Infant Follow-up (3-6 months)

Participant Number	☐☐ – ☐☐☐☐☐	**Date of birth**	DD - MM - YY
Newborn Hospital Record Number	☐☐☐☐☐☐☐☐☐	**Date of this visit**	DD - MM - YY
Paediatric Outpatient Clinic Record Number	☐☐☐☐☐☐☐☐☐	**Delivery Hospital Code**	☐☐☐

This form should be completed for neonates at 3, 4, 5, and 6 months from birth.

Section 1: Status of the infant

1. Status of the infant

☐ Alive ☐ Dead

If dead, date of death DD — MM — YY

Since the last study examination, how many days has the infant 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. At home ☐☐ days
7. TOTAL NUMBER OF DAYS since last study examination ☐☐ days

8. If the infant has been discharged since the last visit, date of hospital discharge DD — MM — YY

Section 2: Status of the mother

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

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

Section 3: Feeding Practices

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

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

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

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

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

Section 4: Neonate anthropometry

13. Date of measurement DD — MM — YY

14. Time of measurement (24hr clock) HH : MM

1st set of anthropometric measurements

15. Weight ☐ . ☐☐☐ kgs

16. Length ☐☐ . ☐ cm

17. Head circumference ☐☐ . ☐ cm

Infant Follow-up (3-6 months)

Participant Number	__ __ – __ __ __ __ __
Newborn Hospital Record Number	
Paediatric Outpatient Clinic Record Number	
Date of birth	D D - M M - Y Y
Date of this visit	D D - M M - Y Y
Delivery Hospital Code	

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

18. Weight __ . __ __ __ kgs
19. Length __ __ . __ cm
20. Head circumference __ __ . __ cm

Section 5: Morbidities/treatments

Since the last study examination, has the infant started oe continued treatment for any of the following conditions, which requirwed appointment(s) with a health care provider?

21. Pnneumonia / acute respiratory infection / Bronchiolitis	yes / no	32. Febrile episodes	yes / no
22. Blindness	yes / no	33. Sepsis / meningitis	yes / no
23. Otitis media	yes / no	34. Infectious disease (e.g. measles, malaria)	yes / no
24. Hearing problems	yes / no	35. Metabolic disorders	yes / no
25. Cardiovascular problems	yes / no	36. Seizures	yes / no
26. Skin problems	yes / no	37. Neurological disorders	yes / no
27. Stoppage of enterla feeding for >3 consecutive days	yes / no	38. Hydrocephalus	yes / no
28. Gastro-esophago-pharyngeal reflux	yes / no	39. Malignancy	yes / no
29. Other feeding problems	yes / no	40. Injury / trauma	yes / no
30. Persistent vomiting	yes / no	41. Any other serious condition (please specify)	yes / no
31. Diarrhoea	yes / no		

Since the last study examination, which treatment(s) have been given?

42. Analgesics	yes / no	49. Antipyritics	yes / no
43. Antacids	yes / no	50. Antitussive or expectorant drugs	yes / no
44. Haematinics	yes / no	51. Blood transfusions	yes / no
45. Anticonvulsants	yes / no	52. Bronchodilators	yes / no
46. antiemetics	yes / no	53. Diuretics	yes / no
47. Anti-inflammatory agents	yes / no	54. Glucocorticoids	yes / no
48. Antibiotics	yes / no	55. Oxygen	yes / no

Section 6: Next Examination. Please now arrange the next follow-up examination (1 month 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	