



Visit 1 Date <div><div></div><div></div></div> / <div><div></div><div></div></div> / <div><div></div><div></div></div> Day Month Year	Imi Vit B12 <i>If YES, number of injections since last visit?</i> <div><div></div><div></div></div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Folic Acid <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Oral Iron <i>If Yes, type</i> <div><div></div><div></div><div></div><div></div></div> mg <i>Dose</i> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Ferrous sulphate <input type="radio"/> Ferrous fumarate <input type="radio"/> Unknown <input type="radio"/> OD <input type="radio"/> TDS <input type="radio"/> BD <input type="radio"/> dose unkn	Iron Compliant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Iron Not Available	IVI Iron <i>If Yes,</i> <div><div></div><div></div></div> / <div><div></div><div></div></div> / <div><div></div><div></div></div> Day Month Year <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Transfusion <i>If Yes,</i> <div><div></div><div></div></div> / <div><div></div><div></div></div> / <div><div></div><div></div></div> Day Month Year <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown number of units <div><div></div><div></div></div>
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Visit 3 Date <div><div></div><div></div></div> / <div><div></div><div></div></div> / <div><div></div><div></div></div> Day Month Year	Imi Vit B12 <i>If YES, number of injections since last visit?</i> <div><div></div><div></div></div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Folic Acid <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Oral Iron <i>If Yes, type</i> <div><div></div><div></div><div></div><div></div></div> mg <i>Dose</i> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Ferrous sulphate <input type="radio"/> Ferrous fumarate <input type="radio"/> Unknown <input type="radio"/> OD <input type="radio"/> TDS <input type="radio"/> BD <input type="radio"/> dose unkn	Iron Compliant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Iron Not Available	IVI Iron <i>If Yes,</i> <div><div></div><div></div></div> / <div><div></div><div></div></div> / <div><div></div><div></div></div> Day Month Year <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Transfusion <i>If Yes,</i> <div><div></div><div></div></div> / <div><div></div><div></div></div> / <div><div></div><div></div></div> Day Month Year <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown number of units <div><div></div><div></div></div>
Visit 4 Date <div><div></div><div></div></div> / <div><div></div><div></div></div> / <div><div></div><div></div></div> Day Month Year	Imi Vit B12 <i>If YES, number of injections since last visit?</i> <div><div></div><div></div></div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Folic Acid <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Oral Iron <i>If Yes, type</i> <div><div></div><div></div><div></div><div></div></div> mg <i>Dose</i> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Ferrous sulphate <input type="radio"/> Ferrous fumarate <input type="radio"/> Unknown <input type="radio"/> OD <input type="radio"/> TDS <input type="radio"/> BD <input type="radio"/> dose unkn	Iron Compliant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Iron Not Available	IVI Iron <i>If Yes,</i> <div><div></div><div></div></div> / <div><div></div><div></div></div> / <div><div></div><div></div></div> Day Month Year <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Transfusion <i>If Yes,</i> <div><div></div><div></div></div> / <div><div></div><div></div></div> / <div><div></div><div></div></div> Day Month Year <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown number of units <div><div></div><div></div></div>
Visit 5 Date <div><div></div><div></div></div> / <div><div></div><div></div></div> / <div><div></div><div></div></div> Day Month Year	Imi Vit B12 <i>If YES, number of injections since last visit?</i> <div><div></div><div></div></div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Folic Acid <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Oral Iron <i>If Yes, type</i> <div><div></div><div></div><div></div><div></div></div> mg <i>Dose</i> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Ferrous sulphate <input type="radio"/> Ferrous fumarate <input type="radio"/> Unknown <input type="radio"/> OD <input type="radio"/> TDS <input type="radio"/> BD <input type="radio"/> dose unkn	Iron Compliant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Iron Not Available	IVI Iron <i>If Yes,</i> <div><div></div><div></div></div> / <div><div></div><div></div></div> / <div><div></div><div></div></div> Day Month Year <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Transfusion <i>If Yes,</i> <div><div></div><div></div></div> / <div><div></div><div></div></div> / <div><div></div><div></div></div> Day Month Year <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown number of units <div><div></div><div></div></div>



