0%

Collection: LOGIN
Contains: DATSTAT_ALTPID

Banco Interamericano de Desarrollo

Salud Mesoamerica 2015 (SM2015)

Login page for the Health Facility Survey

Question: DATSTAT_ALTPID
Required

ID:

Collection: MEDICAL_RECORD_REVIEW
Contains: MRR_LOG_IN, MRR_OBSTETRIC

Medical Record Review

Collection: MRR_LOG_IN
Contains: MRR_FACILITY_ID, MRR_FAC_ID, MRR_DATE, MRR_INTERVW_ID1, MRR_INTERVW_ID2

Please note that all the questions in this section refer to the measurements and procedures performed on the child, unless specified otherwise

Page Break

Question: MRR_FACILITY_ID
Required

Scale Summary		
Code	Label	Show-If
1	Orange Walk Town / Northern Regional Hospital	
2	San Jose Village / Zenobia Meggs Health Center	
3	San Felipe Village / San Felipe Health Center	
4	August Pine Ridge Village / August Pine Ridge Health Center	
5	Guinea Grass Village / Guinea Grass Health Center	
6	Santa Martha Village / Santa Martha Health Post	
7	Carmelita Village / Carmelita Health Post	
8	Lousiana Area, Orange Walk town / Lousiana Health post	
9	Fireburn Village / Fireburn Health Post (non functioning due to infrastructure)	
10	San Lazaro Village / Ignacia Moguel Health Post	
11	San Carlos Village / San Carlos Health Post	
12	Indian Church village / Indian Church Health Post	
13	San Antonio Village / San Antonio Health Post	
14	san Roman Village / San Roman Health Post	
15	Orange Walk Town / Mobile Clinic	
16	Corozal Town / Corozal Community Hospital	
17	San Narciso Village / San Narciso Health Center	
18	Caledonia Village / Caledonia Health Center	
19	Libertad Village / Libertad Health Center	
20	Sarteneja Village / Sarteneja Health Center	
21	Progresso Village / Progresso Health Center	
22	Chunox Village / Chunox Health Post	
23	Concepcion Village / Concepcion Health Post	
24	San Joaquin Village / San Joaquin Health Post	
25	Xaibe Village / Xiabe Health Post	
26	Chan Chen Village / Chan Chen Health Post	
27	Corozal Town / Mobile Clinic	
28	Belmopan City / Western Regional Hospital	
29	Belmopan City / Belmopan Health Center	
30	Valley of Peace Village / Valley of Peace	
31	Cotton Tree Village / Cotton Tree Health post	
32	St Matthews Village / St Matthews Health Post	
33	Franks Eddy Village / Franks Eddy Health Post	
34	Santa Martha /St Margaret Village / Santa Martha Health Post (St Margaret)	
35	Belmopan City / Mobile Clinic	
36	San Ignacio / San Ignacio Community Hospital	
37	Benque Viejo Del Carmen / Mopan Clinic	
38	Georgeville / Georgeville Health Center	
39	San Antonio Village / San Antonio Health Post	
40	San Ignacio / Mobile Clinic	
99	Other	

1. Facility ID:

- Orange Walk Town / Northern Regional Hospital
- San Jose Village / Zenobia Meggs Health Center
- San Felipe Village / San Felipe Health Center
- August Pine Ridge Village / August Pine Ridge Health Center
- Guinea Grass Village / Guinea Grass Health Center
- Santa Martha Village / Santa Martha Health Post
- Carmelita Village / Carmelita Health Post
- Lousiana Area, Orange Walk town / Lousiana Health post
- Fireburn Village / Fireburn Health Post (non functioning due to infrastructure)
- San Lazaro Village / Ignacia Moguel Health Post
- San Carlos Village / San Carlos Health Post
- Indian Church village / Indian Church Health Post
- San Antonio Village / San Antonio Health Post
- san Roman Village / San Roman Health Post
- Orange Walk Town / Mobile Clinic
- Corozal Town / Corozal Community Hospital
- San Narciso Village / San Narciso Health Center
- Caledonia Village / Caledonia Health Center
- Libertad Village / Libertad Health Center
- Sarteneja Village / Sarteneja Health Center
- Progresso Village / Progresso Health Center
- Chunox Village / Chunox Health Post
- Concepcion Village / Concepcion Health Post
- San Joaquin Village / San Joaquin Health Post
- Xaibe Village / Xiabe Health Post
- Chan Chen Village / Chan Chen Health Post
- Corozal Town / Mobile Clinic

- Belmopan City / Western Regional Hospital
- Belmopan City / Belmopan Health Center
- Valley of Peace Village / Valley of Peace
- Cotton Tree Village / Cotton Tree Health post
- St Matthews Village / St Matthews Health Post
- Franks Eddy Village / Franks Eddy Health Post
- Santa Martha /St Margaret Village / Santa Martha Health Post (St Margaret)
- Belmopan City / Mobile Clinic
- San Ignacio / San Ignacio Community Hospital
- Benque Viejo Del Carmen / Mopan Clinic
- Georgeville / Georgeville Health Center
- San Antonio Village / San Antonio Health Post
- San Ignacio / Mobile Clinic
- Other

Auto Page Break

Question: MRR_FAC_ID
Required
Show if: (MRR_FACILITY_ID = 99:[Other])

2. Facility ID:

Question: MRR_DATE
Required

3. Date: (DD/MM/YYYY)

Question: MRR_INTERVW_ID1
Required

4. Interviewer ID 1:

Question: MRR_INTERVW_ID2

5. Interviewer ID 2:

Page Break

Collection: MRR_OBSTETRIC
Contains: NEONATAL_COMPLICATIONS

Collection: NEONATAL_COMPLICATIONS
Contains: MRR_NEO_COMP, MRR_NEO_GEN, GEN_COMPL_INFO, NEO_SEPSIS, NEO_LBW, NEO_PRE, NEO_ASP, GEN_DISPOSITION
Show if: (FACILITY_TYPE >= 2)

