MOTHER-CHILD QUESTIONNAIRE

Data collected face-to-face
Questionnaire for of-age mothers of children born at 33 weeks or more
(simple or twin births)

Greyed-out questions must absolutely be completed

Updates (constructed variables and corrected variables) are included at the end of the chapter, indicated by this symbol.

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GENERAL INFORMATION

<DMNIE>
Medical data ID: ______________________

DM
DM questionnaire available
0 Unavailable
1 Available

<DMUSERNAME>
Interviewer ID: ______________________

*DMCREATION
Date created ______________________

*TRMOTABSQ
Reason for absence of questionnaire: ______________________
# PREGNANCIES

**NGROSS**
Total number of pregnancies (not including current pregnancy)

If NGROSS>0:

**NACC**
Number of births (not including current birth) ..............

**NMORTNE**
Number of stillbirths:

**NDNEONAT**
Number of neonatal deaths (between 0 and 27 days)  

**NPREMA**
Number of children born prematurely (<37 weeks)

**NHYPOT**
Number of children born small for gestational age

**GMULT**
Number of multiple pregnancies

---

**ANTCESAR**
Previous caesarian births:
0 No
1 Yes
9 Doesn't know

* **DREGLES**
Date of last period (dd/mm/yy) ...

* **DCONCEPC**
Start date of pregnancy (corrected)

**JUMEAUX**
Expecting twins?
0 No
1 Yes
9 Doesn't know

**BIRTH ORDER**
Order of twin ...........................................

**RANGALEA**
Order of twin (generated randomly, enabling random selection of one of the twins)
TYPJUM
Is the twin pregnancy:
1 Monochorionic/monoamniotic
2 Monochorionic/diamniotic
3 Dichorionic
4 Other
9 Doesn't know
(Question asked starting from wave 2)
PRIOR PATHOLOGIES

HTA
High blood pressure
0 No
1 Chronic HBP
2 HBP during a prior pregnancy only

DIABETE
Diabetes
0 No
1 Type 1 (insulin dependent)
2 Type 2 (non insulin dependent)
3 Pregnancy-related diabetes (prior pregnancies)

AUTPATHO
Other chronic or severe pathology/pathologies or handicap(s)
0 No
1 Yes
9 Doesn't know

If AUTPATHO=1
*AUTPATHOP
Specify: _________________________
INFECTIOUS DISEASES, SCREENING, TREATMENT

Blood analysis made between 3rd and 8th month (if several, choose first)

HEMOGL
Haemoglobin (g/100 ml) (value between 5 and 25)

HEMAT
Haematocrit % (value between 20 and 50)

*DBS
Date of analysis (dd/mm/yy)

TOXO
Serological status relative to toxoplasmosis (result of last test made during pregnancy):
1 Lack of antibodies (seronegative woman)
2 Presence of IgMs (alone or together with specific IgGs)
3 Presence of specific IgGs (immunised woman)
4 Test not carried out due to known immunisation (positive test before pregnancy)
5 Test not carried out (unknown reason)
6 No information on test realisation or result

If TOXO≠1
TRTTOXO
Treatment against toxoplasmosis
0 No
1 Spiramycin (Rovamycine®)
2 Pyrimethamine / Sulfamides (Malocide® + Adiazine® or Fansidar®)
3 Both
4 Treatment carried out but drug(s) non-specified
9 Not documented

If TRTTOXO>0
DATETOXO
Treatment start date known?
0 No
1 Yes
9 Not documented

If DATETOXO=1
*DTRTTOXO
Specify:

See end of chapter for corrected variable and constructed variable: treatment start date in amenorrhoea days
SEROCONV
Seroconversion dating:
1 Documented seroconversion (positivation of serology of toxoplasmosis during the pregnancy)
2 Suspected infection acquired during the pregnancy
9 Not documented

If SEROCONV=1

*DEXNTOXO
Date of last negative examination (dd/mm/yy)  
⇒ See end of chapter for corrected variable and constructed variable: date of last negative examination in amenorrhoea days

*DEXPTOXO
Date of last positive examination (dd/mm/yy)  
⇒ See end of chapter for corrected variable and constructed variable: date of last positive examination in amenorrhoea days

If SEROCONV=2

*DPTOXOSI
Date of first positive examination (seroconversion undocumented) (dd/mm/yy)  
⇒ See end of chapter for corrected variable and constructed variable: date of first positive examination in amenorrhoea days (seroconversion undocumented)

