| CDClogo_CDCtag_b&w U.S. Zika Pregnancy Registry and Birth Defects Surveillance — Integrated Infant Follow-Up 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  The form can also be sent by encrypted email to this address or by secure fax to 404-718-1013 or 404-718-2200  |
| Infant follow up: 🞎 2 months 🞎 6 months 🞎 12 months 🞎 \_\_\_ months |
| **IFU.1.** State/Territory reporting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **IFU.2.** Date of infant examination *\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_* |
| **IFU.3.** Infant’s State/Territory ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **IFU.4.** Mother’s State/Territory ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **IFU.5.** DOB:\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | **IFU.6.** Sex: 🞎 Male 🞎 Female  🞎 Ambiguous/undetermined |
| **IFU.7.** Infant Death: 🞎 No 🞎 Yes **IFU.8.** If yes, cause of death \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**IFU.9.** If yes, Date *\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_* or Age at death \_\_\_\_\_\_\_\_ 🞎 Unknown  |
| **IFU.10**. Weight:\_\_\_\_\_\_\_grams **or** \_\_\_\_ lbs\_\_\_\_\_ oz | **IFU.11.** Length: \_\_\_\_\_\_\_ cm **or** \_\_\_\_\_\_\_ in  | **IFU.12.** Head circumference: \_\_\_\_\_\_\_ cm **or** \_\_\_\_\_\_\_ in  |
| **IFU.13.** Infant findings for corrected age at examination: (*For infants born preterm, please account for corrected age: chronological age minus weeks born before 40 weeks’ gestation)* *Check all that apply* 🞎 Normal 🞎 Microcephaly (head circumference <3%ile) 🞎 Fetal brain disruption sequence (collapsed skull, overlapping sutures, prominent occipital bone, scalp rugae)🞎 Anencephaly/ acrania 🞎 Encephalocele 🞎 Spina bifida🞎 Holoprosencephaly/arhinencephaly 🞎 Microphthalmia/Anophthalmia 🞎 Hypertonia/Spasticity 🞎 Hyperreflexia 🞎 Irritability 🞎 Tremors 🞎 Splenomegaly 🞎 Hepatomegaly 🞎 Skin rash 🞎 Swallowing/feeding difficulties 🞎 Arthrogryposis (congenital joint contractures) 🞎 Congenital talipes equinovarus (clubfoot) 🞎 Congenital hip dislocation/developmental dysplasia of the hip 🞎 Other abnormalities **IFU.14.** *Please list other abnormal findings:*  |
| **IFU.15.** Development assessment for corrected age at examination: (*For infants born preterm, please account for corrected age: chronological age minus weeks born before 40 weeks’ gestation)*🞎 Normal 🞎 Abnormal 🞎 Unknown **IFU.16.** If developmental delay, in what area? *Please check all that apply*🞎 Gross motor 🞎 Fine motor 🞎 Cognitive, linguistic and communication 🞎 Socio-Emotional |
| **Special Studies Since Last Follow-up** |
| **IFU.17.** Imaging study: 🞎 Cranial ultrasound 🞎 MRI 🞎 CT 🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 Not Performed 🞎 Unknown **IFU.18.** Date: *\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_* **IFU.19.** Findings: *check all that apply* 🞎 Normal🞎 Microcephaly 🞎 Intracranial calcifications 🞎 Cerebral/cortical atrophy 🞎 Abnormal cortical gyral patterns (lissencephaly, pachygyria, agyria, microgyria, polymicrogyria, schizencephaly) 🞎 Corpus callosum abnormalities 🞎 Cerebellar abnormalities 🞎 Porencephaly 🞎 Hydranencephaly 🞎 Moderate or severe ventriculomegaly/hydrocephaly 🞎 Fetal Brain Disruption Sequence (collapsed skull, overlapping sutures, prominent occipital bone, scalp rugae) 🞎 Other major brain abnormalities 🞎 Encephalocele 🞎 Holoprosencephaly/ arhinencephaly 🞎 Other abnormalities **IFU.20.** *Please describe below* |
| **IFU.21.** Imaging study: 🞎 Cranial ultrasound 🞎 MRI 🞎 CT 🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 Not Performed 🞎 Unknown**IFU.22.** Date: *\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_* **IFU.23.** Findings: *check all that apply* 🞎 Normal🞎 Microcephaly 🞎 Intracranial calcifications 🞎 Cerebral/cortical atrophy 🞎 Abnormal cortical gyral patterns (lissencephaly, pachygyria, agyria, microgyria, polymicrogyria, schizencephaly) 🞎 Corpus callosum abnormalities 🞎 Cerebellar abnormalities 🞎 Porencephaly 🞎 Hydranencephaly 🞎 Moderate or severe ventriculomegaly/hydrocephaly 🞎 Fetal brain disruption sequence (collapsed skull, overlapping sutures, prominent occipital bone, scalp rugae) 🞎 Other major brain abnormalities 🞎 Encephalocele 🞎 Holoprosencephaly/ arhinencephaly 🞎 Other abnormalities **IFU.24.** (*please describe below*)  |
| **IFU.**25. Hearing screening or re-screening: 🞎 Not performed 🞎 Performed 🞎 Unknown **IFU.26.** *If performed:* Date: *\_\_\_\_/\_\_\_\_/\_\_\_\_* **IFU.27.**🞎 Pass 🞎 Fail or referred, **IFU.28.** *Please describe*   |
| **IFU.**29. Audiological evaluation: 🞎 Not performed 🞎 Performed 🞎 Unknown **IFU.30.** *If performed:* Date: *\_\_\_\_/\_\_\_\_/\_\_\_\_* **IFU.31.** 🞎 Normal 🞎 Abnormal, **IFU.32.** *Please describe* |
| **IFU.**33. Retinal exam (with dilation): 🞎 Not Performed 🞎 Performed 🞎 Unknown **IFU.34.** *If performed:* Date: *\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_* **IFU.35.**Findings: *Check all that apply:* 🞎 Microphthalmia/anophthalmia 🞎 Coloboma 🞎 Cataract 🞎 Intraocular calcifications 🞎 Chorioretinal atrophy, scarring, macular pallor, gross pigmentary mottling, or retinal hemorrhage, excluding retinopathy of prematurity 🞎 Other retinal abnormalities🞎 Optic nerve atrophy, pallor 🞎 Other optic nerve abnormalities **IFU.36.** *Please describe*  |
| **IFU.37.**Other abnormal tests/results/diagnosis (include dates): 🞎 No 🞎 Yes **IFU.38.**Date: *\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_***IFU.39.** *Please describe* |
| Health Department Information |
| **IFU.40.** Name of person completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**IFU.41.**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **IFU.40.** Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **IFU.42.**Date of form completion \_*\_\_\_\_/\_\_\_\_\_/\_\_\_\_* |
| **Internal use only** |
| ***Date entered****\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_****Data Entry POC Initials:*** *\_\_\_\_*\_\_\_\_ | ***Data Entry Notes*:** |
| 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) |