Neonatal Complications

Question: MRR_NEO_COMP
Minimum checks: 1

6. Did the baby have the following complications?

- [ ] Sepsis
- [ ] Low birth weight
- [ ] Birth asphyxia
- [ ] Prematurity
- [ ] No

Page Break

Collection: MRR_NEO_GEN
Contains: MRR_AGE_BABY, MRR_AGE_MOM, MRR_MOM_EDU, MRR_MOM_MAR_STAT

Question: MRR_AGE_BABY
Required

Scale Summary		
Code	Label	Show-If
4	Age in minutes:	
0	Age in hours:	
1	Age in days:	
2	Age in months:	
3	Age in years:	
-1	Not recorded	

7. Age of the child
- ○ Age in minutes:
- ○ Age in hours:
- ○ Age in days:
- ○ Age in months:
- ○ Age in years:
- ○ Not recorded

Question: MRR_AGE_MOM
Required

Scale Summary		
Code	Label	Show-If
1	Age:	
-1	Not recorded	

8. Age of the mother
- ○ Age:
- ○ Not recorded

Question: MRR_MOM_EDU
Required

Scale Summary		
Code	Label	Show-If
1	None	
2	Primary	
3	Secondary	
4	High school	
5	University	
-1	Not recorded	

9. Mother's education
- ○ None
- ○ Primary
- ○ Secondary
- ○ High school
- ○ University
- ○ Not recorded

Question: MRR_MOM_MAR_STAT
Required

Scale Summary		
Code	Label	Show-If
1	Married	
2	Stable union	
3	Single	
4	Other (specify):	
-1	Not recorded	

10. Mother's marital status
- ○ Married
- ○ Stable union
- ○ Single
- ○ Other (specify):
- ○ Not recorded

Page Break

Collection: GEN_COMPL_INFO
Contains: NEO_BIRTH_DATE, NEO_BIRTH_TIME, NEO_ADM_DATE, NEO_ADM_TIME, NEO_GESTAGE, NEO_GENDER, NEO_MOMCOMPL
Show if: (MRR_NEO_COMP is-any-of [Sepsis] or [Low birth weight] or [Birth asphyxia] or [Prematurity])

Question: NEO_BIRTH_DATE
Required

Scale Summary		
Code	Label	Show-If
1	Yes:	
-1	Not recorded	

11. Please note if date of birth is recorded
- Yes: _____ (DD/MM/YYYY)
- Not recorded

Question: NEO_BIRTH_TIME
Required

Scale Summary		
Code	Label	Show-If
1	Time:	
-1	Not recorded	

12. Please note hour of birth is recorded
- Time: _____ (HH:MM)
- Not recorded

Question: NEO_ADM_DATE
Required

Scale Summary		
Code	Label	Show-If
1	Yes:	
-1	Not recorded	

13. Please note if date of admission is recorded
- Yes: _____ (DD/MM/YYYY)
- Not recorded

Question: NEO_ADM_TIME
Required

Scale Summary		
Code	Label	Show-If
1	Time:	
-1	Not recorded	

14. Please note if hour of admission is recorded
- Time: _____ (HH:MM)
- Not recorded

Question: NEO_GESTAGE
Required

Scale Summary		
Code	Label	Show-If
1	Age:	
-1	Not recorded	

15. Please note if gestational age is recorded
- Age: _____ weeks
- Not recorded

Question: NEO_GENDER
Required

Scale Summary		
Code	Label	Show-If
1	Boy	
2	Girl	
-1	Not recorded	

16. Please note if gender is recorded
- Boy
- Girl
- Not recorded

Question: NEO_MOMCOMPL
Minimum checks: 1

17. Did the mother have the following complications? (Select all that apply)
- [ ] Pre-eclampsia
- [ ] Eclampsia
- [ ] Sepsis
- [ ] Hemorrhage

- [ ] Other
- [ ] No complications
- [ ] Not recorded

Collection: NEO_SEPSIS
Contains: NEO_SEP_BASIC, NEO_SEP_COMP
Show if: (MRR_NEO_COMP is-any-of [Sepsis])

Please note if the following was done for the patient with septicemia

Collection: NEO_SEP_BASIC
Contains: NEO_SEP_BASIC_CONSULT, NEO_SEP_BASIC_CONSULT_DATE, NEO_SEP_BASIC_CONSULT_TIME, NEO_SEP_BASIC_MEDICATIONS
Show if: (FACILITY_TYPE = 2)

Please record if the following checkups were done. Record the value, date and time of the first checkup.

Custom Layout Question: NEO_SEP_BASIC_CHECK1

18.

	Recorded (yes/no)	Value	Date (DD/MM/YYYY)	Time (HH:MM)
Pulse	☐	per minute		
Respiratory rate	☐	per minute		
Temperature	☐	° C		
Other (specify)	☐			
Other (specify)	☐			
Other (specify)	☐			

Please note f the following assessments were recorded. Record date and time of the first assessment.

Custom Layout Question: NEO_SEP_BASIC_CHECK2

19.

	Recorded (yes/no)	Date (DD/MM/YYYY)	Time (HH:MM)
Skin color	☐		
Distal temperature (example: distal coldness)	☐		
Abdominal examination	☐		
Other (specify)	☐		
Other (specify)	☐		
Other (specify)	☐		

Please check if the following lab tests were done and record date and time of the first test

Custom Layout Question: NEO_SEP_BASIC_LAB1

20.

	Recorded (yes/no)	Date (DD/MM/YYYY)	Time (HH:MM)
Leukocyte count	☐		
Neutrophil morphology	☐		
Platelets	☐		
Other (specify)	☐		
Other (specify)	☐		
Other (specify)	☐		

Please check if the following lab tests were done and record the value, date and time of the first test

Custom Layout Question: NEO_SEP_BASIC_LAB2

21.