CMV
Serological status regarding CMV (result of first test carried out during pregnancy)
1 Lack of antibodies (seronegative woman)
2 Presence of IgMs (alone or together with specific IgGs)
3 Presence of specific IgGs (immunised woman)
4 Test not carried out
5 No information

AGHBSG
Testing the mother for the HBs antigen during current pregnancy
1 HBs Ag negative
2 HBs Ag positive
3 Test not carried out due to known HBs Ag before pregnancy
4 Test not carried out because woman vaccinated
5 Test not carried out, other reason (e.g. unmonitored pregnancy)
6 No information on test realisation or result

INT: IMPORTANT: THIS IS THE HBs Ag, NOT THE ANTI-HBs Ab

If AGHBSG≠1

AGHBSPN
Testing for HBs Ag after birth:
1 HBs Ag negative
2 HBs Ag positive
3 Test not carried out owing to known HBs Ag before pregnancy
4 Test not carried out because woman vaccinated
5 No information on test realisation or result
9 Not documented
If \( AGBSPN \neq 1 \\
IGHBENF\\nWas/were the child/children given anti-HBs immunoglobulins? (IM-LFB)\\n0 No\\n1 Yes\\n2 Unknown\\n9 Not documented

If \( IGHBNF = 1 \\
\*DIGHBENF\\nDate of injection (dd/mm/yy)\n⇒ See end of chapter for corrected variable and constructed variable: number of days between child birth date and corrected injection date

If \( AGBSPN \neq 1 \\
VACCVHB\\nWas/were the child/children vaccinated for HB (first dose)? (GenHevac B, Engenrix B10, HBvac Pro5)\\n0 No\\n1 Yes\\n2 Unknown\\n9 Not documented

If \( VACCVHB = 1 \\
\*DVACCVHB\\nDate of injection (dd/mm/yy)\n⇒ See end of chapter for corrected variable and constructed variable: number of days between child birth date and vaccination date

DEPSYPHG\\nScreening for syphilis (TPHA and VRDL) during pregnancy?\\n1 Yes, once\\n2 Yes, several times\\n3 No examination\\n4 No information on realisation or results of tests

If \( DEPSYPHG < 3 \\
DEPIS\\nPositive?\\n0 No\\n1 Yes\\n9 Doesn’t know

If \( DEPIS = 1 \\
TRTEXT\\nTreated with Extencilline (injectable)?
0 No
1 Yes
2 Unknown
9 Doesn't know

\textbf{If DEPIS=1}  
\textbf{SDEPSYPHG}

\textit{Pregnancy period in weeks of amenorrhea}

\textbf{*DBSC}
\textbf{UPD}  \textbf{Date of six-month examination (corrected)}

\textbf{DBSJR}
\textbf{UPD}  \textbf{(Constructed variable) Date of six-month examination in amenorrhoea days:}

\textit{Corrected date of six-month examination – conception date + 14}

\textbf{*DTRTTOXOC}
\textbf{UPD}  \textbf{Start date of toxoplasmosis treatment (corrected)}

\textbf{DTRTTOXOJR}
\textbf{UPD}  \textbf{(Constructed variable) Start date of treatment in amenorrhoea days}

\textit{Start date of treatment – conception date + 14}

\textbf{*DEXNTOXOC}
\textbf{UPD}  \textbf{Date of last toxo examination (documented seroconversion) (corrected)}

\textbf{DEXNTOXOJR}
\textbf{UPD}  \textbf{(Constructed variable) Date of last negative examination in amenorrhoea days}

\textit{Date of last negative examination – conception date + 14}

\textbf{*DEXPTOXOC}
\textbf{UPD}  \textbf{Date of first toxo + examination (documented seroconversion) (corrected)}

\textbf{DEXPTOXOJR}
\textbf{UPD}  \textbf{(Constructed variable) Date of first toxo positive examination in amenorrhoea days}

\textit{Date of first positive examination – conception date + 14}

\textbf{DPTOXOSIJR}
\textbf{UPD}  \textbf{(Constructed variable) Date of first toxo positive examination in amenorrhoea days (undocumented seroconversion)}

\textit{Date of first positive examination – conception date + 14}

\textbf{*DIGHBENFC}
\textbf{UPD}  \textbf{Date child injected with anti-HBs immunoglobulins (corrected)}

\textbf{DIGHBENFJR}
\textbf{UPD}  \textbf{(Constructed variable) Number of days between date of birth and corrected date of anti-HBs immunoglobulins injection}