Visit 6 Date [][] / [][] / [][] Day Month Year	Imi Vit B12 <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <i>If YES, number of injections since last visit?</i> [][]	Folic Acid <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Oral Iron <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <i>If Yes, type</i> [][][][] mg <i>Dose</i> <input type="radio"/> Ferrous sulphate <input type="radio"/> Ferrous fumarate <input type="radio"/> Unknown <input type="radio"/> OD <input type="radio"/> TDS <input type="radio"/> BD <input type="radio"/> dose unkn	Iron Compliant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Iron Not Available	IVI Iron <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <i>If Yes,</i> [][] / [][] / [][] Day Month Year	Transfusion <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <i>If Yes,</i> [][] / [][] / [][] Day Month Year number of units [][]
Visit 7 Date [][] / [][] / [][] Day Month Year	Imi Vit B12 <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <i>If YES, number of injections since last visit?</i> [][]	Folic Acid <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Oral Iron <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <i>If Yes, type</i> [][][][] mg <i>Dose</i> <input type="radio"/> Ferrous sulphate <input type="radio"/> Ferrous fumarate <input type="radio"/> Unknown <input type="radio"/> OD <input type="radio"/> TDS <input type="radio"/> BD <input type="radio"/> dose unkn	Iron Compliant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Iron Not Available	IVI Iron <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <i>If Yes,</i> [][] / [][] / [][] Day Month Year	Transfusion <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <i>If Yes,</i> [][] / [][] / [][] Day Month Year number of units [][]
Visit 8 Date [][] / [][] / [][] Day Month Year	Imi Vit B12 <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <i>If YES, number of injections since last visit?</i> [][]	Folic Acid <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Oral Iron <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <i>If Yes, type</i> [][][][] mg <i>Dose</i> <input type="radio"/> Ferrous sulphate <input type="radio"/> Ferrous fumarate <input type="radio"/> Unknown <input type="radio"/> OD <input type="radio"/> TDS <input type="radio"/> BD <input type="radio"/> dose unkn	Iron Compliant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Iron Not Available	IVI Iron <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <i>If Yes,</i> [][] / [][] / [][] Day Month Year	Transfusion <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <i>If Yes,</i> [][] / [][] / [][] Day Month Year number of units [][]
Visit 9 Date [][] / [][] / [][] Day Month Year	Imi Vit B12 <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <i>If YES, number of injections since last visit?</i> [][]	Folic Acid <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Oral Iron <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <i>If Yes, type</i> [][][][] mg <i>Dose</i> <input type="radio"/> Ferrous sulphate <input type="radio"/> Ferrous fumarate <input type="radio"/> Unknown <input type="radio"/> OD <input type="radio"/> TDS <input type="radio"/> BD <input type="radio"/> dose unkn	Iron Compliant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Iron Not Available	IVI Iron <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <i>If Yes,</i> [][] / [][] / [][] Day Month Year	Transfusion <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <i>If Yes,</i> [][] / [][] / [][] Day Month Year number of units [][]
Visit 10 Date [][] / [][] / [][] Day Month Year	Imi Vit B12 <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <i>If YES, number of injections since last visit?</i> [][]	Folic Acid <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Oral Iron <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <i>If Yes, type</i> [][][][] mg <i>Dose</i> <input type="radio"/> Ferrous sulphate <input type="radio"/> Ferrous fumarate <input type="radio"/> Unknown <input type="radio"/> OD <input type="radio"/> TDS <input type="radio"/> BD <input type="radio"/> dose unkn	Iron Compliant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Iron Not Available	IVI Iron <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <i>If Yes,</i> [][] / [][] / [][] Day Month Year	Transfusion <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <i>If Yes,</i> [][] / [][] / [][] Day Month Year number of units [][]

Final Diagnosis

- ☐ Iron Deficiency
- ☐ Megaloblastic Anemia
- ☐ Other
- a) [][]
- b) [][]
- c) [][]

Iron Response ☐ Oral Optimal ☐ IV Optimal ☐ Sub-optimal ☐ No Response ☐ Plateau

Final HIV Status ☐ Positive ☐ Confirmed Negative ☐ Negative Not Retested