	Recorded (yes/no)	Negative	Value	Date (DD/MM/YYYY)	Time (HH:MM)
Glycemia	☐	☐	mg/dL		
Other (specify)	☐	☐			
Other (specify)	☐	☐			
Other (specify)	☐	☐			

Question: NEO_SEP_BASIC_CONSULT
Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	No recorded	

22. Was the baby evaluated by a doctor at the time of admission?

- Yes
- No
- No recorded

Auto Page Break

Question: NEO_SEP_BASIC_CONSULT_DATE
Required
Show if: (NEO_SEP_BASIC_CONSULT = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

23. Date of evaluation

- Date: (DD/MM/YYYY)
- Not recorded

Question: NEO_SEP_BASIC_CONSULT_TIME
Required
Show if: (NEO_SEP_BASIC_CONSULT = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Time:	
-1	Not recorded	

24. Hour of evaluation

- Time: (HH:MM)
- Not recorded

Page Break

Please check if the following medications were administered and record dosage, date and time of first administration

Custom Layout Question: NEO_SEP_BASIC_MED

25.

	Administered (yes/no)	Dose	Date (DD/MM/YYYY)	Time (HH:MM)
Ampicillin	☐	mg/kg		
Gentamicin	☐	mg/kg		
Other antibioltics (specify)	☐	mg/kg		
Other medications (specify)	☐	mg/kg		
Other medications (specify)	☐	mg/kg		
Other medications (specify)	☐	mg/kg		

Question: NEO_SEP_BASIC_MEDICATIONS
Required
Show if: ((NEO_SEP_BASIC_MED_ADM_GEN = 1) and ((NEO_SEP_BASIC_MED_ADM_AMP = 1) or (NEO_SEP_BASIC_MED_ADM_OAN = 1) or (NEO_SEP_BASIC_MED_ADM_OME1 = 1))) or ((NEO_SEP_BASIC_MED_ADM_AMP = 1) and ((NEO_SEP_BASIC_MED_ADM_OAN = 1) or (NEO_SEP_BASIC_MED_ADM_OME1 = 1))) or ((NEO_SEP_BASIC_MED_ADM_OAN = 1) and (NEO_SEP_BASIC_MED_ADM_OME1 = 1))

Scale Summary

Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	

26. Were any of the above mentioned medications administered at the same time during this hospitalization?

- ○ Yes
- ○ No
- ○ Not recorded

Page Break

Collection: NEO_SEP_COMP
Contains: NEO_SEP_COMP_CONSULT, NEO_SEP_COMP_CONSULT_DATE, NEO_SEP_COMP_CONSULT_TIME, NEO_SEP_COMP_MEDICATIONS
Show if: (FACILITY_TYPE = 3)

Please record if the following checkups were done. Record the value, date and time of the first checkup.

Custom Layout Question: NEO_SEP_COMP_CHECK1

27.

	Recorded (yes/no)	Value	Date (DD/MM/YYYY)	Time (HH:MM)
Pulse	☐	per minute		
Respiratory rate	☐	per minute		
Temperature	☐	° C		
Other (specify)	☐			
Other (specify)	☐			
Other (specify)	☐			

Please note if the following assessments were done. Record date and time of the first assessment.

Custom Layout Question: NEO_SEP_COMP_CHECK2

28.

	Recorded (yes/no)	Date (DD/MM/YYYY)	Time (HH:MM)
Skin color	☐		
Other (specify)	☐		
Other (specify)	☐		
Other (specify)	☐		

Please check if the following lab tests were done and record the value, date and time of the first test

Custom Layout Question: NEO_SEP_COMP_LAB

29.

	Recorded (yes/no)	Value	Date (DD/MM/YYYY)	Time (HH:MM)
Leukocyte count	☐	x10 ^ 9 liter		
C reactive protein	☐	mg/dL		
Erythrocyte sedimentation rate	☐	mm/h		
Other (specify)	☐			
Other (specify)	☐			
Other (specify)	☐			

Question: NEO_SEP_COMP_CONSULT
Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	

30. Was the baby evaluated by a doctor at the time of admission?

- ○ Yes
- ○ No
- ○ Not recorded

Auto Page Break

Question: NEO_SEP_COMP_CONSULT_DATE
Required
Show if: (NEO_SEP_COMP_CONSULT = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

31. Date

- Date: (DD/MM/YYYY)
- Not recorded

Question: NEO_SEP_COMP_CONSULT_TIME
Required
Show if: (NEO_SEP_COMP_CONSULT = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Time:	
-1	Not recorded	

32. Hour

- Time: (HH:MM)
- Not recorded

Page Break

Please check if the following medications were administered and record the dosage, date and time of first administration

Custom Layout Question: NEO_SEP_COMP_MED

33.

	Administered (yes/no)	Dose	Date (DD/MM/YYYY)	Time (HH:MM)
Ampicillin	☐	mg/kg		
Gentamicin	☐	mg/kg		
Other antibiotics (specify)	☐	mg/kg		
Other medications (specify)	☐	mg/kg		
Other medications (specify)	☐	mg/kg		
Other medications (specify)	☐	mg/kg		

Question: NEO_SEP_COMP_MEDICATIONS
Required
Show if: ((NEO_SEP_BASIC_MED_ADM_GEN = 1) and ((NEO_SEP_BASIC_MED_ADM_AMP = 1) or (NEO_SEP_BASIC_MED_ADM_OAN = 1) or (NEO_SEP_BASIC_MED_ADM_OME1 = 1))) or ((NEO_SEP_BASIC_MED_ADM_AMP = 1) and ((NEO_SEP_BASIC_MED_ADM_OAN = 1) or (NEO_SEP_BASIC_MED_ADM_OME1 = 1))) or ((NEO_SEP_BASIC_MED_ADM_OAN = 1) and (NEO_SEP_BASIC_MED_ADM_OME1 = 1))