\textbf{*DVACCVHBC}
\textbf{UPD}  \textbf{Date of HB vaccination (corrected)}
(Constructed variable) Number of days between date of birth and date of HB vaccination
OTHER PATHOLOGIES AND COMPLICATIONS

MAP
Threat of premature delivery (repeated and painful uterine contractions and/or cervical modifications)
0 No
1 Yes, having required hospitalisation
2 Yes, with outpatient treatment only (medicine and/or rest)

RUPTMEMB
Premature rupture of membranes (at least 12 hours before start of labour)
0 No
1 Yes
9 Doesn’t know
(Question duplicated for twins)

If RUPTMEMB=1

*DRUPTMEMB
Date of rupture (dd/mm)
⇒ See end of chapter for corrected variable and constructed variable: Date of membrane rupture in amenorrhoea days

(Question duplicated for twins)

HEMORR
Haemorrhage in second or third trimester
0 No
1 Placenta praevia
2 Retroplacental haematoma
3 Other

HTAG
High blood pressure developed during pregnancy (systolic ≥ 140 mmHg or diastolic ≥ 90 mmHg)
0 No
1 Yes, with proteinuria (≥ 0.3 g/l or per 24h)
2 Yes, without proteinuria

If HTAG>0

*DHTAG
Date at diagnosis (dd/mm)
⇒ See end of chapter for corrected variable and constructed variable: Date at HBP diagnosis in amenorrhoea days

If HTAG>0
TRTHTAG
Treatment?
0 No
1 Yes
9 Not documented

**DIABGEST**
Gestational diabetes
0 No
1 Yes
9 Doesn't know

*If DIABGEST=1*

**DIABGESTP**
Treatment?
1 Insulin
2 Diet only
3 Not documented

**ANOPOI**
Suspected foetal weight anomaly during pregnancy
0 No anomaly
1 Intra-uterine growth restriction (IUGR)
2 Macrosomia
*(Question duplicated for twins)*

**CORTIC**
Prenatal administration of corticosteroids for foetal maturation
0 No
1 Yes
9 Doesn't know

*If CORTIC=1*

*DCORTIC*
Date of first injection

⇒ See end of chapter for corrected variable and constructed variable: Date of first injection in amenorrhoea days

**NBCORTIC**
Number of treatments (1 treatment= several injections) __

**CORTICP**
Corticosteroid administered
1 Betamethasone
2 Dexamethasone
3 Other
9 Doesn't know

*DRUPTMEMBC*
Date of membrane rupture (corrected) __

**DRUPTMEMBJR**
(Constructed variable) Date of membrane rupture in amenorrhoea days __
Date of membrane rupture (corrected) – conception date + 14
*DHTAGC

Date at HBP diagnosis (corrected)

DHTAGJR

(Constructed variable) Date at HBP diagnosis in amenorrhoea days

Date at HBP diagnosis (corrected) – conception date + 14

*DCORTICC

Date of first injection (corrected)

DCORTICJR

(Constructed variable) Date of first injection in amenorrhoea days

Date of first corticosteroid injection (corrected) – conception date + 14

---

Prenatal Imaging and Diagnosis

(Duplicated for twins)

First-trimester ultrasound

**ECHO1SEM**

Gestational age in amenorrhoea weeks

**ECHO1JR**

Gestational age: days in addition to number of weeks

**ECHO1CC**

Measurement of cranio-caudal (CC) length (mm)

**ECHO1LF**

Length of femur (LF) (mm)

**ECHO1DAT**

Transverse abdominal diameter (TAD) (mm)

**ECHO1CA**

If TAD unavailable, abdominal circumference (mm)

**ECHO1BIP**

Biparietal diameter (BPD) (mm)

Second-trimester ultrasound

**ECHO2SEM**

Gestational age in amenorrhoea weeks
Third-trimester ultrasound

ECHO2SEMJ
Gestational age: days in addition to number of weeks

ECHO2LF
Length of femur (LF) (mm)

ECHO2DAT
Transverse abdominal diameter (TAD) (mm)

ECHO2CA
If TAD unavailable, abdominal circumference (mm)

ECHO2BIP
Biparietal diameter (BPD) (mm)

Have any of the following examinations been made?

