



# Pregnancy and Zika virus disease surveillance form

are considered confidential and will be stored in a secure database at the Centers for Disease Control and Prevention

Please return completed form by fax to (970) 266-3568 or email XXXX@cdc.gov

Contacts (1): (970) 221-6400

## Mother's Zika virus infection (ADB follow-up)

Mother's name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

State of residence: \_\_\_\_\_ County of residence: \_\_\_\_\_

Ethnicity (Please ask the patient to self-identify as):  Hispanic or Latino  Not Hispanic or Latino

Race (Please ask the patient to self-identify as one or more of the following):  American Indian or Alaska Native  Asian  Black or African-American  Native Hawaiian or other Pacific Islander  White

Indication for maternal serum Zika virus testing: \_\_\_\_\_

Date of Zika virus disease onset: \_\_\_\_/\_\_\_\_/\_\_\_\_ -OR-  Asymptomatic

Symptoms of mother's Zika virus disease: (check all that apply)

Fever \_\_\_\_°F  Rash  Arthralgia  Conjunctivitis  Other Clinical Presentation \_\_\_\_\_

Gestational age at onset: \_\_\_\_\_ weeks

Countr(ies) of exposure: \_\_\_\_\_ Date of travel1: \_\_\_\_\_

\_\_\_\_\_ Date of travel2: \_\_\_\_\_

\_\_\_\_\_ Date of travel3: \_\_\_\_\_

Mother agrees to participate in the Pregnancy Register

## Mother's pregnancy (DRH/DBDDD follow-up)

Last menstrual period: \_\_\_\_/\_\_\_\_/\_\_\_\_ Estimated delivery date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gestation history: Gravida \_\_\_\_ Para \_\_\_\_ SAB \_\_\_\_ TAB \_\_\_\_

Current gestation:  Single  Twins  Triplets

Underlying maternal illness: Diabetes  No  Yes Maternal PKU  No  Yes

Hypothyroidism  No  Yes Hypertension  No  Yes Alcohol use  No  Yes

Other underlying illness: \_\_\_\_\_

Complications of pregnancy: TORCH infection  No  Yes Gestational diabetes  No  Yes

Death of a monozygote twin  No  Yes Pregnancy-related HTN  No  Yes Other  No  Yes

Medications during pregnancy:  No  Yes (please list:)

Did this pregnancy end in miscarriage or intrauterine fetal demise (IUFD)?

No  Yes (date: \_\_\_\_/\_\_\_\_/\_\_\_\_) (approximate gestational age: \_\_\_\_\_ weeks)

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