**Data Collection Form**

**1. Sex**

* Question: *What is the sex of the newborn?*
	+ Male
	+ Female

**2. Status at Discharge**

* Question: *What is the status of the newborn at discharge?*
	+ Case
	+ Control

**3. Gestational Age**

* Question: *What is the gestational age of the newborn, in completed weeks?*
	+ Less than 37 weeks (Preterm)
	+ Between 37 and 42 weeks (Term)
	+ More than 42 weeks (Post-term)

**4. Birth Weight**

* Question: *What was the birth weight of the newborn, in grams?*
	+ Less than 2500 grams (Low birth weight)
	+ Between 2500 and 4000 grams (Normal birth weight)
	+ More than 4000 grams (High birth weight)

**5. Apgar Score**

* Question: *What was the Apgar score of the newborn at one minute and five minutes after birth?*
	+ Apgar at 1 minute: [ ] (Field to fill in with number)
	+ Apgar at 5 minutes: [ ] (Field to fill in with number)

**6. Crying at Birth**

* Question: *Did the newborn cry at birth?*
	+ Yes
	+ No

**7. Neonatal Age**

* Question: *What is the neonatal age of the newborn, in completed days?*
	+ (Field to fill in with number)

**8.** Time, in days, between the onset of illness and hospital admission

[ ] Less than 1 day (less than 24 hours)
[ ] 1 to 2 days
[ ] 3 days or more

**09. Total Length of Hospital Stay**

* Question: *What is the total length of hospital stay, in days?*
	+ (Field to fill in with number)

**10. Maternal Age**

* Question: *What is the mother's age at the time of delivery, in years?*
	+ Under 20 years
	+ Between 20 and 35 years
	+ 35 years or older

**11. Maternal Parity**

* Question: *How many previous pregnancies has the mother had, including the current one?*
	+ Fewer than 3 pregnancies
	+ Three or more pregnancies

**12. Place of Residence**

* Question: *What is the mother's place of residence?*
	+ Rural
	+ Urban

**13. Type of Delivery**

* Question: *What was the method of delivery used for the baby?*
	+ Normal (Vaginal)
	+ Caesarean

**14. Place of Delivery**

* Question: *Where did the delivery of the baby take place?*
	+ Hospital
	+ At home

**15. Number of Antenatal Consultations**

* Question: *How many antenatal consultations were conducted during the pregnancy?*
	+ Fewer than 4 consultations (Inadequate)
	+ 4 or more consultations (Adequate)

**16. Maternal HIV Status**

* Question: *What is the mother's HIV status during pregnancy?*
	+ HIV positive
	+ HIV negative

**17. Breastfeeding**

* Question: *Is the newborn being exclusively breastfed since birth?*
	+ Yes
	+ No

**18. Vaccinations**

* Question: *Did the mother receive all the recommended vaccinations during pregnancy?*
	+ Received
	+ Not received
* Question: *Did the newborn receive all the recommended vaccinations at birth?*
	+ Received
	+ Not received

**19. Umbilical Cord Care**

* Question: *How was the umbilical cord care managed after birth?*
	+ Adequate (Use of antiseptics, such as 70% ethanol)
	+ Inadequate (Use of substances such as salt, palm oil, clay, leaves, and other non-medical materials)

**20. Diagnosis**

* Question: *What is the diagnosis of the newborn?*
	+ (Field to fill in with diagnosis)