PROBIT DATA FORM 1 - Maternity Hospital

I. Identifying information

Hospital no. |_|_| Subject no. |_|_|_| Date form is completed |_|_| |_|_| 19|_|_|
dd mm year

1.1 Child's last name_____

1.2 Mother's address 1.2.1 Region_____ 1.2.2 District_____

1.2.3 City or Village_____ 1.2.4 Street_____

1.2.5 Apt. #_____ 1.3 Home telephone no. _____

1.4 Father's place of work_____ 1.5 Father's work telephone_____

1.6 Other contacts and telephone numbers_____

II. Background information

2.1 Mother's birth date: |_|_| |_|_| 19|_|_| 2.2 Baby's sex: 1|_|F 2|_|M
day month year

2.3 Mother's education: 1|_| completed university 2|_| partial university 3|_| secondary special
4|_| common secondary 5|_| partial secondary 6|_| initial

2.4 Mother's occupation: 1|_| manual worker 2|_| service worker 3|_| farmer
4|_| pupil 5|_| student 6|_| housewife 7|_| unemployed

2.5 Marital status: 1|_| registered marriage 2|_| unregistered marriage 3|_| unmarried

2.6 Father's birth date: |_|_| |_|_| 19|_|_| |_| unknown
dd mm year

2.7 Father's education: 1|_| completed university 2|_| partial university 3|_| secondary special
4|_| common secondary 5|_| partial secondary 6|_| initial 7|_| unknown

2.8 Father's occupation: 1|_| manual worker 2|_| service worker 3|_| farmer
4|_| pupil 5|_| student 6|_| unemployed 7|_| unknown

2.9 Number of other children living together in household: |_|_| 2.10 Number < 3 years: |_|_|

No. of mother's previous infants breast-fed: 2.11: < 3 months |_|_| 2.12: 3-5 months |_|_| 2.13: ≥ 6 months |_|_|

III. Atopic history

In mother:	3.1 |_| asthma	3.2 |_| hay fever	3.3 |_| eczema	3.4 |_| none	
In father:	3.5 |_| asthma	3.6 |_| hay fever	3.7 |_| eczema	3.8 |_| none	3.9 |_| unknown
In <u>any</u> previous child from mother and same father:	3.10 |_| asthma	3.11 |_| hay fever	3.12 |_| eczema	3.13 |_| none	

PROBIT DATA FORM 1 - Maternity Hospital

IV. Information on this pregnancy

4.1 Delivery date: |__|__| |__|__| 19|__|__|
dd mm year

4.2 Gestational age (completed weeks): |__|__| weeks

4.3 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 |__| cesarean

4.7 Weight: |__|__|__|__|grams 4.8 Length: |__|__|.|__|cm 4.9 Head circumference |__|__|.|__|cm

4.10 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 palsy
5.5 |__| 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 |__| hemorrhage
6.5 |__| 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 glucose
7.4 |__| infection 7.4.1 describe _____
7.5 |__| jaundice requiring phototherapy or exchange transfusion 7.6 |__| need for transfusion
7.7 |__| transfer to intensive care unit
7.8 |__| 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 milk
8.4 |__| water or glucose water 8.5 |__| formula 8.6 |__| other liquids

PROBIT DATA FORM 2 - Routine Polyclinic Visit

Identifying information Last name_____ Child's first name_____

Hospital no.:|_|_| Subject no.:|_|_|_| Study visit no.: |_|

Date form is completed: |_|_| |_|_| 19|_|_| (dd mm year) | Date of last study visit |_|_| |_|_| 19|_|_| (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 ☐ yes 2 ☐ no
3.1	If yes, date of onset:	☐☐ ☐☐ 19☐☐ day month year
3.2	Itchy?	1 ☐ yes 2 ☐ no
3.3	On face?	1 ☐ yes 2 ☐ no
3.4	On extensor surfaces of arms?	1 ☐ yes 2 ☐ no
3.5	On extensor surfaces of legs?	1 ☐ yes 2 ☐ no
3.6	Duration ≥ 2 weeks (must be verified if < 2 weeks so far)	1 ☐ yes 2 ☐ no
3.7	Recurrent (after ≥ 1 week clearing)?	1 ☐ yes 2 ☐ no
3.8	Doctor visit because of this rash?	1 ☐ yes 2 ☐ no

