3. Antenatal (ANV)/Emergency (EMR) visit follow-up form PREG

3.1. Antenatal Clinic location:

☐ Korogwe Town Council Hospital
☐ Ngombezi Dispensary
☐ Majengo Health Centre
☐ Hale Dispensary
☐ Chekelei Dispensary
☐ Kwakombo Dispensary
☐ Others
☐ Kerenge Dispensary
☐ Lwengera Dispensary
☐ Segera Dispensary
☐ Makuyuni Dispensary
☐ Korogwe District Hospital
☐ Magazine Dispensary

3.1.1. If other, specify: _____

3.2. Project staff name: _____

3.3. Date of filling CRF ((dd/mm/yyyy): _ _ / _ _ / _ _ _ _

3.4. Gestational age (by US): _ _ Weeks _ _ days

3.5. **Type of visit** ☐ ANV ☐ Extra ANV ☐ New GA US ☐ EMR ☐ only US

3.5.1. **Number of this type** of visit (incl. today) _ _

If only US (e.g. AFI control only due to overdue) the rest of the CRF should not be filled. If extra ANV or EMR visit, US form is only filled and blood sample only taken after individual case evaluation by the clinician in charge. For all questions stating, "since your last CAMIPATA visits", "last visit" refer to the last visit where form 3 (or 2) was filled – excluding visits where only US is performed – and disregarding if blood sample was taken.

3.5.2. **If extra ANV**, specify reason for control: ☐ Anaemia ☐ Diabetes ☐ Malaria ☐ Preeclampsia/HT ☐ GA estimation ☐ IUGR suspected ☐ Other

3.5.2.1. If other, specify: _____

3.5.3. **If EMR**, specify reason: _____

ANTHROPOMETRY

	1st measurement	2nd measurement	Diff. between 1st and 2nd	Tolerance	Diff. greater than tolerance?	3rd measurement
3.6 Weight (kg)	3.6.1 __ __ __, __kg	3.6.2 __ __ __, __kg	3.6.3 __ __, __kg	*1.0kg*	☐ Yes →	3.6.4 __ __ __, __kg
3.7 Hip circumference (cm).	3.7.1 __ __ __, __cm	3.7.2 __ __ __, __cm	3.7.3 __ __, __cm	*0.5cm*	☐ Yes →	3.7.4 __ __, __cm
3.8 MUAC (cm)	3.8.1 __ __, __cm	3.8.2 __ __, __cm	3.8.3 __ __, __cm	*0.5cm*	☐ Yes →	3.8.4 __ __, __cm
3.9 Skinfold thick-ness of triceps (mm)	3.9.1 __ __, __ mm	3.9.2 __ __, __ mm	3.9.3 __ __, __mm	*2 mm*	☐ Yes →	3.9.4 __ __, __mm

3.10 Bio- impedance

☐ Done + **print with ID number attached** to CRF on page XX
☐ Refused ☐ Failure ☐ Forgot ☐ Machine not available ☐ NA

MEDICAL EXAMINATION

1st Measurement reference arm	2nd Measurement reference arm	Mean BP(1st and 2nd BP for reference)	If Mean BP>140/90 repeat after 4 hours	After how many hours was repeat BP performed	Pulse(use last BP Measurement)
3.11.1	3.11.2	3.11.3	3.11.4	3.11.5	3.11.6
_ _ _/_ _ _ mmHg ☐ not done	_ _ _/_ _ _ mmHg ☐ not done	_ _ _/_ _ _ mmHg ☐ not done	_ _ _/_ _ _ mmHg ☐ not done	__ __ ☐ not done	_ _ _

3.12. Axillary temperature (°C) _ _ , _
3.13. *Feverishness in the last 48hrs ☐ yes ☐ no
3.14. * Shivering ☐ yes ☐ no
3.15. * Headache ☐ yes ☐ no
3.16. * Visual disturbances ☐ yes ☐ no

