Infant Follow-Up

FGLS Number ☐☐ - ☐☐☐☐

Paediatric Outpatient Record Number ☐☐☐☐☐☐☐☐☐

Paediatric Hospital Record Number ☐☐☐☐☐☐☐☐☐

Date of birth of infant D D - M M - Y Y

Date of this visit D D - M M - Y Y

Was the infant part of PPFS? yes / no

Please answer all yes/no questions by placing an 'x' in the corresponding box

Section 1: Status of the infant

1. Status of the infant? Alive and healthy ☐ Alive with long-term health issues ☐ Alive with evidence of chromosomal or congenital abnormalities. If yes, complete an Abnormality form ☐

   Deceased ☐ If yes, please indicate date and cause of death D D - M M - Y Y ☐

Section 2: Medical history - Morbidities

During the 2nd year of life, has the infant either **been diagnosed** with, or been **admitted to hospital** or **started treatment indicated by a health care provider** for, any of the following conditions? (Cross as many as necessary)

2. Exanthema or skin diseases yes / no
3. Repeated otitis media (≥3 separate episodes) yes / no
4. Repeated pneumonia / acute respiratory infection / bronchiolitis (≥3 separate episodes) yes / no
5. Urinary tract infections / pyelonephritis / reflux (≥ 3 separate episodes) yes / no
6. Glomerulonephritis yes / no
7. Fever (≥3 days on ≥3 separate episodes) yes / no
8. Tuberculosis yes / no
9. Hepatitis yes / no
10. Meningitis yes / no
11. HIV / AIDS yes / no
12 Malaria yes / no
13. Any other infection requiring antibiotic / antiviral regimen (≥3 separate episodes) yes / no
14. Gastrointestinal parasitosis yes / no
15. Repeated diarrhoea (≥3 days on ≥3 separate episodes) yes / no
16. Persistent vomiting (≥3 episodes) yes / no
17. Hearing problems yes / no
18. Asthma yes / no
19. Neurological disorders yes / no
20. Seizures yes / no
21. Cerebral palsy yes / no
22. Cardiovascular problems yes / no
23. Cystic fibrosis yes / no
24. Blindness / major visual problems yes / no
25. Gastroesophago-pharyngeal reflux yes / no
26. Any haemolytic condition including sickle-cell anaemia or leukaemia yes / no
27. Any malignancy yes / no
28. Haemolytic-uraemic syndrome yes / no
29. Malnutrition / growth problems yes / no
30. Coeliac disease yes / no
31. Metabolic disorders yes / no
32. Type 1 diabetes and/or ketoacidosis yes / no
33. Growth hormone deficiency yes / no
34. Any immune disorders yes / no
35. Cow's milk protein allergy yes / no
36. Food allergies yes / no
37. Injury / trauma yes / no
38. Any condition requiring surgery. Indicate diagnosis: yes / no ☐
39. Any other conditions. Indicate diagnosis: yes / no ☐

40. Was the infant admitted to hospital? yes / no
41. Number of separate admissions ☐☐
42. Total number of days in hospital (all admissions) ☐☐
43. Diagnosis for 1st admission ☐
44. Diagnosis for 2nd admission ☐
45. Diagnosis for 3rd admission ☐

Section 3: Infant anthropometry - 1st set of anthropometric measurements

		Repeat measurements, if required	Repeat measurements, if required
46. Weight	☐☐.☐☐☐ kg	☐☐.☐☐☐ kg	☐☐.☐☐☐ kg
47. Length	☐☐.☐ cm	☐☐.☐ cm	☐☐.☐ cm
48. Head circumference	☐☐.☐ cm	☐☐.☐ cm	☐☐.☐ cm

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FGLS Number ☐☐-☐☐☐☐ **Date of birth of infant** D D - M M - Y Y

Section 3: Infant anthropometry - 2nd set of anthropometric measurements

		Repeat measurements, if required	Repeat measurements, if required
49. Weight	☐☐.☐☐☐ kg	☐☐.☐☐☐ kg	☐☐.☐☐☐ kg
50. Length	☐☐.☐ cm	☐☐.☐ cm	☐☐.☐ cm
51. Head circumference	☐☐.☐ cm	☐☐.☐ cm	☐☐.☐ cm

Section 4: Medical history - Treatments

During the 2nd year of life, which of the following treatments have been prescribed by a health care provider?

52. Iron, B12, Folic acid or other vitamins	yes	no	59. Bronchodilators	yes	no	66. Diuretics	yes	no
53. Antibiotics (≥3 regimens on separate episodes)	yes	no	60. Glucocorticoids	yes	no	67. Oxygen	yes	no
54. Immunosupressors (other than glucocorticoids)	yes	no	61. Antacids	yes	no	68. Antivirals	yes	no
55. Antimycotic	yes	no	62. Anticonvulsants	yes	no	69. Gastrointestinal agents	yes	no
56. Antiprotozoal	yes	no	63. Non-steroidal anti-inflammatory agents	yes	no	70. Any other treatment	yes	no
57. Antimalarial drugs	yes	no	64. Antipyretics	yes	no	Indicate treatment:		
58. Antitussives / expectorants (≥3 regimens)	yes	no	65. Blood transfusion	yes	no	71. Is the child up-to-date with local vaccination policy? (country-specific)	yes	no

Section 5: Maternal status

72. Is the mother alive? ☐ or deceased ? ☐ If deceased, skip to Q78
73. Is she pregnant? yes no
74. Has she had another child since this one? yes no
75. Is she working outside the home? yes no If no, skip to Q77
76. How old was the child when she returned to work? ☐☐ mths ☐ wks
77. Does the mother smoke? yes no if yes, indicate ☐☐ number of cigarettes/day
78. Does the father/partner smoke? yes no if yes, indicate ☐☐ number of cigarettes/day
79. Is the child attending a nursery or a day care centre? yes no
80. If yes, how old was the child when (s)he first went to nursery or a day care centre? ☐☐ mths ☐ wks

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