4. Gastrointestinal illness with onset since last study visit?

4.1	<u>Episode 1</u>	1 ☐ yes 2 ☐ no
4.1.1	If yes, date of onset:	☐☐ ☐☐ 19☐☐ day month year
4.1.2	Highest temperature recorded	☐☐.☐C
4.1.3	Stool frequency greater than usual	1 ☐ yes 2 ☐ no
4.1.4	Looser stools than usual	1 ☐ yes 2 ☐ no
4.1.5	Vomiting (not just spitting up)	1 ☐ yes 2 ☐ no
4.1.6	Doctor visit because of this illness	1 ☐ yes 2 ☐ no
4.1.7	Duration at least 2 days *(caution*)*	1 ☐ yes 2 ☐ no
4.2	<u>Episode 2</u> (minimum of one symptom-free week to qualify as new episode)	1 ☐ yes 2 ☐ no
4.2.1	If yes, date of onset:	☐☐ ☐☐ 19☐☐ day month year
4.2.2	Highest temperature recorded	☐☐.☐C
4.2.3	Stool frequency greater than usual	1 ☐ yes 2 ☐ no
4.2.4	Looser stools than usual	1 ☐ yes 2 ☐ no
4.2.5	Vomiting (not just spitting up)	1 ☐ yes 2 ☐ no
4.2.6	Doctor visit because of this illness	1 ☐ yes 2 ☐ no
4.2.7	Duration at least 2 days *(caution*)*	1 ☐ yes 2 ☐ no
4.3	<u>Episode 3</u> (minimum of one symptom-free week to qualify as new episode)	1 ☐ yes 2 ☐ no
4.3.1	If yes, date of onset:	☐☐ ☐☐ 19☐☐ day month year
4.3.2	Highest temperature recorded	☐☐.☐C
4.3.3	Stool frequency greater than usual	1 ☐ yes 2 ☐ no
4.3.4	Looser stools than usual	1 ☐ yes 2 ☐ no
4.3.5	Vomiting (not just spitting up)	1 ☐ yes 2 ☐ no
4.3.6	Doctor visit because of this illness	1 ☐ yes 2 ☐ no
4.3.7	Duration at least 2 days *(caution*)*	1 ☐ yes 2 ☐ 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	**Episode 1**	1 ☐ yes 2 ☐ no
5.1.1	If yes, date of onset:	☐☐ ☐☐ 19☐☐ (day month year)
5.1.2	Highest temperature recorded	☐☐.☐C
5.1.3	Cough	1 ☐ yes 2 ☐ no
5.1.4	Fast breathing	1 ☐ yes 2 ☐ no
5.1.5	Runny nose	1 ☐ yes 2 ☐ no
5.1.6	Wheeze	1 ☐ yes 2 ☐ no
5.1.7	Otitis media	1 ☐ yes 2 ☐ no
5.1.8	Croup	1 ☐ yes 2 ☐ no
5.1.9	Chest X-ray (check one box):	1 ☐ not obtained 2 ☐ normal 3 ☐ pneumonia 4 ☐ other
5.1.10	Doctor visit because of this illness	1 ☐ yes 2 ☐ no
5.1.11	Duration at least 2 days *(caution*)*	1 ☐ yes 2 ☐ no
5.2	**Episode 2** (minimum of one symptom-free week to qualify as new episode)	1 ☐ yes 2 ☐ no
5.2.1	If yes, date of onset:	☐☐ ☐☐ 19☐☐ (day month year)
5.2.2	Highest temperature recorded	☐☐.☐C
5.2.3	Cough	1 ☐ yes 2 ☐ no
5.2.4	Fast breathing	1 ☐ yes 2 ☐ no
5.2.5	Runny nose	1 ☐ yes 2 ☐ no
5.2.6	Wheeze	1 ☐ yes 2 ☐ no
5.2.7	Otitis media	1 ☐ yes 2 ☐ no
5.2.8	Croup	1 ☐ yes 2 ☐ no
5.2.9	Chest X-ray (check one box):	1 ☐ not obtained 2 ☐ normal 3 ☐ pneumonia 4 ☐ other
5.2.10	Doctor visit because of this illness	1 ☐ yes 2 ☐ no
5.2.11	Duration at least 2 days *(caution*)*	1 ☐ yes 2 ☐ no
5.3	**Episode 3** (minimum of one symptom-free week to qualify as new episode)	1 ☐ yes 2 ☐ no
5.3.1	If yes, date of onset:	☐☐ ☐☐ 19☐☐ (day month year)
5.3.2	Highest temperature recorded	☐☐.☐C
5.3.3	Cough	1 ☐ yes 2 ☐ no
5.3.4	Fast breathing	1 ☐ yes 2 ☐ no
5.3.5	Runny nose	1 ☐ yes 2 ☐ no
5.3.6	Wheeze	1 ☐ yes 2 ☐ no
5.3.7	Otitis media	1 ☐ yes 2 ☐ no
5.3.8	Croup	1 ☐ yes 2 ☐ no
5.3.9	Chest X-ray (check one box):	1 ☐ not obtained 2 ☐ normal 3 ☐ pneumonia 4 ☐ other
5.3.10	Doctor visit because of this illness	1 ☐ yes 2 ☐ no
5.3.11	Duration at least 2 days *(caution*)*	1 ☐ yes 2 ☐ 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

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

6.1 If yes, describe:

_____

_____

_____

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

7.1 If yes, ☐☐ ☐☐ 19☐☐
day month year

7.2 Where: _____

7.3 Diagnosis: _____

_____