3.16.1. If yes, specify: _____

3.17. * Convulsions ☐ yes ☐ no
3.18. *Pallor (conjunctivae or palms of hands) ☐ yes ☐ no
3.19. * Comatose or sub-comatose ☐ yes ☐ no
3.20. * Pitting oedema (swelling of lower/upper limps or/and face) ☐ yes ☐ no
3.21. * Dyspnea ☐ yes ☐ no
3.22. * Pulmonary stethoscopic signs of abnormalities ☐ yes ☐ no

3.22.1. If yes, specify: _____

3.23. * Nausea and/or vomiting ☐ yes ☐ no
3.24. * Abdominal pain ☐ yes ☐ no
3.25. * Severe epigastric pain ☐ yes ☐ no
3.26. * Bleeding ☐ yes ☐ no

3.26.1. If yes, where: _____

3.27. * Other symptoms ☐ yes ☐ no

3.27.1. If yes, specify: _____

3.28. **Symphysis-fundus length** (cm) _ _ , _

IPV QUESTIONNAIRES

3.29.1 Has the "IPV questionnaire" been filled ☐yes ☐no ☐NA

WEATHER VARIABILITY QUESTIONNAIRES

3.29.2. Has the "Weather variability questionnaire" been filled ☐yes ☐no ☐NA

THIS SECTION IS ONLY FILLED OUT AT ANV GA20-22, 26-28, 34-36. SKIP AT EMR AND ANVX

NUTRITIONAL

3.29.3 "24hours Recall questionnaire" filled (GA 20-22, GA 34-36) ☐ yes ☐ no

FOOD SECURITY

3.30. How is the current food situation in the household (during the last 4 weeks including today):
☐ Enough food (skip to q. 3.37) ☐ Food shortage ☐ Unknown

3.30.1. If food shortage, how often does that happen:
__Daily **OR** __per week **OR** _____per Month **OR** ☐ Less than monthly

3.31. What does the household do when there is not enough food:
☐ Borrow food/money ☐ Limit portion size
☐ Only children/elderly/sick eat ☐ Skip a meal
☐ Skip eating for the whole day

Reply the following question according to what happened **during the past 4 weeks**

3.32. Did you eat a smaller meal than you needed due to not having enough food
☐ 1-2 times ☐ 3-10 times ☐ >10 times

3.33. Did you eat fewer meals during the day due to not having enough food
☐ 1-2 times ☐ 3-10 times ☐ >10 times

3.34. Was there ever no food to eat in your household because of lack of resources to get food
☐ 1-2 times ☐ 3-10 times ☐ >10 times

3.35. Did you go to sleep at night hungry because there was no enough food
☐ 1-2 times ☐ 3-10 times ☐ >10 times

3.36. Did you stay the whole day & night without eating anything because there was not enough food
☐ 1-2 times ☐ 3-10 times ☐ >10 times

FOOD FREQUENCY – reply according to the past 4 weeks
Use this as a guide for the following questions:

Freq of Intake	Never 0 times **in a month**	1-3 times **per month**		1 time **per week**	2-4 times **per week**	5-6 times **per week**		1 time **per day**	2-3 times **per day**	4-5 times **per day**	6+ times **per day**
CODE	**1**	**2**		**3**	**4**	**5**		**6**	**7**	**8**	**9**

If there are some foods you did not eat in the last one month, then select code 1

3.37. Did the last one-month encompass Ramadhan ☐ yes ☐ no
3.38. The mother´s number of meals/servings (proper meal, not snacks) during a typical day: _____
3.39. State the mother´s number of servings of the following during the last month:
3.39.1.1. 1 portion of Meat (chicken, beef, pork etc.): _____
3.39.2. 1 Egg: _____
3.39.3. 1 glass/portion of Milk products (milk, yoghurt, cheese etc.): _____
3.39.4. 1 portion of Fish (fish, shellfish, shrimps, etc.): _____
3.39.5. 1 portion of sardines/dagaa: _____
3.39.6. 1 piece of sweets (candy, cake, desserts): _____
3.39.7. 1 item of sugar beverages (can/bottle/glass of soda/juice/ w. added sugar etc.): _____

MEDICAL EMERGENCIES AND TREATMENT since last CAMIPATA visit

3.40. **Since your last CAMIPATA visit, have you visited another health center/pharmacy** for other reasons than malaria: ☐ yes ☐ no
3.40.1. Date (dd/mm/yyyy): _ _ / _ _ / _ _ _ _
3.40.2. Why? _____
3.40.3. Diagnosed with: _____
3.40.4. Medication prescribed: _____

