

|  |      |                                |  |   |                              |                    |          |
|--|------|--------------------------------|--|---|------------------------------|--------------------|----------|
| <b>Type of visit:</b> <input type="checkbox"/> Routine visit (due for study drugs and may have active medical problems) <input type="checkbox"/> Non-routine visit (no study drugs to be given today)  |      |                                |  |   |                              |                    |          |
| <b>If routine visit, weeks of gestation:</b> <input type="checkbox"/> 16 wks <input type="checkbox"/> 20 wks <input type="checkbox"/> 24 wks <input type="checkbox"/> 28 wks <input type="checkbox"/> 32 wks <input type="checkbox"/> 36 wks <input type="checkbox"/> 40 wks |      |                                |  | <b>Did the woman sleep under an ITN last night?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                        |                              |                    |          |
| <b>Any medications taken outside the study since last seen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>if No, skip this section</b>   |      |                                |  | <b>Current Obstetric Status</b>   |                              |                    |          |
| Medication   | Code | Dose (# of tablets/injections) | Last date given  | Normal fetal movement: <input type="checkbox"/> Present <input type="checkbox"/> Decreased <input type="checkbox"/> Absent 24 hours |                              |                    |          |
| 1)   |      |                                |  | Regular abdominal contractions: <input type="checkbox"/> Absent <input type="checkbox"/> Present                                    |                              |                    |          |
| 2)   |      |                                |  | Leakage of watery vaginal fluid: <input type="checkbox"/> Absent <input type="checkbox"/> Present                                   |                              |                    |          |
| 3)   |      |                                |  | Vaginal bleeding: <input type="checkbox"/> Absent <input type="checkbox"/> Present  |                              |                    |          |
| 4)   |      |                                |  | Other:  |                              |                    |          |
| <b>Clinical Assessment</b>   |      |                                |  |   |                              |                    |          |
| Vital Signs  |      | Parameter                      | Grade <sup>†</sup>                                       | Duration  | Parameter (specify and code) | Grade <sup>†</sup> | Duration |
| <b>Weight (kg)</b> <u>  </u> <u>  </u> <u>  </u> <u>  </u>   |      | Temperature (°C)               | [   ]  |   | Eye:                         |                    |          |
|  |      | Fever (Y/N)                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |   | Neuro:                       |                    |          |
|  |      | Chills                         |  |   | MSK:                         |                    |          |
| <b>Blood Pressure (mm Hg)</b> <u>  </u> <u>  </u> <u>  </u> / <u>  </u> <u>  </u> <u>  </u>  |      | Fatigue/ malaise               |  |   | Skin:                        |                    |          |
|  |      | Anorexia                       |  |   | CV:                          |                    |          |
|  |      | Nausea                         |  |   | Resp:                        |                    |          |
| <b>Heart rate (maternal)</b> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <b>Initials:</b> <u>  </u> <u>  </u>  |      | Vomiting                       |  |   | GI:                          |                    |          |
|  |      | Diarrhea                       |  |   | GU:                          |                    |          |
|  |      | Cough                          |  |   | Endo:                        |                    |          |
|  |      | Headache                       |  |   | Other:                       |                    |          |
|  |      | Dysphagia                      |  |   | Other:                       |                    |          |
|  |      | Abdominal Pain                 |  |   | Other:                       |                    |          |
| <b>Fundal Height (cm)</b> <u>  </u> <u>  </u>  |      |                                |  |   |                              |                    |          |
|  |      |                                |  |   |                              |                    |          |
|  |      |                                |  |   |                              |                    |          |
| <b>Fetal Heart Tones:</b> <input type="checkbox"/> Present <input type="checkbox"/> Not present  |      |                                |  |   |                              |                    |          |
|  |      |                                |  |   |                              |                    |          |
|  |      |                                |  |   |                              |                    |          |
| <sup>†</sup> Rank on scale of 0-4: absent = 0; mild = 1; moderate = 2; severe = 3; life-threatening = 4; N/A = unable to assess  |      |                                |  |   |                              |                    |          |

