes*** *in question #7:*

10a. Were both eyes red or just one?	☐$_2$ Both ☐$_1$ Only one ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
10b. Was there any discharge? (Fluid or pus coming from the eye)	☐$_1$ Yes ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
10c. When did you first notice your baby's eyes were red?	__ __/__ __ __ /__ __ __ __ ☐$_{77}$ *Don't know* D D M M M Y Y Y Y ☐$_{88}$ *Refused*

10d. How many days did it last?	_________ days ☐66 Still ongoing ☐77 *Don't know* ☐88 *Refused*

11. *If participant said "Yes" to joint pain in question #7:*

11a. When did you first notice the joint pain?	__ __/__ __ __ /__ __ __ __ ☐77 *Don't know* D D M M M Y Y Y Y ☐88 *Refused*
11c. How many days did it last?	_________ days ☐66 Still ongoing ☐77 *Don't know* ☐88 *Refused*
11d. Where did you notice the joint pain?	
Arms	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused*
Legs	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused*
Other	☐1 Yes, specify: ___________________________ ☐0 No ☐77 *Don't know* ☐88 *Refused*

12. Since your baby's last study visit, did your baby have any other unusual symptoms you would like to tell me about?

☐1 Yes → What symptoms? ____
☐0 No
☐77 *Don't know*
☐88 *Refused*

13. Since your last study visit, have you or your baby enrolled in another Zika Virus study?

☐1 Yes, I did → Which study? ____
☐2 Yes, my baby did → Which study? ____
☐3 Yes, my baby and I did → Which study? ____
☐0 No
☐77 *Don't know*
☐88 *Refused*

Thank you for completing this questionnaire. Please let me know if you have any questions.