



Congenital Rubella Syndrome (CRS): investigation form for the mother

A suspected case of CRS is any infant presenting with heart disease, and/or suspicion of deafness, and/or one or more of eye signs. For a better ascertainment of the case, kindly fill the following investigation form regarding the mother of any infant fitting the suspected case definition.

1- Mother identification

Mother full name : _____ Address : _____
 Date of birth : ____/____/____
 Sex : Male Female Town : _____
 Nationality : Lebanese Other, specify: _____ Qada : _____
 Residency : Resident Tourist Phone number : _____

2- Maternal pregnancy history

Occupation during last pregnancy Housewife Unknown Number of previous pregnancies : _____
 Active worker, specify: Number of previous live births : _____
 Job type : _____ Mother's age at last delivery : _____
 Institution name : _____
 Address : _____

3- Rubella-like illness during pregnancy

► **Did mother present any of the following clinical signs during last pregnancy?**

Maculopapular rash	<input type="checkbox"/> Yes, month of pregnancy: _____	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Conjunctivitis	<input type="checkbox"/> Yes, month of pregnancy: _____	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Post auricular lymphadenopathy	<input type="checkbox"/> Yes, month of pregnancy: _____	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Cervical lymphadenopathy	<input type="checkbox"/> Yes, month of pregnancy: _____	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Sub-occipital lymphadenopathy	<input type="checkbox"/> Yes, month of pregnancy: _____	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Arthralgia/Arthritis	<input type="checkbox"/> Yes, month of pregnancy: _____	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Coryza	<input type="checkbox"/> Yes, month of pregnancy: _____	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Cough	<input type="checkbox"/> Yes, month of pregnancy: _____	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Other, specify:	<input type="checkbox"/> Yes, month of pregnancy: _____	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

► **Was rubella lab-confirmed in the mother?** Yes, specify: No Unknown
 Test type : _____, Setting: _____
 Test date : ____/____/____

4- Exposure to Rubella during pregnancy

► **Was the mother exposed during pregnancy to a person (of any age) with maculopapular rash and fever?** Yes, month of pregnancy: _____ No Unknown

► **Did the mother travel during pregnancy?** Yes, month of pregnancy: _____ No Unknown
 Country : _____
 Travel duration: From: ____/____/____
 To : ____/____/____

5- Administrative information

Form filled by (name and signature): _____ Date: _____