# Zika Exposure Questionnaire

**Date:** ____________________________

**Patient Information:**
Name (First, Last) ____________________________ Age _____ DOB ___________ Race _______

I would like to ask you about if you might have been exposed to the Zika virus or related viruses before.

Did you travel outside the United States (or to a US territory: Puerto Rico, USVI, AM Samoa or to the Miami-Dade area) in the last two weeks?
- [ ] Yes  
- [ ] No  
  or in the last six months?
- [ ] Yes  
- [ ] No

**If Yes:**

1. Location of Travel, Country and City ________________________________
   
   Date of Travel: Start Date __/__/__  End Date: __/__/__

2. Location of Travel, Country and City ________________________________
   
   Date of Travel: Start Date __/__/__  End Date: __/__/__

(In the Past Month), have you had any of these symptoms? New for you, not long standing problems.

**Fever**

- [ ] Yes  
- [ ] No  
  If yes, first date with this __/__/__ How many days did it last? ______
  (report of subjective fever is acceptable)

**Rash**

- [ ] Yes  
- [ ] No  
  If yes, first date with this __/__/__ How many days did it last? ______
  (NOT asking about localized rash or secondary to topical exposure)

**Conjunctivitis (Pink Eye)**

- [ ] Yes  
- [ ] No  
  If yes, first date with this __/__/__ How many days did it last? ______
  (NOT allergic type)

**Joint Pain**

- [ ] Yes  
- [ ] No  
  If yes, first date with this __/__/__ How many days did it last? ______
  (Not chronic or post-trauma pain)

For this illness, did you go to a clinic/hospital to be checked?
- [ ] Yes  
- [ ] No

If yes, what did the doctor/nurse decide that you had? ____________________________

**Other exposures**

During this pregnancy, have you had sex with someone who had recently returned from a country where Zika has been spread? (By recently returned, we mean your partner had returned sometime within the last 6 months before the time you had sex)

Your Answer  
- [ ] Yes  
- [ ] No  
- [ ] Unknown  
  If yes, gestational age (in weeks) ________