



# U.S. Zika Pregnancy Registry and Birth Defects Surveillance — Integrated Supplemental Maternal Prenatal Imaging and Diagnostics Form

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

Please return completed form via SAMS or secure FTP—request access from [ZIKApregnancy@cdc.gov](mailto:ZIKApregnancy@cdc.gov) The form can also be sent by encrypted email to this address or by secure fax to 404-718-1013 or 404-718-2200

Contact Pregnancy & Birth Defects Task Force at: 770-488-7100

|                                                                                                                                                                                                                        |                                                                                                                                                       |                                                          |                                                                                                                                            |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| MHH.1. State/Territory ID: _____                                                                                                                                                                                       |                                                                                                                                                       | MHH.3. State/Territory reporting: _____                  |                                                                                                                                            |                                                          |
|                                                                                                                                                                                                                        |                                                                                                                                                       | MHH.4. County reporting: _____                           |                                                                                                                                            |                                                          |
| <b>SIF.79. Date(s) of ultrasound(s):</b><br>____/____/____<br><input type="checkbox"/> <b>SIF.80.</b><br>Check if date approximated<br><br><b>SIF.81. If date not known, Gestational age</b><br>-----<br>(weeks, days) | <b>SIF.82. Overall fetal ultrasound results:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal                                    |                                                          |                                                                                                                                            |                                                          |
|                                                                                                                                                                                                                        | <b>SIF.83.</b> <input type="checkbox"/> Reported by patient/healthcare provider <input type="checkbox"/> Ultrasound report                            |                                                          |                                                                                                                                            |                                                          |
|                                                                                                                                                                                                                        | <b>SIF.84.</b> Head circumference _____cm                                                                                                             |                                                          |                                                                                                                                            |                                                          |
|                                                                                                                                                                                                                        | <b>SIF.85.</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal ( <i>by physician report</i> )                                       |                                                          |                                                                                                                                            |                                                          |
|                                                                                                                                                                                                                        | <b>SIF.86.</b> Biparietal diameter (BPD) _____cm                                                                                                      |                                                          |                                                                                                                                            |                                                          |
|                                                                                                                                                                                                                        | <b>SIF.87.</b> Femur length (FL) _____cm                                                                                                              |                                                          |                                                                                                                                            |                                                          |
|                                                                                                                                                                                                                        | <b>SIF.88.</b> Abdominal circumference (AC) _____cm                                                                                                   |                                                          |                                                                                                                                            |                                                          |
|                                                                                                                                                                                                                        | <b>SIF.89.</b> <input type="checkbox"/> Symmetric intrauterine growth restriction (IUGR)<br><input type="checkbox"/> Asymmetric IUGR (HC>AC or HC>FL) |                                                          |                                                                                                                                            |                                                          |
|                                                                                                                                                                                                                        | <b>SIF.90.</b> Microcephaly                                                                                                                           | <input type="checkbox"/> No <input type="checkbox"/> Yes | <b>SIF.91.</b> Intracranial calcifications                                                                                                 | <input type="checkbox"/> No <input type="checkbox"/> Yes |
|                                                                                                                                                                                                                        | <b>SIF.92.</b> Cerebral / cortical atrophy                                                                                                            | <input type="checkbox"/> No <input type="checkbox"/> Yes | <b>SIF.93.</b> Abnormal cortical gyral patterns (e.g., polymicrogyria, lissencephaly, pachygyria, schizencephaly, gray matter heterotopia) | <input type="checkbox"/> No <input type="checkbox"/> Yes |
|                                                                                                                                                                                                                        | <b>SIF.94.</b> Corpus callosum abnormalities                                                                                                          | <input type="checkbox"/> No <input type="checkbox"/> Yes | <b>SIF.95.</b> Cerebellar abnormalities                                                                                                    | <input type="checkbox"/> No <input type="checkbox"/> Yes |
