| CDClogo_CDCtag_b&wU.S. Zika Pregnancy Registry and Birth Defects Surveillance — IntegratedNeonate Assessment FormThese data are considered confidential and will be stored in a secure database at the Centers for Disease Control and Prevention |
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| **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 **Contact Pregnancy & Birth Defects Task Force phone number: 770-488-7100** |
|  |
| NAD.1. Infant’s State/Territory ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | NAD.2. Mother’s State/Territory ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | NAD.3. DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_🞎Live birth 🞎Stillbirth ≥20 weeks | NAD.4. Sex: 🞎 Male 🞎 Female 🞎 Ambiguous/undetermined |
| NAD.5. Gestational age at delivery:  \_\_\_\_\_\_ weeks \_\_\_\_\_\_ days | **NAD.6.** **Based on**: (*check all that apply*) 🞎 LMP \_\_\_/\_\_\_/\_\_\_ 🞎 1st trimester ultrasound 🞎 2nd trimester ultrasound 🞎 3rd trimester ultrasound 🞎 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **NAD.7. Maternal age at delivery** \_\_\_\_ years |
| NAD.8. State/Territory reporting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | NAD.9. County reporting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| NAD.**10. Delivery type:** 🞎 Vaginal 🞎 Caesarean section NAD.11**.** Delivery complication: 🞎 No 🞎 Yes NAD.12**.** If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | NAD.**13. Arterial cord blood pH** (*if performed*)**:** \_\_\_\_\_\_\_\_\_NAD.14**. Venous cord blood pH** (*if performed*)**:** \_\_\_\_\_\_\_\_\_ |
| NAD.**15. Placental exam (based on path report):** 🞎 No 🞎 Yes NAD.16**.** If yes, 🞎 Normal 🞎 Abruption 🞎 Inflammation 🞎 Other abnormality (*please describe*)  |
| NAD.**17. Apgar score:** 1 min \_\_\_\_\_\_\_ / 5 min \_\_\_\_\_\_\_\_  | NAD.**18. Infant temp** (*if abnormal*): \_\_\_\_\_\_\_ oF **or** \_\_\_\_\_\_ oC |
| Physical Examination (record earliest measurements taken) |
| NAD.**19. Birth head circumference:** \_\_\_\_\_\_\_🞎 cm \_\_\_\_\_\_\_\_🞎 in NAD.**20.** 🞎 Molding presentNAD.21.Physican report: 🞎 Normal 🞎 Abnormal **NAD.22.** HC percentile:\_\_\_\_\_\_\_ | NAD.23. Birth weight: \_\_\_\_\_\_\_\_\_🞎 grams \_\_\_\_\_\_\_\_\_🞎 lbs/oz**NAD.24.** Birth weight percentile: \_\_\_\_\_\_\_\_ | NAD.25. Birth length:\_\_\_\_\_\_\_\_\_ 🞎 cm\_\_\_\_\_\_\_\_\_ 🞎 in **NAD.26.** Birth length percentile:\_\_\_\_\_\_\_\_ |
| NAD.**27. *Repeat* head circumference:**  \_\_\_\_\_\_\_🞎 cm \_\_\_\_\_\_\_🞎 in **NAD.28.** Date performed \_\_\_ /\_\_\_\_ /\_\_\_\_  *or* Age \_\_\_\_\_\_\_ day(s)NAD.29**.** Physican report: 🞎 Normal 🞎 Abnormal **NAD.30**. HC percentile:\_\_\_\_\_\_\_\_  | NAD.**31. Admitted to Neonatal Intensive Care Unit:** 🞎 No 🞎 Yes *If yes,* reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAD.**32. Neonatal death:** 🞎 No 🞎 Yes **NAD.33.** Date \_\_/\_\_/\_\_\_\_ *or* Age at death\_\_\_\_\_ days**NAD.34.** Cause of death: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| NAD.**35. Microcephaly** (head circumference <3%ile):🞎 No 🞎 Yes | NAD.**36. Seizures:** 🞎 No 🞎 Yes |
| NAD.**37. Neurologic exam***:* (*check all that apply*) 🞎 Not performed 🞎 Unknown 🞎 Normal 🞎 Hypertonia/Spasticity 🞎 Hyperreflexia 🞎 Irritability 🞎 Tremors 🞎 Other neurologic abnormalities NAD.**38.** (*please describe below*)  |
| NAD.**39. Splenomegaly** *by physical exam***:** 🞎 No 🞎 Yes 🞎 UnknownNAD.**40.** (*please describe*)  | NAD.41**. Hepatomegaly** *by physical exam***:**  🞎 No 🞎 Yes 🞎 UnknownNAD.**42.** (*please describe*)  | NAD.**43. Skin rash** *by physical exam:* 🞎 No 🞎 Yes 🞎 UnknownNAD.**44.** (*please describe*) |
| NAD.**45. Other abnormalities identified:** *please check all that apply* 🞎 Fetal Brain Disruption Sequence (collapsed skull, overlapping sutures, prominent occipital bone, scalp rugae) 🞎 Encephalocele 🞎 Anencephaly/ Acrania 🞎 Spina bifida 🞎 Holoprosencephaly/arhinencephaly🞎 Microphthalmia/Anophthalmia 🞎 Arthrogryposis (congenital joint contractures) 🞎 Congenital Talipes Equinovarus (clubfoot) 🞎 Congenital hip dislocation/developmental dysplasia of the hip 🞎 Other abnormalities NAD.**46.** (*please describe below*) |
| **Neonate Imaging and Diagnostics** |
