Study Inclusion / Cohort Assignment: C3

Research Team

Name of RA:

- ◯ Anthony Chesang
- ◯ Caroline Kerich
- ◯ Benedine Kokwon
- ◯ Winnie Matelong
- ◯ Anthoney Opon
- ◯ Washington Rotich
- ◯ Marsha Alera
- ◯ Fred Kaemba
- ◯ Gladys Jeptoo
- ◯ Calvin Oginga
- ◯ Lindah Muli
- ◯ Justine Kipsang

Date of screening for C3?

_____

Inclusion Criteria (all must be YES to be eligible)

Was the infant live or stillborn at >= 24 weeks estimated gestational age?

- ◯ Yes
- ◯ No

Does the infant have a suspected congenital abnormality on exam?

- ◯ Yes
- ◯ No

Does the parent or legal guardian being asked to consent understand English or Swahili?

- ◯ Yes
- ◯ No

Additional comments on inclusion criteria:

_____

Exclusion Criteria (all must be NO to be eligible)

Does the parent or legal guardian have any physical or mental disability that prevents her from giving informed consent?

- ◯ Yes
- ◯ No

Additional comments on exclusion criteria:

_____

Based on the responses above, this woman/infant pair is ELIGIBLE for cohort C3 enrollment.

Based on the responses above, this woman/infant pair is INELIGIBLE for cohort C3 enrollment.

C3 Consent

Which baby is enrolling into C3 cohort? Please enter infant number found in the first question of the NEWBORN BIRTH DETAILS form for the corresponding infant enrolling into C3	_____
Infant Inpatient Number:	_____
Date of consent?	_____
Consent to participate in C3?	◯ Yes ◯ No
Consent to examine the baby and take photos/videos?	◯ Yes ◯ No
Consent for use of data in future research?	◯ Yes ◯ No
Mother expressed understanding that the study does not provide any care or services for the child and that she should seek care for the child as recommended by the local health care providers and not wait for a result from our study	◯ Yes ◯ No

Comments

Comments on consent or reason(s) for refusal:

_____

C3 Media

Consent provided to photograph the infant
◯ Yes
◯ No

Why wasn't consent to obtain photograph obtained?

Select all that apply

☐ Nurse did not alert RA about the abnormality
☐ Delivery happened at night/after working hours
☐ Delivery happened on a weekend
☐ Delivery happened when RA was on leave
☐ Mother left the hospital before consent was attempted
☐ This is not an abnormality that we are collecting (e.g. birthmark, undescended testes ,hernia)
☐ Other

If other reason for not attempting consent, please specify: _____

Photos

Frontal Face:

Nares:

Top of head:

Back of head:

¾ view of face from the left:

¾ view of face from the right:

Right lateral head:

Left lateral head:

Top of right hand:

Top of left hand:

Right palm:

Left palm:

Top of right foot:

Top of left foot:

Bottom of both feet:

Videos

Full body front view:

Full body back view:

Frontal view of the face:

Additional Photo/Video Upload
If needed, upload any additional photo/video files below

Additional File Upload 1 (if needed):

Additional File Upload 2 (if needed):

Additional File Upload 3 (if needed):

Additional File Upload 4 (if needed):

Additional File Upload 5 (if needed):

Additional File Upload 6 (if needed):

Audio (30 second verbal description of each suspected abnormality identified on exam by RA and/or clinical staff).

Format for description:
(1) Name of RA who conducted the exam (and the one speaking)
(2) Date of recording
(3) Redcap Record ID of infant (and mother, located in REDcap; do NOT state the infant's or mother's identifying data)

Audio file:

Comments

Additional Comments:

Phone 1 Month

Contact Details

****
Enter Contact 1 Details Below

Name of RA:

- ◯ Anthony Chesang
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- ◯ Washington Rotich
- ◯ Marsha Alera
- ◯ Fred Kaemba
- ◯ Gladys Jeptoo
- ◯ Calvin Oginga
- ◯ Lindah Muli
- ◯ Justine Kipsang

Date and time of contact attempt:

_____

Phone contact outcome:

- ◯ Reached client
- ◯ No answer
- ◯ Phone temporarily off
- ◯ Phone temporarily out of service
- ◯ Asked to call back later
- ◯ Someone else answered, wrong number
- ◯ Someone else answered, contact client at number provided

****
Enter Contact 2 Details Below

Name of RA:

- ◯ Anthony Chesang
- ◯ Caroline Kerich
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- ◯ Anthoney Opon
- ◯ Washington Rotich
- ◯ Marsha Alera
- ◯ Fred Kaemba
- ◯ Gladys Jeptoo
- ◯ Calvin Oginga
- ◯ Lindah Muli
- ◯ Justine Kipsang

Date and time of contact attempt:

_____

Phone contact outcome:

- ◯ Reached client
- ◯ No answer
- ◯ Phone temporarily off
- ◯ Phone temporarily out of service
- ◯ Asked to call back later
- ◯ Someone else answered, wrong number
- ◯ Someone else answered, contact client at number provided

****

Enter Contact 3 Details Below

Name of RA:

- ◯ Anthony Chesang
- ◯ Caroline Kerich
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- ◯ Winnie Matelong
- ◯ Anthoney Opon
- ◯ Washington Rotich
- ◯ Marsha Alera
- ◯ Fred Kaemba
- ◯ Gladys Jeptoo
- ◯ Calvin Oginga
- ◯ Lindah Muli
- ◯ Justine Kipsang

Date and time of contact attempt:

_____

Phone contact outcome:

- ◯ Reached client
- ◯ No answer
- ◯ Phone temporarily off
- ◯ Phone temporarily out of service
- ◯ Asked to call back later
- ◯ Someone else answered, wrong number
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Enter Contact 4 Details Below