| LABORATORY TESTS   |   |   |                           |                                 |  |  |                 |                 |  |
|--|---|---|---------------------------|---------------------------------|--|--|-----------------|-----------------|--|
| <b>Phlebotomy done at time of 20, 28 or 36 week visits or if clinically indicated</b>  |   |   |                           | <b>Labs</b>                     |  | <b>Result [grade]</b>                                  |                 | <b>Initials</b> |  |
| CBC (purple top): <input type="checkbox"/> Not indicated <input type="checkbox"/> Collected <input type="checkbox"/> Forgot to collect <input type="checkbox"/> Declined   |   |   |                           | WBC (/mm <sup>3</sup> )         |  | [   ]  |                 |                 |  |
| ALT (red top): <input type="checkbox"/> Not indicated <input type="checkbox"/> Collected <input type="checkbox"/> Forgot to collect <input type="checkbox"/> Declined  |   |   |                           | Neutrophils (/mm <sup>3</sup> ) |  | [   ]  |                 |                 |  |
|  |   |   |                           | Platelets(/mm <sup>3</sup> )    |  | [   ]  |                 |                 |  |
| <b>Samples collected every 4 weeks or if clinically indicated (history of fever in past 24 hours or temp ≥ 38.0)</b>   |   |   |                           | Hemoglobin (g/dL)               |  | [   ]  |                 |                 |  |
| Filter paper : <input type="checkbox"/> Not indicated <input type="checkbox"/> Collected <input type="checkbox"/> Forgot to collect <input type="checkbox"/> Declined  |   |   |                           | ALT (IU/L)                      |  | [   ]  |                 |                 |  |
| Plasma for PK (only if phlebotomy not done): <input type="checkbox"/> Not indicated <input type="checkbox"/> Collected <input type="checkbox"/> Forgot to collect <input type="checkbox"/> Declined                          |   |   |                           | Other:                          |  | [   ]  |                 |                 |  |
| Thick blood smear: <input type="checkbox"/> Not indicated <input type="checkbox"/> Collected <input type="checkbox"/> Forgot to collect <input type="checkbox"/> Declined<br><b>(if malaria diagnosed do thin smear, Hb)</b> |   |   |                           | Other:                          |  | [   ]  |                 |                 |  |
| <b>HIV Rapid Test:</b><br>Positive / Negative  | <b>Urine protein:</b><br>0 / 1+ / 2+ / 3+ | <b>If malaria diagnosed do thin smear, Hb and make sure FP and plasma for PK done</b> | <b>Urgent Hb</b><br>[   ] | <b>Parasite density (/ul)</b>   | <b>Gametocytes</b><br>Present / Absent | <b>Species (circle all)</b><br>PF / PM / PO / PV / Unk | <b>Initials</b> |                 |  |

Malaria status: ☐ No malaria ☐ Uncomplicated (AL) ☐ Complicated malaria (quinine or artesunate) ☐ AL treatment failure (quinine) ☐ Quinine/artesunate treatment failure (quinine+clinda)

If complicated malaria what criteria (pick all that apply): ☐ Severe anemia ☐ Cerebral malaria ☐ 3 or more seizures over 24 hours ☐ Respiratory distress ☐ Other\_\_\_\_\_

| NEW DIAGNOSIS AND MEDICATION RECORD        |      |  |      |      |           |                          |
|--|------|--|------|------|-----------|--------------------------|
| Diagnosis *                                | Code | Medication†                                    | Code | Dose | Frequency | Duration to be dispensed |
|  |      |  |      |      |           |                          |
|  |      |  |      |      |           |                          |
|  |      |  |      |      |           |                          |
|  |      |  |      |      |           |                          |
|  |      |  |      |      |           |                          |
|  |      |  |      |      |           |                          |
| * List all new diagnoses made during visit |      | † List all medications prescribed during visit |      |      |           |                          |

Is today a routine visit and therefore the mother due for study drugs? ☐ Yes ☐ No If yes, complete questions below. If no, skip to next section

Was the mother referred to the pharmacy today for administration of study drugs? ☐ Referred ☐ Not referred

Is mother due for ECG? (week 20, 28 and 36) ☐ Yes ☐ No If yes, do ECG before administration of study drug and fill in ECG CRF. If no, skip to next section

Was the mother hospitalized today? ☐ No ☐ Yes If yes, start filling out Hospital Admission Case Record Form

| Review previous CRF | Adherence to study drugs administered at home                                     |   |                              |
|---------------------|---|---|------------------------------|
|                     | Study drugs dose  | Whether study drugs was taken   | Date study drugs taken       |
|                     | 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 |   |                              |
| 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 |

Date of next scheduled clinic visit:       /      /       Type of next scheduled visit: ☐ Routine ☐ Non-routine If routine, fill out question below

Gestational age at next routine visit: ☐ 16 weeks ☐ 20 weeks ☐ 24 weeks ☐ 28 weeks ☐ 32 weeks ☐ 36 weeks ☐ 40 weeks

If mother pregnant and beyond 40 weeks of age, no need to schedule any more routine visits

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

Chart Notes

Initials: