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*

Appendix F4, version 19/MAY/2017

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 <u>fever</u>, <u>rash</u>, <u>red eyes</u>, or <u>joint pain</u> go to question #8.**
- **If not, go to question #11.**

8. *If participant said "Yes" to **<u>fever</u>** 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 <u>other</u> 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.