CHILD'S STUDY ID: _____ -___-_____
PARENT'S STUDY ID: _____ -___-_____
Date: __ __/__ __ __ /__ __ __ __
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Form Approved
OMB No. 0920-1190
Exp. Date 02/28/2021

Staff Administered: _____

PARENT-CHILD Follow-Up Questionnaire

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

First we have a few questions about you and your household.

1. What is your relationship to this child?

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

2. Does your child live with you?

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

3. Including you and your child, how many adults and children live in the same household as your child?

   _____ 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 your child, not including your child enrolled in ZEN?

   Age of other child (1):_____ years ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
   Age of other child (2):_____ years ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
   Age of other child (3):_____ years ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
   Age of other child (4):_____ years ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
   Age of other child (5):_____ years ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
   Age of other child (6):_____ years ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
   Age of other child (7):_____ years ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
   Age of other child (8):_____ years ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
   Age of other child (9):_____ years ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*
   Age of other child (10):_____ years ☐$_{77}$ *Don't know* ☐$_{88}$ *Refused*

Now we want to learn a bit more about who helps provide care for your child.

5. First, tell me about how often you have provided care for your child since your last study visit.

   a. How many days per week do you provide care for your child?
      _____ days per week ☐$_{88}$ *Refused*

b. On days when you provide care for your child, how many hours per day?
_____ hours per day ☐88 *Refused*

c. Has someone helped you to provide care for your child on a regular basis since your last study visit?
☐1 Yes ☐0 No ☐88 *Refused*

❖ **If question #5c is "No" then go to question #7.**

6. Please think about the three people (such as family members or professional caregivers) who have helped provide care for your child on a regular basis most often since your last study visit, other than you. I will ask you some questions about each of these people.

Person (1)	
6a. For the first person you've thought of, what is this person's relationship to your child? I will read you a list of options and please select the best one.	☐0 Child's mother ☐1 Child's father ☐2 Non-parental partner of your child's mother/ father ☐3 Child's grandparent ☐4 Child's relative under age 18 (including a sibling younger than 18) ☐5 Other adult relative (including a sibling 18 or older) ☐6 Friend or neighbor ☐7 Unrelated adult (including a professional at a child care center) ☐8 Other ☐88 *Refused* ☐66 *Not applicable* – I do not have another person who cares for my child (*If not applicable, skip to question #7*). If other, specify:_____
6b. Does this person help care for your child in the following locations?	
In the child's home	☐1 Yes ☐0 No ☐88 *Refused*
In someone else's home	☐1 Yes ☐0 No ☐88 *Refused*
In a childcare center/nursey	☐1 Yes ☐0 No ☐88 *Refused*
Other	☐1 Yes ☐0 No ☐88 *Refused* If other, specify:_____
6c. How many days per week does this person help care for your child?	_____ days per week ☐88 *Refused*
6d. On days when this person helps care for your child, how many hours per day?	_____ hours per day ☐88 *Refused*
6e. On average, how many additional children does this person care for at the same time as your child?	_____ children ☐88 *Refused*
6f. On average, how many additional people also provide care for your child	_____ people ☐88 *Refused*

alongside this person?	
Person (2)	
6g. For the second person you've thought of, what is this person's relationship to your child? I will read you a list of options and please select the best one.	☐$_0$ Child's mother ☐$_1$ Child's father ☐$_2$ Non-parental partner of your child's mother/ father ☐$_3$ Child's grandparent ☐$_4$ Child's relative under age 18 (including a sibling younger than 18) ☐$_5$ Other adult relative (including a sibling 18 or older) ☐$_6$ Friend or neighbor ☐$_7$ Unrelated adult (including a professional at a child care center) ☐$_8$ Other ☐$_{88}$ *Refused* ☐$_{66}$ *Not applicable* – I do not have another person who cares for my child (*If not applicable, skip to question #7*). If other, specify:_____
6h. Does this person help care for your child in the following locations? In the child's home In someone else's home In a childcare center/nursey Other	 ☐$_1$ Yes ☐$_0$ No ☐$_{88}$ *Refused* ☐$_1$ Yes ☐$_0$ No ☐$_{88}$ *Refused* ☐$_1$ Yes ☐$_0$ No ☐$_{88}$ *Refused* ☐$_1$ Yes ☐$_0$ No ☐$_{88}$ *Refused* If other, specify:_____
6i. How many days per week does this person help care for your child?	_____ days per week ☐$_{88}$ *Refused*
6j. On days when this person helps care for your child, how many hours per day?	_____ hours per day ☐$_{88}$ *Refused*
6k. On average, how many additional children does this person care for at the same time as your child?	_____ children ☐$_{88}$ *Refused*
6l. On average, how many additional people also provide care for your child alongside this person?	_____ people ☐$_{88}$ *Refused*
Person (3)	
6m. For the third person you've thought of, what is this person's relationship to your child? I will read you a list of options and please select the best one.	☐$_0$ Child's mother ☐$_1$ Child's father ☐$_2$ Non-parental partner of your child's mother/ father ☐$_3$ Child's grandparent ☐$_4$ Child's relative under age 18 (including a sibling younger than 18) ☐$_5$ Other adult relative (including a sibling 18 or older) ☐$_6$ Friend or neighbor ☐$_7$ Unrelated adult (including a professional at a child care center) ☐$_8$ Other ☐$_{88}$ *Refused* ☐$_{66}$ *Not applicable* – I do not have another person who cares for