| NAD.47. Hearing screening **:** *(date:\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_)* *or* Age \_\_\_\_\_\_\_ day(s)NAD.48. 🞎 Pass 🞎 Fail 🞎 Inconclusive/Needs retest 🞎 Not performed NAD.49. Please describe**NAD.50.** Audiological evaluation: 🞎 Not performed 🞎 Auditory brainstem response (ABR) test performed  🞎 Otoacoustic emisions (OAE) test performed 🞎 Acoustic stapedius reflex (ASR) test performed  🞎 Unknown **NAD.51.** If performed: Date: \_\_\_/\_\_\_/\_\_\_ **NAD.52.** 🞎 Normal 🞎 Abnormal, **NAD.53.** Please describe |
| NAD.54. Retinal exam (with dilation)**:** 🞎 Not Performed 🞎 Performed 🞎 Unknown NAD.55. *If performed: (date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_)*  *or* Age \_\_\_\_\_\_\_ day(s)NAD.56. *please check all that apply:* 🞎 Normal🞎 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 NAD.57. (*please describe below)*  |
| NAD.**58. Imaging study:** 🞎 Cranial ultrasound 🞎 MRI 🞎 CT 🞎 Not Performed NAD.**59.** *(date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_)* *or* Age \_\_\_\_\_\_\_ day(s)NAD.60**. Findings**: *check all that apply* 🞎 Normal🞎 Microcephaly 🞎 Intracranial calcification 🞎 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 NAD.61**.** (*please describe below*)  |
| NAD.**62. Imaging study:** 🞎 Cranial ultrasound 🞎 MRI 🞎 CT 🞎 Not Performed NAD.**63.**  *(date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_)* *or* Age \_\_\_\_\_\_\_ day(s)NAD.64**. Findings**: *check all that apply* 🞎 Normal🞎 Microcephaly 🞎 Intracranial calcification 🞎 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 NAD.65**.** (*please describe below*)  |
| NAD.**66. Imaging study:** 🞎 Cranial ultrasound 🞎 MRI 🞎 CT 🞎 Not Performed NAD.**67.** *(date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_)* *or* Age \_\_\_\_\_\_\_ day(s)NAD.68**. Findings**: *check all that apply* 🞎 Normal🞎 Microcephaly 🞎 Intracranial calcification 🞎 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 NAD.69**.** (*please describe below*)  |
| NAD.**70. Was a lumbar puncture performed:** 🞎 Yes 🞎 No 🞎 Unknown NAD.**71.** *(date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_)* *or* Age \_\_\_\_\_\_\_ day(s) |
|  |  |  |
| **Postnatal Infection Testing (includes urine culture for CMV)** |
| **NAD.72.** | Toxoplasmosis infection:  | 🞎 No 🞎 Yes 🞎 Unknown  |
| **NAD.73.** | Cytomegalovirus infection:  | 🞎 No 🞎 Yes 🞎 Unknown  |
| **NAD.74.** | Herpes Simplex infection: | 🞎 No 🞎 Yes 🞎 Unknown |
| **NAD.75.** | Rubella infection:  | 🞎 No 🞎 Yes 🞎 Unknown |
| **NAD.76.** | Lymphocytic choriomeningitis virus infection: | 🞎 No 🞎 Yes 🞎 Unknown |
| **NAD.77.** | Syphilis infection:  | 🞎 No 🞎 Yes 🞎 Unknown |
| NAD.78. If yes for any postnatal infection testing, please describe results: |
| Postnatal (Infant) Cytogenetic Testing |
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| --- | --- | --- | --- |
| **NAD.79. Cytogenetic Test**🞏 Karyotype 🞏 FISH 🞏 CGH microarray🞏 Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **NAD.80. Date:**  \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_**NAD.81. Infant Age: \_\_\_\_\_ months** | **NAD.82. Specimen**🞏 Cord blood🞏 Peripheral blood🞏 Tissue🞏 Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **NAD.83. Test Result**🞎 Normal 🞎 Abnormal 🞎 Unknown |
| NAD.84. Description of cytogenetic test findings (verbatim): |

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| NAD.**85. Other tests/results/diagnosis (*include dates*):** |
| Birth Defects Diagnosed or Suspected (Include Chromosomal Abnormalities and Syndromes) |
| Diagnostic Code | Certainty | Verbatim Description |
|  | 🞎Definite🞎Possible/Probable |  |
|  | 🞎Definite🞎Possible/Probable |  |
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|  | 🞎Definite🞎Possible/Probable |  |
| Health Department Information |
| **NAD.**86. Name of person completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**NAD.**87. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **NAD.88.** **Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **NAD.89.** **Date of form completion** \_*\_\_\_\_/\_\_\_\_\_/\_\_\_\_* |
| **FOR INTERNAL CDC USE ONLY****Mother ID: State/territory ID:** |
| 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) |