

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   |  |   |   |
| <b>IFU.1.</b> State/Territory reporting _____  |  | <b>IFU.2.</b> Date of infant examination _____        |   |
| <b>IFU.3.</b> Infant's State/Territory ID<br>_____   | <b>IFU.4.</b> Mother's State/Territory ID<br>_____ | <b>IFU.5.</b> DOB:<br>_____                           | <b>IFU.6.</b> Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female<br><input type="checkbox"/> Ambiguous/undetermined |
| <b>IFU.7.</b> Infant Death: <input type="checkbox"/> No <input type="checkbox"/> Yes <b>IFU.8.</b> If yes, cause of death _____<br><b>IFU.9.</b> If yes, Date _____ or Age at death _____ <input type="checkbox"/> Unknown   |  |   |   |
| <b>IFU.10.</b> Weight:<br>_____ grams <b>or</b> _____ lbs _____ oz   |  | <b>IFU.11.</b> Length:<br>_____ cm <b>or</b> _____ in |   |
| <b>IFU.12.</b> Head circumference:<br>_____ cm <b>or</b> _____ in  |  |   |   |
| <b>IFU.13.</b> 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><br><i>Check all that apply</i><br><input type="checkbox"/> Normal <span style="margin-left: 100px;"><input type="checkbox"/> Microcephaly (head circumference &lt;3%ile)</span><br><input type="checkbox"/> Fetal brain disruption sequence (collapsed skull, overlapping sutures, prominent occipital bone, scalp rugae)<br><input type="checkbox"/> Anencephaly/ acrania <span style="margin-left: 20px;"><input type="checkbox"/> Encephalocele</span> <span style="margin-left: 20px;"><input type="checkbox"/> Spina bifida</span><br><input type="checkbox"/> Holoprosencephaly/arhinencephaly <span style="margin-left: 100px;"><input type="checkbox"/> Microphthalmia/Anophthalmia</span><br><input type="checkbox"/> Hypertonia/Spasticity <span style="margin-left: 20px;"><input type="checkbox"/> Hyperreflexia</span> <span style="margin-left: 20px;"><input type="checkbox"/> Irritability</span> <span style="margin-left: 20px;"><input type="checkbox"/> Tremors</span><br><input type="checkbox"/> Splenomegaly <span style="margin-left: 20px;"><input type="checkbox"/> Hepatomegaly</span> <span style="margin-left: 20px;"><input type="checkbox"/> Skin rash</span><br><input type="checkbox"/> Swallowing/feeding difficulties<br><input type="checkbox"/> Arthrogyposis (congenital joint contractures)<br><input type="checkbox"/> Congenital talipes equinovarus (clubfoot)<br><input type="checkbox"/> Congenital hip dislocation/developmental dysplasia of the hip<br><input type="checkbox"/> Other abnormalities<br><b>IFU.14.</b> <i>Please list other abnormal findings:</i><br><br><br> |  |   |   |
| <b>IFU.15.</b> 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><br><input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Unknown   |  |   |   |
| <b>IFU.16.</b> If developmental delay, in what area? <i>Please check all that apply</i><br><input type="checkbox"/> Gross motor <input type="checkbox"/> Fine motor <input type="checkbox"/> Cognitive, linguistic and communication <input type="checkbox"/> Socio-Emotional  |  |   |   |
| <b>Special Studies Since Last Follow-up</b>  |  |   |   |
| <b>IFU.17.</b> Imaging study: <input type="checkbox"/> Cranial ultrasound <input type="checkbox"/> MRI <input type="checkbox"/> CT <input type="checkbox"/> Other _____<br><input type="checkbox"/> Not Performed <input type="checkbox"/> Unknown   |  |   |   |

Infant's State/Territory ID \_\_\_\_\_ Registry ID \_\_\_\_\_  
Mother's State/Territory ID \_\_\_\_\_

**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*

Infant's State/Territory ID \_\_\_\_\_ Registry ID \_\_\_\_\_  
 Mother's State/Territory ID \_\_\_\_\_

**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<br>*Babbling | *Pointing to indicate object of interest<br>*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 Notes:**

**Data Entry POC Initials:** \_\_\_\_\_

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)