

# PROBIT DATA FORM 1 - Maternity Hospital

1

<b>I. Identifying information</b>			
Hospital no. <input type="text"/>	Subject no. <input type="text"/>	Date form is completed <input type="text"/> <input type="text"/> 19 <input type="text"/> <input type="text"/>	
		dd mm year	
1.1 Child's last name <input type="text"/>			
1.2 Mother's address 1.2.1 Region <input type="text"/>		1.2.2 District <input type="text"/>	
1.2.3 City or Village <input type="text"/>		1.2.4 Street <input type="text"/>	
1.2.5 Apt. # <input type="text"/>		1.3 Home telephone no. <input type="text"/>	
1.4 Father's place of work <input type="text"/>		1.5 Father's work telephone <input type="text"/>	
1.6 Other contacts and telephone numbers <input type="text"/>			

<b>II. Background information</b>			
2.1 Mother's birth date: <input type="text"/> <input type="text"/> 19 <input type="text"/> <input type="text"/>		2.2 Baby's sex: 1 <input type="checkbox"/> F 2 <input type="checkbox"/> M	
day month year			
2.3 Mother's education:		1 <input type="checkbox"/> completed university 2 <input type="checkbox"/> partial university 3 <input type="checkbox"/> secondary special	
4 <input type="checkbox"/> common secondary 5 <input type="checkbox"/> partial secondary 6 <input type="checkbox"/> initial			
2.4 Mother's occupation:		1 <input type="checkbox"/> manual worker 2 <input type="checkbox"/> service worker 3 <input type="checkbox"/> farmer	
4 <input type="checkbox"/> pupil 5 <input type="checkbox"/> student 6 <input type="checkbox"/> housewife 7 <input type="checkbox"/> unemployed			
2.5 Marital status:		1 <input type="checkbox"/> registered marriage 2 <input type="checkbox"/> unregistered marriage 3 <input type="checkbox"/> unmarried	
2.6 Father's birth date: <input type="text"/> <input type="text"/> 19 <input type="text"/> <input type="text"/>		<input type="checkbox"/> unknown	
dd mm year			
2.7 Father's education:		1 <input type="checkbox"/> completed university 2 <input type="checkbox"/> partial university 3 <input type="checkbox"/> secondary special	
4 <input type="checkbox"/> common secondary 5 <input type="checkbox"/> partial secondary 6 <input type="checkbox"/> initial 7 <input type="checkbox"/> unknown			
2.8 Father's occupation:		1 <input type="checkbox"/> manual worker 2 <input type="checkbox"/> service worker 3 <input type="checkbox"/> farmer	
4 <input type="checkbox"/> pupil 5 <input type="checkbox"/> student 6 <input type="checkbox"/> unemployed 7 <input type="checkbox"/> unknown			
2.9 Number of other children living together in household: <input type="text"/>		2.10 Number < 3 years: <input type="text"/>	
No. of mother's previous infants breast-fed: 2.11: < 3 months <input type="text"/> 2.12: 3-5 months <input type="text"/> 2.13: ≥ 6 months <input type="text"/>			

<b>III. Atopic history</b>			
In mother:	3.1 <input type="checkbox"/> asthma	3.2 <input type="checkbox"/> hay fever	3.3 <input type="checkbox"/> eczema 3.4 <input type="checkbox"/> none
In father:	3.5 <input type="checkbox"/> asthma	3.6 <input type="checkbox"/> hay fever	3.7 <input type="checkbox"/> eczema 3.8 <input type="checkbox"/> none 3.9 <input type="checkbox"/> unknown
In any previous child from mother and same father:	3.10 <input type="checkbox"/> asthma	3.11 <input type="checkbox"/> hay fever	3.12 <input type="checkbox"/> eczema 3.13 <input type="checkbox"/> none

**IV. Information on this pregnancy**4.1 Delivery date:    19    
dd mm year4.2 Gestational age (completed weeks):   weeks4.3 Gestational age based on (check all that apply): 4.3.1 ☐ ultrasound 4.3.2 ☐ last normal menstrual period  
4.3.3 ☐ other obstetric criteria 4.3.4 ☐ pediatric (neonatological) examination of newborn

