a. Was [CHILD UNDER AGE 2] sick within the last 2 weeks(14 days)? Yes/No

   IF YES: Section Header Intro Text: We are sorry [CHILD UNDER AGE 2] hasn't been feeling well. Below is a list of symptoms- please indicate if [CHILD UNDER AGE 2] experienced any of the following symptoms at any time during the last 14 days

   i. Symptom List Hierarchy(Bold Questions) with Subcategories

      1. **Did [CHILD UNDER AGE 2] have a fever or feel feverish(chills, sweating) at any time during the last 2 weeks?(chills, sweating)** Yes/No
         a. What was [CHILD UNDER AGE 2]'s highest temperature? Integer response
            i. Is this in Fahrenheit or Celsius? 1, Fahrenheit|2, Celsius
         b. Approximately how many days in the last 2 weeks did [CHILD UNDER AGE 2] experience this symptom?
         c. Does [CHILD UNDER AGE 2] currently have a fever or feel feverish(chills, sweating)? Yes/No

      2. **Did [CHILD UNDER AGE 2] have any cold or flu-like symptoms(such as a runny nose or congestion) at any time during the last 2 weeks? Yes/No**
         a. Approximately how many days in the last 2 weeks did [CHILD UNDER AGE 2] experience these symptom(s)?
         b. Is [CHILD UNDER AGE 2] currently experiencing any cold or flu-like symptoms? Yes/No

      3. **Did [CHILD UNDER AGE 2] have a cough in the last 14 days?** Yes/No
         a. Approximately how many days in the last 2 weeks did [CHILD UNDER AGE 2] experience this symptom?
         b. Is [CHILD UNDER AGE 2] currently experiencing any coughing? Yes/No

      4. **Did [CHILD UNDER AGE 2] have any wheezing or whistling in the chest at any time during the last 14 days?** Yes/No
         a. Approximately how many days in the last 2 weeks did [CHILD UNDER AGE 2] experience this symptom?
         b. Is [CHILD UNDER AGE 2] currently experiencing any wheezing or whistling in the chest? Yes/No

      5. **Did [CHILD UNDER AGE 2] sleep more or less during the last 14 days?**
         a. Was this an increase or decrease in sleep? 1, Increase |2, Decrease
         b. Approximately how many days in the last 2 weeks did [CHILD UNDER AGE 2] experience this symptom?
         c. Is [CHILD UNDER AGE 2] currently experiencing any sleep change? Yes/No

      6. **Was[CHILD UNDER AGE 2] cranky or irritable during the last 2 weeks?**

a. Approximately how many days in the last 2 weeks did [CHILD UNDER THE AGE OF 2] express this symptom?

b. Is [CHILD UNDER THE AGE OF 2] currently expressing any crankiness or irritability? Yes/No

7. **Did [CHILD UNDER AGE 2] pull at his or her ears during the last 14 days? Yes/No**

   a. Approximately how many days in the last 2 weeks did [CHILD UNDER AGE 2] experience this symptom?

   b. Is [CHILD UNDER AGE 2] pulling his or her ears? Yes/No

8. **Did [CHILD UNDER AGE OF 2] have decreased appetite or difficulty feeding at any time during the last 2 weeks?**

   a. Approximately how many days in the last 2 weeks did [CHILD UNDER AGE 2] experience this symptom?

   b. Is [CHILD UNDER AGE 2] currently experiencing any appetite change? Yes/No

9. **Did [CHILD UNDER AGE 2] vomit at any time during the last 14 days? Yes/No**

   a. Approximately how many days in the last 2 weeks did [CHILD UNDER AGE 2] experience this symptom?

   b. Is [CHILD UNDER AGE 2] currently experiencing any vomiting? Yes/No

10. **Did [CHILD UNDER AGE 2] have any diarrhea (loose or watery stools) at any time during the last 14 days? Yes/No**

    a. Approximately how many days in the last 2 weeks did [CHILD UNDER AGE 2] experience this symptom?

    b. Is [CHILD UNDER AGE 2] currently experiencing any diarrhea? Yes/No

11. **Did [CHILD UNDER AGE 2] experience any other symptoms not listed above during the last 2 weeks? Yes/No**

    a. How many additional symptoms has [CHILD UNDER AGE 2] experienced?[integer response](repeating the below a-c for each symptom endorsed)

       i. Please describe symptom 1 [text box]

       ii. Approximately how many days in the last 2 weeks did you experience symptom 1?

       iii. Is your child currently experiencing this symptom?