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

Section 1: Status of the infant

1. Status of the infant
   - Alive
   - Dead
   - If dead, date of death

Since the last study examination, how many days has the infant spent in any of the following:

2. High dependency unit/NICU
3. Intermediate dependency unit
4. Low dependency unit/Nursery
5. Another special care unit
6. At home
7. TOTAL NUMBER OF DAYS since last study examination
8. If the infant has been discharged since the last visit, date of hospital discharge

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 neonate been given since the last study examination (cross as many as apply)
   - Breast milk
   - Breast milk with fortifiers
   - Standard infant formula
   - Preterm formula
   - High energy formula
   - Soy based formula
   - Hydrolysed formula
   - Any other special formula
   - Standard infant formula
   - Parenteral nutrition including dextrose infusion

11. Which method(s) were used? (cross as many as apply)
   - Oral feeding
   - Tube feeding
   - Parenteral nutrition including dextrose infusion

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

Section 4: Neonate anthropometry

13. Date of measurement
14. Time of measurement (24hr clock)

1st set of anthropometric measurements

15. Weight
16. Length
17. Head circumference
### Section 4: Neonate Anthropometry Continued - 2nd Set of Anthropometric Measurements

18. Weight

19. Length

20. Head circumference

### 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
- 22. Blindness
- 23. Otitis media
- 24. Hearing problems
- 25. Cardiovascular problems
- 26. Skin problems
- 27. Stoppage of enteral feeding for >3 consecutive days
- 28. Gastro-esophageal reflux
- 29. Other feeding problems
- 30. Persistent vomiting
- 31. Diarrhoea
- 32. Febrile episodes
- 33. Sepsis / meningitis
- 34. Infectious disease (e.g. measles, malaria)
- 35. Metabolic disorders
- 36. Seizures
- 37. Neurological disorders
- 38. Hydrocephalus
- 39. Malignancy
- 40. Injury / trauma
- 41. Any other serious condition (please specify)

Since the last study examination, which treatment(s) have been given?

- 42. Analgesics
- 43. Antacids
- 44. Haematinics
- 45. Anticonvulsants
- 46. Antiemetics
- 47. Anti-inflammatory agents
- 48. Antibiotics
- 49. Antipyretics
- 50. Antitussive or expectorant drugs
- 51. Blood transfusions
- 52. Bronchodilators
- 53. Diuretics
- 54. Glucocorticoids
- 55. Oxygen

### Section 6: Next Examination

Please now arrange the next follow-up examination (1 month from today)

59. Date of the next study appointment or hospital examination

Name of Researcher

Researcher Code

Code of 1st anthropometrist

Code of 2nd anthropometrist

Signature