

Neonatal Follow Up (Month 6 and Month 12)—if twins, need one follow up for each

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

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. In the past 6 months, 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. In the past 6 months, 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

- 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
 - 6-9 months of age
 - 9-12 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
- 6-9 months of age
- 9-12 months of age
- I did not give my baby formula

9. In the past 6 months, has your child been diagnosed with COVID-19?

- Yes → go to 9a
- No
- Don't Know

9a. How was the diagnosis made?

- Nasal swab
- Throat swab
- Chest X-ray
- Chest CT scan
- Other (specify)
- Don't Know
- None of the above

10. In the past 6 months, 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 illness? _____

11. In the past 6 months, 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 8a
- No
- Don't Know

8a. How many separate times did the baby have this type of illness? _____

12. In the past 6 months, has your baby seen a doctor, nurse, or other health care provider for sick-child care or hospitalization?

- 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. In the past 6 months, 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. In the past 6 months, has your baby been admitted to the hospital overnight for an illness?

- Yes → go to 14a
- No
- Don't Know

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

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

- 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)? _____