



OPQC Human Milk 21 Day Data Collection Form

This form is to be completed at Day of Life 21 for ALL infants between 22^{0/7th} weeks and 29^{6/7th} weeks gestational age at delivery

Data Collection Tool

Data must be entered into OPQC website

<input type="checkbox"/>	No 21 day old babies to report for the month	_____ (MM/DD/YYYY) <i>(please record on last day of month)</i> STOP
Date baby is 21 days old: <i>(Day of Life 21 is calculated using date of birth as Day of Life 1)</i>		_____ (MM/DD/YYYY)
1.	Did the infant receive any kangaroo care within the first 21 days of life?	<input type="radio"/> Yes
		<input type="radio"/> No
		<input type="radio"/> Can't Determine
2.	Was infant being fed human milk on DOL* 21?	<input type="radio"/> Yes <i>skip to question #4</i>
		<input type="radio"/> No <i>complete question #3</i>
		<input type="radio"/> Can't Determine STOP
3.	If NO, please provide a reason <i>(please STOP after answering this question – unless infant was randomized to Study Milk)</i>	<input type="radio"/> Infant was NPO on DOL 21
		<input type="radio"/> Infant was fed formula only on DOL 21
		<input type="radio"/> Infant was fed Study Milk on DOL 21
		<input type="radio"/> Other: _____ <i>(please indicate)</i>
4.	Please indicate the amount of Mother's Own Milk feeding in ml/kg/day on Day of Life 21	_____ mg/kg/day
5.	Please indicate the amount of donor milk feeding in ml/kg/day on Day of Life 21	_____ mg/kg/day
6.	If Mother's Own Milk and donor milk amounts are not separated, please indicate the amount of Mother's Own Milk + donor milk feeding in ml/kg/day on Day of Life 21	_____ mg/kg/day
7.	Please indicate the amount of formula feeding in ml/kg/day on Day of Life 21	_____ mg/kg/day
8.	Please indicate the amount of study milk feeding in ml/kg/day on Day of Life 21	_____ mg/kg/day
9.	Was donor milk provided?	<input type="radio"/> Yes STOP
		<input type="radio"/> No <i>complete question #10</i>
		<input type="radio"/> Can't Determine STOP
10.	If NO, please indicate the reason	<input type="radio"/> Mother would not consent to use of donor milk
		<input type="radio"/> Mom's Own Milk sufficient
		<input type="radio"/> Hospital does not use donor milk
		<input type="radio"/> Donor milk not currently available for use
		<input type="radio"/> Infant randomized to Study Milk
		<input type="radio"/> Other: _____ <i>(please indicate)</i>

*Day of Life = DOL