REVIEW CHECKLIST FOR FOLLOW-UP VISIT

DATE |__|__| - |__|__| -20 |__|__|

Study visit (cross circle): Baseline ◯ Day 7 ◯ 1 mth ◯ 2 mth ◯ 3 mth ◯

36-38wks ◯ (Q8-12 not needed if 3mth completed) delivery ◯ (Q8-12 not needed if 3mth completed)

Unscheduled ◯ (*explain*)_____

Weight	BP (syst/dias)	Temp (˚C)	PR (rate/min)	RR (breaths/min)	Liver (cm)	Spleen (cm)	FHB (rate/min)
|__|__|__|.|__|kg	|__|__|__|/|__|__|__|	|__|__|.|__|	|__|__|__|	|__|__|	|__|__|	|__|__|	|__|__|__|

1. Do you feel unwell today? No ◯ **Yes** ◯ If **yes is AE needed?**

2. Did you have nausea in the last 7 days? No ◯ **Yes** ◯, If **yes**

How often: daily ◯ just 1 or 2 days ◯ most days ◯

3. Did you have stomach pain in the last 7 days? No ◯ **Yes** ◯, If **yes**

How often: daily ◯ just 1 or 2 days ◯ most days ◯

4. How many stools in the last 24 hours?_____

5. Any constipation in the last 7 days? No ◯ **Yes** ◯, If **yes**

Describe_____

6. Any diarrhoea in the last 7 days? No ◯ **Yes** ◯, If **yes**

If yes, describe_____

7. Do you have black stool colour? No ◯ Yes ◯

Is this visit day 7, month 1, 2 or 3? No ◯ **Yes** ◯ [If no finished, if **yes**, continue the questions].

8. In your opinion is the supplement causing the woman problems? No ◯ **Yes** ◯, If **yes**

Describe_____

9. How many pills are remaining? _____pills

10. According to the pill count, is she taking her supplement? No ◯ Yes ◯

11. According to your opinion, is she taking her supplement? **No** ◯ Yes ◯, If **no**

Explain:_____

12. Are you taking your supplement with food? If not, please advise her to take it with food.? No ◯ Yes ◯

13. Are the vital signs normal? No ◯ Yes ◯, If no, discuss Doctor

14. Is the haematocrit (HCT)/Hemocue (HC) decreasing from last time? No ◯ **Yes** ◯, If **yes**

Discuss the case with the doctor (explain here): _____

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