









This study is funded by the National Institute for Health Research (NIHR) [Health Technology Assessment (HTA) (project reference 17/89/07)]. The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.





Day 1: Study Nu Date of b	imber: ever	se complete this log for all infants in the y day that the infant is receiving Respira		for
Time interval	Respiratory Support (please tick ALL that apply)	Oxygen requirement: Did the infant require FiO₂ ≥ 0.45 to maintain SaO₂ ≥ 92% for a sustained period of ≥ 30 minutes?	Was surfactant administered? (please exclude single dose of surfactant given as study intervention)	Person completing entry (print name)
00:00 to 03:59	Mechanical ventilation Positive airway pressure (CPAP, BiPAP) High Flow Therapy Incubator or low flow oxygen Breathing in air	Yes No	Yes No Sif Yes, please complete Surfactant Form	
04:00 to 07:59	Mechanical ventilation Positive airway pressure (CPAP, BiPAP) High Flow Therapy Incubator or low flow oxygen Breathing in air	Yes No	Yes No If Yes, please complete Surfactant Form	
08:00 to 11:59	Mechanical ventilation Positive airway pressure (CPAP, BiPAP) High Flow Therapy Incubator or low flow oxygen Breathing in air	Yes No	Yes No If Yes, please complete Surfactant Form	
12:00 to 15:59	Mechanical ventilation Positive airway pressure (CPAP, BiPAP) High Flow Therapy Incubator or low flow oxygen Breathing in air	Yes No	Yes No If Yes, please complete Surfactant Form	
16:00 to 19:59	Mechanical ventilation Positive airway pressure (CPAP, BiPAP) High Flow Therapy Incubator or low flow oxygen Breathing in air	Yes No	Yes No If Yes, please complete Surfactant Form	
20:00 to 23:59	Mechanical ventilation Positive airway pressure (CPAP, BiPAP) High Flow Therapy Incubator or low flow oxygen Breathing in air	Yes No	Yes No If Yes, please complete Surfactant Form	
	f by delegated person that I have checked the data recorded on this log a	against the infant's hospital records:		

Name: (Print)

Signature: _





Day 2: Study Nu Date of b	eve	ease complete this log for all infants in the ery day that the infant is receiving Respire		r
Time interval	Respiratory Support (please tick ALL that apply)	Oxygen requirement: Did the infant require FiO₂ ≥ 0.45 to maintain SaO₂ ≥ 92% for a sustained period of ≥ 30 minutes?	Was surfactant administered? (please exclude single dose of surfactant given as study intervention)	Person completing entry (print name)
00:00 to 03:59	Mechanical ventilation Positive airway pressure (CPAP, BiPAP) High Flow Therapy Incubator or low flow oxygen Breathing in air	Yes No	Yes No If Yes, please complete Surfactant Form	
04:00 to 07:59	Mechanical ventilation Positive airway pressure (CPAP, BiPAP) High Flow Therapy Incubator or low flow oxygen Breathing in air	Yes No	Yes No If Yes, please complete Surfactant Form	
08:00 to 11:59	Mechanical ventilation Positive airway pressure (CPAP, BiPAP) High Flow Therapy Incubator or low flow oxygen Breathing in air	Yes No	Yes No lf Yes, please complete Surfactant Form	
12:00 to 15:59	Mechanical ventilation Positive airway pressure (CPAP, BiPAP) High Flow Therapy Incubator or low flow oxygen Breathing in air	Yes No	Yes No If Yes, please complete Surfactant Form	
16:00 to 19:59	Mechanical ventilation Positive airway pressure (CPAP, BiPAP) High Flow Therapy Incubator or low flow oxygen Breathing in air	Yes No	Yes No lf Yes, please complete Surfactant Form	
20:00 to 23:59	Mechanical ventilation Positive airway pressure (CPAP, BiPAP) High Flow Therapy Incubator or low flow oxygen Breathing in air	Yes No	Yes No If Yes, please complete Surfactant Form	

