 Study ID |_B_|_3_|--|_0_|--|___|___|___| Patient Initials: |___|___| (Last First) **Date of Enrollment: |___|___|/|___|___|/|___|___|** (day month year)

Medical History			Surgical History			Social History		
Hypertension	☐Yes	☐No	Past abdominal surgery If yes, Specify:	☐Yes	☐No	Chew/smoke tobacco	☐Yes	☐No
Diabetes Mellitus	☐Yes	☐No				Alcohol	☐Yes	☐No
History of Rheumatic fever	☐Yes	☐No				Drugs	☐Yes	☐No
Cardiac disease	☐Yes	☐No				**Family History**		
Renal disease	☐Yes	☐No	Past blood transfusions	☐Yes	☐No	Diabetes	☐Yes	☐No
Asthma	☐Yes	☐No	Fracture of the pelvis, spine or femur	☐Yes	☐No	Hypertension	☐Yes	☐No
Sickle cell disease	☐Yes	☐No	Major injury from road traffic accident	☐Yes	☐No	Multiple gestation	☐Yes	☐No

Known Drug Allergies		
☐No ☐Yes (If yes specific drugs and reactions) If yes, place allergy sticker on front of chart	Drug:	Reaction:
	Drug:	Reaction:
	Drug:	Reaction:

Obstetric Status				Gravidity, Parity, Abortions
Copy from Screening Form:	**Symptom**	**Present**	**Not present**	Gravidity: |___| (1 + Parity + Abortions)
First day of LMP |___|___|/|___|___|/|___|___|	Fetal movement	☐	☐	Parity: |___| Term: |___| (≥ 37 weeks)
EDD by LMP |___|___|/|___|___|/|___|___|	Abdominal pain/contractions	☐	☐	Preterm: |___| (28 - < 37 weeks)
EDD by US |___|___|/|___|___|/|___|___|	Vaginal bleeding	☐	☐	
Final EDD * |___|___|/|___|___|/|___|___| (day month year)	Leakage of watery vaginal fluid	☐	☐	Abortions: |___| Spontaneous |___|
	Other abnormal vaginal discharge	☐	☐	(< 28 weeks) Elective |___|
Gestational Age |___|___| weeks |___| days	Dysuria	☐	☐	

Obstetric History (Include deliveries only, not abortions, first to last)

Year	Full term (≥37w) or Premature (<37w)	Mode	Location	Complications *(list all)*	Born Alive or Stillbirth	Sex	Birth wt (kg)	Alive Now?
	☐FT ☐PM (GA ____ mos) ☐Unk	☐V ☐C/S	☐Home ☐HF	|____||____||____||____|	☐Alive ☐Stillbirth	☐M ☐F	☐Unk	☐Y ☐N
	☐FT ☐PM (GA ____ mos) ☐Unk	☐V ☐C/S	☐Home ☐HF	|____||____||____||____|	☐Alive ☐Stillbirth	☐M ☐F	☐Unk	☐Y ☐N
	☐FT ☐PM (GA ____ mos) ☐Unk	☐V ☐C/S	☐Home ☐HF	|____||____||____||____|	☐Alive ☐Stillbirth	☐M ☐F	☐Unk	☐Y ☐N
	☐FT ☐PM (GA ____ mos) ☐Unk	☐V ☐C/S	☐Home ☐HF	|____||____||____||____|	☐Alive ☐Stillbirth	☐M ☐F	☐Unk	☐Y ☐N
	☐FT ☐PM (GA ____ mos) ☐Unk	☐V ☐C/S	☐Home ☐HF	|____||____||____||____|	☐Alive ☐Stillbirth	☐M ☐F	☐Unk	☐Y ☐N
	☐FT ☐PM (GA ____ mos) ☐Unk	☐V ☐C/S	☐Home ☐HF	|____||____||____||____|	☐Alive ☐Stillbirth	☐M ☐F	☐Unk	☐Y ☐N
	☐FT ☐PM (GA ____ mos) ☐Unk	☐V ☐C/S	☐Home ☐HF	|____||____||____||____|	☐Alive ☐Stillbirth	☐M ☐F	☐Unk	☐Y ☐N
	☐FT ☐PM (GA ____ mos) ☐Unk	☐V ☐C/S	☐Home ☐HF	|____||____||____||____|	☐Alive ☐Stillbirth	☐M ☐F	☐Unk	☐Y ☐N

