Infant Follow-up (3-8 months)

Study Subject Number ☐☐ – ☐☐☐☐

Date of birth D D – M M – Y Y

Infant Hospital Record Number ☐☐☐☐☐☐☐☐☐

Date of this visit D D – M M – Y Y

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

Delivery Hospital Code ☐☐

This form should be completed for infants at 3, 4, 5, 6, 7 and 8 months from birth.

Section 1: Status of the infant

1. Status of the infant? ☐ Alive ☐ Dead — If dead, date of death D D – M M – Y Y

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 D D – M M – Y Y

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 infant been given since the last study examination (cross as many as applicable)

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

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

Oral feeding ☐

Tube feeding ☐

Parenteral nutrition including dextrose infusion ☐

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

Section 4: Infant Anthropometry

13. Date of measurement D D – M M – Y Y

14. Time of measurement (24hr clock) H H : M M

	1st set of anthropometric measurements	Repeat measurements, if required	Repeat measurements, if required
15. Weight	☐☐.☐☐☐ kgs	☐☐.☐☐☐ kgs	☐☐.☐☐☐ kgs
16. Length	☐☐.☐ cm	☐☐.☐ cm	☐☐.☐ cm
17. Head circumference	☐☐.☐ cm	☐☐.☐ cm	☐☐.☐ cm

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Study Subject Number [ ][ ] – [ ][ ][ ][ ]
Date of birth D D – M M – Y Y
Infant Hospital Record Number [ ][ ][ ][ ][ ][ ][ ][ ][ ]
Date of this visit D D – M M – Y Y
Paediatric Outpatient Record Number [ ][ ][ ][ ][ ][ ][ ][ ][ ]
Delivery Hospital Code [ ][ ]

Section 4: Infant Anthropometry continued

2nd set of anthropometric measurements		Repeat measurements, if required	Repeat measurements, if required
18. Weight	[ ][ ] . [ ][ ][ ] kgs	[ ][ ] . [ ][ ][ ] kgs	[ ][ ] . [ ][ ][ ] kgs
19. Length	[ ][ ] . [ ] cm	[ ][ ] . [ ] cm	[ ][ ] . [ ] cm
20. Head circumference	[ ][ ] . [ ] cm	[ ][ ] . [ ] cm	[ ][ ] . [ ] cm

Section 5: Morbidities/treatments

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

21. Pneumonia/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 enteral feeding for more than 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 treatments have been given?

42. Analgesics	yes	no	49. Antipyretics	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)

56. 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	[ ][ ]