Scale Summary

Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	

34. Were any of the above mentioned medications administered at the same time during this hospitalization?

- ○ Yes
- ○ No
- ○ Not recorded

Page Break

Collection: NEO_LBW
Contains: NEO_LBW_BASIC, NEO_LBW_COMP
Show if: (MRR_NEO_COMP is-any-of [Low birth weight])

Please note if the following was done for the patient with low birth weight

Collection: NEO_LBW_BASIC
Contains: NEO_LBW_BASIC_GEST_METHOD, NEO_LBW_BASIC_CONSULT, NEO_LBW_BASIC_CONSULT_DATE, NEO_LBW_BASIC_CONSULT_TIME, NEO_LBW_BASIC_PROCEDURES, NEO_LBW_BASIC_BABY_FOOD
Show if: (FACILITY_TYPE = 2)

Question: NEO_LBW_BASIC_GEST_METHOD
Minimum checks: 1

35. Please check the method of gestational age assessment (select all that apply)

- ☐ FUM
- ☐ ECO
- ☐ Ballard test
- ☐ Head circumference
- ☐ Other
- ☐ Not recorded

Please record if the following checkups were done. Record the value, date and time of the first checkup.

Custom Layout Question: NEO_LBW_BASIC_CHECK1

36.

	Recorded (yes/no)	Value	Date (DD/MM/YYYY)	Time (HH:MM)
Pulse	☐	per minute		
Respiratory rate	☐	per minute		
Temperature	☐	° C		
Weight	☐	gr		
Length	☐	cm		
Head circumference	☐	cm		
Downes score	☐			
Silverman score	☐			
Other (specify)	☐			
Other (specify)	☐			
Other (specify)	☐			

Please record if the following assessments were done. Record the date and time of the first assessments.

Custom Layout Question: NEO_LBW_BASIC_CHECK2

37.

	Recorded (yes/no)	Date (DD/MM/YYYY)	Time (HH:MM)
Skin color	☐		
Abdominal examination	☐		
Other (specify)	☐		
Other (specify)	☐		
Other (specify)	☐		

Please check if the following lab tests were done and record the value, date and time of the first test

Custom Layout Question: NEO_LBW_BASIC_LAB1

38.

	Recorded (yes/no)	Value	Date (DD/MM/YYYY)	Time (HH:MM)
Oxygen saturation level	☐	%		
Other (specify)	☐			
Other (specify)	☐			
Other (specify)	☐			

Please check if the following lab tests were done and record the value, date and time of the first test

Custom Layout Question: NEO_LBW_BASIC_LAB2

39.

	Recorded	Negative	Value	Date (DD/MM/YYYY)	Time (HH:MM)

		(yes/no)				
Glycemia		☐	☐	mg/dL		
Other (specify)		☐	☐			
Other (specify)		☐	☐			
Other (specify)		☐	☐			

Question: NEO_LBW_BASIC_CONSULT
Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	

40. Was the baby evaluated by a doctor at the time of admission?

- ○ Yes
- ○ No
- ○ Not recorded

Auto Page Break

Question: NEO_LBW_BASIC_CONSULT_DATE
Required
Show if: (NEO_LBW_BASIC_CONSULT = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

41. Date of evaluation

- Date: (DD/MM/YYYY)
- Not recorded

Question: NEO_LBW_BASIC_CONSULT_TIME
Required
Show if: (NEO_LBW_BASIC_CONSULT = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Time:	
-1	Not recorded	

42. Hour of evaluation

- Time: (HH:MM)
- Not recorded

Page Break

Question: NEO_LBW_BASIC_PROCEDURES
Minimum checks: 1

43. Please check if the following procedures were done (select all that apply)

- [ ] Oxygen mask
- [ ] Oxygen hood
- [ ] Oxygen CAAP
- [ ] Mechanical ventilation
- [ ] Kept in incubator
- [ ] Other
- [ ] Not recorded

Question: NEO_LBW_BASIC_BABY_FOOD
Required

Scale Summary		
Code	Label	Show-If
1	Breastfeeding	
2	IV feeding	
995	Other	
-1	Not recorded	

44. Please check how the baby was fed

- ○ Breastfeeding
- ○ IV feeding
- ○ Other
- ○ Not recorded

Page Break

Collection: NEO_LBW_COMP
Contains: NEO_LBW_COMP_CONSULT, NEO_LBW_COMP_CONSULT_DATE, NEO_LBW_COMP_CONSULT_TIME, NEO_LBW_COMP_PROCEDURES, NEO_LBW_COMP_BABY_FOOD
Show if: (FACILITY_TYPE = 3)

Please record if the following checkups were done. Record the value, date and time of the first checkup.

Custom Layout Question: NEO_LBW_COMP_CHECK1

45.

	Recorded (yes/no)	Value	Date (DD/MM/YYYY)	Time (HH:MM)
Pulse	☐	per minute		
Respiratory rate	☐	per minute		
Temperature	☐	° C		
Weight	☐	kg		
Length	☐	cm		
Head circumference	☐	cm		
Downes score	☐			
Silverman score	☐			
Other (specify)	☐			
Other (specify)	☐			
Other (specify)	☐			

Please check if the following lab tests were done and record the value, date and time of the first test

Custom Layout Question: NEO_LBW_COMP_LAB1

46.

	Recorded (yes/no)	Value	Date (DD/MM/YYYY)	Time (HH:MM)
Oxygen saturation level	☐	%		
Other (specify)	☐			
Other (specify)	☐			
Other (specify)	☐			

Please check if the following lab tests were done and record the value, date and time of the first test

Custom Layout Question: NEO_LBW_COMP_LAB2

47.