|                                                                                                                                                                                                                        | <b>SIF.96.</b> Porencephaly                                                                                                                           | <input type="checkbox"/> No <input type="checkbox"/> Yes | <b>SIF.97.</b> Hydranencephaly                                                                                                             | <input type="checkbox"/> No <input type="checkbox"/> Yes |
|                                                                                                                                                                                                                        | <b>SIF.98.</b> Moderate or severe ventriculomegaly/hydrocephaly                                                                                       | <input type="checkbox"/> No <input type="checkbox"/> Yes | <b>SIF.99.</b> Fetal brain disruption sequence (collapsed skull, overlapping sutures, prominent occipital bone, scalp rugae)               | <input type="checkbox"/> No <input type="checkbox"/> Yes |
|                                                                                                                                                                                                                        | <b>SIF.100.</b> Other major brain abnormalities                                                                                                       | <input type="checkbox"/> No <input type="checkbox"/> Yes | <b>SIF.101.</b> Anencephaly / acrania                                                                                                      | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <b>SIF.102.</b> Encephalocele                                                                                                                                                                                          | <input type="checkbox"/> No <input type="checkbox"/> Yes                                                                                              | <b>SIF.103.</b> Spina bifida                             | <input type="checkbox"/> No <input type="checkbox"/> Yes                                                                                   |                                                          |
| <b>SIF.104.</b> Holoprosencephaly/arhinencephaly                                                                                                                                                                       | <input type="checkbox"/> No <input type="checkbox"/> Yes                                                                                              | <b>SIF.105.</b> Structural eye abnormalities/dysplasia   | <input type="checkbox"/> No <input type="checkbox"/> Yes                                                                                   |                                                          |
| <b>SIF.106.</b> Arthrogryposis                                                                                                                                                                                         | <input type="checkbox"/> No <input type="checkbox"/> Yes                                                                                              | <b>SIF.107.</b> Clubfoot                                 | <input type="checkbox"/> No <input type="checkbox"/> Yes                                                                                   |                                                          |
| <b>SIF.108.</b> Hydrops                                                                                                                                                                                                | <input type="checkbox"/> No <input type="checkbox"/> Yes                                                                                              | <b>SIF.109.</b> Ascites                                  | <input type="checkbox"/> No <input type="checkbox"/> Yes                                                                                   |                                                          |
| <b>SIF.110.</b> Other                                                                                                                                                                                                  | <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, describe:                                                                         |                                                          |                                                                                                                                            |                                                          |
| <b>SIF.111. Description of abnormal ultrasound findings:</b>                                                                                                                                                           |                                                                                                                                                       |                                                          |                                                                                                                                            |                                                          |
| <b>SIF.112. Date(s) of Ultrasound(s):</b><br>____/____/____<br><input type="checkbox"/> <b>SIF.113.</b>                                                                                                                | <b>SIF.115. Overall fetal ultrasound results:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal                                   |                                                          |                                                                                                                                            |                                                          |
|                                                                                                                                                                                                                        | <b>SIF.116.</b> <input type="checkbox"/> Reported by patient/healthcare provider <b>SIF.117.</b> <input type="checkbox"/> Ultrasound report           |                                                          |                                                                                                                                            |                                                          |
|                                                                                                                                                                                                                        | <b>SIF.118.</b> Head Circumference _____cm                                                                                                            |                                                          |                                                                                                                                            |                                                          |
|                                                                                                                                                                                                                        | <b>SIF.119.</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal ( <i>by physician report</i> )                                      |                                                          |                                                                                                                                            |                                                          |
| <b>SIF.120.</b> Biparietal diameter (BPD) _____cm                                                                                                                                                                      |                                                                                                                                                       |                                                          |                                                                                                                                            |                                                          |



