

**REGIONAL MEDICAL RESEARCH CENTRE**  
**(Indian Council of Medical Research)**  
**Chandrasekharpur**  
**BHUBANESWAR-751016, ORISSA,INDIA.**

**Identification details:** Field Data Format \_\_\_\_\_ Code NO- \_\_\_\_\_  
Hospital: \_\_\_\_\_ Name of the State \_\_\_\_\_ District \_\_\_\_\_  
PHC: \_\_\_\_\_ Subcentre \_\_\_\_\_ Name of the ANM/Health personal: \_\_\_\_\_  
Village: \_\_\_\_\_ AWW's name \_\_\_\_\_

**Details of the LADY:**

Name of the Pregnant Lady: \_\_\_\_\_ W/o \_\_\_\_\_ Age \_\_\_\_\_  
Economic Status: High/Middle/Low Economic Status. Education: \_\_\_\_\_  
Occupation of Lady \_\_\_\_\_ / Husband (HH) \_\_\_\_\_ Education: \_\_\_\_\_

Religion: *Hindu/Muslim/Christian/Other* \_\_\_\_\_ // Caste \_\_\_\_\_ Tribe \_\_\_\_\_

Month of Gestation: \_\_\_\_\_ at first report-- (Active / Passive)

No. Of Children: M \_\_\_ / F \_\_\_ / First child

**Chemoprophylaxis detail:**

Do you take weekly Chloroquine tabs? Yes/ No. Sine when? Give weeks of gestation: \_\_\_\_\_

How Many Tablets you take weekly? 1/2/3/4/ \_\_\_\_\_ Regular // irregular \_\_\_\_\_

From whom do you take the tabs? \_\_\_\_\_ He/She supplies tablets for how many days? \_\_\_\_\_

If No, i.e. you are not taking chloroquine weekly! Can you explain, what prompted you not to take the Chloroquine?

Reasons \_\_\_\_\_

**Malaria morbidity report:**

Have you ever suffered from Malaria during last 1-year: Yes/No

If Yes: Where did you treat yourself: \_\_\_\_\_ Do you have any Prescription: Y/N

What Medicines you took during the fever: (Note) \_\_\_\_\_

**RECORD:**

**Malaria Test result:** Rapid Kit \_\_\_\_\_ Blood Slide \_\_\_\_\_

**Malaria Prophylaxis Follow-up details:**

Visit date	Moth of gestation	Hb%:	Out come*		Details there of Fever history/ malaria
			Normal	Complicated	
1 <sup>st</sup>					
2 <sup>nd</sup>					
3 <sup>rd</sup>					

\*-Mention details of / dose/ other parameters of monitoring //- ANC

**BLOOD SAMPLE:** (From all pregnant women during delivery—with or without malaria)

- Cord Blood: \_\_\_\_\_ Placenta Blood: \_\_\_\_\_
- Thick -Thin Smear: Slide

**Out come of the Pregnancy:**

Date of delivery: \_\_\_\_\_ Normal- wt- \_\_\_\_\_ Still birth/ Aborted/-----

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth Weight: \_\_\_\_\_

Hb% of mother: \_\_\_\_\_

**Signature of the MO  
signature**

**//ANM / Health personal//**

**Investigator's**

Pilot study - Dr.A.Mahapatra/ Dr.Ranjit/RMRC/ICMR/Bhubaneswar