3.41. **Since your last CAMIPATA visit** did you seek medical help (not CAMIPATA staff) because you **suspected malaria**? ☐ yes ☐ no
3.41.1. If yes, when? _ _ / _ _ / _ _ _ _
3.41.2. Did you have fever? ☐ yes ☐ no ☐ unspecified
3.41.3. Was malaria confirmed with a blood test ☐ yes ☐ no ☐ unspecified
3.41.4. Medication (put >1 "x" if needed) ☐ SP/Metakelfin ☐ Coartem/ALU ☐ quinine ☐ unspecified ☐ other ☐ none
3.41.4.1. If other, specify: _____

3.42. **Since your last visit have you acquired a bednet?** ☐ yes ☐ no
3.43. **Did you use a bednet last night?** ☐ yes ☐ no
3.43.1. Supplied by the national programme ☐ yes ☐ no ☐ unknown
3.43.2. Is it an insecticide-impregnated net? ☐ yes ☐ no ☐ unknown

3.44. **Since your last visit have you attended a CTC** ☐ yes ☐ no ☐ not relevant, HIV negative
3.44.1. If yes, which one: _____

MEDICINE USAGE since last CAMIPATA visit (**ANY VISIT WHERE FORM 2, 3 OR PROGRESS NOTES WAS FILLED**)

3.45. **Since** your last CAMIPATA visit, have you taken IPTp-SP ☐ yes ☐ no
(excluding IPTp-SP given by CAMIPATA staff at your last visit)
3.45.1. If yes, how many doses since last visit _ _

3.46. **Since** your last CAMIPATA visit have you taken any medication ☐ yes ☐ no

3.46.1. If yes, give details (≥1 "x"): ☐ antibiotics ☐ antimalarial ☐ iron ☐ antiretrovirals ☐ folic acid ☐ B12 ☐ FEFO Tabs ☐ antihelminths ☐ traditional ☐ Hemovit ☐ antihypertensive ☐ painkillers ☐ Other vitamins (not iron, folic, b12) ☐ other

3.46.1.1. If other or painkillers, specify: _____
3.46.1.2. If, traditional specify: _____
3.46.2. Specify name, dosage and duration:
3.46.3. 1st _____
3.46.4. 2nd _____
3.46.5. 3rd _____
3.46.6. 4th _____

3.47. Any medication taken within 48hours prior to this visit ☐yes ☐ no
3.47.1. If yes, which (traditional remedy, drugs): _____

SAMPLES COLLECTED

3.48.	**Hemoglobin on Hemocue:**			☐ Done:_____. ___g/dL		☐ Not done
3.48.1.	If done, type of blood:			☐ Venous	☐ Finger prick	
3.49.	**Malaria** RDT	☐ negative	☐ PF	☐ PAN	☐ PF+PAN	☐ not done
3.50.	**HIV** RDT, SD Bioline		☐ negative	☐ positive		☐ not done
3.51.	**If positive corm firmed by UNI Gold**		☐ negative	☐ positive		☐ not done
3.52.	**Syphilis**		☐ negative	☐ positive		☐ not done
3.53.	**Venous blood** draw		☐ done	☐ not done		
3.53.1.	if not done, why :		☐ refusal	☐ failure		☐ forgot
3.54.	**Time of blood collection** (24h format)(e.g. 13:30):				Time: _____: _____	
3.55.	EDTA Tube (8 mL + 2 mL):		☐ done	☐ not done		☐ not applicable
3.56.	Plain Tube (6 mL):		☐ done	☐ not done		☐ not applicable
3.57.	EDTA tube for malaria sub-study (2 x 8 mL) *if included in the antibody sub-study:*		☐ done	☐ not done		☐ not applicable
3.57.1.	If done date and time:		Date (dd/mm/yyyy): _ _ / _ _ / _ _ _ _		Time: _____: _____	