## U.S. Zika Pregnancy Registry and Birth Defects Surveillance – Integrated Supplemental Maternal Prenatal Imaging and Diagnostics Form

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

|                                                                                                                        |                                                                                                            |                                                                            |                                                          |                                                                                                                                      |                                                          |                                                          |
|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| check<br>if date<br>approximated<br><br>SIF.114.<br>if date not<br>known,<br>gestational age<br>-----<br>(weeks, days) | SIF.121. Femur length (FL) _____ cm                                                                        |                                                                            |                                                          |                                                                                                                                      |                                                          |                                                          |
|                                                                                                                        | SIF.122. Abdominal circumference (AC) _____ cm                                                             |                                                                            |                                                          |                                                                                                                                      |                                                          |                                                          |
|                                                                                                                        | SIF.123. <input type="checkbox"/> Symmetric IUGR <input type="checkbox"/> Asymmetric IUGR (HC>AC or HC>FL) |                                                                            |                                                          |                                                                                                                                      |                                                          |                                                          |
|                                                                                                                        | SIF.124. Microcephaly                                                                                      |                                                                            | <input type="checkbox"/> No <input type="checkbox"/> Yes | SIF.125. Intracranial calcifications                                                                                                 | <input type="checkbox"/> No <input type="checkbox"/> Yes |                                                          |
|                                                                                                                        | SIF.126. Cerebral / cortical atrophy                                                                       |                                                                            | <input type="checkbox"/> No <input type="checkbox"/> Yes | SIF.127. Abnormal cortical gyral patterns (e.g., polymicrogyria, lissencephaly, pachygyria, schizencephaly, gray matter heterotopia) |                                                          |                                                          |
|                                                                                                                        | SIF.128. Corpus callosum abnormalities                                                                     |                                                                            | <input type="checkbox"/> No <input type="checkbox"/> Yes | SIF.129. Cerebellar abnormalities                                                                                                    |                                                          | <input type="checkbox"/> No <input type="checkbox"/> Yes |
|                                                                                                                        | SIF.130. Porencephaly                                                                                      |                                                                            | <input type="checkbox"/> No <input type="checkbox"/> Yes | SIF.131. Hydranencephaly                                                                                                             |                                                          | <input type="checkbox"/> No <input type="checkbox"/> Yes |
|                                                                                                                        | SIF.132. Moderate or severe ventriculomegaly/hydrocephaly                                                  |                                                                            | <input type="checkbox"/> No <input type="checkbox"/> Yes | SIF.133. Fetal brain disruption sequence (collapsed skull, overlapping sutures, prominent occipital bone, scalp rugae)               |                                                          | <input type="checkbox"/> No <input type="checkbox"/> Yes |
|                                                                                                                        | SIF.134. Other major brain abnormalities                                                                   |                                                                            | <input type="checkbox"/> No <input type="checkbox"/> Yes | SIF.135. Anencephaly / acrania                                                                                                       |                                                          | <input type="checkbox"/> No <input type="checkbox"/> Yes |
|                                                                                                                        | SIF.136. Encephalocele                                                                                     |                                                                            | <input type="checkbox"/> No <input type="checkbox"/> Yes | SIF.137. Spina bifida                                                                                                                |                                                          | <input type="checkbox"/> No <input type="checkbox"/> Yes |
|                                                                                                                        | SIF.138. Holoprosencephaly/arhinencephaly                                                                  |                                                                            | <input type="checkbox"/> No <input type="checkbox"/> Yes | SIF.139. Structural eye abnormalities/dysplasia                                                                                      |                                                          | <input type="checkbox"/> No <input type="checkbox"/> Yes |
|                                                                                                                        | SIF.140. Arthrogryposis                                                                                    |                                                                            | <input type="checkbox"/> No <input type="checkbox"/> Yes | SIF.141. Clubfoot                                                                                                                    |                                                          | <input type="checkbox"/> No <input type="checkbox"/> Yes |
|                                                                                                                        | SIF.142. Hydrops                                                                                           |                                                                            | <input type="checkbox"/> No <input type="checkbox"/> Yes | SIF.143. Ascites                                                                                                                     |                                                          | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| SIF.144. Other                                                                                                         |                                                                                                            | <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe: |                                                          |                                                                                                                                      |                                                          |                                                          |

SIF.145. Description of abnormal ultrasound findings:

**Health Department Information**

SIF.230. Name of person completing form: \_\_\_\_\_

SIF.231. Phone: \_\_\_\_\_ SIF.232. Email: \_\_\_\_\_

SIF.233. Date form completed \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR INTERNAL CDC USE ONLY**

Mother ID: \_\_\_\_\_ State/Territory ID: \_\_\_\_\_ Zika T ID: \_\_\_\_\_

R number: \_\_\_\_\_ Mother infection type:  Confirmed     Probable     Possible     Exclude

Public reporting burden of this collection of information is estimated to average 15 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 E-11, Atlanta, Georgia 30333; ATTN: PRA (0920-1101).