	Recorded (yes/no)	Negative	Value	Date (DD/MM/YYYY)	Time (HH:MM)
Glycemia	☐	☐	mg/dL		
Other (specify)	☐	☐			
Other (specify)	☐	☐			
Other (specify)	☐	☐			

Question: NEO_LBW_COMP_CONSULT
Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	

48. Was the baby evaluated by a doctor at the time of admission?

- ○ Yes
- ○ No
- ○ Not recorded

Auto Page Break

Question: NEO_LBW_COMP_CONSULT_DATE
Required
Show if: (NEO_LBW_COMP_CONSULT = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

49. Date of evaluation

- Date: (DD/MM/YYYY)
- Not recorded

Question: NEO_LBW_COMP_CONSULT_TIME
Required
Show if: (NEO_LBW_COMP_CONSULT = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Time:	
-1	Not recorded	

50. Hour of evaluation

- Time: (HH:MM)
- Not recorded

Page Break

Question: NEO_LBW_COMP_PROCEDURES
Minimum checks: 1

51. Please check if the following procedures were done (select all that apply)

- [ ] Oxygen mask
- [ ] Oxygen hood
- [ ] Oxygen CAAP
- [ ] Mechanical ventilation
- [ ] Kept in incubator
- [ ] Other
- [ ] Not recorded

Question: NEO_LBW_COMP_BABY_FOOD
Required

Scale Summary		
Code	Label	Show-If
1	Breastfeeding	
2	IV feeding	
995	Other	
-1	Not recorded	

52. Please check how the baby was fed

- ○ Breastfeeding
- ○ IV feeding
- ○ Other
- ○ Not recorded

Page Break

Collection: NEO_PRE
Contains: NEO_PRE_BASIC, NEO_PRE_COMP
Show if: (MRR_NEO_COMP is-any-of [Prematurity])

Please note if the following was done for the patient born prematurely

Collection: NEO_PRE_BASIC
Contains: NEO_PRE_BASIC_GEST_METHOD, NEO_PRE_BASIC_CONSULT, NEO_PRE_BASIC_CONSULT_DATE, NEO_PRE_BASIC_CONSULT_TIME, NEO_PRE_BASIC_PROCEDURES, NEO_PRE_BASIC_BABY_FOOD
Show if: (FACILITY_TYPE = 2)

Question: NEO_PRE_BASIC_GEST_METHOD
Minimum checks: 1

53. Please check the method of gestational age assessment (select all that apply)

- ☐ FUM
- ☐ ECO
- ☐ Ballard test
- ☐ Head circumference
- ☐ Other
- ☐ Not recorded

Please check if the following checkups were done and record values, date and time of the first checkup

Custom Layout Question: NEO_PRE_BASIC_CHECK1

54.

	Recorded (yes/no)	Value	Date (DD/MM/YYYY)	Hour (HH:MM)
Pulse	☐	per minute		
Respiratory rate	☐	per minute		
Temperature	☐	° C		
Weight	☐	kg		
Length	☐	cm		
Head circumference	☐	cm		
Downes score	☐			
Silverman score	☐			
Other (specify)	☐			
Other (specify)	☐			
Other (specify)	☐			

Please record if the following assessments were done. Record date and time of the first assessments.

Custom Layout Question: NEO_PRE_BASIC_CHECK2

55.

	Recorded (yes/no)	Date (DD/MM/YYYY)	Hour (HH:MM)
Skin color	☐		
Abdominal examination	☐		
Other (specify)	☐		
Other (specify)	☐		
Other (specify)	☐		

Please check if the following lab tests were done and record the value, date and time of the first test

Custom Layout Question: NEO_PRE_BASIC_LAB1

56.

	Recorded (yes/no)	Value	Date (DD/MM/YYYY)	Time (HH:MM)
Oxygen saturation level	☐	%		
Other (specify)	☐			
Other (specify)	☐			
Other (specify)	☐			

Please check if the following lab tests were done and record the value, date and time of the first test

Custom Layout Question: NEO_PRE_BASIC_LAB2

57.

	Recorded	Negative Value	Date (DD/MM/YYYY)	Time (HH:MM)

		(yes/no)				
Glycemia		☐	☐	mg/dL		
Other (specify)		☐	☐			
Other (specify)		☐	☐			
Other (specify)		☐	☐			

Question: NEO_PRE_BASIC_CONSULT
Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	

58. Was the baby evaluated by a doctor at the time of admission?

- ○ Yes
- ○ No
- ○ Not recorded

Auto Page Break

Question: NEO_PRE_BASIC_CONSULT_DATE
Required
Show if: (NEO_PRE_BASIC_CONSULT = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

59. Date of evaluation

- Date: (DD/MM/YYYY)
- Not recorded

Question: NEO_PRE_BASIC_CONSULT_TIME
Required
Show if: (NEO_PRE_BASIC_CONSULT = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Time:	
-1	Not recorded	

60. Hour of evaluation

- Time: (HH:MM)
- Not recorded

Page Break

Question: NEO_PRE_BASIC_PROCEDURES
Minimum checks: 1

61. Please check if the following procedures were done (select all that apply)

- [ ] Oxygen mask
- [ ] Oxygen hood
- [ ] Oxygen CAAP
- [ ] Mechanical ventilation
- [ ] Kept in incubator
- [ ] Other
- [ ] Not recorded

Question: NEO_PRE_BASIC_BABY_FOOD
Required

Scale Summary		
Code	Label	Show-If
1	Breastfeeding	
2	IV feeding	
995	Other	
-1	Not recorded	

62. Please check how the baby was fed

- ○ Breastfeeding
- ○ IV feeding
- ○ Other
- ○ Not recorded

Page Break

Collection: NEO_PRE_COMP
Contains: NEO_PRE_COMP_CONSULT, NEO_PRE_COMP_CONSULT_DATE, NEO_PRE_COMP_CONSULT_TIME, NEO_PRE_COMP_PROCEDURES, NEO_PRE_COMP_BABY_FOOD
Show if: (FACILITY_TYPE = 3)

Please record if the following checkups were done. Record the value, date and time of the first checkup.