Name of RA:

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- ◯ Washington Rotich
- ◯ Marsha Alera
- ◯ Fred Kaemba
- ◯ Gladys Jeptoo
- ◯ Calvin Oginga
- ◯ Lindah Muli
- ◯ Justine Kipsang

Date and time of contact attempt:

_____

Phone contact outcome:

- ◯ Reached client
- ◯ No answer
- ◯ Phone temporarily off
- ◯ Phone temporarily out of service
- ◯ Asked to call back later
- ◯ Someone else answered, wrong number
- ◯ Someone else answered, contact client at number provided

****

Enter Contact 5 Details Below

Name of RA:

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- ◯ Marsha Alera
- ◯ Fred Kaemba
- ◯ Gladys Jeptoo
- ◯ Calvin Oginga
- ◯ Lindah Muli
- ◯ Justine Kipsang

Date and time of contact attempt:

_____

Phone contact outcome:

- ◯ Reached client
- ◯ No answer
- ◯ Phone temporarily off
- ◯ Phone temporarily out of service
- ◯ Asked to call back later
- ◯ Someone else answered, wrong number
- ◯ Someone else answered, contact client at number provided

Phone number used to successfully contact client?

_____

(9-digit Number Only)

Questionnaire

Infant vital status?

- ◯ Alive
- ◯ Dead

When did s/he die?

_____

Are any parts of the Date of death unknown?

- ◯ No, Date is Exact
- ◯ Day is Unknown
- ◯ Month is Unknown
- ◯ Day and Month are Unknown

Where did s/he die?

- ◯ Hospital
- ◯ Other health facility
- ◯ Home
- ◯ Do not know
- ◯ Other

If Other location, please specify:

_____

Could you tell me about the illness/events that led to his/her death?

_____

Did the infant see a healthcare provider for management of his/her birth defect since discharge from the hospital?

◯ Yes
◯ No

Has the infant ever had surgery to repair the birth defect?

◯ Yes
◯ No

When was the surgery performed?

_____

Are any parts of the Date of surgery unknown?

◯ No, Date is Exact
◯ Day is Unknown
◯ Month is Unknown
◯ Day and Month are Unknown

If more than 1 surgery was performed, please add date(s) below as needed. Leave extra survey date fields blank if not applicable.

When was the additional surgery performed?

_____

Are any parts of the Date of surgery unknown?

◯ No, Date is Exact
◯ Day is Unknown
◯ Month is Unknown
◯ Day and Month are Unknown

When was the additional surgery performed?

_____

Are any parts of the Date of surgery unknown?

◯ No, Date is Exact
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Comments

Additional comments:

_____

Phone 6 Month

Contact Details

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Date and time of contact attempt:

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Phone contact outcome:

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Date and time of contact attempt:

_____

Phone contact outcome:

- ◯ Reached client
- ◯ No answer
- ◯ Phone temporarily off
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Date and time of contact attempt:

_____

Phone contact outcome:

- ◯ Reached client
- ◯ No answer
- ◯ Phone temporarily off
- ◯ Phone temporarily out of service
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- ◯ Justine Kipsang

Date and time of contact attempt:

_____

Phone contact outcome:

- ◯ Reached client
- ◯ No answer
- ◯ Phone temporarily off
- ◯ Phone temporarily out of service
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Date and time of contact attempt:

_____

Phone contact outcome:

- ◯ Reached client
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Phone number used to successfully contact client?

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(9-digit Number Only)

Questionnaire

Infant vital status?

- ◯ Alive
- ◯ Dead

When did s/he die?

_____

Are any parts of the Date of death unknown?

- ◯ No, Date is Exact
- ◯ Day is Unknown
- ◯ Month is Unknown
- ◯ Day and Month are Unknown

Where did s/he die?

- ◯ Hospital
- ◯ Other health facility
- ◯ Home
- ◯ Do not know
- ◯ Other

If Other location, please specify:

_____

Could you tell me about the illness/events that led to his/her death?

_____

Did the infant see a healthcare provider for management of his/her birth defect since discharge from the hospital?

◯ Yes
◯ No

Has the infant ever had surgery to repair the birth defect?

◯ Yes
◯ No

When was the surgery performed?

_____

Are any parts of the Date of surgery unknown?

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When was the additional surgery performed?

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◯ No, Date is Exact
◯ Day is Unknown
◯ Month is Unknown
◯ Day and Month are Unknown

When was the additional surgery performed?

_____

Are any parts of the Date of surgery unknown?

◯ No, Date is Exact
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Comments

Additional comments:

_____

Phone 12 Month

Contact Details

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Date and time of contact attempt:

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Phone contact outcome:

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Date and time of contact attempt:

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Phone contact outcome:

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Date and time of contact attempt:

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Date and time of contact attempt:

_____

Phone contact outcome:

- ◯ Reached client
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Phone number used to successfully contact client?

_____

Questionnaire

Infant vital status?

- ◯ Alive
- ◯ Dead

When did s/he die?

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Where did s/he die?

- ◯ Hospital
- ◯ Other health facility
- ◯ Home
- ◯ Do not know
- ◯ Other

If Other location, please specify:

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_____

Did the infant see a healthcare provider for management of his/her birth defect since discharge from the hospital?

◯ Yes
◯ No

Has the infant ever had surgery to repair the birth defect?

◯ Yes
◯ No

When was the surgery performed?

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When was the additional surgery performed?

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◯ Day and Month are Unknown

When was the additional surgery performed?

_____

Are any parts of the Date of surgery unknown?

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◯ Day is Unknown
◯ Month is Unknown
◯ Day and Month are Unknown

Comments

Additional comments:

_____