

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?