AMNIO
Amniocentesis
0 No
1 Yes
2 Unknown
9 Doesn’t know

BIOPSY
Trophoblast biopsy
0 No
1 Yes
2 Unknown
9 Doesn’t know

PRELEVSF
Foetal blood sample
0 No
1 Yes
2 Unknown
9 Doesn’t know

*If AMNIO=1 or BIOPSIE=1 or PRELEVSF=1 (one of the examinations has been made)*

MOTEXAM
For what reason?
1 Maternal age alone
2 Nuchal translucency
3 Another ultrasound warning sign
4 Blood test
5 Integrated risk (nuchal translucency + blood test)
6 Another reason, code and specify
9 Doesn’t know

*If MOTEXAM=6*

*MOTEXAMP Specify _______________________

*If AMNIO=1 or BIOPSIE=1 or PRELEVSF=1 (one of the examinations has been made)*

Has the examination led to:

ANOCONG
The diagnosis of a congenital anomaly
0 No
1 Yes
2 Unknown
9 Doesn’t know

TOXOCONG
The diagnosis of a congenital toxoplasmosis
0 No
1 Yes
2 Unknown
9 Doesn’t know

CMVCONG
The diagnosis of a CMV congenital infection
0 No
1 Yes
2 Unknown
9 Doesn’t know
# DELIVERY

Gestational age at delivery

<table>
<thead>
<tr>
<th>AGEGESTS</th>
<th>Weeks</th>
<th>___</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGEGESTJ</td>
<td>Days</td>
<td>___</td>
</tr>
</tbody>
</table>

**PRESENT**

Type of birth
1 Cephalic
2 Breech
3 Other
9 Doesn't know
*(Question duplicated for twins)*

**DEBTRAV**

Start of labour
1 Spontaneous labour
2 Induced *(including cervical ripening alone)*
3 Caesarean before start of labour

*if DEBTRAV>1*

Reasons

**MOTTRAV_1**

Intra-uterine growth restriction
0 No
1 Yes
9 Doesn't know

**MOTTRAV_2**

Severe foetal distress (IUGR anomaly, reduced foetal movements, anomaly with umbilical or cerebral dopplers)
0 No
1 Yes
9 Doesn't know

**MOTTRAV_3**

Suspected chorion amnionitis
0 No
1 Yes
9 Doesn't know

**MOTTRAV_4**

Maternal reason
0 No
1 Yes
9 Doesn't know

**MOTTRAV_5**
No medical reason
0 No
1 Yes
9 Doesn't know

**MOTTRAV_6**
Other
0 No
1 Yes
9 Doesn't know

**INT**: 2 POSSIBLE REASONS

*If MOTTRAV_4=1*
*MOTTRAVM*
Specify ______________________

*If MOTTRAV_6=1*
*MOTTRAVP*
Specify ______________________

**ANALG**
Analgesia
0 None
1 Epidural
2 Spinal anaesthesia
3 Combined epidural/spinal anaesthesia (or sequential)
4 General anaesthetic
5 Other

**INT**: NOT INCLUDING POST-DELIVERY ANAESTHETICS, SAY THE HIGHEST

**ANALG=1**
**ANALGP**
Specify ______________________

**TYPACC**
Delivery
1 Spontaneous vaginal
2 Forceps, spatulas, vacuum
3 Caesarean
9 Doesn't know
(Question duplicated for twins)

*If TYPACC=3*
**TYPCES**
Was the caesarean:
1 Planned
2 Carried out as an emergency
9 Doesn't know
*(Question duplicated for twins)*

If TYPACC >1 *(caesarean or vaginal using instruments)*

**MOTCES**

**Reason**
1 IUGR or lactate anomaly
2 Another foetal indication
3 Another maternal indication
4 Other
9 Doesn't know

**INT**: 2 POSSIBLE REASONS

*(Question duplicated for twins)*

If MOTCES=4

*MOTCESP*

Specify ____________________________

*(Question duplicated for twins)*

**EPISIO**

Episiotomy
0 No
1 Yes
9 Doesn't know

**POIPLAC**

Weight of placenta (grammes) 1_ _ _ _ _ _ 

*(Question duplicated for twins)*
CHILD

(Duplicated for twins)

REA
Reanimation in delivery room
0 No
1 Yes
9 Doesn’t know

If REA=1
REAP
Reanimation technique
1 Bag-mask ventilation
2 NeoPuff ventilation
3 Nasal CPP
4 Intubation
9 Doesn’t know

PRLVCORD
Umbilical cord sample
0 No
1 Yes
9 Doesn’t know

If PRLVCORD=1
PHCORD
pH

LACCORD
Lactates (mmol/l)

PRLVPERI
Peripheral blood sample
0 No
1 Yes
9 Doesn’t know

If PRLVPERI=1
TPSPERI
At what hour of life?