	my child (*If not applicable, skip to question #7*). If other, specify:_____
6n. Does this person help care for your child in the following locations? In the child's home In someone else's home In a childcare center/nursey Other	 ☐$_1$ Yes ☐$_0$ No ☐$_{88}$ *Refused* ☐$_1$ Yes ☐$_0$ No ☐$_{88}$ *Refused* ☐$_1$ Yes ☐$_0$ No ☐$_{88}$ *Refused* ☐$_1$ Yes ☐$_0$ No ☐$_{88}$ *Refused* If other, specify:_____
6o. How many days per week does this person help care for your child?	_____ days per week ☐$_{88}$ *Refused*
6p. On days when this person helps care for your child, how many hours per day?	_____ hours per day ☐$_{88}$ *Refused*
6q. On average, how many additional children does this person care for at the same time as your child?	_____ children ☐$_{88}$ *Refused*
6r. On average, how many additional people also provide care for your child alongside this person?	_____ people ☐$_{88}$ *Refused*

7. How satisfied are you with the amount of help you receive in caring for your child?
   ☐$_5$ Very satisfied
   ☐$_4$ Somewhat satisfied
   ☐$_3$ Not satisfied or unsatisfied
   ☐$_2$ Somewhat unsatisfied
   ☐$_1$ Very unsatisfied
   ☐$_{88}$ *Refused*

Now we have questions about any crying patterns your child may be having.

8. How many hours per day would you say your child 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*

9. In general, how easy is it to calm your child when he or she is crying or fussy?
   ☐$_0$ Very easy
   ☐$_1$ Somewhat easy
   ☐$_2$ Somewhat difficult
   ☐$_3$ Very difficult
   ☐$_{77}$ *Don't know*
   ☐$_{88}$ *Refused*

Let's now update our information about your child's healthcare.

10. What type of health insurance does your child have?

    ☐$_1$ Contributory ☐$_2$ Subsidized ☐$_3$ Not insured ☐$_4$ Specialized ☐$_5$ Exception

☐6 Indeterminate / independent ☐77 *Don't know* ☐88 *Refused*

11. What is the name of your child's health insurance provider?

Name: _____ ☐77 *Don't know* ☐88 *Refused*
☐66 *Not applicable*

12. Since your child's last study visit, have you sought medical care for your child?	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused* If Yes: Number of times:_____ Clinic name (1):_____ Clinic name (2):_____ Clinic name (3):_____ Clinic name (4):_____ Clinic name (5):_____
13. Without including tests done as part of the study, since your child's last study visit, did your child have any of the following tests? Say "yes" or "no" to each one I mention. Did your child have a…	
Cranial ultrasound	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused* If Yes: Number of visits:_____ Clinic name (1):_____ Clinic name (2):_____
MRI of the head	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused* If Yes: Number of visits:_____ Clinic name (1):_____ Clinic name (2):_____
CAT scan of the head	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused* If Yes: Number of visits:_____ Clinic name (1):_____ Clinic name (2):_____
Hearing test	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused* If Yes: Number of visits:_____ Clinic name (1):_____ Clinic name (2):_____
Vision test	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused* If Yes: Number of visits:_____ Clinic name (1):_____ Clinic name (2):_____
Developmental assessment	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused* If Yes: Number of visits:_____ Clinic name (1):_____

	Clinic name (2):_____
Did your child have any other tests I didn't mention?	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused* If Yes: Test (1): _____ Clinic name (1):_____ Test (2): _____ Clinic name (2):_____ Test (3): _____ Clinic name (3):_____ Test (4): _____ Clinic name (4):_____ Test (5): _____ __ Clinic name (5):_____
14. Since your child'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 specialist did your child see? Say "yes" or "no" to each one I mention. Did your child 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*
ENT	☐1 Yes (Clinic name:_____) ☐0 No ☐77 *Don't know* ☐88 *Refused*
Geneticist	☐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 your child 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*
15. Since your child's last study visit, has your child spent one night or more in the hospital?	☐1 Yes ☐0 No ☐77 *Don't know* ☐88 *Refused* If Yes: Number of times:_____ Hospital name (1):_____ Hospital name (2):_____ Hospital name (3):_____

Hospital name (4):_____
Hospital name (5):_____

16. Now I will give you a list of conditions. Please say "yes" or "no" if, since your child's last study visit, a healthcare provider told you that your child might have this illness. Did they say that your child 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 your child had something else I didn't mention?	☐$_1$ Yes	☐$_0$ No	☐$_{77}$ *Don't know*	☐$_{88}$ *Refused*
	If Yes, specify: _____			

17. Since your last study visit, have you or your child 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 your relationships, family and friends.

18. What is your marital status?
    - ☐$_1$ Married
    - ☐$_2$ Free Union
    - ☐$_3$ Single, divorced, or widowed
    - ☐$_4$ Other, specify: _____
    - ☐$_{77}$ *Don't know*
    - ☐$_{88}$ *Refused*

19. We are interested in how you feel about the following statements. I will read each statement to you from your point of view. 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.

20. 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*

21. Since your last study clinic visit, 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*

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

22. Since your last study clinic visit, has anyone done any of the following things in the child's house? 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.

PARENT'S STUDY ID: _____ -___-_____
CHILD'S STUDY ID: _____-___-_____

*Note any questions from parents below:*_____
_____
_____
_____
_____