

Infant's State/Territory ID _____ Registry ID _____
 Mother's State/Territory ID _____



U.S. Zika Pregnancy Registry 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 to the DOH NJ US Zika Pregnancy Registry Team via secure fax 609-292-8235.

Infant follow up: <input type="checkbox"/> 2 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> ___ 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: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Ambiguous/undetermined
IFU.7. Infant Death: <input type="checkbox"/> No <input type="checkbox"/> Yes IFU.8. If yes, cause of death _____ IFU.9. If yes, Date _____ or Age at death _____ <input type="checkbox"/> 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: <i>(For infants born preterm, please account for corrected age: chronological age minus weeks born before 40 weeks' gestation)</i> <i>Check all that apply</i> <input type="checkbox"/> Normal <input type="checkbox"/> Microcephaly (head circumference <3%ile) <input type="checkbox"/> Fetal brain disruption sequence (collapsed skull, overlapping sutures, prominent occipital bone, scalp rugae) <input type="checkbox"/> Anencephaly/ acrania <input type="checkbox"/> Encephalocele <input type="checkbox"/> Spina bifida <input type="checkbox"/> Holoprosencephaly/arhinencephaly <input type="checkbox"/> Microphthalmia/Anophthalmia <input type="checkbox"/> Hypertonia/Spasticity <input type="checkbox"/> Hyperreflexia <input type="checkbox"/> Irritability <input type="checkbox"/> Tremors <input type="checkbox"/> Splenomegaly <input type="checkbox"/> Hepatomegaly <input type="checkbox"/> Skin rash <input type="checkbox"/> Swallowing/feeding difficulties <input type="checkbox"/> Arthrogyposis (congenital joint contractures) <input type="checkbox"/> Congenital talipes equinovarus (clubfoot) <input type="checkbox"/> Congenital hip dislocation/developmental dysplasia of the hip <input type="checkbox"/> Other abnormalities IFU.14. Please list other abnormal findings: 			
IFU.15. Development assessment for corrected age at examination: <i>(For infants born preterm, please account for corrected age: chronological age minus weeks born before 40 weeks' gestation)</i> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Unknown			
IFU.16. If developmental delay, in what area? <i>Please check all that apply</i> <input type="checkbox"/> Gross motor <input type="checkbox"/> Fine motor <input type="checkbox"/> Cognitive, linguistic and communication <input type="checkbox"/> Socio-Emotional			
Special Studies Since Last Follow-up			
IFU.17. Imaging study: <input type="checkbox"/> Cranial ultrasound <input type="checkbox"/> MRI <input type="checkbox"/> CT <input type="checkbox"/> Other _____ <input type="checkbox"/> Not Performed <input type="checkbox"/> Unknown			

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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*

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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

Developmental Milestones†				
	Gross motor	Fine motor	Cognitive, Linguistic and communication	Social-Emotional
2 months of age	*Lift head	*Follow to midline	*Vocalize	*Smile responsively
4 months of age	*Sit – head steady	*Grasp rattle	*Laugh	*Regard own hand
6 months of age	*Roll over	*Reach	*Turn to rattling sound	*Work for toy (out of reach)
9 months of age	*Stand holding on	*Pass cube (transfer)	*Single syllables	*Feed self
12 months of age	*Pull to stand	*Bang 2 cubes held in hands	*Imitate vocalization/sounds *Babbling	*Pointing to indicate object of interest *Play pat-a-cake

†More than 90% of children pass this item at indicated age. In infants born preterm, please account for corrected age [chronological age (in weeks) minus weeks born before 40 weeks gestation] when considering development. Source: Child Development theme in Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, Third Edition.

Health Department Information

IFU.40. Name of person completing form: _____

IFU.41. Phone: _____ **IFU.42.** Email: _____

IFU.43. 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)