PHPERI
pH

LACPERI
Lactates (mmol/l)

APGAR1M
Apgar at 1 minute
**APGAR5M**
Apgar at 5 minutes

*SEXEC1
(Select the SEX variable from the FCC maternity unit questionnaire)

**SEX**
Sex (corrected)
1 Male
2 Female
9 Doesn’t know

**POIENF**
Weight (grammes)

**TAIENF**
Size (cm)
INT: IF THE MEASUREMENT WAS NOT MADE ON BIRTH, GIVE THE VALUE OF A MEASUREMENT MADE BEFORE LEAVING THE MATERNITY UNIT (text added in wave 3)

**PC**
Cranial perimeter (cm)
INT: IF THE MEASUREMENT WAS NOT MADE ON BIRTH, GIVE THE VALUE OF A MEASUREMENT MADE BEFORE LEAVING THE MATERNITY UNIT (text added in wave 3)

Girl
**GENIC1**
Anomaly with external genital organs (corrected)
0 No
1 Yes
9 Doesn’t know

*If GENI=1*

**GENIPC1**
Specify (corrected) __________________________

Boy
**TESTICC1**
At least one undescended testicle (corrected)
0 No
1 Yes
9 Doesn’t know

**HYPOSPC1**
Hypospadias (corrected)
0 No
1 Yes
9 Doesn't know

**MICROPC1**

Micropenis (corrected)
0 No
1 Yes
9 Doesn't know

**GENIAUTC1**

Other malformation of external genital organs (corrected)
0 No
1 Yes
9 Doesn't know

*If GENIAUT=1*

**GENIAUTPC1**

Specify (corrected) ____________________________

**ANOAUT**

Other congenital anomaly
0 No
1 Yes
9 Doesn't know

*If ANOAUT=1*

**ANOAUTP** Specify __________________________

**DMATER**

Maternity death (if live birth)
0 No
1 Yes
9 Doesn't know

**PHOTOTH**

Phototherapy
0 No
1 Yes
9 Doesn't know

*If PHOTOTH=1*

**PHOTOP**

Type of phototherapy
1 Intensive
2 Conventional
3 Not documented

**ANTIBIO**
IV antibiotherapy
0 No
1 Yes
9 Doesn't know

GAVAGE
Tube feeding
0 No
1 Yes
9 Doesn't know

TESTAUD
Hearing screening
0 No test
1 Otoacoustic emissions (OAEs)
2 Automatic auditory evoked potentials (AEPs)
3 Not documented

If TESTAUD=1 or 2

RESTEST
Result:
1 Normal
2 Bilateral abnormal
3 Unilateral abnormal
9 Not documented

POISORTCONNU
Was the child's weight known at the end of the survey period?
0 No
1 Yes
9 Doesn't know

INT: WAIT UNTIL THE LAST DAY OF THE SURVEY TO ANSWER THIS QUESTION NEGATIVELY IN ORDER TO DOCUMENT THE HIGHEST NUMBER OF EXIT WEIGHTS POSSIBLE

(Question added in wave 2)
If POISORTCONNU=1

POISORT
Exit weight of child (grammes)

*DSORTENF
Maternity unit exit date (child) (dd/mm/yy)
See end of chapter for corrected variable and constructed variable: Number of days between the child's date of birth and corrected date of leaving maternity unit (child)

*DSORTM
Maternity unit exit date (mother) (dd/mm/yy)
See end of chapter for corrected variable and constructed variable: Number of days between the child's date of birth and corrected date of leaving maternity unit (mother)

HOSPM
Particular hospitalisation or transfer of mother

<p>| | | | | | | | |</p>
<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Doesn't know</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**If HOSPM=1**

**HOSPM**

**Specify:**

1. In reanimation or intensive care for over 24 hours
2. In another unit for maternal medical reason
3. To be with the child
9. Doesn't know

**DSORTENFC**

Maternity unit exit date (child) (corrected)

**DSORTENFJR**

(Constructed variable) Number of days between the child's date of birth and maternity unit exit date (corrected) (child)

**DSORTMC**

Maternity unit exit date (mother) (corrected)

**DSORTMJR**

(Constructed variable) Number of days between the child's date of birth and maternity unit exit date (corrected) (mother)
TRANSFER
(Duplicated for twins)

