

Follow-up Screening: Bleeding

Expected postpartum vaginal bleeding (lochia) is not included.

Bleeding Screening														
1. Follow-Up Visit/ Phone or Video Call:	<input type="checkbox"/> 6 weeks (Visit/Call) <input type="checkbox"/> 90 days (Call) <input type="checkbox"/> Unscheduled (Visit/Call)													
2. Follow-Up Date:	<table border="1" style="display: inline-table; text-align: center; font-size: 0.8em;"> <tr> <td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	M	Y	Y	Y	Y				
D	D	M	M	M	Y	Y	Y	Y						
Instructions:														
Complete the following interview script for bleeding events. Expected postpartum vaginal bleeding (lochia) is not included as a bleeding event. Normal postpartum vaginal bleeding should diminish in volume and be less red in colour each day when compared to the previous day.														
3. Bleeding:														
1. Did you seek any medical attention for bleeding since the last study visit?	<input type="checkbox"/> Yes* <input type="checkbox"/> No													
If yes, specify why? _____														
Where / from whom was medical attention given? _____														
2. Were you hospitalized for bleeding since the last study visit?	<input type="checkbox"/> Yes* <input type="checkbox"/> No													
If yes, specify why? _____														
Where were you hospitalized? _____														
3. Have you had any bleeding since the last study visit?	<input type="checkbox"/> Yes <input type="checkbox"/> No													
3.3a. Where was the bleeding, specify location(s)? _____														
3.3b. Was it external (i.e., you saw the blood)?	<input type="checkbox"/> Yes <input type="checkbox"/> No													
3.3c. Did the bleeding last longer than 10 minutes?	<input type="checkbox"/> Yes* <input type="checkbox"/> No													
*Indicate date and time bleeding started:	<table border="1" style="display: inline-table; text-align: center; font-size: 0.8em;"> <tr> <td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">H</td><td style="width: 20px; height: 20px;">H</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td> </tr> </table>	D	D	M	M	M	Y	Y	Y	Y	H	H	M	M
D	D	M	M	M	Y	Y	Y	Y	H	H	M	M		
*Indicate date and time bleeding stopped:	<table border="1" style="display: inline-table; text-align: center; font-size: 0.8em;"> <tr> <td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">H</td><td style="width: 20px; height: 20px;">H</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td> </tr> </table>	D	D	M	M	M	Y	Y	Y	Y	H	H	M	M
D	D	M	M	M	Y	Y	Y	Y	H	H	M	M		
3.3d. Did the bleed stop on its own?	<input type="checkbox"/> Yes <input type="checkbox"/> No													
3.3e. Did the bleeding cause discomfort or pain?	<input type="checkbox"/> Yes <input type="checkbox"/> No													
3.3f. Did the bleeding have an effect on your usual daily activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No													
If yes, specify why? _____														
3.3g. Were you taking the study drug when the bleeding started?	<input type="checkbox"/> Yes <input type="checkbox"/> No													
3.3h. Description of bleeding event (describe all relevant information/events preceding and at the time of the bleed):														

Important: If MEDICAL ATTENTION was sought or patient was hospitalized, then study personnel will collect all pertinent source documents to diagnose or exclude bleeding as indicated in the Protocol, including arranging for patient assessment if required.