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| **This newborn examination should be completed for the preterm infant who is discharged from the labour ward or from the OPD *without being admitted to NICU (if immediately admitted to NICU, skip this form and complete Form 03B).*Instructions**: *The researcher (either the obstetrician or paediatrician) does Ballard and if the infant fulfills eligibility (<37 wks. GA), and after consent, an examination is done to confirm eligibility(Form 01) and obstetric history completed (Form 02). After the exam, follow-up visit appointments are scheduled (Form 05).* |
| **Section 1. PARTICIPANT Identification** |
| 1. Date of birth: |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| (DD – MM – YYYY) (Ethiopian Calendar) |
| 1. Time of birth (time in 12 hours/min): |\_\_|\_\_|-|\_\_|\_\_|(HH-MM) Check: 1 AM 2 PM |
| 1. Infant Sex 1  Female 2  Male |
| 1. Birth weight (in grams): |\_\_|\_\_|\_\_|\_\_| g |
| 1. Birth place: 1  Hospital (Name\_\_\_\_\_\_\_\_\_\_\_\_\_) 2 Other; specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Home address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gott/Ketana\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Zone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town or Woreda:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Kabele:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Health Extension Worker Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if known, cell number):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Description of location of residence (other detail as needed): |
| 1. Best gestational age in weeks at delivery: |\_\_|\_\_| wks|\_\_| days (*from* ***Enrollment*** *Form)* |
| **Section 2. INFANT Vital signs and anthropometric measurements** |
| 7. Date of exam: |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| (DD – MM – YYYY) (Ethiopian Calendar) 7.1 Time of exam: |\_\_|\_\_|-|\_\_|\_\_|(HH-MM) 1 AM 2 PM |
| 1. Postnatal age at exam (in hours if less than 72 hours or else record in days)  8.1 |\_\_|\_\_| hrs(if <1 hour code as ‘01’) **OR**8.2 |\_\_|\_\_| days |
| 9. Respiratory rate \_\_ \_\_ \_\_ breaths/minute 1Not done |
| 10. Apical heart rate \_\_ \_\_ \_\_ beats/minute 1Not done |
| 11. Temperature \_\_ \_\_ **.**\_\_ o Celsius 1Not done |
| 12. Weight at exam: \_\_ \_\_ \_\_ \_\_ grams 1Not done |
| |  | | --- | | 13. Length \_\_ \_\_**.**\_\_ cm 1Not done  14. Head circumference\_\_ \_\_ **.**\_\_ cm 1Not done | |

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| **Section 3. General Appearance. If any abnormal finding specify details at end** | | | |
| 15. Level of consciousness | 1Alert | 2Sleepy | 3Comatose |
| 16. Movement or activity | 1Active | 2Decreased | 3Absent |
| 17. Dysmorphic features | 1Normal | 2Dysmorphic |  |
| **Section 4.BRIEF EXAMINATION. If any abnormalFindings specify details at end** | | | |
| 18. Skull | 1Normal | 2 Abnormal | 3Don’t know |
| 19. Face | 1Normal | 2 Abnormal | 3Don’t know |
| 20. Eye | 1Normal | 2 Abnormal | 3Don’t know |
| 21. Nose | 1Normal | 2 Abnormal | 3Don’t know |
| 22. Ears | 1Normal | 2 Abnormal | 3Don’t know |
| 23. Mouth | 1Normal | 2 Abnormal | 3Don’t know |
| 24. Neck | 1Normal | 2 Abnormal | 3Don’t know |
| 25. Respiratory system | 1Normal | 2 Abnormal | 3Don’t know |
| 26. Cardiovascular system | 1Normal | 2 Abnormal | 3Don’t know |
| 27. Abdomen | 1Normal | 2 Abnormal | 3Don’t know |
| 28. Genitourinary system | 1Normal | 2 Abnormal | 3Don’t know |
| 29. Skin | 1Normal | 2 Abnormal | 3Don’t know |
| 30. Umbilical stump | 1Normal | 2 Abnormal | 3Don’t know |
| 31. Musculoskeletal system | 1Normal | 2 Abnormal | 3Don’t know |
| 32. Neurological system (inc/d Hx or current seizures) | 1Normal | 2 Abnormal | 3Don’t know |
| 33. Reflexes appropriate for age | 1Normal | 2 Abnormal | 3Don’t know |
| **SPECIFY ANY ABNORMAL FINDINGS** | | | |
| **1.**  **2.**  **3.** | | | |
| **SECTION. FORM COMPLETION** | | | |
| 1. Evaluation done by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |\_\_|\_\_| 2. Form checked by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_|\_\_| 3. Date Complete Form Checked: |\_\_|\_\_|-|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| (DD – MM – YYYY) (Ethiopian Calendar) | | | |