Mother's code in immaturity study:

UNIVERSITY OF OULU, CLINIC OF PEDIATRICS

STUDY ON CHILD DEVELOPMENT IN NORTHERN FINLAND

Follow-up at the age of 12 months

All the children whose mothers participated in the study on premature births in northern Finland are invited to take part in the study.
As far as possible, this questionnaire should be filled in while the child is aged 12 months.

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1. Child's surname .....
   Christian names .....

2. Child's date of birth .....

3. Child's current municipality of residence .....
   Address .....

4. Municipality where the family lived at the time when the child was born .....
   .....

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5. **(This item should be filled in as of the day when the child was 12 months old.)**
   On the date when he/she turned 12 months old, the child was
   alive ☐
   dead 1 ☐

6. If alive, the child:
   lived in his/her own home 2 ☐
   lived in another family
   temporarily 3 ☐
   as an adopted child 4 ☐
   as a foster child 5 ☐
   was in a children's home 6 ☐ .....
   (give the name of the institution)
   was in another institution 7 ☐ .....
   (give the name of the institution)
   was in hospital 8 ☐ .....
   (give the name of the hospital)

7. If dead: date of death
   place of death .....
   cause of death .....

8. Siblings:

	year of birth	birth weight	alive	died while aged under 12 months	died while aged over 12 months
1.	19	..... g	☐	☐	☐
2.	19	..... g	☐	☐	☐
3.	19	..... g	☐	☐	☐
4.	19	..... g	☐	☐	☐
5.	19	..... g	☐	☐	☐
6.	19	..... g	☐	☐	☐
7.	19	..... g	☐	☐	☐
8.	19	..... g	☐	☐	☐
9.	19	..... g	☐	☐	☐
10.	19	..... g	☐	☐	☐

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9. Child's

	weight	height	head circumference	date of measurement
at 6 months	..... g	..... cm		...../..... 196....
at 12 months	..... g	..... cm	..... cm	...../..... 196....

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10. Is the child able to do any of the following things at the time of the examination?

stand	without support	no ☐	yes ☐	learnt at age	(months)
walk	with support	no ☐	yes ☐	learnt at age	(months)
	without support	no ☐	yes ☐	learnt at age	(months)

11. Does the child speak words at the age of 12 months?
no ☐ yes ☐ how many words: .....

12. Does the child wet his/her nappies:

	during the night	during the day
every day	1 ☐	1 ☐
hardly ever	2 ☐	2 ☐
never	3 ☐	3 ☐

13. Does the child defecate into a pot

never	1 ☐
occasionally	2 ☐
mostly	3 ☐
always	4 ☐

14. The child had his/her first tooth at the age of ..... months.
At the time of the examination, the child has ..... teeth.

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15. Dose of vitamin D given.
.... drops a day
Product name
Regularity of vitamin D administration:

not at all	1 ☐
irregularly	2 ☐
regularly	3 ☐

16. Has the child been given an increased dose of vitamin D?
no ☐ yes ☐ at the age of ..... months
name of product: .....:
..... drops a day
The increased dose was given for ..... weeks (..... months)

17. Has the child been given iron supplementation?
no 1 ☐ yes ☐ name of product .....

irregularly	2 ☐	for more than 1 month	1 ☐
regularly	3 ☐	for more than 2 months	2 ☐
		for nearly a year	3 ☐

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18. According to the child's clinic card, rickets was suspected at the age of ..... months.

19. Do you suspect that the child has rickets now?
no 1 ☐ yes 2 ☐ severe 3 ☐ mild 4 ☐

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20. Do you consider the child's to have some abnormality in his/her neurologic development?

no ☐	movements ☐	
yes ☐	position ☐	some other symptoms ☐
	muscular inertia or rigidity ☐	Please, specify: .....
		.....

21. Does the child has a malformation or some other physical deformity or defect?
no 1 ☐ yes ☐ what .....

22. Does the child have a hearing impairment? no 1 ☐ yes 2 ☐ Impaired vision? no 1 ☐ yes 2 ☐

23. Does the child have a long-term illness?
no 1 ☐
yes ☐ what .....

24. Has the child had cramps?
no ☐
yes:

when feverish	45 ☐	...../..... 196...	...../..... 196...	...../..... 196...
without fever	46 ☐	...../..... 196...	...../..... 196...	...../..... 196...

25. Was the child hospitalised for an illness during his/her first year of life?
no ☐
yes ☐ how many times .....

age on hospitalisation	name of hospital	reason for admission
..... kk	.....	.....
..... kk	.....	.....
..... kk	.....	.....

26. Has the child been seen by a doctor or taken to a hospital outpatient clinic?

		Why?
no	1 ☐	.....
local doctor	2 ☐	.....
other general practitioner	3 ☐	.....
pediatrician	4 ☐	.....
hospital outpatient clinic	5 ☐	.....

name of hospital .....

27. Medication received by the child

		no	one course	several courses	name of drug
Cough mixture	1	☐	2 ☐	3 ☐	.....
Antibiotics	1	☐	2 ☐	3 ☐	.....

28. The child has had

Calmette vaccination	no ☐	yes ☐	Unguent test: No 1 ☐ Yes ☐ positive 2 ☐ negative 3 ☐
PDT vaccination	no ☐	yes ☐	how many times.....
Polio vaccination	no ☐	yes ☐	how many times.....
Smallpox vaccination	no ☐	yes ☐	

This questionnaire was filled in at ..... child welfare clinic.

elsewhere .....

Filled in by: ....
name job title