Custom Layout Question: NEO_PRE_COMP_CHECK1

63.

	Recorded (yes/no)	Value	Date (DD/MM/YYYY)	Time (HH:MM)
Pulse	☐	per minute		
Respiratory rate	☐	per minute		
Temperature	☐	° C		
Weight	☐	gr		
Length	☐	cm		
Head circumference	☐	cm		
Downes score	☐			
Silverman score	☐			
Other (specify)	☐			
Other (specify)	☐			
Other (specify)	☐			

Please check if the following lab tests were done and record the value, date and time of the first test

Custom Layout Question: NEO_PRE_COMP_LAB1

64.

	Recorded (yes/no)	Value	Date (DD/MM/YYYY)	Time (HH:MM)
Oxygen saturation level	☐	%		
Other (specify)	☐			
Other (specify)	☐			
Other (specify)	☐			

Please check if the following lab tests were done and record the value, date and time of the first test

Custom Layout Question: NEO_PRE_COMP_LAB2

65.

	Recorded (yes/no)	Negative	Value	Date (DD/MM/YYYY)	Time (HH:MM)
Glycemia	☐	☐	mg/dL		
Other (specify)	☐	☐			
Other (specify)	☐	☐			
Other (specify)	☐	☐			

Question: NEO_PRE_COMP_CONSULT
Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	

66. Was the baby evaluated by a doctor at the time of admission?

- ○ Yes
- ○ No
- ○ Not recorded

Auto Page Break

Question: NEO_PRE_COMP_CONSULT_DATE
Required
Show if: (NEO_PRE_COMP_CONSULT = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

67. Date of evaluation

- Date: (DD/MM/YYYY)
- Not recorded

Question: NEO_PRE_COMP_CONSULT_TIME
Required
Show if: (NEO_PRE_COMP_CONSULT = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Time:	
-1	Not recorded	

68. Hour of evaluation

- Time: (HH:MM)
- Not recorded

Page Break

Question: NEO_PRE_COMP_PROCEDURES
Minimum checks: 1

69. Please check if the following procedures were done (select all that apply)

- [ ] Oxygen mask
- [ ] Oxygen hood
- [ ] Oxygen CAAP
- [ ] Mechanical ventilation
- [ ] Kept in incubator
- [ ] Other
- [ ] Not recorded

Question: NEO_PRE_COMP_BABY_FOOD
Required

Scale Summary		
Code	Label	Show-If
1	Breastfeeding	
2	IV feeding	
995	Other	
-1	Not recorded	

70. Please check how the baby was fed

- ○ Breastfeeding
- ○ IV feeding
- ○ Other
- ○ Not recorded

Page Break

Collection: NEO_ASP
Contains: NEO_ASP_BASIC, NEO_ASP_COMP
Show if: (MRR_NEO_COMP is-any-of [Birth asphyxia])

Please note if the following was done for the patient with asphyxia

Collection: NEO_ASP_BASIC
Contains: NEO_ASP_BASIC_CONSULT, NEO_ASP_BASIC_CONSULT_DATE, NEO_ASP_BASIC_CONSULT_TIME, NEO_ASP_BASIC_BABY_HAVE, NEO_ASP_BASIC_PROCEDURES, NEO_ASP_BASIC_MEDICATIONS
Show if: (FACILITY_TYPE = 2)

Please record if the following checkups were done for new born baby. Record the value, date and time of the first checkup.

Custom Layout Question: NEO_ASP_BASIC_CHECK1

71.

	Recorded (yes/no)	Value	Date (DD/MM/YYYY)	Time (HH:MM)
Pulse	☐	per minute		
Respiratory rate	☐	per minute		
Temperature	☐	° C		
APGAR score in 1 min	☐			
APGAR score in 5 min	☐			
Other (specify)	☐			
Other (specify)	☐			
Other (specify)	☐			

Please record if the following assessments were done. Record date and time of the first assessments.

Custom Layout Question: NEO_ASP_BASIC_CHECK2

72.

	Recorded (yes/no)	Date (DD/MM/YYYY)	Time (HH:MM)
Skin color	☐		
Other (specify)	☐		
Other (specify)	☐		
Other (specify)	☐		

Please check if the following lab tests were done and record the value, date and time of the first test

Custom Layout Question: NEO_ASP_BASIC_LAB1

73.

	Recorded (yes/no)	Value	Date (DD/MM/YYYY)	Time (HH:MM)
Leukocyte count	☐	x 10^9/liter		
Hemoglobin	☐	g/dL		
Platelets	☐	x 10^9/L		
Other (specify)	☐			
Other (specify)	☐			
Other (specify)	☐			

Please check if the following lab tests were done and record the value, date and time of the first test

Custom Layout Question: NEO_ASP_BASIC_LAB2

74.

	Recorded (yes/no)	Negative	Value	Date (DD/MM/YYYY)	Time (HH:MM)
Glycemia	☐	☐	mg/dL		
Other (specify)	☐	☐			
Other (specify)	☐	☐			
Other (specify)	☐	☐			

Question: NEO_ASP_BASIC_CONSULT
Required

Scale Summary		
Code	Label	Show-If

1	Yes	
0	No	
-1	Not recorded	

75. Was the baby evaluated by a doctor at the time of admission?

- Yes
- No
- Not recorded

Auto Page Break

Question: NEO_ASP_BASIC_CONSULT_DATE
Required
Show if: (NEO_ASP_BASIC_CONSULT = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

76. Date of evaluation

- Date: (DD/MM/YYYY)
- Not recorded

Question: NEO_ASP_BASIC_CONSULT_TIME
Required
Show if: (NEO_ASP_BASIC_CONSULT = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Time:	
-1	Not recorded	

77. Hour of evaluation

- Time: (HH:MM)
- Not recorded

Page Break

Question: NEO_ASP_BASIC_BABY_HAVE
Required

Scale Summary		
Code	Label	Show-If
1	Apnea	
2	Meconium	
995	Other (specify)	
-1	Not recorded	

78. Did the baby have the following:

- ○ Apnea
- ○ Meconium
- ○ Other (specify) _____
- ○ Not recorded

Question: NEO_ASP_BASIC_PROCEDURES
Minimum checks: 1

79. Please check if the following procedures were done (select all that apply)

- ☐ Positive pressure ventilation
- ☐ 100% oxygen
- ☐ Suctioning of secretions
- ☐ Other
- ☐ Not recorded

Please check if the following medications were adminsitered and record dosage, date and time of first administration

Custom Layout Question: NEO_ASP_BASIC_MED

80.

