This form should be completed by the Research Nurse or Clinician for all potential preterm pregnant women and their infants who are screened for participation in the SIP project. All dates should be recorded in Ethiopian Calendar.

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| **SECTION 1. Eligibility** |
| 1. DATE OF SCREENING: |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| (DD – MM – YYYY)(Ethiopian Calendar) 2. Did Mother deliver at one of the participating study hospitals?   1  Yes 2  No   1. WAS BABY TRANSFERRED TO ONE OF THE PARTICIPATNG STUDY HOSPITALS **PRIOR TO 7 DAYS** OF AGE?   1  Yes 2 No  IF **EITHER Q.2 or Q.3 is YES** THEN CONTINUE; if **both are NO then INELIGIBLE -SKIP to Section D**   1. DID BABY HAVE APGAR >1 **or** CRIED, BREATHED OR HAVE MOVEMENT AFTER DELIVERY?   1  Yes→CONTINUE 2  No→**INELIGIBLE- SKIP TO Section D** |
| **SECTION 2. GESTATIONAL AGE ASSESSMENT** |
| 1. Is the date of LMP reliable? 1  Yes 2  No/Don’t Know 2. If yes, first day of last menstrual period: |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| (dd-mm-yyyy) 3. If yes, gestational age (GA) at delivery in weeks from LMP: |\_\_|\_\_|wks|\_\_| days 4. Was ultrasound performed 1  Yes 2  No/Don’t Know 5. If ultrasound was done    1. Date of first/only US exam: |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| (dd-mm-yyyy)2 Don’t Know    2. Trimester of earliest ultrasound: 1 First Trimester 2Second 3Thirds 4Don’t know    3. Gestational age at the first/only US exam|\_\_|\_\_| wks|\_\_|\_\_| days    4. Gestational age at delivery based on first/only US |\_\_|\_\_|wks|\_\_| days 6. Gestational age in weeks by Ballard: |\_\_|\_\_| wks (WORKSHEET ON BACK)  10.1 Ballard Neuromuscular maturity Score: |\_\_| 10.2 Ballard Physical maturity Score: |\_\_|    1. Total: |\_\_|\_\_| *Note: If Neuromuscular exam cannot be completed, do physical exam and double score* 10.4 Date Ballard exam done: |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| (DD – MM – YYYY) (Ethiopian Calendar) |
| 1. Check all methods used to determine Gestational Age  |  |  |  | | --- | --- | --- | |  | METHOD USED TO DETERMINE GA (Tick all that apply) | Results To Indicate SIP Eligibility | | 1 | Ultrasound was done at < 28 weeks | GA at delivery <37 weeks | | 2 | If Ultrasound at >28 weeks **and**  either valid LMP or Ballard | GA at delivery < 37 weeks | | 3 | If no US, valid LMP **and** Ballard Exam done < 7 days after delivery | GA < 37 weeks | | 4 | If no US, valid LMP and Ballard Exam is done < 7 days after delivery and discrepancy between the LMP and Ballard use hierarchy to determine GA | If the difference between GA by Ballard and LMP is not greater than 2 weeks, the LMP GA is correct; if the difference is greater than 2 weeks, use Ballard | | 5 | If no US and no valid LMP, Ballard was done < 7 days after delivery | GA at Ballard exam < 37 weeks Note: If Ballard indicates category 36-38 wks, baby not eligible for SIP | | 6 | Gestational age is >37 weeks or GA was not taken | Ineligible |  1. Best GA (based on hierarchy in Q.11): |\_\_|\_\_| wks |\_\_| days 2. DOES INFANT MEET **ALL** ELIGIBILITY CRITERIA FOR STUDY?   1YES (Live born infant Delivered or Admitted to study hospital; <7 days of life and <37 weeks GA)  2 NO →SKIP TO SECTION C. FORM COMPLETION   1. WAS CONSENT OBTAINED? 1YES   2 NO →SKIP TO SECTION C. FORM COMPLETION |
| **BALLARD WORKSHEET: Neuromuscular Exam**    **Physical Maturity Exam**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **SCORE** | **-1** | **0** | **1** | **2** | **3** | **4** | **5** | | Skin | Sticky, Friable, transparent | Gelatenous, red | Smooth, pink, visible veins | Superficial peeling and/or rash, few veins | Cracking, pale areas, rare veins | Parchment, deep cracking veins, no vessels | Leathery, cracked wrinkled | | Languo | None | Sparse | Abundant | Thinning | Bald areas | Mostly bald |  | | Plantar Surface | Heel-toe 40-50 mm -1 <40 mm -2 | >50 mm  No crease | Faint red marks | Anterior transverse crease only | Creases anterior 2/3 | Creases over entire sole |  | | Breast | Imperceptible | Barely perceptible | Flat areola, no bud | Stippled areola, 1-2 mm bud | Raised areola,  3-4 mm bud | Full areola  5 mm bud |  | | Eye/Ear | Lids fused loosely  tightly | Lids open,  Pinna, stays folded | Slightly curved pinna, soft, slow recall | Well-curved pinna, soft but ready recoil | Formed and firm instant recoil | Thick cartilage, ear stiff |  | | Genital (M) | Smooth, flat, smooth | Scrotum empty, faint rugae | Testes descending, rare rugae | Testes descending, few rugae | Testes down, good rugae | Testes pendulous, deep rugae |  | | Genital (F) | Clitorus prominent,  Labia flat | Clitorus prominent,  Small labia minora | Clitorus prominent,  Labia flat | Majora and minora equally prominent | Majora large and minor small | Majora cover clitorus and  minora |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Score** | -10 | -5 | 0 | 5 | 10 | 15 | 20 | 25 | 30 | 35 | 40 | 45 | | **GA** | 20 | 22 | 24 | 26 | 28 | 30 | 32 | 34 | 36 | 38 | 40 | 42 | |

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| **sECTION 3. fORM completion** Name of person who completed Form:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of PERSON WHO REVIEW FORM:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Completed Form reviewed: |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| (DD-MM-YYYY) |