CHILD'S STUDY ID: _____ -___-_____

Date: __ __/__ __ __ /__ __ __ __
D D M M M Y Y Y Y

Staff Administered: _____

Form Approved
OMB No. 0920-XXXX
Exp. Date xx/xx/20xx

PARENT-CHILD Follow-Up Questionnaire

City: _____

Clinic: _____

Age (in months) of child at study visit, approximate (circle): 9 12 18 24 36 48

First we have a few questions about who helps provide care for *[Child's name]*.

1. What is your relationship to *[Child's name]*?

   ☐$_0$ Mother
   ☐$_1$ Father
   ☐$_2$ Legal guardian (Specify relationship:_____)

2. Does *[Child's name]* live with you?

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

3. How many adults and children live in the same household as *[Child's name]*, including *[Child's name]*?

   _____ adults (18+ years) _____ children (<18 years) ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*

❖ **If, according to question #3, there are no other children in the household, go to question #5.**

4. How old are each of the other children that live in the household with *[Child's name]*?

   Age of *[Child's name]*:_____ (*circle*: months years)
   Age of other child (1):_____ years
   Age of other child (2):_____ years
   Age of other child (3):_____ years
   Age of other child (4):_____ years
   Age of other child (5):_____ years
   Age of other child (6):_____ years
   Age of other child (7):_____ years
   Age of other child (8):_____ years

5. Please tell me which of the following people have helped provide care for *[Child's name]* on a regular basis since *[Child's name]* last clinic study visit.

	Does this person care for [Child's name]?	*If yes, where?*	*If yes, on average, how often?*	*On average, how many children are cared for with [Child's name]?*	*On average, how many people are providing care?*
Child's mother	☐$_1$ Yes ☐$_0$ No ☐$_{88}$ *Refused*	☐$_3$ In child's home ☐$_2$ In someone else's home ☐$_1$ In a childcare center ☐$_0$ Other: _____ ☐$_{88}$ *Refused*	_____ days/week _____ hours/day	_____ children	_____ people
Child's father	☐$_1$ Yes ☐$_0$ No ☐$_{88}$ *Refused*	☐$_3$ In child's home ☐$_2$ In someone else's home ☐$_1$ In a childcare center ☐$_0$ Other: _____ ☐$_{88}$ *Refused*	_____ days/week _____ hours/day	_____ children	_____ people
Non-parental partner of *[Child's name]*'s mother/ father	☐$_1$ Yes ☐$_0$ No ☐$_{88}$ *Refused*	☐$_3$ In child's home ☐$_2$ In someone else's home ☐$_1$ In a childcare center ☐$_0$ Other: _____ ☐$_{88}$ *Refused*	_____ days/week _____ hours/day	_____ children	_____ people
Child's sibling under age 18 (age _____)	☐$_1$ Yes ☐$_0$ No ☐$_{88}$ *Refused*	☐$_3$ In child's home ☐$_2$ In someone else's home ☐$_1$ In a childcare center ☐$_0$ Other: _____ ☐$_{88}$ *Refused*	_____ days/week _____ hours/day	_____ children	_____ people
Child's sibling over age 18 (age _____)	☐$_1$ Yes ☐$_0$ No ☐$_{88}$ *Refused*	☐$_3$ In child's home ☐$_2$ In someone else's home ☐$_1$ In a childcare center ☐$_0$ Other: _____ ☐$_{88}$ *Refused*	_____ days/week _____ hours/day	_____ children	_____ people
Child's grandparent	☐$_1$ Yes ☐$_0$ No ☐$_{88}$ *Refused*	☐$_3$ In child's home ☐$_2$ In someone else's home ☐$_1$ In a childcare center ☐$_0$ Other: _____ ☐$_{88}$ *Refused*	_____ days/week _____ hours/day	_____ children	_____ people
Other adult relative	☐$_1$ Yes ☐$_0$ No ☐$_{88}$ *Refused*	☐$_3$ In child's home ☐$_2$ In someone else's home ☐$_1$ In a childcare center ☐$_0$ Other: _____ ☐$_{88}$ *Refused*	_____ days/week _____ hours/day	_____ children	_____ people
Friend or neighbor	☐$_1$ Yes ☐$_0$ No ☐$_{88}$ *Refused*	☐$_3$ In child's home ☐$_2$ In someone else's home ☐$_1$ In a childcare center ☐$_0$ Other: _____ ☐$_{88}$ *Refused*	_____ days/week _____ hours/day	_____ children	_____ people

