**Additional file 4**

**6 Month Clinical Assessment Form**

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| **Participant details** | | | |
| Subject ID (child) |  | Date |  |
| MAP ID (mother) |  | Infant’s age (months) |  |
| **Growth parameters** | | | |
| Weight (kg) (%) |  | Head circumference (cm) (%) |  |
| Length (cm) (%) |  |  |  |
| **Immunisations** | | | |
| Immunisations (2/12) |  | Immunisations (4/12) |  |
| Immunisations (6/12) |  |  |  |
| **Respiratory Illnesses since birth** (including pneumonia, bronchiolitis, protracted bacterial bronchitis-CSLD, upper respiratory tract conditions, otitis media/effusion) | | | |
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| **Other significant illnesses/surgery since birth :** | | | |
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| **Current Medications prescribed** (include dose, name of medication, number and timing of doses) (medications may include puffer, steroids, vitamins, antibiotics, traditional medicine or others): | | | |
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**Note:** This clinical assessment is to be completed by a health professional (e.g. nurse, GP or paediatrician) with family member and baby at 6 months (+/- 1 month).It is preferable that the developmental assessment (Ages and stages questionnaire) is completed prior to this clinical assessment and results are provided to health professional prior this assessment (if clinician is different).