4.4 Average number of cigarettes smoked per day during pregnancy:

1 ☐ none 2 ☐ 1-4 3 ☐ 5-9 4 ☐ 10-19 5 ☐ ≥ 20

4.5 Average frequency of alcohol (vodka or wine) consumed during pregnancy?

1 ☐ < 1 time/mo 2 ☐ 1-3 times/mo 3 ☐ 1 time/wk 4 ☐ 2 times/wk 5 ☐ ≥ 3 times/wk

4.5.1 On average, how much was consumed at these times?

1 ☐ 0-50 ml vodka (0-100 ml wine) 2 ☐ > 50-100 ml vodka (> 100-250 ml wine)3 ☐ > 150-250 ml vodka (> 250-500 ml wine) 4 ☐ > 250-400 ml vodka (> 500-750 ml wine)5 ☐ > 400 ml vodka (> 750 ml wine)4.6 Delivery method: 1 ☐ spontaneous vaginal 2 ☐ forceps 3 ☐ vacuum extraction 4 ☐ cesarean4.7 Weight:    grams 4.8 Length:   cm 4.9 Head circumference   cm4.10 Apgar score at 1 minute:   4.11 Apgar score at 5 minutes:  **V. Delivery complications (check all that apply):**5.1 ☐ no delivery complications 5.2 ☐ cephalhematoma 5.3 ☐ clavicular fracture 5.4 ☐ brachial plexus palsy5.5 ☐ need for respiratory support (bag and mask or endotracheal tube)5.6 ☐ other complications 5.6.1 describe \_\_\_\_\_**VI. Postpartum maternal complications (check all that apply):**6.1 ☐ no maternal complications 6.2 ☐ endometritis 6.3 ☐ urinary tract infection 6.4 ☐ hemorrhage6.5 ☐ other infection 6.5.1 describe \_\_\_\_\_6.6 ☐ other complications 6.6.1 describe \_\_\_\_\_**VII. Postpartum infant complications (check all that apply):**7.1 ☐ no infant complications 7.2 ☐ need for oxygen 7.3 ☐ hypoglycemia requiring intravenous glucose7.4 ☐ infection 7.4.1 describe \_\_\_\_\_7.5 ☐ jaundice requiring phototherapy or exchange transfusion 7.6 ☐ need for transfusion7.7 ☐ transfer to intensive care unit7.8 ☐ other complications 7.8.1 describe \_\_\_\_\_**VIII. Infant feeding in hospital (check all that apply):**8.1 ☐ breastfeeding 8.2 ☐ mother's expressed breast milk 8.3 ☐ donor milk8.4 ☐ water or glucose water 8.5 ☐ formula 8.6 ☐ other liquids

# PROBIT DATA FORM 2 - Routine Polyclinic Visit

1

<b>Identifying information</b>		Last name _____	Child's first name _____
Hospital no.: [ ] [ ]	Subject no.: [ ] [ ]	Study visit no.: [ ]	
Date form is completed: [ ] [ ] 19 [ ] [ ]		Date of last study visit [ ] [ ] 19 [ ] [ ]	
dd mm year		dd mm year	

## 1. General information

1.1 Weight [ ] [ ] kg	1.2 Length [ ] [ ] cm	1.3 Head circumference [ ] [ ] cm
1.4 Which vaccines were received since last study visit or at this visit?		
1.4.1 [ ] none	1.4.2 [ ] DPT	1.4.3 [ ] DT
1.4.4 [ ] oral polio	1.4.5 [ ] measles	1.4.6 [ ] mumps
1.4.7 [ ] BCG	1.4.8 [ ] other	1.4.8.1 describe _____
1.5 Average number of cigarettes smoked by mother per day since last study visit:		
1 [ ] none	2 [ ] 1-4	3 [ ] 5-9
4 [ ] 10-19	5 [ ] ≥ 20	
1.6 Average frequency of alcohol (vodka or wine) consumed since last study visit?		
1 [ ] < 1 time/mo	2 [ ] 1-3 times/mo	3 [ ] 1 time/wk
4 [ ] 2 times/wk	5 [ ] ≥ 3 times/wk	
1.6.1 On average, how much was consumed at these times?		
1 [ ] 0-50 ml vodka (0-100 ml wine)	2 [ ] > 50-100 ml vodka (> 100-250 ml wine)	
3 [ ] > 150-250 ml vodka (> 250-500 ml wine)	4 [ ] > 250-400 ml vodka (> 500-750 ml wine)	
5 [ ] > 400 ml vodka (> 750 ml wine)		