		☐$_{88}$ *Refused*			
Unrelated adult (including a professional at a child care center)	☐$_1$ Yes ☐$_0$ No ☐$_{88}$ *Refused*	☐$_3$ In child's home ☐$_2$ In someone else's home ☐$_1$ In a childcare center ☐$_0$ Other: _____ ☐$_{88}$ *Refused*	_____ days/week _____ hours/day	_____ children	_____ people
Other (specify: _____)	☐$_1$ Yes ☐$_0$ No ☐$_{88}$ *Refused*	☐$_3$ In child's home ☐$_2$ In someone else's home ☐$_1$ In a childcare center ☐$_0$ Other: _____ ☐$_{88}$ *Refused*	_____ days/week _____ hours/day	_____ children	_____ people

6. How satisfied are you with the amount of help you receive in caring for *[Child's name]*?
   - ☐$_5$ Very satisfied
   - ☐$_4$ Somewhat satisfied
   - ☐$_3$ Not satisfied or unsatisfied
   - ☐$_2$ Somewhat unsatisfied
   - ☐$_1$ Very unsatisfied
   - ☐$_{88}$ *Refused*

Now we have questions about any feeding or crying difficulties *[Child's name]* may be having.

7. How often is *[Child's name]* hard to feed?

   - ☐$_1$ All or most of the time
   - ☐$_2$ Some of the time
   - ☐$_3$ Rarely
   - ☐$_4$ Never

8. Below is a list of things that children sometimes do at meal times. Please tell me how often you think *[Child's name]* does each of these things. Response options include rarely or never, some of the time, or almost always.

	Rarely or never$_0$	Some of the time$_1$	Almost Always$_2$	*Don't know*$_{77}$	*Refused*$_{88}$	*Not Applicable*$_{66}$
Excessive spitting up						
Excessive drooling						
Gagging/retching/coughing						
Difficulty swallowing						
Difficulty latching or sucking at breast or bottle						
Arching back/squirming away						
Refuses to open mouth						
Spits food out						

Eats too fast						
Turns head away from food/shakes head no						
Chews/sucks on food but does not swallow						
Swallows in "gulps"						
Any other feeding difficulties at mealtimes (Specify: _____ _____)						

9. How many hours per day would you say *[Child's name]* 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*

10. In general, how easy is it to calm *[Child's name]* when he or she is crying or fussy? Please only select one answer.
    ☐$_0$ Very easy
    ☐$_1$ Somewhat easy
    ☐$_2$ Somewhat difficult
    ☐$_3$ Very difficult
    ☐$_{77}$ *Don't know*
    ☐$_{88}$ *Refused*

Let's now update our information about *[Child's name]*'s healthcare.

11. What type of health insurance does *[Child's name]* have?

    ☐$_1$ Contributory ☐$_2$ Subsidized ☐$_3$ Not insured ☐$_4$ Specialized ☐$_5$ Exception
    ☐$_6$ Indeterminate / independent ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*

12. What is the name of *[Child's name]*'s health insurance provider?

    Name: _____ ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*

Since *[Child's name]*'s last study visit, have you:	
13. Taken *[Child's name]* to a regular well-child check-up or sought medical care for *[Child's name]* because she or he was showing symptoms of	☐$_1$ Yes → Number of times:_____ Clinic name (1):_____ Clinic name (2):_____

being sick (for example, a fever, rash)?	Clinic name (3):_____ Clinic name (4):_____ Clinic name (5):_____ ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused* └→ If NO, please skip to Question # 18.
14. Since *[Child's name]*'s last study visit, did *[Child's name]* have any of the following tests? Say "yes" or "no" to each one I mention. Did *[Child's name]* have a…	
Cranial ultrasound	☐$_1$ Yes (Clinic name:_____) ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
MRI	☐$_1$ Yes (Clinic name:_____) ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
CAT scan	☐$_1$ Yes (Clinic name:_____) ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
Hearing test	☐$_1$ Yes (Clinic name:_____) ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
Vision test	☐$_1$ Yes (Clinic name:_____) ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
Developmental assessment	☐$_1$ Yes (Clinic name:_____) ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
Did *[Child's name]* have any other tests I didn't mention?	☐$_1$ Yes → test: _____ _____ Clinic name:_____) ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
15. Since *[Child's name]*'s last study visit, did you see a medical specialist? ☐$_1$ Yes ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused* If YES, what type of medical provider did *[Child's name]* see? Say "yes" or "no" to each one I mention. Did *[Child's name]* see a…	
Pediatrician	☐$_1$ Yes (Clinic name:_____) ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
Occupational or physical therapist	☐$_1$ Yes (Clinic name:_____) ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
Speech-language specialist	☐$_1$ Yes (Clinic name:_____) ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
Neurologist	☐$_1$ Yes (Clinic name:_____) ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
Gastroenterologist	☐$_1$ Yes (Clinic name:_____) ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
Ophthalmologist	☐$_1$ Yes (Clinic name:_____) ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
Audiologist	☐$_1$ Yes (Clinic name:_____) ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
Developmental Specialist	☐$_1$ Yes (Clinic name:_____) (Type of specialist: _____) ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*

