

[Study Name/ID pre-filled]

Site Name: _____

Date Form Completed: ___/___/___ (mm/dd/yyyy)

Subject ID: _____

Visit: [pre-populated by database]

1. At what age was it first suspected that something might be different:
 At birth 1-2 months 3-6 months 7-12 months 13-24 months >24 months

Prenatal History

1. Fluid surrounding the baby in the uterus (hydramnios):
 Normal Polydramnios (Too much fluid) Oligohydramnios (too little fluid)
2. Fetal Movement: Normal Decreased Absent
3. Labor: Normal Prolonged Induced
4. Presentation: Normal Breech Other, specify _____
5. Head Size:
 Macrocephaly (head size enlarged): Yes No
 Microcephaly (head size small for age): Yes No
6. Gestational Age (GA): <35 weeks 35-37 weeks 38-41 weeks >41 weeks
7. Delivery Method: C-section Vaginal
- If vaginal, was the delivery:
 Normal, spontaneous
 Induced
 Suction
 Forceps
8. Any interventions for breathing problems at birth?
 Oxygen by nose or mask Nasal CPAP Intubation/Ventilation (tube down to lungs /on ventilator)
9. Any NICU stay? Yes No
 If Yes, length of NICU stay? ≤48 hours > 48 hours and < 1 week ≥ 1 week

Signs at Birth

1. Hypotonia (Floppiness)?: Yes No
 If Yes, hypotonia is: Mild Moderate Severe Unknown
2. Abnormal position of hands/feet: Yes No
3. Joint contractures: Elbows Wrists Fingers Hips Knees Ankles Toes None
4. Joint Hyperlaxity: Elbows Wrists Fingers Hips Knees Ankles Toes None
5. Joint dislocation: Elbows Wrists Fingers Hips Knees Ankles Toes None
 If Hip dislocation: Unilateral (one sided) Bilateral (both sided)

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- 6. Torticollis (stiff neck turned to one side): Yes No
- 7. Kyphosis (rounded upper back): Yes No
- 8. Pneumothorax (collapsed lung): None Left Right Bilateral (both lungs)
- 9. Club Foot: None Left Right Bilateral (both feet)

Signs From Birth to 2 Years:

If symptoms began **after birth**, which symptoms were first noted (check all that apply):

- Weakness
- Breathing problems
- Failure to Thrive
- Feeding problems
- Spine abnormality
- Eye abnormalities
- Cognitive abnormalities
- Speech delay

GENERAL INSTRUCTIONS

This case report form (CRF) contains data elements related to prenatal and perinatal history.

SPECIFIC INSTRUCTIONS

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.

The CRF includes all instructions available for the data elements at this time. More detailed instructions will be added in Version 2.0 of this CRF Module.