

<b>Type of visit:</b> <input type="checkbox"/> 1 week postpartum <input type="checkbox"/> 6 weeks postpartum <input type="checkbox"/> Other						
<b>Current Postpartum Status</b>						
Abdominal pain: <input type="checkbox"/> Present <input type="checkbox"/> Absent		Difficulty ambulating: <input type="checkbox"/> Present <input type="checkbox"/> Absent		Loss of urine (incontinence): <input type="checkbox"/> Present <input type="checkbox"/> Absent		
Heavy vaginal bleeding: <input type="checkbox"/> Present <input type="checkbox"/> Absent		Abnormal vaginal discharge: <input type="checkbox"/> Present <input type="checkbox"/> Absent		Other: _____		
<b>Clinical Assessment</b>						
<b>Vital Signs</b>		<b>Parameter</b>	<b>Grade<sup>†</sup></b>	<b>Duration</b>	<b>Parameter (specify and code)</b>	<b>Grade<sup>†</sup></b>
<b>Weight (kg)</b> <u>  </u> <u>  </u> <u>  </u> . <u>  </u> <u>  </u> <b>Blood Pressure (mm Hg)</b> <u>  </u> <u>  </u> <u>  </u> / <u>  </u> <u>  </u> <u>  </u> <b>Heart rate</b> <u>  </u> <u>  </u> <u>  </u> <div style="text-align: right;">Initials <u>      </u></div>		Temperature (°C)	[ <u>  </u> ]		Eye:	
		Fever (Y/N)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Neuro:	
		Chills			MSK:	
		Fatigue/ malaise			Skin:	
		Anorexia			CV:	
		Nausea			Resp:	
<b>Laboratory results</b>		Vomiting			GI:	
		Diarrhea			GU:	
		Cough			Endo:	
		Headache			Other:	
		Dysphagia			Other:	
		Abdominal Pain			Other:	
<b>Test</b>	<b>Result [grade]</b>	<b>Initials</b>				
	[ <u>  </u> ]					
	[ <u>  </u> ]					
	[ <u>  </u> ]					
	[ <u>  </u> ]					

† Rank on scale of 0-4: absent = 0; mild = 1; moderate = 2; severe = 3; life-threatening =4; N/A = unable to assess

NEW DIAGNOSIS AND MEDICATION RECORD						
Diagnosis *	Code	Medication†	Code	Dose	Frequency	Duration to be dispensed
<b>* List all new diagnoses made during visit</b>		<b>† List all medications prescribed during visit</b>				
Was the mother hospitalized today? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, start filling out Hospitalization Case Record Form						
<b>Review previous CRF (not including delivery CRF)</b> Was the mother administered study drugs during her last visit to the clinic? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, skip this section		Adherence to study drugs administered at home				
		Study drugs dose	Whether study drugs was taken	Date study drugs taken		
		Day 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>  </u> <u>  </u> <u>  </u> / <u>  </u> <u>  </u> <u>  </u> / <u>  </u> <u>  </u> <u>  </u> <input type="checkbox"/> N/A		
		Day 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>  </u> <u>  </u> <u>  </u> / <u>  </u> <u>  </u> <u>  </u> / <u>  </u> <u>  </u> <u>  </u> <input type="checkbox"/> N/A		
<b>Date of next scheduled clinic visit:</b> <u>  </u> <u>  </u> <u>  </u> / <u>  </u> <u>  </u> <u>  </u> / <u>  </u> <u>  </u> <u>  </u> If today is 6 weeks postpartum, complete subject withdrawal and study completion CRF <div style="text-align: center;">day month year</div>						