1=PPH 2=Chorioamnionitis 3=Chronic HTN 4=Pre-eclampsia/eclampsia 5=Placenta previa 6=Postpartum endometritis 7 =Retained placenta 8 = Neonatal demise (within 28d of birth)

Entered________ Date___/___/___
Verified________ Date___/___/___

Education Level (highest level of education achieved) ☐None ☐Primary school ☐O level ☐A level ☐Tertiary/Trade school ☐University

Bed net Use

"Do you have a bednet?"	□ Yes	□ No	(If no, skip to clinical assessment)
"Is the bednet insecticide treated?"	□ Yes	□ No	□ Unknown
"Did you sleep under a bednet last night?"	□ Yes	□ No	

Clinical Assessment

Vital Signs	Parameter	Grade†	Duration	Parameter (specify and code)	Grade†	Duration
Weight (kg) |___|___|. |___|	Temperature *(ºC)*	[ ]		Eye:		
Height (cm) |___|___|___|	Fever (Y/N)	☐Yes ☐No		Neuro:		
	Chills			MSK:		
Blood Pressure (mm Hg) |___|___|___|/ |___|___|___|	Fatigue/ malaise			Skin:		
Heart rate (maternal) |___|___|___| **Initials:**_____	Anorexia			CV:		
	Nausea			Resp:		
	Vomiting			GI:		
Fundal Height (cm) |___|___|	Diarrhea			GU:		
	Cough			Endo:		
Fetal Heart Tones: ☐Present ☐Not present	Headache			Other:		
	Dysphagia			Other:		
	Abdominal Pain			Other:		

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

Current Medications

Medication	Medication code	Indication	Dose (mg)	Frequency

ENROLLMENT VISIT DIAGNOSIS AND MEDICATION RECORD

Diagnosis *	Code	Medication†	Code	Dose	Frequency	Duration to be dispensed

**** List all diagnoses made during visit*** ***† List all medications prescribed during visit***

Entered_____ Date___/___/___
Verified_____ Date___/___/___

LABORATORY TESTS

Send to lab for the following and then after enrollment visit confirm whether samples have been collected	**Labs**	**Result** [grade]	**Initials**
CBC (purple top): □ Collected □ Not collected ALT (red top): □ Collected □ Not collected Filter paper: □ Collected □ Not collected Tube of blood for immunology studies (yellow top): □ Collected □ Not collected Thick blood smear: □ Collected (not urgent) □ Collected (urgent, malaria suspected) □ Not collected Urine for protein dip stick: □ Collected □ Not Collected Syphilis test: □ Collected □ Not Collected **If malaria diagnosed do thin smear and urgent Hb**	WBC *(/mm^3)*	[ ]	
	Neutrophils *(/mm^3)*	[ ]	
	Platelets*(/mm^3)*	[ ]	
	Hemoglobin *(g/dL)*	[ ]	
	ALT (*IU/L)*	[ ]	
	Syphilis	Pos / Neg / No result	
	Urgent Hb (hemocue, *g/dL*)	[ ]	
	Other:	[ ]	
	Other:	[ ]	

Urine protein (circle one):	**Malaria parasite density *(/ul)***	**Gametocytes**	**Species (circle all)**	**Initials**
0 / 1+ / 2+ / 3+		Present / Absent	PF / PM / PO / PV / Unk	

Malaria status: □ No malaria diagnosed today □ Uncomplicated malaria treated with AL □ Complicated malaria treated with quinine

Is the mother within 1 day before or after 16 or 20 weeks gestational age?	Is mother 20 weeks of gestation today?
□ No □ Yes If yes, prescribe first dose of study medication	□ Yes If yes, do ECG before administration of study drug and fill in ECG CRF □ No If no, proceed to next section

Date of next scheduled clinic visit: |___|___|/|___|___|/|___|___| Gestational age at next visit: □ 16 weeks □ 20 weeks □ 24 weeks □ Other
day month year

□ **Appointment scheduled for household survey within 2 weeks** □ **Two ITNs given at enrollment** □ **Refer to study pharmacist for randomization**

Ask if mother's tetanus immunization schedule is up to date. If no, send to ANC clinic

Initials: