

Patient's Name: \_\_\_\_\_ Medical Record: \_\_\_\_\_

(Please do not transmit information in this box)

NEFUN ELBW Infant Follow-Up for Birth Cohort 2023: 3 -6 MONTHS Corrected Age

Center Number: \_\_\_\_\_

Center Name: \_\_\_\_\_

Network ID Number: \_\_\_\_\_

Year of Birth: 2023

Use this form to complete data collection for the follow-up visit between  
**3 months 0 days through 6 months 30 days corrected age**

Status at 3-6 months corrected age:  Alive  Expired  Unknown  
Form Completed: check (✓) any that apply:  In person visit  Virtual/video visit  Health record

**SECTION A: GROWTH**

1. Weight: \_\_\_\_ . \_\_\_\_ \_\_\_\_ kg      2. Head circumference: \_\_\_\_ . \_\_\_\_ \_\_\_\_ cm      3. Length: \_\_\_\_ . \_\_\_\_ \_\_\_\_ cm  
4. Corrected age growth measurement (months/days): \_\_\_\_ months \_\_\_\_ days

**SECTION B : EARLY NEURODEVELOPMENTAL STATUS**

5. ROP at discharge  Mature  Active **IF Active**, Stage ROP (0-5) \_\_\_\_  
6. ROP at 3-6 months  Mature  Active  Resolved ROP **IF Active**, Stage ROP (0-5) \_\_\_\_  
7. Post-discharge ROP treatment  Laser  Anti-VEGF  None  Unsure  
8. Hearing screen at discharge  Pass  Referral for diagnostic evaluation  
9. *If referral for diagnostic evaluation:* Diagnostic Evaluation  To be scheduled  Pass  Hearing loss  
*If hearing loss, check (✓) all that apply*  Unilateral  Bilateral  
 ENT referral  Hearing aid  Cochlear implant  
10. **DEVELOPMENTAL SCREEN: CAREGIVER**  Yes  No  Unsure  
*If Yes, check (✓) one:*  Ages and Stages Questionnaire  Other  Unsure  
*If Ages and Stages, check (✓) one:*  4-month form  6 month form

**Results (ASQ):**

- |                   |                                   |  |                                      |                                 |
|-------------------|-----------------------------------|--|--------------------------------------|---------------------------------|
| Communication     | <input type="checkbox"/> Concerns | <input type="checkbox"/> Possible concerns | <input type="checkbox"/> No concerns | <input type="checkbox"/> Unsure |
| Gross Motor       | <input type="checkbox"/> Concerns | <input type="checkbox"/> Possible concerns | <input type="checkbox"/> No concerns | <input type="checkbox"/> Unsure |
| Fine Motor        | <input type="checkbox"/> Concerns | <input type="checkbox"/> Possible concerns | <input type="checkbox"/> No concerns | <input type="checkbox"/> Unsure |
| Problem solving   | <input type="checkbox"/> Concerns | <input type="checkbox"/> Possible concerns | <input type="checkbox"/> No concerns | <input type="checkbox"/> Unsure |
| Personal - Social | <input type="checkbox"/> Concerns | <input type="checkbox"/> Possible concerns | <input type="checkbox"/> No concerns | <input type="checkbox"/> Unsure |

**11. CLINICAL APPRAISAL:** check (✓) only one for each:

- Communication:  Impaired  Suspect  Normal  Unsure  
Motor function:  Impaired  Suspect  Normal  Unsure

**Appraisal via:** check (✓) all that apply for each:

- Communication:  Clinical assessment  Caregiver questionnaire  Both  Neither  
Motor function:  Clinical assessment  Caregiver questionnaire  Both  Neither

**12. SERVICES ACTIVE (at follow-up as provided through EI, HH, or other clinic / agency)**

- Developmental specialist  Yes  No  Unsure  
OT/PT (movement)  Yes  No  Unsure  
SLP or OT (feeding)  Yes  No  Unsure

**13. Health Related Social Needs Screen:**  Completed  Not completed  Unsure

**IF completed, check (✓) all that were assessed**

- Food insecurity  Housing instability  Transportation needs  Utility needs  
 Financial strain  Interpersonal safety  Employment/unemployment