

Elbw Header

RecordID

Center Number

VON Network ID Number

Year of Birth

(YYYY)

Status at 18-24 Months Corrected Age

Alive Expired Unknown

VON does not require parental consent for submitting data to the ELBW Follow-up Project. Does your Center require parental consent for data submission?

Yes No

Consent obtained:

Yes No

Did the infant complete a follow-up visit between 18 and 24 months corrected age?

Yes No

If infant status is expired or unknown, or your center requires parental consent and it was not obtained, or the infant did not complete a follow-up visit, you may stop here and mark this record complete.

Health Status Report

Form Completed:

- During Visit From Chart
 Both

Section A: Health Status

Corrected age calculator: <https://neonatal.rti.org/index.cfm?fuseaction=AdjustedAgeCalculator.main>

1. Corrected Age at the Follow-up Visit (months)

Corrected Age at the Follow-up Visit (days)

Section B: Living Situation

2. Maternal Age at Infant Birth (years)

(Enter 999 if unknown; ignore warning)

3. Home Child Resides

- Parent/Family Member
 Foster care
 Institutional
 Unknown

4. Caregivers

- Single parent
 Single parent extended family
 Two parent
 Two parent extended family
 Institutional
 Unknown

5. Primary Caregiver Education

- Some High School or less
 High School degree/GED
 Some college/university
 College/university degree
 Not applicable
 Unknown

USA CENTERS ONLY

6. Income Below 2018 HHS Poverty Guideline

- Yes No Unknown
(Click here for income tables)

7. Caregiver(s) Primary Language

- English Spanish
 Other

Section C: Support After Discharge

8. Any Outpatient Support After Discharge Yes No Unsure
- Tracheostomy Any Time After Discharge Yes No Unsure
- Tracheostomy at Present Clinical Visit Yes No Unsure
- Ventilator Any Time After Discharge Yes No Unsure
- Ventilator at Present Clinical Visit Yes No Unsure
- Oxygen Any Time After Discharge Yes No Unsure
- Oxygen at Present Clinical Visit Yes No Unsure
- Gastrostomy Any Time After Discharge Yes No Unsure
- Gastrostomy at Present Clinical Visit Yes No Unsure
- Nasogastric or Post-pyloric Feeds Any Time After Discharge Yes No Unsure
- Nasogastric or Post-pyloric Feeds at Present Clinical Visit Yes No Unsure
- Apnea or CP Monitor Any Time After Discharge Yes No Unsure
- Apnea or CP Monitor at Present Clinical Visit Yes No Unsure
- Pulse Oximetry Any Time After Discharge Yes No Unsure
- Pulse Oximetry at Present Clinical Visit Yes No Unsure
- Respiratory Medication Any Time After Discharge Yes No Unsure
- Respiratory Medication at Present Clinical Visit Yes No Unsure
- Oral Feeding Support Any Time After Discharge Yes No Unsure
- Oral Feeding Support at Present Clinical Visit Yes No Unsure
- Speech Support Any Time After Discharge Yes No Unsure
- Speech Support at Present Clinical Visit Yes No Unsure
- Motor Support Any Time After Discharge Yes No Unsure
- Motor Support at Present Clinical Visit Yes No Unsure

Section D: Medical Re-Hospitalizations

9. Medical Readmissions (After Ultimate Discharge) Yes No Unsure
- Respiratory Illness Yes No Unsure

Number of admissions for respiratory illness

 (Enter 999 if unknown; ignore warning)

Nutrition/Failure to Thrive Yes No Unsure

Number of admissions for nutrition/failure to thrive _____
(Enter 999 if unknown; ignore warning)

Seizure Disorder Yes No Unsure

Number of admissions for seizure disorder _____
(Enter 999 if unknown; ignore warning)

Shunt Complication Yes No Unsure

Number of admissions for shunt complication _____
(Enter 999 if unknown; ignore warning)

Infections (not respiratory or shunt infections)

Meningitis Yes No Unsure

Number of admissions for meningitis _____
(Enter 999 if unknown; ignore warning)

Urinary Tract Infection Yes No Unsure

Number of admissions for urinary tract infection _____
(Enter 999 if unknown; ignore warning)

Gastrointestinal Infection Yes No Unsure

Number of admissions for gastrointestinal infection _____
(Enter 999 if unknown; ignore warning)

