1. Mother’s pregnancy history: prior pregnancy (both term and not to term)?

[ ]  Yes

[ ]  No (Go to Q#2)

[ ]  Unknown (Go to Q#2)

Number of prior pregnancies:

Year of last delivery /miscarriage/ medical termination:

Number of miscarriages:

Number of medical terminations:

1. Was there a history of any of the following during the prenatal period (i.e., during time mother pregnant), at the time of delivery, or soon after delivery?
	1. Oligohydramnios (too little fluid):

[ ]  Yes

[ ]  No

**[ ]** Unknown

* 1. Polydramnios (too much fluid):

[ ]  Yes

[ ]  No

[ ]  Unknown

* 1. Decreased fetal movement:

[ ]  Yes

[ ]  No

[ ]  Unknown

* 1. Absence of fetal movement:

[ ]  Yes

[ ]  No

[ ]  Unknown

* 1. Second stage of labor more than two hours?

[ ]  Yes

[ ]  No

[ ]  Unknown

* 1. Intervention(s) for breathing problems during labor or while giving birth?

[ ]  Yes

[ ]  No

[ ]  Unknown

* 1. Any interventions for breathing problems at birth?

[ ]  Yes

[ ]  No

[ ]  Unknown

If Yes, type:

[ ]  Oxygen by nose or mask

[ ]  Nasal CPAP

[ ]  Intubation/Ventilation (tube down to lungs /on ventilator)

* 1. Any oxygen during neonatal period?

[ ]  Yes

[ ]  No

[ ]  Unknown

* 1. iHypotonia (Floppiness)?

[ ]  Yes

[ ]  No

[ ]  Unknown

If Yes, hypotonia is:

[ ]  Mild

[ ]  Moderate

[ ]  Severe

[ ]  Unknown

1. Gestational Age (GA):

[ ]  <35 weeks

[ ]  35-37 weeks

[ ]  38-41 weeks

[ ]  >41 weeks

1. Mode of delivery of the neonate:

[ ]  Spontaneous

[ ]  Induced

[ ]  Unknown

1. Route of delivery of the neonate:

[ ]  Vaginal

[ ]  Caesarean

If yes, timing of the Caesarean:

[ ]  Emergency

[ ]  Elective

[ ]  Unknown

1. Delivery modality type of the neonate:

[ ]  Breech

[ ]  Cephalic

[ ]  Unknown

1. Instrument(s) used to assist with the delivery of the participant/subject?

[ ]  None

[ ]  Vacuum

[ ]  Forceps

[ ]  Vacuum and Forceps

[ ]  Unknown

1. APGAR 1 minute score:

[ ]  0

**[ ]** 1

**[ ]** 2

[ ]  3

**[ ]** 4

**[ ]** 5

[ ]  6

**[ ]** 7

**[ ]** 8

[ ]  9

**[ ]** 10

1. APGAR 5 minute score:

[ ]  0

[ ]  1

[ ]  2

[ ]  3

[ ]  4

[ ]  5

[ ]  6

[ ]  7

[ ]  8

[ ]  9

[ ]  10

1. APGAR 10 minute score:

[ ]  0

[ ]  1

[ ]  2

[ ]  3

[ ]  4

[ ]  5

[ ]  6

[ ]  7

[ ]  8

[ ]  9

[ ]  10

1. Any NICU stay?

[ ]  Yes

[ ]  No

[ ]  Unknown

If Yes, length of NICU stay?

[ ]  ≤48 hours

[ ]  > 48 hours and < 1 week

[ ]  ≥ 1 week

## General Instructions

This case report form (CRF) contains data elements related to prenatal and perinatal history and general medical history.

The General Medical History section of the form should focus on significant medical history of all problems or conditions other than those related to the focus of the study and are presented in the order typically used during a patient visit. If the participant/ subject reports more than one medical condition per system, record each condition on a separate line.

## Specific Instructions

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.

* Prior pregnancy - Yes = History reported and/or confirmed in medical record; No = History reported as negative and/or confirmed as negative in medical record; Unknown = History reported as unknown or medical record unclear about history