

Patient name \_\_\_\_\_

Patient age \_\_\_\_\_

Child's current age \_\_\_\_\_

1. Age of pregnancy when *Toxoplasma gondii* infection was diagnosed?

Week \_\_\_\_\_

2. Did you follow any treatment?  yes  no

If yes, with: spiramicyn (rovamicyn)?  yes  no

If yes, with: pyrimethamine + sulfadiazine  yes  no

Until the end of the pregnancy?  yes

no, for how long? \_\_\_\_\_

3. Did you give birth to the baby?  yes

no :  spontaneous abortion  induced abortion

4. Amniocentesis for *Toxoplasma* performed?  yes  no

5. Was the birth on term?  yes  no

If not, in which week? \_\_\_\_\_

6. Baby's weight at birth? \_\_\_\_\_

Child's current weight? \_\_\_\_\_

7. APGAR score at birth? \_\_\_\_\_

8. Was there a transfontanel ultrasound performed on the baby?  yes  no

9. Was there an ophthalmological exam performed?  yes  no

10. Was there an auditory exam performed?  yes  no

11. Did the child receive any treatment for toxoplasmosis?  yes  no

If yes, with what? \_\_\_\_\_

the duration of treatment? \_\_\_\_\_

12. Was the child tested for toxoplasmosis during its first year of life?  yes  no

If yes, frequency? \_\_\_\_\_ and results \_\_\_\_\_

13. Does the child have visual impairment?  yes  no

If yes, what? \_\_\_\_\_

Ophthalmological diagnosis \_\_\_\_\_

14. Does the child have any heart problems?  yes  no

If yes, diagnosis \_\_\_\_\_

15. Does the child have any neurological problems?  yes  no

If yes, what? \_\_\_\_\_

Neurological diagnosis \_\_\_\_\_

Has/had hydrocephalus?  yes  no

16. Does the child have any psychiatric problems?

If yes, what? \_\_\_\_\_

Psychiatric diagnosis \_\_\_\_\_

17. Does the child have any liver problems?  yes  no

If yes, diagnosis \_\_\_\_\_

18. Disease diagnoses from birth to present?

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