## CRF - Postpartum Care

| No. | Question | Response |
| :---: | :---: | :---: |
| 001 | Enter today's date: | $\begin{array}{lllllll} \hline- & / & - & - & - & - \\ D & \text { D } / \mathrm{M} & \mathrm{M} / \mathrm{Y} & \mathrm{Y} & \mathrm{Y} & \mathrm{Y} \end{array}$ |
| 002 | Which visit is this? | ```0 = Postpartum Visit 1 (V202) 1 = Postpartum Visit 2 (V203) 97 = Interim Visit``` |
| 003 | Are any medical records available for review? <br> Note: document record type in chart notes | Select all that apply ```\[ 0=\mathrm{No} \] \[ 1 \text { = Yes, handheld along with participant } \] report \[ 2 \text { = Yes, abstracted from medical records } \]``` |
| 004 | Has the participant received any new health care since the last visit or experiencing the outcome for the index pregnancy (e.g., postnatal care, postpartum family planning, or follow-up for pregnancy loss)? | ```\[ 0=\mathrm{No} \] \[ 1 \text { = Yes \| Document on Healthcare Provider Form } \] \[ 2 \text { = Plans to obtain care | Document on } \] Healthcare Provider Form``` |
| 005 | Have there been any new or changes to existing medical events/conditions related to this birth for the maternal participant? | 0 = No \| Document on Medical Events and Conditions CRE $1=\mathrm{Yes}$ |
| 006 | Have there been any new or changes to existing medications related to this birth for the maternal participant? | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes \| Document on Medications CRF } \end{aligned}$ |


| 007 | Has the infant had any new contact with the health system since the last visit or birth, e.g., well-baby/routine immunization, hospitalization, specialist care, diagnostic testing, etc.? | $0=\mathrm{No}$ <br> $1=$ Yes $\mid$ Document on Healthcare Provider Form <br> 2 = Plans to obtain care \| Document on <br> Healthcare Provider Form |
| :---: | :---: | :---: |
| 008 | Have there been any new or changes to existing medical events/conditions related to this birth for the infant participant? | ```O = No 1 = Yes \| Document on Medical Events and Conditions CRF``` |
| 009 | Have there been any new or changes to existing medications related to this birth for the infant participant? | $\begin{aligned} & 0=\text { No } \\ & 1=\text { Yes } \mid \text { Document on Medications CRF } \end{aligned}$ |
| 010 | CRF notes |  |