Name: (Print) _

Signature: _

Date: DD/MM/





Day 3: Study Nu Date of b	imber:		e complete this log for all infants in the day that the infant is receiving Respira		for
Time interval	Respiratory Support (please tick ALL that apply)		Oxygen requirement: Did the infant require FiO₂ ≥ 0.45 to maintain SaO₂ ≥ 92% for a sustained period of ≥ 30 minutes?	Was surfactant administered? (please exclude single dose of surfactant given as study intervention)	Person completing entry (print name)
00:00 to 03:59	Mechanical ventilation Positive airway pressure (CPAP, BiPAP) High Flow Therapy Incubator or low flow oxygen Breathing in air		Yes No	Yes No Sirver No Surfactant Form	
04:00 to 07:59	Mechanical ventilation Positive airway pressure (CPAP, BiPAP) High Flow Therapy Incubator or low flow oxygen Breathing in air		Yes No	Yes No If Yes, please complete Surfactant Form	
08:00 to 11:59	Mechanical ventilation Positive airway pressure (CPAP, BiPAP) High Flow Therapy Incubator or low flow oxygen Breathing in air		Yes No	Yes No If Yes, please complete Surfactant Form	
12:00 to 15:59	Mechanical ventilation Positive airway pressure (CPAP, BiPAP) High Flow Therapy Incubator or low flow oxygen Breathing in air		Yes No	Yes No If Yes, please complete Surfactant Form	
16:00 to 19:59	Mechanical ventilation Positive airway pressure (CPAP, BiPAP) High Flow Therapy Incubator or low flow oxygen Breathing in air		Yes No	Yes No If Yes, please complete Surfactant Form	
20:00 to 23:59	Mechanical ventilation Positive airway pressure (CPAP, BiPAP) High Flow Therapy Incubator or low flow oxygen Breathing in air		Yes No	Yes No If Yes, please complete Surfactant Form	
	f by delegated person that I have checked the data recorded on this lo	log aç	gainst the infant's hospital records:		

Name: (Print)

Signature: _





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Day 4: Study Nu Date of b	imber:		se complete this log for all infants in the day that the infant is receiving Respira		for
Time interval	Respiratory Support (please tick ALL that apply)		Oxygen requirement: Did the infant require FiO₂ ≥ 0.45 to maintain SaO₂ ≥ 92% for a sustained period of ≥ 30 minutes?	Was surfactant administered? (please exclude single dose of surfactant given as study intervention)	Person completing entry (print name)
	Mechanical ventilation				
00.00	Positive airway pressure (CPAP, BiPAP)			Voc No No	
00:00 to	High Flow Therapy		Yes No	Yes No If Yes, please complete	
03:59	Incubator or low flow oxygen			Surfactant Form	
	Breathing in air				
	Mechanical ventilation				
04:00 to	Positive airway pressure (CPAP, BiPAP)		Yes No	Yes No Surfactant Form	
	High Flow Therapy				
07:59	Incubator or low flow oxygen				
	Breathing in air				
	Mechanical ventilation		Yes No	Yes No Sif Yes, please complete Surfactant Form	
	Positive airway pressure (CPAP, BiPAP)				
08:00 to	High Flow Therapy				
11:59	Incubator or low flow oxygen				
	Breathing in air				
	Mechanical ventilation				
	Positive airway pressure (CPAP, BiPAP)				
12:00 to	High Flow Therapy		Yes No	Yes No If Yes, please complete	
15:59	Incubator or low flow oxygen			Surfactant Form	
	Breathing in air				
	Mechanical ventilation				
	Positive airway pressure (CPAP, BiPAP)			v	
16:00 to	High Flow Therapy		Yes No	Yes No If Yes, please complete Surfactant Form	
19:59	Incubator or low flow oxygen				
	Breathing in air				
	Mechanical ventilation				

	Breathing in air			
	by delegated person that I have checked the data recorded on this log against	the infant's hospital records:		
Name: (P	rint)	Signature:		
Role:			Date: D D /	M M / Y

Yes No

High Flow Therapy

Incubator or low flow oxygen

20:00

to

23:59

Positive airway pressure (CPAP, BiPAP)

Yes No

If Yes, please complete

Surfactant Form





Day 5:	DD/MM/YY	
Study Number:		Please complete this log for all infants in the SurfON study after randomisation for every day that the infant is receiving Respiratory support and/or Oxygen
Date of birth:	DD/MM/YY	

Time interval	Respiratory Support (please tick ALL that apply)	Oxygen requirement: Did the infant require FiO₂ ≥ 0.45 to maintain SaO₂ ≥ 92% for a sustained period of ≥ 30 minutes?	Was surfactant administered? (please exclude single dose of surfactant given as study intervention) Person completing entry (print name)
00:00 to 03:59	Mechanical ventilation Positive airway pressure (CPAP, BiPAP) High Flow Therapy Incubator or low flow oxygen Breathing in air	Yes No	Yes No Sif Yes, please complete Surfactant Form
04:00 to 07:59	Mechanical ventilation Positive airway pressure (CPAP, BiPAP) High Flow Therapy Incubator or low flow oxygen Breathing in air	Yes No	Yes No If Yes, please complete Surfactant Form
08:00 to 11:59	Mechanical ventilation Positive airway pressure (CPAP, BiPAP) High Flow Therapy Incubator or low flow oxygen Breathing in air	Yes No	Yes No Suffactant Form
12:00 to 15:59	Mechanical ventilation Positive airway pressure (CPAP, BiPAP) High Flow Therapy Incubator or low flow oxygen Breathing in air	Yes No	Yes No Suffactant Form
16:00 to 19:59	Mechanical ventilation Positive airway pressure (CPAP, BiPAP) High Flow Therapy Incubator or low flow oxygen Breathing in air	Yes No	Yes No If Yes, please complete Surfactant Form
20:00 to 23:59	Mechanical ventilation Positive airway pressure (CPAP, BiPAP) High Flow Therapy Incubator or low flow oxygen Breathing in air	Yes No	Yes No Sirver No Surfactant Form
I confirm	f by delegated person that I have checked the data recorded on this log a	Signature:	