TRANS
Transfer of child
0 No
1 Yes
9 Doesn't know

Reason for transfer

MOTTRAN_1
Prematurity or hypotrophy
0 No
1 Yes
9 Doesn't know

MOTTRAN_2
Respiratory distress
0 No
1 Yes
9 Doesn't know

MOTTRAN_3
Suspected infection
0 No
1 Yes
9 Doesn't know

MOTTRAN_4
Congenital anomaly
0 No
1 Yes
9 Doesn't know

MOTTRAN_5
Other
0 No
1 Yes
9 Doesn't know

INT: 2 POSSIBLE REASONS

If MOTTRAN_5=1
*MOTTRANP
Other reason, specify __________________________

ETTRANS
Transfer:
1 In same establishment
2 To another establishment  
9 Doesn’t know

**If ETTRANS=1 (transfer in same establishment)**

<table>
<thead>
<tr>
<th>TRMMET</th>
<th>To which unit?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Reanimation or intensive care</td>
</tr>
<tr>
<td>2</td>
<td>Neonatal</td>
</tr>
<tr>
<td>3</td>
<td>Neonatal unit in the maternity unit (including “kangaroo” mother-child units)</td>
</tr>
<tr>
<td>4</td>
<td>Other</td>
</tr>
<tr>
<td>9</td>
<td>Doesn’t know</td>
</tr>
</tbody>
</table>

**If TRMMET=4**

*TRMMETP Other unit, specify: ________________________________

**If ETTRANS=1 (transfer to another establishment)**

<table>
<thead>
<tr>
<th>TRAUTET</th>
<th>To which unit?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Reanimation or intensive care</td>
</tr>
<tr>
<td>2</td>
<td>Neonatal</td>
</tr>
<tr>
<td>3</td>
<td>Other</td>
</tr>
<tr>
<td>9</td>
<td>Doesn’t know</td>
</tr>
</tbody>
</table>

**If TRAUTET=3**

*TRAUTETP Other unit, specify ________________________________  ➔ Child 2 if twins, or end of questionnaire

**TRNBTRANS Number of transfers**

| 1 |  

*TRD1TRANS Date of arrival at first transfer location  

⇒ See end of chapter for the corrected variable and constructed variable: number of days between the child’s date of birth and the date of arrival at the first transfer location (corrected)

**TRT1SERV Unit:**

| 1 | Reanimation |  
| 2 | Neonatal |  
| 3 | Unit in maternity unit |  
| 4 | Other |  
| 9 | Doesn’t know |  

**If TRT1SERV=9**

*TRT1SERVP Other unit, specify ________________________________

**TRT1NIV Level:**

| 1 | Level 1 |  
| 2 | Level 2A |
3 Level 2B
4 Level 3
9 Doesn’t know

*TRT1VILLE
Town __________________________

*TRDDERTRANS
Date of arrival at last transfer location ____________
⇒ See end of chapter for the corrected variable and constructed variable: number of days between the child’s date of birth and the date of arrival at the last transfer location (corrected)

TRTDSERV
Unit:
1 Reanimation
2 Neonatal
3 Unit in maternity unit
4 Other
9 Doesn’t know

*TRTDSERVVP
Other unit, specify: __________________________

TRTDNIV
Level:
1 Level 1
2 Level 2A
3 Level 2B
4 Level 3
9 Doesn’t know

*TRTDVILLE
Town: __________________________

*TRDSORTIE
Departure date from last transfer location ____________
⇒ See end of chapter for the corrected variable and constructed variable: number of days between the child’s date of birth and the date of departure from the last transfer location (corrected)

TRDESTI
Departure from last transfer location to:
1 Home
2 Maternity unit
3 Nursery
4 Death
5 Other
9 Doesn’t know

If TRDESTI=5
*TRDESTIP
Other destination, specify ____________________________

If TRDESTI=4
*TRDDECES
Date of death ____________

*TRPQDECES
Cause of death ____________________________

RECAP OF HOSPITAL LOCATIONS

TRREANIM
Reanimation unit:
0 No
1 Yes
9 Doesn’t know

TRDURREA
Total length of stay (in days): _________

TRNEONAT
Neonatal unit:
0 No
1 Yes
9 Doesn’t know

TRNEONMATER
Neonatal unit in maternity unit:
0 No
1 Yes
9 Doesn’t know

TRCHIRURG
Surgery:
0 No
1 Yes
9 Doesn’t know

TRAUTSERV
Other specialised unit:
0 No
1 Yes
9 Doesn’t know

*TRAUTSERVP
Other specialised unit, specify ____________________________

TRDECES
Death:
0 No
1 Yes
9 Doesn't know

*TRD1TRANSC
Date of arrival at first transfer location (corrected)

TRD1TRANSJR
(Constructed variable) Number of days between the child's date of birth and the date of arrival at the first transfer location (corrected)

