13.   POSTNATAL MOTHER

13.1.   Place   ☐ Korogwe Town Council Hospital   ☐ Home   ☐ Other
13.1.1.   If other, specify:_____
13.2.   Date of investigation (dd/mm/yyyy)   _ _ / _ _ / _ _ _ _
13.3.   Time of investigation   __ : __
13.4.   Name of midwife/nurse/auxiliary worker: _____
13.5.   ID of mother: M _ _ _ _

13.6.   Was todays visit planned or an emergency visit   ☐ planned   ☐ emergency
13.6.1.   Reason for visit: _____
13.7.   Visit Number   ____

13.8. Did you sleep under a bed net last night		☐ yes	☐ no

13.8.   Did you sleep under a bed net last night   ☐ yes   ☐ no
13.9.   Since your last **CAMIPATA** visit have you visited another health center: ☐ yes   ☐ no
13.9.1.   If yes when, date (dd/mm/yyyy)   _ _ / _ _ / _ _ _ _
13.9.2.   If yes, give details (where, why, diagnose, treatment): _____
_____
_____

13.10. Have you felt ill since your last **CAMIPATA** visit   ☐ yes   ☐ no
13.10.1.   If yes, give details (symptoms, suspected diagnose) _____
_____
_____

13.11. Have you felt ill in the last 24 hours   ☐ yes   ☐ no
13.11.1.   If yes, give details (symptoms, suspected diagnose) _____
_____

13.12. Have you taken any medication since your last **CAMIPATA** visit   ☐ yes   ☐ no
13.12.1.   If yes, give details (medicine, dose, duration): _____
_____
_____

13.13. Axillary temperature   _ _ , _ (°C)   ☐ not done

ANTHROPOMETRY

	1st measurement	2nd measurement	Diff. between 1st and 2nd	Tolerance	Diff. greater than tolerance?	3rd measurement
13.14 Weight (kg)	13.14.1 __ __ __ , __kg	13.14.2 __ __ __, __kg	13.14.3 __ __, __kg	*1.0kg*	☐ Yes →	13.14.4 _____, __kg

BLOOD PRESSURE

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)
13.15.1 _ _ _/_ _ _ mmHg ☐ not done	13.15.2 _ _ _/_ _ _ mmHg ☐ not done	13.15.3 _ _ _/_ _ _ mmHg ☐ not done	13.15.4 _ _ _/_ _ _ mmHg ☐ not done	13.15.5 __ __ ☐ not done	13.15.6 _ _ _

SAMPLE COLLECTION

13.16.	MRDT	☐ positive	☐ Negative	☐ Not done
13.17.	HB (Hemocue)	_ _ , _ g/dL	☐ Not done	
13.17.1.	Glucose (Hemocue), if diabetic _ _ , _ mmol/L ☐ Not done			
13.17.2.	If done, type of blood:	☐ Venous	☐ Finger prick	
13.18.	Time of sample collection:_____ (24h format)			
13.19.	Other tests specify_____			

13.20. Urine dipstick   ☐ Done   ☐ NotDone

13.20.1.	Albumin in the urine	☐ 0+	☐ 1+	☐ 2+	☐ 3+		☐ not done
13.20.2.	Sugar in the urine	☐ 0+	☐ 1+	☐ 2+	☐ 3+ ☐ 4+ ☐ 5+	☐ not done
13.20.3.	Leucocytes in the urine	☐ 0+	☐ 1+	☐ 2+	☐ 3+		☐ not done
13.20.4.	Blood in urine	☐ 0+	☐ 1+	☐ 2+	☐ 3+		☐ not done
13.20.5.	Ketones	☐ 0+	☐ 1+	☐ 2+	☐ 3+		☐ not done
13.20.6.	Nitrite	☐ 0+	☐ 1+	☐ 2+			☐ not done

13.21. Disease observed today: ☐ yes   ☐ no

13.21.1.	Malaria	☐ yes	☐ no
13.21.2.	Anemia	☐ yes	☐ no
13.21.3.	Hypertension	☐ yes	☐ no
13.21.4.	Diarrhea	☐ yes	☐ no
13.21.5.	HIV	☐ yes	☐ no
13.21.6.	Resp. tract infection	☐ yes	☐ no
13.21.7.	Urinary tract infection	☐ yes	☐ no
13.21.8.	Endometritis	☐ yes	☐ no
13.21.9.	Mastitis	☐ yes	☐ no
13.21.10.	Skin Rash	☐ yes	☐ no
13.21.11.	Others	☐ yes	☐ no
13.21.12.	If respiratory illness or others, specify:_____		

13.22. Treatment prescribed today   ☐ yes   ☐ no

13.22.1.   If yes, specify ((≥1 "x")

☐ Coartem/ALU	☐ anti-helminth
☐ Iron	☐ Folic acid
☐ Hemovit	☐ Antibiotics
☐ Painkillers	☐ Other

13.22.2.   If other or painkillers, specify: _____

13.23. Specify name, dosage and duration of treatment:

13.23.1.   1st _____

13.23.2.   2nd _____

13.23.3.   3rd _____

13.23.4.   4th _____

13.24. Date for next visit (dd/mm/yyyy)   _ _ / _ _ / _ _ _ _   ☐   Completed follow-up

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