

# 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) \_\_\_\_\_