

Screening Tool for Possible Zika Virus Exposure during Pregnancy Maternal Screen Questions



Instructions:

Please read each question and mark the box next to your answer (“Yes,” “No,” or “Unsure”). Once you are finished, please return this form to your baby’s doctor.

Your answers will help your baby’s doctor find out if your baby may have been exposed to Zika during your pregnancy. In addition, your doctor will let you know if further tests are necessary.

While you were pregnant:

Did you travel to any area where the spread of Zika was a concern?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Did you live in any area where the spread of Zika was a concern?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Did you have sex without a condom with someone who lives in or traveled to an area where the spread of Zika was a concern?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
If you answered Yes to any of the first three questions: Did you have any symptoms of Zika (e.g., rash, fever, joint or muscle pain, headache, red eyes)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Were you tested for Zika while you were pregnant with this baby?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Did you have any special/extra tests during pregnancy such as extra ultrasounds, or amniocentesis to look for issues related to Zika virus infection in your baby?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure

After your baby was born:

Was your baby tested for Zika virus infection after birth?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
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Did your baby have any of the following tests performed after birth because of concerns related to Zika?

Ultrasound or other radiology test (i.e., CT or MRI scan) of his or her head?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Hearing tests in addition to newborn hearing screening?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Exam by an eye doctor or eye specialist to look at the back of your baby’s eye?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure

Do you have any concerns about your baby and Zika virus infection?

Yes

No

Unsure

If Yes, please describe your concerns:

For more information on Zika and pregnancy, visit <https://www.cdc.gov/pregnancy/zika/>.