## 2. Feeding information

2.1 Current feeding:		
2.1.1 Breastfeeding	[ ] [ ] times per day	
2.1.2.1 Mother's expressed breast milk	[ ] [ ] times per day;	2.1.2.2 [ ] [ ] [ ] [ ] ml per day
2.1.3.1 Donor breast milk	[ ] [ ] times per day;	2.1.3.2 [ ] [ ] [ ] [ ] ml per day
2.1.4.1 Formula	[ ] [ ] times per day;	2.1.4.2 [ ] [ ] [ ] [ ] ml per day
2.1.5.1 Cow milk	[ ] [ ] times per day;	2.1.5.2 [ ] [ ] [ ] [ ] ml per day
2.1.6.1 Other milk	[ ] [ ] times per day;	2.1.6.2 [ ] [ ] [ ] [ ] ml per day
2.1.7.1 Water	[ ] [ ] times per day;	2.1.7.2 [ ] [ ] [ ] [ ] ml per day
2.1.8.1 Juice or other liquids	[ ] [ ] times per day;	2.1.8.2 [ ] [ ] [ ] [ ] ml per day
2.1.9.1 Cereals	[ ] [ ] times per day	2.1.9.2 describe: _____
2.1.10.1 Other solid foods	[ ] [ ] times per day	2.1.10.2 describe: _____
2.2 Is the baby still breastfeeding? 1 [ ] yes 2 [ ] no		
2.2.1 If no, was the baby still breastfeeding at the last study visit? 1 [ ] yes 2 [ ] no		
2.2.2 If baby has stopped breastfeeding since last study visit, date last breastfed [ ] [ ] 19 [ ] [ ]		
dd mm year		
2.2.3 Main reason for stopping (check one box only):		
1 [ ] mother ill	2 [ ] baby ill	3 [ ] insufficient milk
4 [ ] baby's age	5 [ ] sore or infected nipples	6 [ ] personal preference

3.	Rash with onset since last study visit?	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
3.1	If yes, date of onset:	<input type="text"/> <input type="text"/> <input type="text"/> 19 <input type="text"/> <input type="text"/> day month year
3.2	Itchy?	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
3.3	On face?	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
3.4	On extensor surfaces of arms?	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
3.5	On extensor surfaces of legs?	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
3.6	Duration $\geq$ 2 weeks (must be verified if $<$ 2 weeks so far)	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
3.7	Recurrent (after $\geq$ 1 week clearing)?	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
3.8	Doctor visit because of this rash?	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
4.	Gastrointestinal illness with onset since last study visit?	
4.1	<u>Episode 1</u>	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
4.1.1	If yes, date of onset:	<input type="text"/> <input type="text"/> <input type="text"/> 19 <input type="text"/> <input type="text"/> day month year
4.1.2	Highest temperature recorded	<input type="text"/> <input type="text"/> <input type="text"/> C
4.1.3	Stool frequency greater than usual	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
4.1.4	Looser stools than usual	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
4.1.5	Vomiting (not just spitting up)	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
4.1.6	Doctor visit because of this illness	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
4.1.7	Duration at least 2 days (caution*)	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
4.2	<u>Episode 2</u> (minimum of one symptom-free week to qualify as new episode)	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
4.2.1	If yes, date of onset:	<input type="text"/> <input type="text"/> <input type="text"/> 19 <input type="text"/> <input type="text"/> day month year
4.2.2	Highest temperature recorded	<input type="text"/> <input type="text"/> <input type="text"/> C
4.2.3	Stool frequency greater than usual	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
4.2.4	Looser stools than usual	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
4.2.5	Vomiting (not just spitting up)	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
4.2.6	Doctor visit because of this illness	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
4.2.7	Duration at least 2 days (caution*)	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
4.3	<u>Episode 3</u> (minimum of one symptom-free week to qualify as new episode)	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
4.3.1	If yes, date of onset:	<input type="text"/> <input type="text"/> <input type="text"/> 19 <input type="text"/> <input type="text"/> day month year
4.3.2	Highest temperature recorded	<input type="text"/> <input type="text"/> <input type="text"/> C
4.3.3	Stool frequency greater than usual	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
4.3.4	Looser stools than usual	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
4.3.5	Vomiting (not just spitting up)	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
4.3.6	Doctor visit because of this illness	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
4.3.7	Duration at least 2 days (caution*)	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no

