

Site ID:  Unique participant ID: 
  
(1 = Rio, 2 = Manaus, 3 = Recife)

Participant type:  GAL number: 
  
(1 = Index, 2 = Contact symptomatic, 3 = Contact asymptomatic)

If household contact/sexual partner, number of Index:

**VITAL SIGNS**

1. Date of first appointment 

Day	Month	Year

2. Main complaint \_\_\_\_\_

3. Date of first symptoms 

Day	Month	Year

4. a) Does the patient has fever? 
  
1 = No (*Skip to Q5*)    2 = Yes

b) Fever onset 
  
1 = sudden                      2 = gradual

c) Highest temperature measured so far                      °C ,

d) Current temperature    °C ,

e) Date of the end of fever 

Day	Month	Year

5. Heart rate per minute

6. Respiratory rate per minute

7. a) Blood pressure sitted (Systolic/Dyastolic)                      mmHg  /

b) Boood pressute lying down (Systolic/Dyastolic)                      mmHg  /

8. Weight    Kg ,

9. Height    m ,

Site ID:

Unique participant ID:

**SYMPTOMS**

1 = No

2 = Yes

10. a) Chill

b) Date of onset

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

11. a) Headache

b) Date of onset

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

12. a) Photophobia

b) Date of onset

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

13. a) Retro orbital pain

b) Date of onset

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

14. a) Ocular burning sensation

b) Date of onset

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

15. a) Oropharyngeal pain

b) Date of onset

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

16. a) Hoarseness

b) Date of onset

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

17. a) Change in taste

b) Date of onset

Day	Month	Year

Day	Month	Year

Symptoms/Signs  
version 1.1  
12/set/16

Persistence of Zika virus in body fluids of patients with  
Zika virus infection  
Consultation form - 1st consult

CON1  
Page 3/8  
v1.1(12/09/2016)

Site ID:

Unique participant ID:

18. a) Earache

b) Date of onset

Day	Month	Year

Day	Month	Year

19. a) Coryza

b) Date of onset

Day	Month	Year

Day	Month	Year

20. a) Nasal congestion

b) Date of onset

Day	Month	Year

Day	Month	Year

21. a) Sudoresis

b) Date of onset

Day	Month	Year

Day	Month	Year

22. a) Prostration

b) Date of onset

Day	Month	Year

Day	Month	Year

23. a) Myalgia

b) Date of onset

Day	Month	Year

Day	Month	Year

24. a) Lombalgia

b) Date of onset

Day	Month	Year

Day	Month	Year

25. a) Muscular weakness

b) Date of onset

Day			Month			Year		

Day			Month			Year		

Symptoms/Signs  
version 1.1  
12/set/16

Persistence of Zika virus in body fluids of patients with  
Zika virus infection  
Consultation form - 1st consult

CON1  
Page 4/8  
v1.1(12/09/2016)

Site ID:

Unique participant ID:

26. a) Arthralgia

b) Date of onset

Day			Month			Year		

Day			Month			Year		

d) Site of arthralgia

1. Shoulder

4. hip

2. Elbow

5. Ankle

3. Knee

27. a) Anorexia

b) Date of onset

Day			Month			Year		

Day			Month			Year		

28. a) Nausea

b) Date of onset

Day			Month			Year		

Day			Month			Year		

29. a) Vomit

b) Date of onset

Day			Month			Year		

Day			Month			Year		

30. a) Abdominal pain

b) Date of onset

Day			Month			Year		

Day			Month			Year		

31. a) Choluria

b) Date of onset

Day	Month	Year

Day	Month	Year

32. a) Dysuria

b) Date of onset

Day	Month	Year

Day	Month	Year

Symptoms/Signs  
version 1.1  
12/set/16

Persistence of Zika virus in body fluids of patients with  
Zika virus infection  
Consultation form - 1st consult

CON1  
Page 5/8  
v1.1(12/09/2016)

Site ID:

Unique participant ID:

33. a) Dyarrhoea

b) Date of onset

Day	Month	Year

Day	Month	Year

34. a) Dyspnoea

b) Date of onset

Day	Month	Year

Day	Month	Year

35. a) Cough

b) Date of onset

Day	Month	Year

Day	Month	Year

36. a) Haemorrhage

b) Date of onset

Day	Month	Year

Day	Month	Year

37. a) Epistaxe

b) Date of onset

Day	Month	Year

Day	Month	Year

38. a) Gum bleeding

b) Date of onset

Day	Month	Year

Day	Month	Year

39. a) Metrorrhagia

b) Date of onset

Day	Month	Year

Day	Month	Year

--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--

40. a) Hematuria

b) Date of onset

Day	Month	Year

Day	Month	Year

Symptoms/Signs  
version 1.1  
12/set/16

Persistence of Zika virus in body fluids of patients with  
Zika virus infection  
Consultation form - 1st consult

