1. Multiple births?

[ ]  Yes

[ ]  No

**[ ]** Unknown

1. If yes to multiple births, status of twin(s):

[ ]  Alive

[ ]  Deceased

**[ ]** Unknown

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 neonate 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)

[ ]  Bag/mask ventilation

* 1. Any oxygen during neonatal period?

[ ]  Yes

[ ]  No

[ ]  Unknown

* 1. Hypotonia (Floppiness)?

[ ]  Yes

[ ]  No

[ ]  Unknown

If Yes, hypotonia is:

[ ]  Mild

[ ]  Moderate

[ ]  Severe

[ ]  Unknown

* 1. Brachial plexus birth palsy (BPBP)?

[ ]  Yes

[ ]  No

[ ]  Unknown

* 1. Hypoxic episode?

[ ]  Yes

[ ]  No

[ ]  Suspected

[ ]  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 Caesarean, 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 birth history and general medical history. The elements on this CRF are considered Supplemental – Highly recommended for those who may have a birth-related spinal cord injury and need to be collected in those instances.

## Specific Instructions

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