

# PREVAIL Study Weekly Survey

Please complete the survey below about [week\_0\_arm\_1][nbcrcf\_inf\_name]'s health in the past week.

If you have any questions or concerns, please contact a PREVAIL Research Coordinator.

In the past week, has [week\_0\_arm\_1][nbcrcf\_inf\_name] experienced fever and/or cough?  Yes  
 No

On what date did [week\_0\_arm\_1][nbcrcf\_inf\_name]'s cough and/or fever begin?

\_\_\_\_\_  
(MM/DD/YYYY)

Is [week\_0\_arm\_1][nbcrcf\_inf\_name] still sick with a cough or fever TODAY?  Yes  
 No

	Yes	No	Unsure/Unknown
During this illness, has [week_0_arm_1][nbcrcf_inf_name] had a cough?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During this illness, has [week_0_arm_1][nbcrcf_inf_name] had an earache?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During this illness, has [week_0_arm_1][nbcrcf_inf_name] had nasal congestion or a runny nose?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During this illness, has [week_0_arm_1][nbcrcf_inf_name] had a sore throat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During this illness, has [week_0_arm_1][nbcrcf_inf_name] had wheezing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During this illness, has [week_0_arm_1][nbcrcf_inf_name] had rapid or shallow breathing/shortness of breath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Has [week\_0\_arm\_1][nbcrcf\_inf\_name] had a fever during this illness?  Yes  
 No  
 Unsure/Unknown

Did you measure [week\_0\_arm\_1][nbcrcf\_inf\_name]'s temperature with a thermometer?  Yes  
 No

What was the highest temperature measured?

\_\_\_\_\_  
(record temperature in degrees fahrenheit)

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What method did you use to measure this temperature?

- Rectal
- Armpit
- Mouth
- Ear
- Forehead
- Unsure/Unknown
- Other

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Please collect an additional nasal swab from [week\_0\_arm\_1][nbcrcf\_inf\_name] and send it to CCHMC using the courier. In the coming week during this illness, remember to record [week\_0\_arm\_1][nbcrcf\_inf\_name]'s temperature, symptoms and medications on the log sheet. This information will be useful to you when completing next week's survey.

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Please collect an additional nasal swab from [week\_0\_arm\_1][nbcrcf\_inf\_name] and send it to CCHMC using the courier. In the next 24-48 hours, you will receive another text survey to ask you more detailed question about this illness.

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In the past week, has [week\_0\_arm\_1][nbcrcf\_inf\_name] experienced vomiting and/or diarrhea?

- Yes
- No

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We are glad to hear that [week\_0\_arm\_1][nbcrcf\_inf\_name] is well this week. Please remember to send in one nasal swab and one diaper through the courier. Thank you!

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On what date did vomiting and/or diarrhea start for [week\_0\_arm\_1][nbcrcf\_inf\_name]?

\_\_\_\_\_

(MM/DD/YYYY)

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Is [week\_0\_arm\_1][nbcrcf\_inf\_name] still sick with a vomiting and/or diarrhea TODAY?

- Yes
- No

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During this illness, has [week\_0\_arm\_1][nbcrcf\_inf\_name] had diarrhea?

- Yes
  - No
  - Unsure/Unknown
- (Please select one)

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During this illness, has [week\_0\_arm\_1][nbcrcf\_inf\_name] vomited?

- Yes
  - No
  - Unsure/Unknown
- (Please select one)

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When you pinched the skin on your child's abdomen to test for dehydration, how did your child's skin retract?

- Normally - skin retracts immediately
- Slowly - the fold is visible for less than 2 seconds
- Very Slowly-the fold is visible for more than 2 seconds
- Unsure/Unknown

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Has [week\_0\_arm\_1][nbcrcf\_inf\_name] had a fever during this illness?

- Yes
  - No
  - Unsure/Unknown
- (Please select one)

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Did you measure [week\_0\_arm\_1][nbcrcf\_inf\_name]'s temperature with a thermometer?

- Yes
- No

---

What was the highest temperature measured?

\_\_\_\_\_

(record temperature in degrees fahrenheit)

---

What method did you use to measure this temperature?

- Rectal
  - Armpit
  - Mouth
  - Ear
  - Forehead
  - Unsure/Unknown
  - Other
- (Select all that apply)

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Please collect an additional stool sample from [week\_0\_arm\_1][nbcrc\_inf\_name] and send it to CCHMC using the courier. In the coming week during this illness, remember to record [week\_0\_arm\_1][nbcrc\_inf\_name]'s temperature, symptoms and medications on the log sheet. This information will be useful to you when completing next week's survey.

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Please collect an additional stool sample from [week\_0\_arm\_1][nbcrc\_inf\_name] and send it to CCHMC using the courier. In the next 24-48 hours, you will receive another text survey to ask you more detailed questions about this illness.

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Was this week missed?

- Yes
- No
- Not Applicable

(Not completed by the subject via text or by the CRC via telephone call to the subject)

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Was this survey completed by the CRC via telephone call to the subject?

- Yes
- No

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CRC Initials

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