Other Infection Yes No Unsure

Other Infection (specify) _____

Number of admissions for other infections _____
(Enter 999 if unknown; ignore warning)

Other Medical Readmission Yes No Unsure

Other Medical Readmission (specify) _____

Number of other medical readmissions (not to include surgeries listed below) _____
(Enter 999 if unknown; ignore warning)

Section E: Surgeries

10. Surgical Procedures (After Ultimate Discharge) Yes No Unsure

Procedure Type

- P-101: Shunt or shunt revision for hydrocephalus
- P-102: Other neurosurgical procedure
- P-201: Cardiac surgery
- P-301: Gastrostomy tube placement
- P-302: Inguinal hernia repair
- P-303: Other gastrointestinal surgical procedure
- P-401: Circumcision
- P-402: Other genitourinary surgical procedure
- P-501: Tracheostomy
- P-502: Tympanostomy tubes
- P-503: Other ENT surgical procedure
- P-601: Retinal cryosurgery or laser surgery: single eye
- P-602: Retinal cryosurgery or laser surgery: both eyes
- P-603: Strabismus surgery
- P-604: Other ophthalmologic surgical procedure
- P-900: Other surgical procedure

Number of procedures

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Number of procedures

Developmental Status Report

Form Completed:

-
-
- During Visit
-
- From Chart
-
-
- Both

10. Corrected Age (months) Growth Parameters Were Obtained

Corrected Age (days) Growth Parameters Were Obtained

11. Weight (kg)

 (Enter 99.9 if unknown; ignore warning)

12. Head Circumference (cm)

 (Enter 99.9 if unknown; ignore warning)

Section B: Vision & Hearing

13. Post Discharge Eye Treatment

-
- Laser
-
-
- Anti-VEGF
-
-
- Both Laser and Anti-VEGF
-
-
- Neither Laser nor Anti-VEGF
-
-
- Unsure

14. Blindness

-
- One eye
-
-
- Both eyes
-
-
- Neither
-
-
- Unsure

15. Prescription Glasses

-
- Yes
-
- No
-
- Unsure

16. Hearing Impairment

-
- One ear
-
-
- Both ears
-
-
- Neither
-
-
- Unsure

17. Amplification

-
- Yes
-
- No
-
- Unsure

Section C: Cerebral Palsy

18. Cerebral Palsy

-
- Yes
-
- No
-
- Unsure

If yes to cerebral palsy, cerebral palsy impairment

-
- Diplegia
-
- Hemiplegia
-
-
- Quadriplegia
-
- Unsure

If no to cerebral palsy, muscle tone

-
- Hypotonia
-
-
- Hypertonia
-
-
- Both
-
-
- Normal
-
-
- Unsure

Section D: Gross Motor Milestones

19. Sits Independently Yes No Unsure

If no, sits with support Yes No Unsure

20. Walks Ten (10) Steps Independently Yes No Unsure

If no to walks 10 steps independently, walks ten (10) steps with support Yes No Unsure

Section E: Developmental Testing

21. Development Evaluation Completed Partially completed
 Not done

21 a. If partially completed or not done, check why
 Neurosensory impairment
 Too severely delayed
 Uncooperative
 Other

21 b. If completed or partially completed, check which test
 Bayley Scales of Infant Development-3, Bayley Scales of Infant Development-4
 Other

22. Corrected Age Used in Scoring (months) _____

Corrected Age Used in Scoring (days) _____

23. Results (BSID 3rd or 4th Edition)

BSID Cognitive Performed Yes No

BSID Cognitive Composite Score _____
(Enter 999 if unknown; ignore warning)

BSID Language Performed Yes No

BSID Language Composite Score _____
(Enter 999 if unknown; ignore warning)

Expressive Communication Scaled Score _____
(Enter 999 if unknown; ignore warning)

Receptive Communication Scaled Score _____
(Enter 999 if unknown; ignore warning)

BSID Motor Performed Yes No

BSID Motor Composite Score _____
(Enter 999 if unknown; ignore warning)

Gross Motor Scaled Score _____
(Enter 999 if unknown; ignore warning)

Fine Motor Scaled Score _____
(Enter 999 if unknown; ignore warning)

Section F: Overall Clinical Appraisal

Cognitive Function

- Normal Suspect
 Impaired Unsure

Language

- Normal Suspect
 Impaired Unsure

Motor Function

- Normal Suspect
 Impaired Unsure