	INTERBIO-21 st Infant Follow-up Study: 1-year visit							IFU			
Se OXFORD	Infant Follow-up Page 1										
INTERBIO-21 st PTID Numbe	r 0 7	٦.			losp	ital/Clinic	Code				
Infant Hospital Record No.							L				
Infant Date of Birth				 Visit Da	ate			VV			
	DD	Ν				DD	MM	Y Y			
Please answer all yes/no questions by placing a 'X' in the corresponding box. Section 1: Infant - chromosomal or congenital abnormalities											
1 le there any ovidence of chromosomel er congenital chromolitics?											
If yes, complete a Postnatal Abnormality Form.											
Section 2: Medical history - morbidities											
During the first year of life, ha		eith	ner <u>been diagnosed</u> wit	h or <u>been a</u>	admi	itted to ho	ospital or sta	arted treatment			
indicated by a health care pro											
 Exanthema or skin diseases 	yes no	13.	Gastrointestinal parasitosis	yes no	25.	•	nolytic condit sickle-cell	ion, yes no			
 Repeated otitis media (≥3 separate episodes) 	yes no	14.	Repeated diarrhoea (<u>></u> 3 days on <u>></u> 3 separate	yes no		anaemia	or leukaemia	I			
4. Repeated pneumonia /	yes no		episodes)		26.	Any malig	inancy	yes no			
acute respiratory infection / bronchiolitis		15.	Persistent vomiting (<u>></u> 3 episodes)	yes no	27.	Malnutrition problems	on / growth	yes no			
(<u>></u> 3 separate episodes) 5. Urinary tract infections /		16	Hearing problems		28	Coeliac d					
pyelonephritis / reflux (≥3 separate episodes)	yes no	10.	nearing problems	yes no	20.	Coenac u	136436	yes no			
 Fever (≥3 days on ≥3 separate episodes) 	yes no	17.	Asthma	yes no	29.		disorders	ease) yes no			
7. Tuberculosis	yes no	18.	Neurological disorders	yes no	30.	Any immu	une disorders	yes no			
8. Hepatitis	yes no	19.	Seizures	yes no	31.	Injury / tra	auma	yes no			
9. Meningitis	yes no	20.	Cerebral palsy	yes no	32.	•	ition requiring	g yes no			
10. HIV or AIDS	yes no	21.	Cardiovascular problems	yes no							
11. Malaria	yes no	22.	Cystic fibrosis	yes no	33.	Any other (please spe	conditions	yes no			
12. Any other infection requiring antibiotic/antivir	yes no	23.	Blindness / major visual problems	yes no							
treatment	ai	24	Gastroesophago-	yes no							
(<u>></u> 3 separate episodes)		2	pharyngeal reflux	yes no	l						
34. Was the infant admitted to hospital?	yes no	35.	Number of separate admissions:		36.		ber of days (all admissions)	in			
37. Diagnosis for		38.	Diagnosis for		39.	Diagnosis					
1 st admission:			2 nd admission:			3 rd admis	sion:				
Section 3: Infant anthropome			Repeat measuremer	ts (if required)		Report	measurements	(if required)			
First set of anthropometric measure 40. Weight:					,]						
40. Weight.	╹━┯┻╼┯┾		kg		kg			kg			
42. Head circumference:]cm			cm			
43. Arm circumference:			cm] cm						
44. Triceps skinfold:	<u> </u>		cm	├ ─- *] cm						
45. Subscapular skinfold:			mm	├ ──]mm]			• mm			
	•L		mm	 •	mm			mm			

Infant Follow-up Study: 1-year visit Infant Follow-up Page 2 of 2 INTERBIO-21" PTID Number Infant Hospital Record No. Colspan="2">Page 2 of 2 INTERBIO-21" PTID Number Infant Hospital Record No. Colspan="2">Page 2 of 2 Infant antropometry (continued) Tested resturments Tested resturments (Frequency) Social of Medical Interported resturments Tested resturment (Frequency) Social of Medical Interported Resturments Tested resturment (Frequency) Social of Medical Interported Resturments Tested resturment (Frequency) Social of Test Sear Of IRe Of The Following treatments h	UNIVERSITY OF	Infont Fol	INTERBIO-21 st		IFU		
INTERBIO-21" PTID Number 0 7 - Hospital/Clinic Code Infant Hospital Record No. 0	UXFORD			Page 2 of 2			
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Section 3: Infant anthropometry (continued) Repeat measurements (if required) Repeat measurements (if required) 46. Weight: <	Infant Hospital Record No.						
Second set of anthropometric measurements Repeat measurements (if required) Repeat measurements (if required) Repeat measurements (if required) 46. Weight:	Infant Date of Birth	D D M M	YY	Visit Da	ate D D	M M Y	Y
46. Weight: <!--</th--><th>Section 3: Infant anthropometry</th><th>(continued)</th><th></th><th></th><th><u> </u></th><th></th><th></th>	Section 3: Infant anthropometry	(continued)			<u> </u>		
47. Length: m <td< td=""><td></td><td>ements</td><td>Repeat measurement</td><td>s (if required)</td><td>Repeat</td><td>measurements (if r</td><td>equired)</td></td<>		ements	Repeat measurement	s (if required)	Repeat	measurements (if r	equired)
48. Head circumference: om om	46. Weight:	kg			kg		kg
49. Am circumference: am am<!--</td--><td>47. Length:</td><td>_ cm</td><td></td><td></td><td>cm</td><td></td><td>_ cm</td>	47. Length:	_ cm			cm		_ cm
50. Triceps skinfold: • orn orn • orn<	48. Head circumference:	cm			cm		cm
51. Subscapular skinfold: * mm * mm * mm 52. Was the child cooperative? * mm * mm * mm 52. Was the child cooperative? * mm * mm * mm 52. Was the child cooperative? * min * mm * mm 52. Vas the child cooperative? * min * mm * mm 52. Vas the child cooperative? * min * mm * mm 54. Antibiotics (sregimens) * min * min min min min min 55. Antitussives or expectorals (sregimens) * min	49. Arm circumference:				cm		
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