If visit is not because of this illness (i.e., response to previous question is no) and illness episode began within the last 48 hours but has not yet resolved, you must recontact the family before answering this question.

## 5. Respiratory illness with onset since last study visit?

5.1	<b>Episode 1</b>	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
5.1.1	If yes, date of onset:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 19 <input type="checkbox"/> <input type="checkbox"/> day month year
5.1.2	Highest temperature recorded	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> C
5.1.3	Cough	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
5.1.4	Fast breathing	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
5.1.5	Runny nose	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
5.1.6	Wheeze	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
5.1.7	Otitis media	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
5.1.8	Croup	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
5.1.9	Chest X-ray (check one box):	1 <input type="checkbox"/> not obtained 2 <input type="checkbox"/> normal 3 <input type="checkbox"/> pneumonia 4 <input type="checkbox"/> other
5.1.10	Doctor visit because of this illness	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
5.1.11	Duration at least 2 days (caution*)	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
5.2	<b>Episode 2</b> (minimum of one symptom-free week to qualify as new episode)	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
5.2.1	If yes, date of onset:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 19 <input type="checkbox"/> <input type="checkbox"/> day month year
5.2.2	Highest temperature recorded	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> C
5.2.3	Cough	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
5.2.4	Fast breathing	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
5.2.5	Runny nose	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
5.2.6	Wheeze	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
5.2.7	Otitis media	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
5.2.8	Croup	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
5.2.9	Chest X-ray (check one box):	1 <input type="checkbox"/> not obtained 2 <input type="checkbox"/> normal 3 <input type="checkbox"/> pneumonia 4 <input type="checkbox"/> other
5.2.10	Doctor visit because of this illness:	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
5.2.11	Duration at least 2 days (caution*)	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
5.3	<b>Episode 3</b> (minimum of one symptom-free week to qualify as new episode)	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
5.3.1	If yes, date of onset:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 19 <input type="checkbox"/> <input type="checkbox"/> day month year
5.3.2	Highest temperature recorded	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> C
5.3.3	Cough	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
5.3.4	Fast breathing	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
5.3.5	Runny nose	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
5.3.6	Wheeze	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
5.3.7	Otitis media	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
5.3.8	Croup	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
5.3.9	Chest X-ray (check one box):	1 <input type="checkbox"/> not obtained 2 <input type="checkbox"/> normal 3 <input type="checkbox"/> pneumonia 4 <input type="checkbox"/> other
5.3.10	Doctor visit because of this illness	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no
5.3.11	Duration at least 2 days (caution*)	1 <input type="checkbox"/> yes 2 <input type="checkbox"/> no

If visit is not because of this illness (i.e., response to previous question is no) and illness episode began within the last 48 hours but has not yet resolved, you must recontact the family before answering this question.

## PROBIT DATA FORM 2 - Routine Polyclinic Visit

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6. Other illness with onset since last study visit? 1 ☐ yes 2 ☐ no

6.1 If yes, describe:

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7. Hospitalized since last study visit? 1 ☐ yes 2 ☐ no

7.1 If yes, ☐☐ ☐☐ 19 ☐☐  
day month year

7.2 Where: 

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7.3 Diagnosis: 

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