Neonatal Follow-up (2-8 weeks)

Study Subject Number ☐☐ – ☐☐☐☐ **Date of birth** D D – M M – Y Y

Newborn Hospital Record Number ☐☐☐☐☐☐☐☐☐ **Date of this visit** D D – M M – Y Y

Paediatric Outpatient Clinic Record Number ☐☐☐☐☐☐☐☐☐ **Delivery Hospital Code** ☐☐

This form should be completed for neonates at 2, 4, 6 and 8 weeks after birth.

Section 1: Status of the neonate

1. Status of the neonate

☐ Alive ☐ Dead If dead, date of death D D – M M – Y Y

Since the last study examination, how many days has the neonate 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. Hospital with mother i.e. rooming-in ☐☐ days
7. At home ☐☐ days
8. TOTAL NUMBER OF DAYS since last study examination ☐☐ days
9. If the neonate has been discharged since the last visit, date of hospital discharge D D – M M – Y Y

Section 2: Status of the mother

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

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

Section 3: Feeding Practices

11. 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 ☐

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

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

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

Section 4: Neonate anthropometry

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

15. Time of measurement H H : M M

1st set of anthropometric measurements

16. Weight ☐.☐☐☐ kgs
17. Length ☐☐.☐ cm
18. Head circumference ☐☐.☐ cm

Repeat measurements, if required

☐.☐☐☐ kgs
☐☐.☐ cm
☐☐.☐ cm

Repeat measurements, if required

☐.☐☐☐ kgs
☐☐.☐ cm
☐☐.☐ cm

Study Subject Number ☐☐ – ☐☐☐☐ **Date of birth** D D – M M – Y Y

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Section 4: Neonate anthropometry continued

	2nd set of anthropometric measurements	Repeat measurements, if required	Repeat measurements, if required
19. Weight	☐.☐☐☐ kgs	☐.☐☐☐ kgs	☐.☐☐☐ kgs
20. Length	☐☐.☐ cm	☐☐.☐ cm	☐☐.☐ cm
21. Head circumference	☐☐.☐ cm	☐☐.☐ cm	☐☐.☐ cm

Section 5: Morbidities/treatments

22. Since the last study examination, has the neonate received respiratory support? yes ☐ no ☐

23. If yes, number of days on respiratory support, since the last examination (if part of a day round up to the next whole day) ☐ days

24. If on respiratory support, type of respiratory support.

Mechanical ventilation ☐ Nasal C-PAP/ High flow nasal cannula ☐

Oxygen Hood ☐

Since the last study examination has the neonate been given the following:

25. Corticosteroids postnatally	yes ☐	no ☐
26. Surfactant replacement therapy	yes ☐	no ☐
27. Diuretics	yes ☐	no ☐
28. Antibiotics	yes ☐	no ☐
29. Antipyretics	yes ☐	no ☐

Since the last study examination, has the neonate been diagnosed with/treated for any of the following conditions?

30. Intraventricular hemorrhage	yes ☐	no ☐	Grade I ☐ Grade II ☐ Grade III ☐ Grade IV ☐
31. Necrotising enterocolitis	yes ☐	no ☐	Stage I ☐ Stage IIa ☐ Stage IIb ☐ Stage III ☐
32. Retinopathy of prematurity	yes ☐	no ☐	Stage I ☐ Stage II ☐ Stage III ☐ Stage IV ☐ Stage V ☐
33. Respiratory distress syndrome	yes ☐	no ☐	
34. Pneumonia/Bronchiolitis	yes ☐	no ☐	
35. Meconium aspiration with respiratory distress	yes ☐	no ☐	
36. Hypoxic-ischaemic encephalopathy	yes ☐	no ☐	
37. Apnea of prematurity	yes ☐	no ☐	
38. Stoppage of enteral feeding for more than 3 consecutive days	yes ☐	no ☐	
39. Broncopulmonary dysplasia/chronic lung disease	yes ☐	no ☐	
40. Any gastro-intestinal condition requiring surgery (complete an **adverse event** form)	yes ☐	no ☐	
41. Patent ductus arteriosus requiring surgery (complete an **adverse event** form)	yes ☐	no ☐	
42. Any other condition requiring surgery (complete an **adverse event** form)	yes ☐	no ☐	
43. Short bowel syndrome	yes ☐	no ☐	
44. Severe Diarrhoea	yes ☐	no ☐	
45. Hyperbilirubinemia requiring exchange transfusion	yes ☐	no ☐	
46. Kernicterus	yes ☐	no ☐	
47. Chronic renal failure	yes ☐	no ☐	
48. Major neurological impairment	yes ☐	no ☐	
49. Seizures	yes ☐	no ☐	
50. Periventricular leukomalacia	yes ☐	no ☐	
51. Hypoglycaemia	yes ☐	no ☐	
52. Hypotension requiring inotropic treatment or steroids	yes ☐	no ☐	
53. Anaemia (requiring transfusion)	yes ☐	no ☐	
54. Sepsis	yes ☐	no ☐	
55. Endocrine abnormalities	yes ☐	no ☐	
56. Inborn errors of metabolism	yes ☐	no ☐	
57. Any other serious condition	yes ☐	no ☐	
58. Any congenital abnormality (complete a **Neonatal abnormality** form)			

Section 6: Next Examination

Please now arrange the next follow-up examination (2 weeks 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	☐☐