Neonatal Follow-up (2-8 weeks)

Participant Number | | | – | | | | | | **Date of birth** D D - M M - Y Y

Newborn Hospital Record Number | | | | | | | | | | **Date of this visit** D D - M M - Y Y

Paediatric Outpatient Clinic Record Number | | | | | | | | | | **Delivery Hospital Code** | | |

This form should be completed for neonates at 2, 4, 6 and 8 weeks after birth.

Section 1: Status of the neonate

1. Status of the neonate

☐ Alive ☐ Dead If dead, date of death D D — M M — Y Y

Since the last study examination, how many days has the neonate spent in any of the following:

2. High dependency unit/NICU | | days
3. Intermediate dependency unit | | days
4. Low dependency unit/Nursery | | days
5. Another special care unit | | days
6. Hospital with mother i.e. rooming-in | | days
7. At home | | days
8. TOTAL NUMBER OF DAYS since last study examination | | days
9. If the neonate has been discharged since the last visit, date of hospital discharge D D — M M — Y Y

Section 2: Status of the mother

10. Where is the mother? (cross one box only)

Still in hospital ☐ At home/ with family ☐ Dead ☐

Section 3: Feeding Practices

11. Which of the following liquids has the neonate been given since the last study examination (cross as many as apply)

Breast milk ☐
Breast milk with fortifiers ☐
Standard infant formula ☐
Preterm formula ☐
High energy formula ☐
Soy based formula ☐
Hydrolysed formula ☐
Any other special formula ☐
Animal milk ☐
Water based drinks/fruit juice ☐

12. Which method(s) were used? (cross as many as apply)

Oral feeding ☐
Tube feeding ☐
Parenteral nutrition including dextrose infusion ☐

13. Number of days exclusive TPN (total parenteral nutrition) since last study examination ☐

Section 4: Neonate anthropometry

14. Date of measurement D D — M M — Y Y
15. Time of measurement H H : M M

1st set of anthropometric measurements

16. Weight | . | | | | kgs
17. Length | | . | | cm
18. Head circumference | | . | | cm

Neonatal Follow-up (2-8 weeks)

Participant Number ☐☐ – ☐☐☐☐☐ **Date of birth** D D - M M - Y Y

Newborn Hospital Record Number ☐☐☐☐☐☐☐☐☐ **Date of this visit** D D - M M - Y Y

Paediatric Outpatient Clinic Record Number ☐☐☐☐☐☐☐☐☐ **Delivery Hospital Code** ☐☐☐

Section 4: Neonate anthropometry continued - 2nd set of anthropometric measurements

19. Weight ☐.☐☐☐ kgs
20. Length ☐☐.☐ cm
21. Head circumference ☐☐.☐ cm

Section 5: Morbidities/treatments

22. Since the last study examination, has the neonate received respiratory support? yes ☐ no ☐
23. If yes, number of days on respiratory support, since the last examination (if part of a day round up to the next whole day) ☐ days
24. If on respiratory support, type of respiratory support.

Mechanical ventilation ☐ Nasal C-PAP/ High flow nasal cannula ☐

Oxygen Hood ☐

Since the last study examination has the neonate been given the following:

25. Corticosteroids postnatally yes ☐ no ☐
26. Surfactant replacement therapy yes ☐ no ☐
27. Diuretics yes ☐ no ☐
28. Antibiotics yes ☐ no ☐
29. Antipyretics yes ☐ no ☐

Since the last study examination, has the neonate been diagnosed with/treated for any of the following conditions?

30. Intraventricular hemorrhage yes ☐ no ☐ Grade I ☐ Grade II ☐ Grade III ☐ Grade IV ☐
31. Necrotising enterocolitis yes ☐ no ☐ Stage I ☐ Stage IIa ☐ Stage IIb ☐ Stage III ☐
32. Retinopathy of prematurity yes ☐ no ☐ Stage I ☐ Stage II ☐ Stage III ☐ Stage IV ☐ Stage V ☐
33. Respiratory distress syndrome yes ☐ no ☐
34. Pneumonia/Bronchiolitis yes ☐ no ☐
35. Meconium aspiration with respiratory distress yes ☐ no ☐
36. Hypoxic-ischaemic encephalopathy yes ☐ no ☐
37. Apnea of prematurity yes ☐ no ☐
38. Stoppage of enteral feeding for more than 3 consecutive days yes ☐ no ☐
39. Broncopulmonary dysplasia/chronic lung disease yes ☐ no ☐
40. Any gastro-intestinal condition requiring surgery (complete an **adverse event** form) yes ☐ no ☐
41. Patent ductus arteriosus requiring surgery (complete an **adverse event** form) yes ☐ no ☐
42. Any other condition requiring surgery (complete an **adverse event** form) yes ☐ no ☐
43. Short bowel syndrome yes ☐ no ☐
44. Severe Diarrhoea yes ☐ no ☐
45. Hyperbilirubinemia requiring exchange transfusion yes ☐ no ☐
46. Kernicterus yes ☐ no ☐
47. Chronic renal failure yes ☐ no ☐
48. Major neurological impairment yes ☐ no ☐
49. Seizures yes ☐ no ☐
50. Periventricular leukomalacia yes ☐ no ☐
51. Hypoglycaemia yes ☐ no ☐
52. Hypotension requiring inotropic treatment or steroids yes ☐ no ☐
53. Anaemia (requiring transfusion) yes ☐ no ☐
54. Sepsis yes ☐ no ☐
55. Endocrine abnormalities yes ☐ no ☐
56. Inborn errors of metabolism yes ☐ no ☐
57. Any other serious condition yes ☐ no ☐
58. Any congenital abnormality (complete a **Neonatal abnormality** form)

Section 6: Next Examination. Please now arrange the next follow-up examination (2 weeks from today)

59. Date of the next study appointment or hospital examination D D – M M – Y Y

Name of Researcher				Signature	
Researcher Code	☐☐	Code of 1st anthropometrist	☐☐	Code of 2nd anthropometrist	☐☐