CAMIPATA (**C**limate **A**dverse **M**alnutrition **I**nfectious re**P**roductive **A**ge **TA**nzania)

Surveillance forms CAMIPATA Cohort Study

Visits	No	Visit specific procedures	Forms completed by :	Date:
Enrolment	1+2	24h + GA US	Nurse/Midwife (NMW) & Clinical Officer (CO)	
Antenatal visit (ANV) 2 - GA 20	3	24h	NMW & CO	
ANV3 GA 26-28	3	OGTT	NMW & CO	
ANV4 GA 34-36	3	24h	NMW & CO	
Delivery	4, 5, 6	Newborn/ placenta	NMW & CO	
Postnatal Neonate (1 week)	11		NMW & CO	
Postnatal Neonate (6 week)	11		NMW & CO	
Postnatal maternal N°	13		NMW & CO	
Postnatal maternal N°	13		NMW & CO	
Ultrasound: Incl.	7	GA	Ultrasonographer	
Ultrasound: GA 26-28	8	EFW	Ultrasonographer	
Ultrasound: GA 34-36	8	EFW	Ultrasonographer	
Extra ANV N°	3		NMW & CO	
Extra ANV N°	3		NMW & CO	
Extra ANV N°	3		NMW & CO	
Extra ANV N°	3		NMW & CO	
Emergency pregnant (EMR) N°	3		NMW & CO	
EMR N°	3		NMW & CO	
EMR N°	3		NMW & CO	
EMR N°	3		NMW & CO	
Extra ultrasound	8		Ultrasonographer	
Extra ultrasound	8		Ultrasonographer	
Extra ultrasound	8		Ultrasonographer	
Postnatal EMR Neonate N°	12		NMW & CO	
Postnatal EMR Neonate N°	12		NMW & CO	
Referral form	9		NMW & CO	
Exclusion form	10		NMW & CO	

1. Mother Inclusion Screening Form 1 Cohort Study

1.1 Antenatal Clinic location (where CRF is filled):

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

1.1.1. If other, specify:_____
1.2. **Name of study worker** filling the form:_____
1.3. Date of filling CRF (*when filling of CRF is started)*: (dd/mm/yyyy) _ _ / _ _ / _ _ _ _
1.4. **Mother's surname:** _____
1.5. **Mother's first and second name:** _____
1.6. Date of birth according to the woman (dd/mm/yyyy) _ _ / _ _ / _ _ _ _
1.7. Mother's age: _ _ year's ☐ unknown
1.7.1. UPT done at satellite dispensary/field site and referred ☐ yes ☐ no
1.7.2. If yes, state name of satellite dispensary/field site: _____

CURRENT PREGNANCY DETAILS

1.8. **Intrauterine pregnancy confirmed on ultrasound (US)** ☐ yes
☐ Pregnancy not visible ☐ US not done ☐ Extra-uterine
☐ GA not possible due to lie of fetus ☐ Non-viable, but GA>7 weeks
1.8.1. If YES, gestational age by ultrasound: _ _ weeks _ days
1.8.2. If US not done, state reason:_____
1.8.3. If pregnancy not visible on ultrasound, UPT done: ☐ Positive ☐ Negative ☐ Not Done ☐ NA
1.9. **Symphysis-fundal height** _ _ cm ☐ not palpable
1.10. **Date of last menstrual period** (LMP): (dd/mm/yyyy) _ _ / _ _ / _ _ _ _ ☐ Unknown
1.10.1. Gestational age by last menstrual period (LMP): _ _ weeks _ days
1.11. **Is this the first ANC visit in current pregnancy** ☐ yes ☐ no
1.11.1. If not, how many previous visits (excluding the current visit): _ _

ELIGIBILITY FOR STUDY

1.12. US done	☐ **yes** ☐ no	New visit before incl., if no
1.13. Accurate gestational age determined	☐ **yes** ☐ no	Include + new US, if no
1.14. Gestational age on ultrasound	☐ **<14** ☐ ≥14	Exclusion if ≥14
1.15. Intrauterine fetus not seen on US, but UPT positive	☐ yes ☐ **no**	New visit before incl., if yes
1.16. Intra-uterine pregnancy	☐ yes ☐ **no**	Exclusion if No
1.17. Fetus visible (GA>7 weeks), viable pregnancy	☐ yes ☐ **no**	Exclusion if No
1.18. Single tone pregnancy	☐ yes ☐ **no**	Exclusion if No
1.19. Delivery planned at the Hospital	☐ **yes** ☐ no	Exclusion if no
1.20. Consents to participate in the study	☐ **yes** ☐ no	Exclusion if no

1.21. ☐ **INCLUSION** ☐ **New US before inclusion** ☐ **REFUSAL** ☐ **NA** ☐ **EXCLUSION**
In case of inclusion, but precise GA not done, state date of new ultrasound _ _ / _ _ / _ _ _ _
1.21.2. **In case of new ultrasound needed before inclusion,** state date _ _ / _ _ / _ _ _ _
1.21.2.1. If new ultrasound needed before inclusion state why: _____
1.21.2.2. When new ultrasound performed: ☐ **Included** ☐ **Excluded**
1.21.3. **In case of refusal or exclusion**, state reason: _____

1.22. **IF INCLUDED STATE COHORT STUDY ID NUMBER: CAM** _ _ _ _-_ _ _

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