CRF – Antenatal Care		
No.	Question	Response
001	Enter today's date:	_ _ / _ _ / _ _ _ _ D D / M M / Y Y Y Y
002	Which visit is this?	0 = Antenatal Visit 1 (V102) 1 = Antenatal Visit 2 (V103) 2 = Antenatal Visit 3 (V104) 97 = Interim Visit
003	Is the participant currently receiving antenatal care?	0 = No 1 = Yes | Document on Healthcare Provider Form
004	Does the participant know where they plan to deliver?	0 = No 1 = Yes | Document on Healthcare Provider Form
005	Are any medical records available for review? Note: document records type in chart notes	*Select all that apply* 0 = No 1 = Yes, handheld along with participant report 2 = Yes, abstracted from medical records (includes ultrasound results)
006	Are there any new ultrasound results available?	0 = No 1 = Yes | Record results on Ultrasound Results CRF
007	Was there a new Hemoglobin test result available from ANC?	0 = No 1 = Yes

008	Date of Hemoglobin test	Respond only if [007 = 1] _ _ / _ _ / _ _ _ _ D D / M M / Y Y Y Y
009	Hemoglobin result value (g/dL)	Respond only if [007 = 1] Valid range 0-20 g/dL
010	Do you have a new and final EDD to report? *Note: Document best estimated EDD after reviewing ultrasound result*	0 = No, no ultrasound yet 1 = No, previously reported 2 = Yes | Document on Expected Delivery Date CRF
011	Confirm gestational age (weeks portion of GA):	Respond only if [010 = 2]
012	Confirm gestational age (days portion of GA):	Respond only if [010 = 2]

013	Has the participant been diagnosed with any of the following by their healthcare provider in this *current* pregnancy since their last visit?	*Select all that apply* If participant responded "Yes" to any of the options, please record these events in the **Medical Events/Conditions CRF.** 0 = Hypertension/Hypertensive disorders 1 = Chorioamnionitis 2 = Puerperal sepsis 3 = Endometritis 4 = Antepartum hemorrhage 5 = Postpartum hemorrhage 6 = Preterm premature rupture of membranes (PPROM) 7 = Fever of undetermined etiology 8 = Other 9 = None of the above
014	Specify other complications:	Respond only if [013 = 8]
015	Have there been any additional or changes to existing medical event/conditions?	0 = No 1 = Yes | Document on Medical Events and Conditions CRF
016	Have there been any new medications or changes to existing medications?	0 = No 1 = Yes | Document on Medications CRF
017	Has the participant used PEP since the last visit?	0 = No 1 = Yes | Document on Medications CRF
018	CRF Notes	