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Day 6: Study Nu Date of b	ever	se complete this log for all infants in the y day that the infant is receiving Respira	SurfON study after randomisation for tory support and/or Oxygen
Time interval	Respiratory Support (please tick ALL that apply)	Oxygen requirement: Did the infant require FiO₂ ≥ 0.45 to maintain SaO₂ ≥ 92% for a sustained period of ≥ 30 minutes?	Was surfactant administered? (please exclude single dose of surfactant given as study intervention) Person completing entry (print name)
00:00 to 03:59	Mechanical ventilation Positive airway pressure (CPAP, BiPAP) High Flow Therapy Incubator or low flow oxygen Breathing in air	Yes No	Yes No If Yes, please complete Surfactant Form
04:00 to 07:59	Mechanical ventilation Positive airway pressure (CPAP, BiPAP) High Flow Therapy Incubator or low flow oxygen Breathing in air	Yes No	Yes No Sif Yes, please complete Surfactant Form
08:00 to 11:59	Mechanical ventilation Positive airway pressure (CPAP, BiPAP) High Flow Therapy Incubator or low flow oxygen Breathing in air	Yes No	Yes No Suffactant Form
12:00 to	Mechanical ventilation Positive airway pressure (CPAP, BiPAP) High Flow Therapy	Yes ◯ No ◯	Yes No

16:00 to 19:59	Mechanical ventilation Positive airway pressure (CPAP, BiPAP) High Flow Therapy Incubator or low flow oxygen Breathing in air	Yes No	Yes No If Yes, please complete Surfactant Form	
	Mechanical ventilation			
20:00	Positive airway pressure (CPAP, BiPAP)		Yes No	
to	High Flow Therapy	Yes No	If Yes, please complete	
23:59	Incubator or low flow oxygen		Surfactant Form	
	Breathing in air			

No

oigh on by delegated person	off by delegated person		
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Incubator or low flow oxygen

Breathing in air

15:59

Role: _

I confirm that I have checked the data recorded on this log against the infant's hospital records:

Name: (Print) Signature:

SurfON Respiratory Support Log v1.0, 8-Jun-2020

If Yes, please complete

Surfactant Form

Sheet _

Date: DD/M





Day 7: Study Nu Date of b	eve	ease complete this log for all infants in the ery day that the infant is receiving Respire		
Time interval	Respiratory Support (please tick ALL that apply)	Oxygen requirement: Did the infant require FiO ₂ ≥ 0.45 to maintain SaO ₂ ≥ 92% for a sustained period of ≥ 30 minutes?	of surfactant given as study	Person completing entry print name)
00:00 to 03:59	Mechanical ventilation Positive airway pressure (CPAP, BiPAP) High Flow Therapy Incubator or low flow oxygen Breathing in air	Yes No	Yes No Signification No	
04:00 to 07:59	Mechanical ventilation Positive airway pressure (CPAP, BiPAP) High Flow Therapy Incubator or low flow oxygen Breathing in air	Yes No	Yes No lf Yes, please complete Surfactant Form	
08:00 to 11:59	Mechanical ventilation Positive airway pressure (CPAP, BiPAP) High Flow Therapy Incubator or low flow oxygen Breathing in air	Yes No	Yes No Sirver No Surfactant Form	
12:00 to 15:59	Mechanical ventilation Positive airway pressure (CPAP, BiPAP) High Flow Therapy Incubator or low flow oxygen Breathing in air	Yes No	Yes No If Yes, please complete Surfactant Form	
16:00 to 19:59	Mechanical ventilation Positive airway pressure (CPAP, BiPAP) High Flow Therapy Incubator or low flow oxygen Breathing in air	Yes No	Yes No Sif Yes, please complete Surfactant Form	
20:00 to 23:59	Mechanical ventilation Positive airway pressure (CPAP, BiPAP) High Flow Therapy Incubator or low flow oxygen Breathing in air	Yes No	Yes No lf Yes, please complete Surfactant Form	

Name: (Print) _

Signature: _

Date: DD/MM/