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
## Section 4: Neonate anthropometry continued - 2nd set of anthropometric measurements

19. Weight  

20. Length  

21. Head circumference  

## 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  

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  

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

   - Intraventricular hemorrhage
     - Grade I
     - Grade II
     - Grade III
     - Grade IV

   - Necrotising enterocolitis
     - Stage I
     - Stage IIa
     - Stage IIb
     - Stage III

   - Retinopathy of prematurity
     - Stage I
     - Stage II
     - Stage III
     - Stage IV
     - Stage V

   - Respiratory distress syndrome
     - Grade I
     - Grade II
     - Grade III
     - Grade IV

   - Pneumonia/Bronchiolitis
     - Grade I
     - Grade II
     - Grade III
     - Grade IV

   - Meconium aspiration with respiratory distress
     - Yes
     - No

   - Hypoxic-ischaemic encephalopathy
     - Yes
     - No

   - Apnea of prematurity
     - Yes
     - No

   - Stoppage of enteral feeding for more than 3 consecutive days
     - Yes
     - No

   - Broncopulmonary dysplasia/chronic lung disease
     - Yes
     - No

   - Any gastro-intestinal condition requiring surgery (complete an adverse event form)
     - Complete

   - Patent ductus arteriosus requiring surgery (complete an adverse event form)
     - Complete

   - Any other condition requiring surgery (complete an adverse event form)
     - Complete

   - Short bowel syndrome
     - Yes
     - No

   - Severe Diarrhoea
     - Yes
     - No

   - Hyperbilirubinemia requiring exchange transfusion
     - Yes
     - No

   - Hypotension requiring inotropic treatment or steroids
     - Yes
     - No

   - Hypoglycaemia requiring inotropic treatment
     - Yes
     - No

   - Periventricular leukomalacia
     - Yes
     - No

   - Hypothyroidism
     - Yes
     - No

   - Hypothyroidism
     - Yes
     - No

   - Major neurological impairment
     - Yes
     - No

   - Seizures
     - Yes
     - No

   - Anaemia requiring transfusion
     - Yes
     - No

   - Any other condition
     - Yes
     - No

## 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

## Footer

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