CON1  
Page 6/8  
v1.1(12/09/2016)

Site ID:

Unique participant ID:

--	--	--	--

41. a) Hematemesis

b) Date of onset

Day	Month	Year

Day	Month	Year

42. a) Melena

b) Date of onset

Day	Month	Year

Day	Month	Year

43. a) Hemoptysis

b) Date of onset

Day	Month	Year

Day	Month	Year

44. a) Erythema

b) Date of onset

Day	Month	Year

Day	Month	Year

45. a) Exanthema

b) Date of onset

Day	Month	Year

Day	Month	Year

46. a) Pruritus

b) Date of onset

Day	Month	Year

Day	Month	Year

47. a) Numbness in the extremities

b) Date of onset

Day	Month	Year

Day	Month	Year

48. a) Edema

b) Date of onset

Day	Month	Year

Day	Month	Year

Symptoms/Signs  
version 1.1  
12/set/16

Persistence of Zika virus in body fluids of patients with  
Zika virus infection  
Consultation form - 1st consult

CON1  
Page 7/8  
v1.1(12/09/2016)

Site ID:

Unique participant ID:

49. a) Any medicine for this infection up to now?

b) If yes, please, give details

\_\_\_\_\_

\_\_\_\_\_

EXAMINATION

1 = No

2 = Yes

50. Capillary refill

51. Filiform pulse

52. Cold extremities

53. Hypotension/shock

54. Dyspnoea

55. Dehydration

56. Pale skin/mucosa

57. Edema

58. Jaundice

59. Oropharyngeal hyperemia

- |                        |                          |                    |                          |
|------------------------|--------------------------|--------------------|--------------------------|
| 60. a) Lymphadenopathy | <input type="checkbox"/> | e) Supraclavicular | <input type="checkbox"/> |
| b) Cervical            | <input type="checkbox"/> | f) Axillar         | <input type="checkbox"/> |
| c) Retro auricular     | <input type="checkbox"/> | g) Epitroclear     | <input type="checkbox"/> |
| d) Occipital           | <input type="checkbox"/> | h) Inguinal        | <input type="checkbox"/> |

<b>Symptoms/Signs version 1.1 12/set/16</b>	<b>Persistence of Zika virus in body fluids of patients with Zika virus infection Consultation form - 1st consult</b>	<b>CON1 Page 8/8 v1.1(12/09/2016)</b>
---	---	---

Site ID:  Unique participant ID:

- |                   |                          |              |                          |
|-------------------|--------------------------|--------------|--------------------------|
| 61. a) Exanthema  | <input type="checkbox"/> | e) Erythema  | <input type="checkbox"/> |
| b) Macular        | <input type="checkbox"/> | f) Enanthema | <input type="checkbox"/> |
| c) Maculo-papular | <input type="checkbox"/> | g) Other     | <input type="checkbox"/> |
| d) Vesiculosus    | <input type="checkbox"/> |              |                          |

62. Haemorrhage

63. Petechia

64. Purpura

65. Gum bleeding

66. Epistaxe

67. a) Cardiac abnormalities	<input type="checkbox"/>	d) Coarse crackles	<input type="checkbox"/>
------------------------------	--------------------------	--------------------	--------------------------

b) Murmur	<input type="checkbox"/>	e) Wheezes	<input type="checkbox"/>
-----------	--------------------------	------------	--------------------------

c) Fine crackles	<input type="checkbox"/>		
------------------	--------------------------	--	--

68. a) Abdomial abnormalities	<input type="checkbox"/>	d) Hepatomegaly	<input type="checkbox"/>
-------------------------------	--------------------------	-----------------	--------------------------

b) Pain on palpation	<input type="checkbox"/>	e) Splenomegaly	<input type="checkbox"/>
----------------------	--------------------------	-----------------	--------------------------

c) Ascitis	<input type="checkbox"/>		
------------	--------------------------	--	--



69. Neurological abnormalities

b) Lethargy

c) Agitation

d) Other

Please, specify \_\_\_\_\_

70. a) Rheumatological abnormalities

b) Edema

c) Other  Please, specify