



ALPQC NHP Data Collection Form

Outcomes, Process and Balancing Data Collection Form

Data entry portal: [\[\]](#) | www.alpqc.org/initiatives/nhp

Month: _____ **Patient ID#** _____ (assign a random number to help track data collection (non-PHI). Besides race/ethnicity, the information in this top section is only included for your internal processes to help you determine inclusion criteria and thus will not be collected in the data portal.

Infant's name _____ MR# _____ Acct # _____

Race/Ethnicity—Select all that apply: Asian | Black/African American | Hispanic | Multi Racial | Native American | Native Hawaiian/Pacific Islander | White | Other | Race Not Reported | Unknown

Gestational Age _____ Birth Weight _____

Monthly Data

A: Mode of Delivery	<input type="checkbox"/> Vaginal <input type="checkbox"/> Cesarean Section <input type="checkbox"/> Unknown	▪ Monthly, randomly sample from the birth admission of 10 newborns delivered vaginally and 10 newborns delivered by cesarean section, all greater than or equal to 32 weeks gestation.
B: Temperature on admission	_____ °C	
C: Number of Patients during data monitoring period:		