

1.01 PROBIT hospital ID |__|__| 1.02 PROBIT subject ID: |__|__|__|__|
 1.03 PROBIT participant's date of birth (DD/MM/YYYY): |__|__| / |__|__| / |1|9|9|__|

1.04 I _____ (PROBIT mothers' name)

1.05 Mother of _____ (PROBIT child's name)

Please tick the appropriate box ☒ if PROBIT mother agrees to the following:

Mother consents to:

2.01	1. The review and abstraction of information from her maternity and delivery records from the birth of her son/daughter who took part in the PROBIT study.	Yes ☐	No ☐
2.02	2. Provide her contact details	Yes ☐	No ☐
2.03	3. Provide details of her close contact (s) *	Yes ☐	No ☐
	4. If applicable, provide updated contact details for her son/daughter who took part in the PROBIT study	Yes ☐	No ☐
2.04	5. Any of her measurements and questionnaire information collected for the PROBIT study being shared in anonymised form, that is excluding personal information (name, address, date of birth), with other researchers.	Yes ☐	No ☐

2.05 OR: 6. PROBIT Mother would like to opt-out of this phase of the study Yes ☐

3.01 Signed at PROBIT mother's direction by (paediatrician) _____ PROBIT paediatrician (signature)

3.02 Name _____ PROBIT paediatrician (print name)

3.03 Today's date |__|__|/|__|__|/|__|__|__|__| (day/month/year)

3.04 Time |__|__|:|__|__|/ (24 hour clock)

*The PROBIT mother confirms that she has or will seek permission from the person(s) named below for them to be an alternative contact for her for the PROBIT study; for the study to store their details and to contact them only if the study is unable to reach her.

If the mother opts out of this phase of the study (consent #6), do not complete pages 2-4.

Filled out by the pediatrician ONLY if the mother gives her consent to provide this information (#2)

PROBIT Mother's Contact Details:

- 4.01 First name _____
- 4.02 Last name _____
- 4.03 Date of birth |_|_|/|_|_|/|_|_|_|_| (day/month/year)

- 4.04 Change in name? Yes ☐ No ☐ (If no change, skip to #5.07)

Previous name if changed:

- 4.05 First name _____
- 4.06 Last name _____

PROBIT Mother's address and contact details:

- 4.07 House number _____
- 4.08 Road/street _____
- 4.09 Town/city _____
- 4.10 District _____
- 4.11 Area Code _____
- 4.12 Country _____
- 4.13 Home Tel _____
- 4.14 Mobile Tel _____
- 4.15 Email _____

Filled out by the pediatrician ONLY if the mother gives her consent to provide this information (#3)

Ask the mother provide us with the name of at least one person who does not live with her with whom she intends to remain in contact, such as a close friend, partner, parent, brother or sister, as well as his or her home address and relationship to the PROBIT mother. We will only approach him/her for her contact details if we lose touch with the mother.

Details for PROBIT Mother's close contact #1 :

5.01 First name _____
5.02 Last name _____
5.03 House number _____
5.04 Road/street _____
5.05 Town/city _____
5.06 District _____
5.07 Area Code _____
5.08 Country _____
5.09 Home Tel _____
5.10 Mobile Tel _____
5.11 Email _____

Contact's relationship to participant (please tick one):

5.12 Friend ☐₁ Partner ☐₂ Parent ☐₃ Sibling ☐₄ Other ☐₅ If other: _____

Details for PROBIT Mother's close contact #2 :

6.01 First name _____
6.02 Last name _____
6.03 House number _____
6.04 Road/street _____
6.05 Town/city _____
6.06 District _____
6.07 Area Code _____
6.08 Country _____
6.09 Home Tel _____
6.10 Mobile Tel _____
6.11 Email _____

Contact's relationship to participant (please tick one):

6.12 Friend ☐₁ Partner ☐₂ Parent ☐₃ Sibling ☐₄ Other ☐₅ If other: _____

Filled out by the pediatrician ONLY if the mother gives her consent to provide this information (#4)

Ask the mother if the son/daughter who participated in PROBIT still lives in the same household. If the PROBIT participant now lives at a different address, ask the mother to provide updated contact information for her PROBIT son/daughter. **Use this updated contact information to send PROBIT V materials to the PROBIT participant.**

Details for PROBIT participant:

7.01	First name	_____
7.02	Last name	_____
7.03	House number	_____
7.04	Road/street	_____
7.05	Town/city	_____
7.06	District	_____
7.07	Area Code	_____
7.08	Country	_____
7.09	Home Tel	_____
7.10	Mobile Tel	_____
7.11	Email	_____

Please thank the PROBIT mother for her time.