Form Approved OMB No. 0920-1011 Exp. Date 03/31/2017

**Appendix 2. Chart Extraction** 

Public reporting burden of this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)

Microcephaly Case Control Investigation	Infant case ID:A-2 Date of extraction://	Name of healthcare facility: Town/City:			
Infant History	day month y	/ear Municipality:			
Infant Date of Birth (d/m/y)		Mother Date of Birth (d/m/y)			
Date microcephaly diagnosed (d/m/y)		Total number of previous Live births			
Sex: ☐ Male	□ Female □ Ambiguous	Still births Spontaneous abortions			
Gestational age at birth	(in weeks)				
Birth weight:	(in grams)	Are the parents ☐ Yes ☐ No related?			
Birth length:	(in cm)	If yes, explain:			
Birth head circumference	(in cm)				
Date (d/m/y) and time (hh:mm) of measurements		Prenatal testing and history			
		Prenatal ultrasound  Yes  No			
Multiple birth:	□ Yes □ No	Results:   Normal  Abnormal; describe:			
If yes, specify:		Prenatal amnio ☐ Yes ☐ No			
		Results:   Normal  Abnormal; describe:			
Medical problems		Chorionic villus ☐ Yes ☐ No sampling			
☐ Hearing problems☐ Seizures☐ Sepsis	<ul><li>☐ Blindness</li><li>☐ Difficulty swallowing</li><li>☐ Respiratory distress</li></ul>	Results:   Normal  Abnormal; describe:			
		Underlying medical conditions during this pregnancy:			
Imaging and test results		Any complications with this pregnancy:			
Neuroimaging performed:	☐ Yes ☐ No				
Record results noting scan	type:	Maternal medications during this pregnancy:			
Genetic testing	☐ Yes ☐ No				
performed:		Any noted meternal evacuures (e.g. toving chemicale):			
Record results noting test type:		Any noted maternal exposures (e.g., toxins, chemicals):			
Infectious disease testing for infant		Infectious disease testing performed during this pregnancy			

VDRL	Is yes	☐ Yes ☐ Reactive	□ No □ NR	VDRL	Is yes	☐ Yes ☐ Reactive	□ No □ NR
CMV	If yes	☐ Yes ☐ Positive IgM ☐ Positive IgG	☐ No ☐ Negative IgM ☐ Negative IgG	CMV	If yes	☐ Yes ☐ Positive IgM ☐ Positive IgG	☐ No ☐ Negative IgM ☐ Negative IgG
HSV 1	If yes	☐ Positive cx ☐ Yes ☐ Positive IgM	☐ Negative cx ☐ No ☐ Negative IgM	HSV 1	If yes	☐ Positive cx ☐ Yes ☐ Positive IgM	☐ Negative cx ☐ No ☐ Negative IgM
		☐ Positive IgG☐ Positive cx	<ul><li>☐ Negative IgG</li><li>☐ Negative cx</li></ul>			☐ Positive IgG ☐ Positive cx	<ul><li>□ Negative IgG</li><li>□ Negative cx</li></ul>
HSV 2	If yes	☐ Yes ☐ Positive IgM ☐ Positive IgG ☐ Positive cx	☐ No ☐ Negative IgM ☐ Negative IgG ☐ Negative cx	HSV 2	If yes	☐ Yes ☐ Positive IgM ☐ Positive IgG ☐ Positive cx	☐ No ☐ Negative IgM ☐ Negative IgG ☐ Negative cx
Rubella	If yes	☐ Yes ☐ Positive IgM ☐ Positive IgG	☐ No ☐ Negative IgM ☐ Negative IgG	Rubella	If yes	☐ Yes ☐ Positive IgM ☐ Positive IgG	☐ No ☐ Negative IgM ☐ Negative IgG
Toxoplasmosis		☐ Yes ☐ Positive	<ul><li>□ No</li><li>□ Negative</li></ul>	Toxoplasmo	osis	<ul><li>☐ Yes</li><li>☐ Positive</li></ul>	□ No □ Negative
Dengue	If yes	☐ Yes ☐ Positive RNA ☐ Positive IgM ☐ Positive IgG	☐ No ☐ Negative RNA ☐ Negative IgM ☐ Negative IgG	Dengue	If yes	☐ Yes ☐ Positive RNA ☐ Positive IgM ☐ Positive IgG	☐ No ☐ Negative RNA ☐ Negative IgM ☐ Negative IgG
Zika	If yes	☐ Yes ☐ Positive RNA ☐ Positive IgM ☐ Positive IgG	☐ No ☐ Negative RNA ☐ Negative IgM ☐ Negative IgG	Zika	If yes	☐ Yes ☐ Positive RNA ☐ Positive IgM ☐ Positive IgG	☐ No ☐ Negative RNA ☐ Negative IgM ☐ Negative IgG
Chikungunya	If yes	☐ Yes ☐ Positive RNA ☐ Positive IgM ☐ Positive IgG	☐ No ☐ Negative RNA ☐ Negative IgM ☐ Negative IgG	Chikunguny	/a If yes	☐ Yes ☐ Positive RNA ☐ Positive IgM ☐ Positive IgG	☐ No ☐ Negative RNA ☐ Negative IgM ☐ Negative IgG
Other 1:	_	□ Yes	□ No	Other 1:		□ Yes	□ No
Results:				Results:			
Other 2:		□ Yes	□ No	Other 2:		□ Yes	□ No
Results:				Results:			
Other infant exa	amination	ns or abnormalities	s/defects				
Results of infant			onormal, describe: _				
Bish Isa			Le u.a. de la				
Birth defect pres	<u>ent</u>		Full description of	defect			
Area to describe	specific t	est results or defect	s in more detailed, if	not captured	above		