



# Government of the District of Columbia Department of Health

## 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*

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 <small>District of Columbia</small>		IFU.2. Date of infant examination _____	
IFU.3. Infant's ) #) \ = - V _____	IFU.4. Mother's ) #) \ = - V _____	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 <b>or</b> _____ lbs _____ oz		IFU.11. Length: _____ cm <b>or</b> _____ in	
IFU.12. Head circumference: _____ cm <b>or</b> _____ in			
<p>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></p> <p>Check all that apply</p> <p><input type="checkbox"/> Normal <input type="checkbox"/> Microcephaly (head circumference &lt;3%ile)</p> <p><input type="checkbox"/> Fetal brain disruption sequence (collapsed skull, overlapping sutures, prominent occipital bone, scalp rugae)</p> <p><input type="checkbox"/> Anencephaly/ acrania <input type="checkbox"/> Encephalocele <input type="checkbox"/> Spina bifida</p> <p><input type="checkbox"/> Holoprosencephaly/arhinencephaly <input type="checkbox"/> Microphthalmia/Anophthalmia</p> <p><input type="checkbox"/> Hypertonia/Spasticity <input type="checkbox"/> Hyperreflexia <input type="checkbox"/> Irritability <input type="checkbox"/> Tremors</p> <p><input type="checkbox"/> Splenomegaly <input type="checkbox"/> Hepatomegaly <input type="checkbox"/> Skin rash</p> <p><input type="checkbox"/> Swallowing/feeding difficulties</p> <p><input type="checkbox"/> Arthrogryposis (congenital joint contractures)</p> <p><input type="checkbox"/> Congenital talipes equinovarus (clubfoot)</p> <p><input type="checkbox"/> Congenital hip dislocation/developmental dysplasia of the hip</p> <p><input type="checkbox"/> Other abnormalities</p> <p>IFU.14. Please list other abnormal findings:</p>  			
<p>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></p> <p><input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Unknown</p> <p>IFU.16. If developmental delay, in what area? Please check all that apply</p> <p><input type="checkbox"/> Gross motor <input type="checkbox"/> Fine motor <input type="checkbox"/> Cognitive, linguistic and communication <input type="checkbox"/> Socio-Emotional</p>			
<b>Special Studies Since Last Follow-up</b>			
<p>IFU.17. Imaging study: <input type="checkbox"/> Cranial ultrasound <input type="checkbox"/> MRI <input type="checkbox"/> CT <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Not Performed <input type="checkbox"/> Unknown</p>			

**Please return completed form by fax to the secure number: 202-442-8060.  
For questions email: DOH.EPI@dc.gov or call: 844-493-2652.**

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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*

**O                      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:** \_\_\_\_\_

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