**INSTRUMENT II**

**2. Sociodemographic profile of the responsible caregiver:**

Responsible for home care for children with microcephaly caused by the Zika virus:

A. Gender:

1. Male ( )

2. Female ( )

3. Uninformed ( )

B. Degree of kinship:

1. Father ( )

2. Mother ( )

3.Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C. Age in years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D. Marital status:

1. Married ( )

2. Single ( )

3. Divorced ( )

4. Widower ( )

E. Number of living children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

F. Numbers of children with microcephaly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

G. In which gestational period “mother case” did Zika virus disease occur:

1. In the first quarter ( )

2. No segundo trimestre ( )

3. In the third quarter ( )

4. Don't know how to inform ( )

H. Family income:

In reais: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I. Do you have any medical treatment after taking care of the child.

1. Yes ( )

2. No ( )

If yes, what treatment do you do?

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J. Do you work.

1. Yes ( )

2. No ( )

If the alternative is Yes. What is your profession?

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L. How long have you been this child's caregiver in months?

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M. How much time do you dedicate per day for the child in hours?

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N. Telephone for contact with area code: optional item.

O. Activities as a caregiver: DO YOU PARTICIPATE?

\_ Child feeding;

1. Yes ( )

2. No ( )

\_Child medication;

1. Yes ( )

2. No ( )

\_Child bath

1. Yes ( )

2. No ( )

\_Dress or help dress the child;

1. Yes ( )

2. No ( )

\_You help transport the child.

1. Yes ( )

2. No ( )

P. Did you receive any guidance regarding the dilution and administration of these indicated medications?

1. Yes ( )

2. No ( )

If the answer is “yes”, which professional gave you the information?

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Q. What are the difficulties described at the time of dilution and administration of medications:

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R. What are the difficulties in swallowing presented by children at the time of medication administration:

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S. The child has been hospitalized for choking at the time of swallowing for food or medication:

1. Yes ( )

2. No ( )

If the answer is yes, talk about what caused the choking and if there was a need for medical attention:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T. What are the main difficulties encountered by you in caring for the child?

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U. Given the difficulties presented, how do you think you could improve them?

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