

STUDY DRUG DISPENSING CRF

Birth Cohort 3: MOTHERS

PATIENT INITIALS: |__| |__| (last | first)

PATIENT ID

B3

- 0 - |__| |__| |__|

STUDY VISIT (Gestational Age)	Study Drug Eligibility	DATE 1st DOSE DISPENSED	DISPENSED BY INITIALS	VOMIT DAY 1	Recorded on Daily Log	VOMIT DAY 2	VOMIT DAY 3	Data Entry Initials
16 Weeks	<input type="checkbox"/> Not Enrolled <input type="checkbox"/> Dispensed <input type="checkbox"/> Missed Visit <input type="checkbox"/> Delivery/Withdrawn	_ _ / _ _ / _ _		<input type="checkbox"/> No <input type="checkbox"/> Vomit once <input type="checkbox"/> Vomit twice	<input type="checkbox"/> No <input type="checkbox"/> Yes	Vomited again <input type="checkbox"/> No <input type="checkbox"/> Yes	Vomited again <input type="checkbox"/> No <input type="checkbox"/> Yes	1st Entry: _____ 2nd Entry: _____
20 Weeks	<input type="checkbox"/> Dispensed <input type="checkbox"/> Missed Visit <input type="checkbox"/> Delivery/Withdrawn	_ _ / _ _ / _ _		<input type="checkbox"/> No <input type="checkbox"/> Vomit once <input type="checkbox"/> Vomit twice	<input type="checkbox"/> No <input type="checkbox"/> Yes	Vomited again <input type="checkbox"/> No <input type="checkbox"/> Yes	Vomited again <input type="checkbox"/> No <input type="checkbox"/> Yes	1st Entry: _____ 2nd Entry: _____
24 Weeks	<input type="checkbox"/> Dispensed <input type="checkbox"/> Missed Visit <input type="checkbox"/> Delivery/Withdrawn	_ _ / _ _ / _ _		<input type="checkbox"/> No <input type="checkbox"/> Vomit once <input type="checkbox"/> Vomit twice	<input type="checkbox"/> No <input type="checkbox"/> Yes	Vomited again <input type="checkbox"/> No <input type="checkbox"/> Yes	Vomited again <input type="checkbox"/> No <input type="checkbox"/> Yes	1st Entry: _____ 2nd Entry: _____
28 Weeks	<input type="checkbox"/> Dispensed <input type="checkbox"/> Missed Visit <input type="checkbox"/> Delivery/Withdrawn	_ _ / _ _ / _ _		<input type="checkbox"/> No <input type="checkbox"/> Vomit once <input type="checkbox"/> Vomit twice	<input type="checkbox"/> No <input type="checkbox"/> Yes	Vomited again <input type="checkbox"/> No <input type="checkbox"/> Yes	Vomited again <input type="checkbox"/> No <input type="checkbox"/> Yes	1st Entry: _____ 2nd Entry: _____
32 Weeks	<input type="checkbox"/> Dispensed <input type="checkbox"/> Missed Visit <input type="checkbox"/> Delivery/Withdrawn	_ _ / _ _ / _ _		<input type="checkbox"/> No <input type="checkbox"/> Vomit once <input type="checkbox"/> Vomit twice	<input type="checkbox"/> No <input type="checkbox"/> Yes	Vomited again <input type="checkbox"/> No <input type="checkbox"/> Yes	Vomited again <input type="checkbox"/> No <input type="checkbox"/> Yes	1st Entry: _____ 2nd Entry: _____
36 Weeks	<input type="checkbox"/> Dispensed <input type="checkbox"/> Missed Visit <input type="checkbox"/> Delivery/Withdrawn	_ _ / _ _ / _ _		<input type="checkbox"/> No <input type="checkbox"/> Vomit once <input type="checkbox"/> Vomit twice	<input type="checkbox"/> No <input type="checkbox"/> Yes	Vomited again <input type="checkbox"/> No <input type="checkbox"/> Yes	Vomited again <input type="checkbox"/> No <input type="checkbox"/> Yes	1st Entry: _____ 2nd Entry: _____
40 Weeks	<input type="checkbox"/> Dispensed <input type="checkbox"/> Missed Visit <input type="checkbox"/> Delivery/Withdrawn	_ _ / _ _ / _ _		<input type="checkbox"/> No <input type="checkbox"/> Vomit once <input type="checkbox"/> Vomit twice	<input type="checkbox"/> No <input type="checkbox"/> Yes	Vomited again <input type="checkbox"/> No <input type="checkbox"/> Yes	Vomited again <input type="checkbox"/> No <input type="checkbox"/> Yes	1st Entry: _____ 2nd Entry: _____
Additional Single Dose for Vomiting		_ _ / _ _ / _ _						
Additional Single Dose for Vomiting		_ _ / _ _ / _ _						
Additional Single Dose for Vomiting		_ _ / _ _ / _ _						
Additional Single Dose for Vomiting		_ _ / _ _ / _ _						
Additional Single Dose for Vomiting		_ _ / _ _ / _ _						
Additional Single Dose for Vomiting		_ _ / _ _ / _ _						
Additional Single Dose for Vomiting		_ _ / _ _ / _ _						
Additional Single Dose for Vomiting		_ _ / _ _ / _ _						
Additional Single Dose for Vomiting		_ _ / _ _ / _ _						
Additional Single Dose for Vomiting		_ _ / _ _ / _ _						
Additional Single Dose for Vomiting		_ _ / _ _ / _ _						