Did *[Child's name]* see any other type of medical provider I didn't mention?	☐$_1$ Yes (Provider type:_____ Clinic name:_____) ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
16. Since *[Child's name]*'s last study visit, has *[Child's name]* spent one night or more in the hospital?	☐$_1$ Yes → Number of times:_____ Hospital name (1):_____ Hospital name (2):_____ Hospital name (3):_____ Hospital name (4):_____ Hospital name (5):_____ ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
17. Now I will give you a list of conditions. Please say "yes" or "no" if, since *[Child's name]*'s last study visit, a healthcare provider told you that *[Child's name]* might have this illness. Did they say that *[Child's name]* had?	
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*
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*
Did they tell you *[Child's name]* had something else I didn't mention?	☐$_1$ Yes, specify: _____ ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*

18. Since your last study visit, have you or *[Child's name]* enrolled in another Zika virus study?
    - ☐$_1$ Yes, I did → Which study? _____
    - ☐$_2$ Yes, my child did → Which study? _____
    - ☐$_3$ Yes, my child and I did → Which study? _____
    - ☐$_0$ No
    - ☐$_{77}$ *Don't know*
    - ☐$_{88}$ *Refused*

Next, we have additional questions about you and your family and friends.

❖ **If according to question #1, this participant is the legal guardian, go to question #25.**

19. What is your relationship with *[Child's name]*'s father (mother) now? Are you:

☐1 Married
☐2 Free Union
☐3 Single
☐4 Divorced
☐5 Widowed
☐6 Other (Specify:_____)
☐77 *Don't know*
☐88 *Refused*

20. Are you and *[Child's name]*'s father (mother) currently living together….
☐1 All or most of the time
☐2 Some of the time
☐3 Rarely
☐4 Never
☐66 *Not applicable*

21. Are you in a new relationship?
☐1 Yes, married to a new partner
☐2 Yes, romantically involved with a new partner
☐3 No
☐66 *Not applicable*

22. Most people have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

	Always disagree (0)	Almost always disagree (1)	Frequently disagree (2)	Occasionally Disagree (3)	Almost Always Agree(4)	Always Agree (5)	*Refused (88)*
Philosophy of life							
Aims, goals, and things believed important							
Amount of time spent together							

23. How often would you say the following events occur between you and your mate?

	Never (0)	Less than once a month (1)	Once or twice a month (2)	Once or twice a week (3)	Once a day (4)	More often (5)	*Refused (88)*
Have a stimulating exchange of ideas							

Calmly discuss something together							
Work together on a project							

24. The dots on the following line represent different degrees of happiness on your relationship. The middle point, "happy", represents the degree of happiness in most relationships. Please circle the response which best describes the degree of happiness, all things considered, of your relationship.

0	1	2	3	4	5	6	*88*
Extremely unhappy	Fairly unhappy	A little unhappy	Happy	Very happy	Extremely happy	Perfect	*Refused*

25. We are interested in how you feel about the following statements. I will read each statement to you. Please indicate how you feel about each statement.

	Very strongly disagree (1)	Strongly disagree (2)	Mildly disagree (3)	Neutral (4)	Mildly Agree (5)	Strongly agree (6)	Very strongly agree (7)	*Refused (88)*
There is a special person who is around when I am in need.								
There is a special person with whom I can share my joys and sorrows.								
My family really tries to help me.								
I get the emotional help and support I need from my family.								
I have a special person who is a real source of comfort to me.								
My friends really try to help me.								
I can count on my friends when things go wrong.								
I can talk about my problems with my family.								
I have friends who with whom I can share my joys and sorrows.								
There is a special person in my life who care about my feelings.								
My family is willing to help me make decisions.								
I can talk about my problems with my friends.								

Now, we have a few questions about any concerns you might have about your financial situation.

26. How often would you say you worry about having enough money to pay for things you need, such as food, shelter, or clothes for you and your family?

☐$_4$ Always ☐$_3$ Often ☐$_2$ Sometimes ☐$_1$ Rarely ☐$_0$ Never ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*

27. Have you ever been unable to pay or delayed payment for medical care, including medications, hospital stays, and doctors' visits?

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

28. Was there a time since your last visit when you or someone in your household needed to see a doctor or buy medicine but could not because of cost?

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

Lastly, we have a few questions about your household environment.

29. Since your last study clinic visit, has anyone in *[Child's name]*'s household done any of the following? Say "yes" or "no" to each option.

Used any pesticides, insecticides, or rat poison in or around your home	☐$_1$ Yes ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
Smoked cigarettes inside your home?	☐$_1$ Yes ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
Smoked marijuana inside your home?	☐$_1$ Yes ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
Used drugs such as crack, cocaine, or heroin?	☐$_1$ Yes ☐$_0$ No ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*

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