*TRDDERTRANSC
Date of arrival at last transfer location (corrected)

TRDDERTRANSJR
(Constructed variable) Number of days between the child's date of birth and the date of arrival at the last transfer location (corrected)

*TRDSORTIEC
Departure date from last transfer location (corrected)

TRDSORTIEJR
(Constructed variable) Number of days between the child's date of birth and the departure date from the last transfer location (corrected)
TRANSFERRED CHILD: PATHOLOGIES

**TRPATHORESP**
Respiratory pathology
0 No
1 Yes
9 Doesn't know

*If TRPATHORESP=1*

**TRDETRRESP**
Respiratory distress of less than 48 hours:
0 No
1 Yes
9 Doesn't know

**TRMBHYAL**
Hyaline membrane disease
0 No
1 Yes
9 Doesn't know

**TRINHALMMEC**
Meconium Aspiration Syndrome:
0 No
1 Yes
9 Doesn't know

*TRAUTRESP*
Other respiratory pathology, specify __________________________

**TRRADTHOR**
Chest X-rays:
0 No
1 Yes
9 Doesn't know

*If TRRADTHOR=1*

**TRNBRADTHOR**
Number of chest X-rays: [___] [___] [___]

**TRTDMTHOR**
Chest CT scans:
0 No
1 Yes
9 Doesn't know

*If TRTDMTHOR=1*

**TRNBTDMDTHOR**
Number of chest CT scans: [___] [___] [___]
TRINTUB
Intubation:
0 No
1 Yes
9 Doesn't know

TRDURVENTIL
Total number of days of ventilation (mechanical, infant flow, CPP):

Specify any details:
TRDURVENTMECA
Number of days of mechanical ventilation

TRDURVENTIF
Number of days of infant flow

TRDURVENTPPC
Number of days of CPP

TROXYGEN
Oxygen therapy
0 No
1 Yes
9 Doesn't know

If TROXYGEN=1
TRDUROXYGEN
Number of days of oxygen therapy

*TRDOXYGEN
Date of definitive end of oxygen therapy
See end of chapter for the corrected variable and constructed variable: number of days between the child’s date of birth and the date of the definitive end of oxygen therapy (corrected)

TRINFPRECOC
Early infection (72 hours of life or less)
0 No
1 Yes
9 Not documented

If TRINFPRECOC=1
TRIPGERME
Germ identified?
0 No
1 Yes
9 Not documented

If TRIPGERME=1
TRIPQLGERM
Which germ?
1 Streptococcus B
2 E. Coli
3 Other
9 Doesn't know

\[
\text{if } \text{TRIPQLGERM}=3
\]
\[
\text{TRIPQLGERMP}
\]
Other germ, specify ______________________

\[
\text{TRIPMENING}
\]
Meningeal infection?
0 No
1 Yes
9 Doesn't know

\[
\text{TRINFTARD}
\]
Late infection (after 72 hours of life)
0 No
1 Yes
9 Doesn't know

\[
\text{if } \text{TRINFTARD}=1
\]
\[
\text{TRITGERME}
\]
Germ identified?
0 No
1 Yes
9 Doesn't know

\[
\text{if } \text{TRITGERME}=1
\]
\[
\text{TRITQLGERM}
\]
Specify ______________________

\[
\text{TRANTIBIOIV}
\]
IV antibiotherapy
0 No
1 Yes
9 Doesn't know

\[
\text{if } \text{TRANTIBIOIV}=1
\]
\[
\text{TRDURANTIBIO}
\]
Length in days: ___ ___ ___

\[
\text{TRICTERE}
\]
Icteurs (treated with phototherapy or exchange transfusion)
0 No
1 Yes
9 Doesn't know

\[
\text{if } \text{TRICTERE}=1
\]
\[
\text{TRTXBILIRUB}
\]
Maximum rate of bilirubin (micromol/L) ___ ___ ___
TRAGICTERE
Rate attained at which age (in days, 00 if under 24 hours)? ___

TRPATHODIG
Digestive pathology
0 No
1 Yes
9 Doesn't know

If TRPATHODIG=1
*TRPATHODIGP
Specify __________________________

TRRADABDO
Abdomen X-rays without preparation:
0 No
1 Yes
9 Doesn't know

If TRRADABDO=1
TRNBRADABDO
Specify the number: ___

TRTDMABDO
Abdomen CT scan
0 No
1 Yes
9 Doesn't know

If TRTDMABDO=1
TRNBTDMABDO
Specify the number: ___

TRANOCHROM
Chromosomal malformation or anomaly
0 No
1 Yes
9 Doesn't know

If TRANOCHROM=1
TRCARYOTYP
Karyotype required
0 No
1 Yes
9 Doesn't know

If TRCARYOTYP=1
TRRESCARYO
Result:
1 Pending
2 Normal
3 Abnormal
9 Doesn't know

If TRRESCARYO=1
*TRRESCARYOP
Describe the anomaly in detail ____________________________