	Administered (yes/no)	Dose	Date (DD/MM/YYYY)	Time (HH:MM)
Ampicillin	☐	_____ mg/kg		
Gentamicin	☐	_____ mg/kg		
Other antibiotics (specify) _____	☐	_____ mg/kg		
Other medications (specify) _____	☐	_____ mg/kg		
Other medications (specify) _____	☐	_____ mg/kg		
Other medications (specify) _____	☐	_____ mg/kg		

Question: NEO_ASP_BASIC_MEDICATIONS
Required
Show if: ((NEO_ASP_BASIC_MED_ADM_GEN = 1) and ((NEO_ASP_BASIC_MED_ADM_AMP = 1) or (NEO_ASP_BASIC_MED_ADM_OME1 = 1) or (NEO_ASP_BASIC_MED_ADM_OAN = 1))) or ((NEO_ASP_BASIC_MED_ADM_AMP = 1) and ((NEO_ASP_BASIC_MED_ADM_OME1 = 1) or (NEO_ASP_BASIC_MED_ADM_OAN = 1))) or ((NEO_ASP_BASIC_MED_ADM_OME1 = 1) and (NEO_ASP_BASIC_MED_ADM_OAN = 1))

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	

81. Were any of the above mentioned medications administered at the same time during this hospitalization?

- ○ Yes
- ○ No
- ○ Not recorded

Page Break

Collection: NEO_ASP_COMP
Contains: NEO_ASP_COMP_CONSULT, NEO_ASP_COMP_CONSULT_DATE, NEO_ASP_COMP_CONSULT_TIME, NEO_ASP_COMP_RADIOGRAPHY, NEO_ASP_COMP_PROCEDURES, NEO_ASP_COMP_MEDICATIONS
Show if: (FACILITY_TYPE = 3)

Please record if the following checkups were done. Record the value, date and time of the first checkup.

Custom Layout Question: NEO_ASP_COMP_CHECK1

82.

	Recorded (yes/no)	Value	Date (DD/MM/YYYY)	Time (HH:MM)
Pulse	☐	per minute		
Respiratory rate	☐	per minute		
Temperature	☐	° C		
Downes score	☐			
Silverman score	☐			
Other (specify)	☐			
Other (specify)	☐			
Other (specify)	☐			

Please record if the following assessments were done. Record date and time of the first assessments.

Custom Layout Question: NEO_ASP_COMP_CHECK2

83.

	Recorded (yes/no)	Date (DD/MM/YYYY)	Time (HH:MM)
Skin color	☐		
Other (specify)	☐		
Other (specify)	☐		
Other (specify)	☐		

Please check if the following lab tests were done and record the value, date and time of the first test

Custom Layout Question: NEO_ASP_COMP_LAB1

84.

	Recorded (yes/no)	Value	Date (DD/MM/YYYY)	Time (HH:MM)
Oxygen saturation level	☐	%		
Leukocyte count	☐	x10 ^9/liter		
Platelets	☐	x 10 ^9/liter		
Hemoglobin	☐	g/dL		
C reactive protein	☐	mg/dL		
Erythrocyte sedimentation level	☐	mm/h		
Blood culture	☐			
Other (specify)	☐			
Other (specify)	☐			
Other (specify)	☐			

Please check if the following lab tests were done and record the value, date and time of the first test

Custom Layout Question: NEO_ASP_COMP_LAB2

85.

	Recorded (yes/no)	Negative	Value	Date (DD/MM/YYYY)	Time (HH:MM)
Glycemia	☐	☐	mg/dL		
Other (specify)	☐	☐			
Other (specify)	☐	☐			
Other (specify)	☐	☐			

Question: NEO_ASP_COMP_CONSULT
Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	

86. Was the baby evaluated by a doctor at the time of admission?

- Yes
- No
- Not recorded

Auto Page Break

Question: NEO_ASP_COMP_CONSULT_DATE
Required
Show if: (NEO_ASP_COMP_CONSULT = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

87. Date of evaluation

- Date: (DD/MM/YYYY)
- Not recorded

Question: NEO_ASP_COMP_CONSULT_TIME
Required
Show if: (NEO_ASP_COMP_CONSULT = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Time:	
-1	Not recorded	

88. Hour of evaluation

- Time: (HH:MM)
- Not recorded

Page Break

Question: NEO_ASP_COMP_RADIOGRAPHY
Required

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	

89. Was chest radiography done?

- Yes
- No
- Not recorded

Question: NEO_ASP_COMP_PROCEDURES
Minimum checks: 1

90. Please check if the following procedures were done (select all that apply)

- Oxygen mask
- Oxygen hood
- Oxygen CAAP
- Mechanical ventilation
- Kept in incubator
- Other
- Not recorded

Please check if the following medications were adminsitered and record dosage, date and time of first administration

Custom Layout Question: NEO_ASP_COMP_MED

91.

