

Neonatal Follow Up (Week 6 and Week 8)—if twins, need one follow up for each

1. Is your infant living?
 - Yes → go to 3
 - No → go to 2
 - Don't know, the infant is not under my care

2. What was the cause of the infant(s) death (check all that apply)?
 - Unknown
 - Infection
 - Birth defect (e.g. congenital heart disease or other malformation)
 - Other, please specify: _____

FORM COMPLETED

3. Since being discharged from the birth hospitalization, has your baby seen a doctor, nurse, or other health care professional for any kind of medical care including sick-child care, well-child checkups, physical exams, and hospitalizations?
 - Yes
 - No
 - Don't Know

4. Since being discharged from the birth hospitalization, how many times has your baby seen a doctor, nurse, or other health care provider for preventive medical care such as a physical exam or well-child check-up? _____

5. At your baby's most recent well-child check-up, what was your baby's:
 - a. Weight _____ pounds

6. Date of most recent well-child check-up _____

7. Are you currently breast feeding or providing breast milk to your baby?
 - Yes
 - No → go to 7a
 - Don't Know
 -

- 7a. How old was your baby when you stopped breast feeding or providing breast milk?
 - 0-2 weeks of age
 - 2-4 weeks of age
 - 4-8 weeks of age
 - 2-3 months of age

- 4-6 months of age
 - I did not breast feed my baby
8. How old was your baby when he/she first received formula?
- 0-2 weeks of age
 - 2-4 weeks of age
 - 4-8 weeks of age
 - 2-3 months of age
 - 4-6 months of age
 - I did not give my baby formula
9. Has your baby ever been diagnosed with COVID-19?
- Yes → go to 9a
 - No
 - Don't Know
 -
- 9a. How was the diagnosis made? (CHECK ALL THAT APPLY)
- Nasal swab
 - Throat swab
 - Chest X-ray
 - Chest CT scan
 - Other (specify)
 - None of the above
10. Since being discharged from the birth hospitalization, has your baby had a stuffy nose, runny nose, increased sneezing or cough without a change in her/his breathing (a cold, or upper respiratory tract infection)?
- Yes → go to 10a
 - No
 - Don't Know
 -
- 10a. How many separate times has your baby had this type of illness? _____
11. Since being discharged from the birth hospitalization, has your baby had wheezing or a change in her/his breathing with or without cough or fever (lower respiratory tract infection, bronchiolitis, wheezing illness, pneumonia)?
- Yes → go to 11a
 - No
 - Don't Know
 -
- 11a. How many separate times has your baby had this type of illness? _____

12. Since being discharged from the birth hospitalization, has your baby seen a doctor, nurse, or other health care provider for sick-child care?

- Yes → go to 12a
- No
- Don't Know
-

12a. How many times did the baby see a doctor, nurse or other health care provider for sick-child care? _____

13. Since being discharged from the birth hospitalization, has your baby visited the Emergency Room for an illness?

- Yes → go to 13a
- No
- Don't Know
-

13a. How many times did the baby go to the Emergency Room for an illness?

14. Since being discharged from the birth hospitalization, has your baby been admitted to the hospital overnight for an illness?

- Yes → go to 14a
- No → Form Completed
- Don't Know –Form Complete

14a. How many times was the baby admitted to the hospital overnight? _____

14b. Was the baby admitted to an Intensive Care Unit?

- Yes
- No → Form Completed

14c. Did the baby require mechanical ventilation through a breathing tube in her/his windpipe/trachea?

- Yes
- No
- Don't Know
-

14d. What is the name of the hospital where the infant was admitted to the Intensive Care Unit (ICU)? _____