TRNEURO
Neurological anomaly or pathology
0 No
1 Yes
9 Doesn't know

If TRNEURO=1
TRENCEPHALO
Encephalopathy
0 No
1 Yes
9 Doesn't know

If TRENCEPHALO=1
TRENCEPHALOP
Stage (1, 2 or 3): __________

TRECHOTF
Cranial ultrasound
0 No
1 Yes
9 Doesn't know

TRHEMORRIV
Intra-ventricular haemorrhage
0 No
1 IVH I
2 IVH II
3 IVH III
4 IVH IV
9 Doesn't know

TRLEUCOM
Leukomalacia
0 No
1 Hyperechogenicity > 14 days
2 Cavitary
9 Doesn't know

TRDILATVENT
Ventricular dilatation
0 No
1 Yes
9 Doesn't know

TRTDMCER
Brain CT scan
0 No
1 Yes
9 Doesn't know

\textbf{if TRTDMCER=1}
TRNBTDMMCER
Specify the number: __________

TRRESDMMCER
Result:
0 Normal
1 Abnormal
9 Doesn't know

\textbf{if TRTDMCER=1}
*TRTDMCERP
Specify the anomaly: __________________________

TRIRMCER
Brain MRIs
0 No
1 Yes
9 Doesn't know

\textbf{if TRIRMCE=1}
TRNRBIRMMCER
Specify the number: __________

TRRESIRMMCER
Result:
1 Normal
2 Abnormal
9 Doesn't know

\textbf{if TRRESIRMCE=2}
*TRRESIRMMCERP Specify the anomaly __________________________

*TRPATHOOBST
Specify __________________________

TRRADAUT
X-ray performed
0 No
1 Yes
9 Doesn't know

\textbf{if TRRADAUT=1}
TRRADLOC Specify location __________________________

TRTDMAUT
CT scan performed
0 No
1 Yes
9 Doesn’t know

If TRTDMAUT=1
TRTDMLOC Specify location _____________________________

TRIRMAUT
MRI performed
0 No
1 Yes
9 Doesn’t know

If TRIRMAUT=1
TRIRMLOC Specify location _____________________________

*TRDOXYGENC
UPD Date of definitive end of oxygen therapy (corrected) |__|__|__|__|__|__|__|__|

TRDOXYGENJR
UPD Number of days between the child’s date of birth and the definitive end of oxygen therapy (corrected) |__|__|
TRANSFERRED CHILD: FEEDING AND OTHER INFORMATION

TRJDEBALIM
Start of feeding, specify which day of life:

TRCATHOMB
Umbilical venous catheter
0 No
1 Yes
9 Doesn't know

TRCATHCENT
Central catheter
0 No
1 Yes
9 Doesn't know

If TRCATHCENT=1
TRDURCATHC
Number of days:

TRRADPOSEC
Inspection X-rays for fitting catheter:
0 No
1 Yes
9 Doesn't know

If TRRADPOSEC=1
TRNBRADPOSEC
Number of X-rays:

TRGAVAGE
Gastric force-feeding
0 No
1 Yes
9 Doesn't know

If TRGAVAGE=1
TRDURGAVAGE
Number of days:

TRLAITMAT
Mother's milk:
0 No
1 Yes
9 Doesn't know

TRLAITPA
Initial milk:
0 No
1 Yes
9 Doesn't know

**TRLAITAUT**
**Other:**
0 No
1 Yes
9 Doesn't know

**TRTESTAUD**
**Hearing screening**
0 No test
1 Otoacoustic emissions (OAEs)
2 Automatic auditory evoked potentials (AEPs)
9 Not documented

*If TRTESTAUD=1 or 2*

**TRRESTEST**
**Result:**
1 Normal
2 Bilateral abnormal
3 Unilateral abnormal
9 Doesn't know

**TRMEREENF**
**Mother present with her child:**
1 Every day or almost
2 A few days a week
3 Once a week
4 Less than once a week
9 Doesn't know

**TRPOISORT**
**Child's weight at departure (grammes):**

**TRPCSORT**
**Cranial perimeter at departure (cm):**

END