3.58.	**OGTT (Hemocue) (GA 26-28)**	☐ done		☐ not done			☐ not applicable
3.58.1.	Fasted since 22hrs night before:			☐ Yes	☐ No		☐Unknown
3.58.2.	Confirmed she did not eat after 22hrs			☐ Yes	☐ No		☐Unknown
3.58.3.	Confirmed she did not eat soil after 22hrs			☐ Yes	☐ No		☐Unknown
3.58.4.	Confirmed she only took water after 22hrs.			☐ Yes	☐ No		☐Unknown
3.58.5.	If done; BS at time 0	_ _ , _		☐ fingerprick			☐ venous
3.58.6.	If done; BS at time 1hours	_ _ , _		☐ fingerprick			☐ venous
3.58.7.	If done; BS at time 2hours	_ _ , _		☐ fingerprick			☐ venous

3.59.	**Urine dipstick**	☐ done		☐ not done				
3.59.1.	Albumin in the urine	☐ 0+	☐ 1+	☐ 2+	☐ 3+			☐ not done
3.59.2.	Sugar in the urine	☐ 0+	☐ 1+	☐ 2+	☐ 3+	☐ 4+	☐5+	☐ not done
3.59.3.	Leucocytes in the urine	☐ 0+	☐ 1+	☐ 2+	☐ 3+			☐ not done
3.59.4.	Blood in urine	☐ 0+	☐ 1+	☐ 2+	☐ 3+			☐ not done
3.59.5.	Ketones	☐ 0+	☐ 1+	☐ 2+	☐ 3+			☐ not done
3.59.6.	Nitrite	☐ 0+	☐ 1+	☐ 2+				☐ not done

CONCLUSION ON TODAYS EXAMINATION

3.60.	**IPTp** taken during this ANC visit?	☐ no ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th Dose	
3.60.1.	If yes, prescribed by CAMIPATA	☐ yes ☐ no	
3.60.2.	If not taken IPTp, why:	☐ Cotrimoxazole usage	☐ allergy
		☐ too early or late in pregnancy	
		☐ completed IPTp regime	☐ refuse
		☐ <1 month since last dose	☐ Other
3.60.2.1.	If other, specify:_____		

3.61.	Nb of IPTp doses received until todays visit (excl. today's dose) _ _	☐ unknown
3.62.	**Tetanus toxoid** immunization (TT) dose received ☐ yes	☐ no
3.62.1.	If no, state reason: _____	
3.62.2.	Nb of TT doses received until todays visit (excl. today's dose) _ _	☐ unknown
3.62.3.	Last TT dose received when _ _ / _ _ / _ _ _ _	☐ Don't know

3.63.	**Ailment/disease** diagnosed today	☐ yes	☐ no
3.63.1.	If yes, specify (≥1 "x")	☐ Anaemia	☐ Malaria
		☐ Urinary tract infection	☐ Hypertension
		☐ Upper respiratory tract infect.	☐ Preeclampsia
		☐ Reproductive tract infection	☐ Syphilis
		☐ HIV	☐ Diabetes
		☐ NA	☐ Other
3.63.1.1.	If other, specify: _____		
3.64.	**Treatment** prescribed today	☐ yes	☐ no
3.64.1.	If yes, specify (≥1 "x")	☐ Coartem/ALU	☐ Quinine
		☐ Iron	☐ Folic acid
		☐ FEFO Tabs	☐ Hemovit
		☐ Anti-HT	☐ Clotrimazole
		☐ Other	
3.64.1.1.	If other or painkillers, specify: _____		

☐ anti-helminth
☐ B12
☐ Antibiotics
☐ Painkillers

3.65. Specify name, dosage and duration of treatment:

3.65.1. 1st _____
3.65.2. 2nd _____
3.65.3. 3rd _____
3.65.4. 4th _____

3.66. **Ultrasound** performed ☐ yes ☐ no

3.67. Notes _____

Next visit booked on: _ _ / _ _ /_____, specify visit type: _____

Questions marked * filled in by (MD, AMO or clinical officer): _____
Signature: _____

DATA ENTRY:
1st entry done by: _____ Signature: _____ date: _ _/_ _/_ _ _ _
2nd entry done by: _____ Signature: _____ date: _ _/_ _/_ _ _ _