	Administered (yes/no)	Dose	Date (DD/MM/YYYY)	Time (HH:MM)
Ampicillin		mg/kg		
Gentamicin		mg/kg		
Other antibiotics (specify)		mg/kg		
Other medications (specify)		mg/kg		
Other medications (specify)		mg/kg		
Other medications (specify)		mg/kg		

Question: NEO_ASP_COMP_MEDICATIONS
Required
Show if: ((NEO_ASP_COMP_MED_ADM_GEN = 1) and ((NEO_ASP_COMP_MED_ADM_AMP = 1) or (NEO_ASP_COMP_MED_ADM_OME1 = 1) or (NEO_ASP_COMP_MED_ADM_OAN = 1))) or ((NEO_ASP_COMP_MED_ADM_AMP = 1) and ((NEO_ASP_COMP_MED_ADM_OME1 = 1) or (NEO_ASP_COMP_MED_ADM_OAN = 1))) or ((NEO_ASP_COMP_MED_ADM_OME1 = 1) and (NEO_ASP_COMP_MED_ADM_OAN = 1))

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	

92. Were any of the above mentioned medications administered at the same time during this hospitalization?

- Yes
- No
- Not recorded

Page Break

Collection: GEN_DISPOSITION
Contains: NEO_DISPOSITION, NEO_SEP_REF_REAS, NEO_LBW_REF_REAS, NEO_PRE_REF_REAS, NEO_ASP_REF_REAS, NEO_REF_HOW, NEO_DIS_DATE, NEO_DIS_TIME, NEO_DEATH_DATE, NEO_DEATH_TIME
Show if: (MRR_NEO_COMP is-any-of [Sepsis] or [Low birth weight] or [Birth asphyxia] or [Prematurity])

Question: NEO_DISPOSITION
Required

Scale Summary		
Code	Label	Show-If
1	Death in hospital	
2	Discharged home	
3	Transferred to another facility	
4	Left against medical advice	
5	Unknown	
995	Other (specify):	
-1	Not recorded	

93. Disposition:

- ○ Death in hospital
- ○ Discharged home
- ○ Transferred to another facility
- ○ Left against medical advice
- ○ Unknown
- ○ Other (specify): _____
- ○ Not recorded

Auto Page Break

Question: NEO_SEP_REF_REAS
Minimum checks: 1
Show if: (NEO_DISPOSITION = 3:[Transferred to another facility]) and (MRR_NEO_COMP is-any-of [Sepsis])

94. SEPSIS

Reason for the baby's referral:

- [ ] High temperature
- [ ] High leukocyte
- [ ] Hypoglycemia
- [ ] Hyperglycemia
- [ ] Other
- [ ] Not recorded

Question: NEO_LBW_REF_REAS
Minimum checks: 1
Show if: (MRR_NEO_COMP is-any-of [Low birth weight]) and (NEO_DISPOSITION = 3:[Transferred to another facility])

95. LOW BIRTH WEIGHT

Reason for baby's referral:

- [ ] High temperature
- [ ] High leukocyte
- [ ] Hypoglycemia
- [ ] Hyperglycemia
- [ ] Low birth weight
- [ ] Low Downes score
- [ ] Low Silverman score
- [ ] Low oxygen saturation level
- [ ] Other
- [ ] Not recorded

Question: NEO_PRE_REF_REAS
Minimum checks: 1
Show if: (MRR_NEO_COMP is-any-of [Prematurity]) and (NEO_DISPOSITION = 3:[Transferred to another facility])

96. PREMATURITY

Reason for the baby's referral:

- [ ] High temperature
- [ ] High leukocyte
- [ ] Hypoglycemia
- [ ] Hyperglycemia
- [ ] Low birth weight
- [ ] Low Downes score
- [ ] Low Silverman score
- [ ] Low oxygen saturation level
- [ ] Other
- [ ] Not recorded

Question: NEO_ASP_REF_REAS
Minimum checks: 1
Show if: (MRR_NEO_COMP is-any-of [Birth asphyxia]) and (NEO_DISPOSITION = 3:[Transferred to another facility])

97. BIRTH ASPHYXIA

Reason for baby's referral:

- [ ] High temperature
- [ ] Low APGAR score
- [ ] Hypoglycemia
- [ ] Hyperglycemia
- [ ] Other
- [ ] Not recorded

Question: NEO_REF_HOW
Minimum checks: 1
Show if: (NEO_DISPOSITION = 3:[Transferred to another facility]) and (MRR_NEO_COMP is-any-of [Low birth weight] or [Prematurity])

98. Please check how the baby was transferred (select all that apply)

- [ ] Incubator
- [ ] Oxygen administration
- [ ] Other
- [ ] Not recorded

Question: NEO_DIS_DATE
Required
Show if: (NEO_DISPOSITION is-any-of 2:[Discharged home] or 3:[Transferred to another facility] or 4:[Left against medical advice] or 995:[Other (specify):])

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

99. Date of discharge/referral

- Date: (DD/MM/YYYY)
- Not recorded

Question: NEO_DIS_TIME
Required
Show if: (NEO_DISPOSITION is-any-of 2:[Discharged home] or 3:[Transferred to another facility] or 4:[Left against medical advice] or 995:[Other (specify):])

Scale Summary		
Code	Label	Show-If
1	Time:	
-1	Not recorded	

100. Time of discharge/referral

- Time: (HH:MM)
- Not recorded

Question: NEO_DEATH_DATE
Required
Show if: (NEO_DISPOSITION = 1:[Death in hospital])

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded	

101. Date of death

- Date: (DD/MM/YYYY)
- Not recorded

Question: NEO_DEATH_TIME
Required
Show if: (NEO_DISPOSITION = 1:[Death in hospital])

Scale Summary		
Code	Label	Show-If
1	Time:	
-1	Not recorded	

102. Time of death

- Time: (HH:MM)
- Not recorded

Page Break

Question: COMMENT_COMPL_NEONATAL
Required

103. Enter relevant comments about this section

You have reached the end of the survey.

Please click the button 'submit' to submit your responses and close the survey. You cannot modify any responses after the survey has been submitted.

If you believe that this page was reached in error, please click 'Previous' and revise your responses as necessary.

Thank you for your time today.