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| **This preterm study examination should be completed at weekly follow-up visits for all enrolled preterm infant who are discharged from the delivery room or NICU at < 28 days of life.** |
| **Instructions**: *At discharge the research nurse should schedule the follow-up visits (or contact by phone) on a weekly basis until 28-days of life. The form contains space to record up to 4 visits but depending on age/status at discharge only use the number required until infant reaches 28 days.* |
| **Section 1. Identification and Visit Information** |
| *Reaffirm contact address (complete as much as possible):*  Home address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gott/Ketana\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Zone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town or Woreda:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Kabele:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Health Extension Worker Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if known, cell number):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Description of location of residence (other detail as needed): |
| 1. Schedule of follow-up visit dates at clinic (weekly, up to 4 visits total):  1.1 **FIRST Visit** |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| (DD – MM – YYYY) |
| * 1. **SECOND Visit** |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| (DD – MM – YYYY) |
| * 1. **THIRD Visit**|\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| (DD – MM – YYYY) |
| * 1. **FOURTH Visit** |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| (DD – MM – YYYY) |
| **Section 2. Infant Status at FIRST Visit** |
| 1. Follow up method of ***this*** visit: 1 High-risk clinic 2  Telephone (Health worker)  3 Telephone (family) 4Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Date of ***this*** contact: |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| (DD – MM – YYYY) |
| 1. Infant status at this follow-up contact:  1  Alive and healthy 2  Alive but is re-admitted to NICU or another unit  2.1 If yes, date of admission |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| (DD – MM – YYYY)   2.2 If yes, location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   2.3 Reason for admission:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3  Infant has died |
| 3.1 If died, date of death |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| (DD – MM – YYYY) → Use WHO Verbal   Autopsy Form after 6 weeks of mourning. Make appointment for interview.  3.2 Date VA interview is scheduled: |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| (DD–MM –YYYY) |
| **If visit is face-to-face**, measure vital signs, anthropometric measurements and assess the rest of the systems: |
| 1. Respiratory rate \_\_ \_\_ \_\_ breaths/minute 9. Weight at exam:\_\_ \_\_ \_\_ \_\_ Grams |
| 1. Apical heart rate \_\_ \_\_ \_\_ beats/minute 10. Length \_\_ \_\_ .\_\_ cm |
| 1. Temperature \_\_ \_\_ .\_\_ oCelsius 11. Head circumference\_\_ \_\_ .\_\_ cm |
| 1. Capillary refill ------- seconds 1 *Not done* |
| **Section 3. Infant Status at SECOND Visit (complete if second follow-up visit** |
| 1. Follow up method of ***this*** visit: 1  High-risk clinic 2  Telephone (Health worker)   3  Telephone (family) 4 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Date of ***this*** contact: |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| (DD – MM – YYYY) |
| 1. Infant status at this follow-up contact:  1 Alive and healthy 2 Alive but was re-admitted to NICU or another unit  2.1 If yes, date of admission |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| (DD – MM – YYYY)   2.2 If yes, location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   3 Infant has died |
| 3.1 If died, date of death |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| (DD – MM – YYYY) → Use WHO Verbal Autopsy Form after 6 weeks of mourning. Make appointment for interview.  3.2 Date VA interview is scheduled: |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| (DD–MM –YYYY) |
| **If visit is face-to-face**, measure vital signs, anthropometric measurements and assess the rest of the systems: |
| 1. Respiratory rate \_\_ \_\_ \_\_ breaths/minute 18. Weight at exam:\_\_ \_\_ \_\_ \_\_ Grams |
| 1. Apical heart rate \_\_ \_\_ \_\_ beats/minute 19. Length \_\_ \_\_ .\_\_ cm |
| 1. Temperature \_\_ \_\_ .\_\_ oCelsius 20. Head circumference\_\_ \_\_ .\_\_ cm |
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| **Section 4. Infant Status at THIRD Visit (complete if 3rd follow-up visit scheduled)** |
| 21Follow up method of ***this*** visit: 1  High-risk clinic 2  Telephone (Health worker)   3  Telephone (family) 4 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Date of ***this*** contact: |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| (DD – MM – YYYY) |
| 1. Infant status at this follow-up contact:  1  Alive and healthy 2. Alive but was readmitted to NICU or another unit 2.1 If yes, date of admission |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| (DD – MM – YYYY)  2.2 If yes, location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Infant has died |
| 3.1 If died, date of death |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| (DD – MM – YYYY) → Use WHO  Verbal Autopsy Form after 6 wks. Make appointment for interview.  3.2 Date VA interview is scheduled: |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| (DD–MM –YYYY) |
| **If visit is face-to-face**, measure vital signs, anthropometric measurements and assess the rest of the systems: |
| 1. Respiratory rate \_\_ \_\_ \_\_ breaths/minute 27. Weight at exam:\_\_ \_\_ \_\_ \_\_ Grams |
| 1. Apical heart rate \_\_ \_\_ \_\_ beats/minute 28. Length \_\_ \_\_ .\_\_ cm |
| 1. Temperature \_\_ \_\_ .\_\_ oCelsius 29. Head circumference\_\_ \_\_ .\_\_ cm |
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| **Section 5. Infant Status at FOURTH Visit** |
| 31.Follow up method of ***this*** visit: 1 High-risk clinic 2  Telephone (Health worker)   3 Telephone (family) 4Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Date of ***this*** contact: |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| (DD – MM – YYYY) |
| 1. Status of baby:   1  Alive and healthy  2Alive but was readmitted to NICU or another unit  2.1 If yes, date of admission |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| (DD – MM – YYYY)   2.2 If yes, location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3  Infant has died |
| 3.1 If died, date of death |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| (DD – MM – YYYY) → Use WHO Verbal Autopsy Form after 6 weeks of mourning. Make appointment for Verbal Autopsy interview. 3.2 Date VA interview is scheduled: |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| (DD – MM – YYYY) |
| 1. **If visit is face-to-face**, measure vital signs, anthropometric measurements and assess the rest of the systems: |
| 1. Respiratory rate \_\_ \_\_ \_\_ breaths/minute 38. Weight at exam:\_\_ \_\_ \_\_ \_\_ Grams |
| 1. Apical heart rate \_\_ \_\_ \_\_ beats/minute 39. Length \_\_ \_\_ .\_\_ cm |
| 1. Temperature \_\_ \_\_ .\_\_ oCelsius 40. Head circumference\_\_ \_\_ .\_\_ cm |
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| **FORM COMPLETION** |
| 41. Evaluation done by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |\_\_|\_\_|  42. Form checked by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_|\_\_|   1. Date of Completion: |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| (DD – MM – YYYY |