Infant Follow-up

INTERBIO-21st PTID Number 0 7 - | **Hospital/Clinic Code**

Infant Hospital Record No.

Infant Date of Birth D D M M Y Y | **Visit Date** D D M M Y Y

Please answer all yes/no questions by placing a 'X' in the corresponding box.

Section 1: Infant - chromosomal or congenital abnormalities

1. Is there any evidence of chromosomal or congenital abnormalities? yes no

   If yes, complete a Postnatal Abnormality Form.

Section 2: Medical history - morbidities

During the second year of life, has the infant either <u>been diagnosed</u> with or <u>been admitted to hospital</u> or <u>started treatment indicated by a health care provider</u> for any of the following conditions?

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 or AIDS yes no
12. Malaria yes no
13. Any other infection requiring antibiotic/antiviral treatment (≥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. Haemolytic-uraemic syndrome yes no
27. Any haemolytic condition, including sickle-cell anaemia or leukaemia yes no
28. Any malignancy yes no
29. Malnutrition / growth problems yes no
30. Coeliac disease yes no
31. Metabolic disorders (e.g. PKU, maple syrup disease) 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 (please specify) yes no
39. Any other conditions (please specify) 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

	First 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
49. Arm circumference:	. cm	. cm	. cm
50. Triceps skinfold:	. mm	. mm	. mm
51. Subscapular skinfold:	. mm	. mm	. mm

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Section 3: Infant anthropometry (continued)

	Second set of anthropometric measurements	Repeat measurements (if required)	Repeat measurements (if required)
52. Weight:	_____ . _____ kg	_____ . _____ kg	_____ . _____ kg
53. Length:	_____ . _____ cm	_____ . _____ cm	_____ . _____ cm
54. Head circumference:	_____ . _____ cm	_____ . _____ cm	_____ . _____ cm
55. Arm circumference:	_____ . _____ cm	_____ . _____ cm	_____ . _____ cm
56. Triceps skinfold:	_____ . _____ mm	_____ . _____ mm	_____ . _____ mm
57. Subscapular skinfold:	_____ . _____ mm	_____ . _____ mm	_____ . _____ mm

58. Was the child cooperative? yes / no

Section 4: Medical history - treatments

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

59. Iron, B12, folic acid or other vitamins — yes / no
60. Antibiotics (≥3 regimens on separate episodes) — yes / no
61. Immunosuppressors (other than glucocorticoids) — yes / no
62. Antimycotics — yes / no
63. Antiprotozoals — yes / no
64. Antimalarial drugs — yes / no
65. Antitussives or expectorants (≥3 regimens) — yes / no
66. Bronchodilators — yes / no
67. Glucocorticoids — yes / no
68. Antacids — yes / no
69. Anticonvulsants — yes / no
70. Non-steroidal anti-inflammatory agents — yes / no
71. Antipyretics — yes / no
72. Blood transfusion — yes / no
73. Diuretics — yes / no
74. Oxygen — yes / no
75. Antivirals — yes / no
76. Gastrointestinal agents — yes / no
77. Any other treatment (please specify) — yes / no
78. Is the child up-to-date with local vaccination policy? (country-specific) — yes / no

Section 5: Maternal status

79. Status of the mother: Alive ☐ Deceased ☐ *If deceased, skip to Question 85.*

80. Was maternal weight taken? yes / no — If yes, maternal weight: 1st meas: _____ . _____ kg; 2nd meas: _____ . _____ kg
81. Is she pregnant? yes / no — If yes, how many weeks? W W weeks
82. Has she had another child since this one? yes / no
83. Has she returned to work? yes / no — If yes, how old was the child when she returned to work? M M mths W weeks
84. Does the mother smoke? yes / no — If yes, how many cigarettes/cigars per day? _____
85. Does the father/partner smoke? yes / no — If yes, how many cigarettes/cigars per day? _____
86. Is the child attending a nursery or a day care centre? yes / no — If yes, how old was the child when (s)he first went to nursery or a day care centre? M M mths W weeks

Name of Researcher			
Signature		Researcher Code	
	Anthropometrist-1 Code		Anthropometrist-2 Code