6 Week Follow-up Case Report Form

A. Details of Follow-up					
1.	**Able to contact subject to complete follow-up:**			☐ Yes	☐ No
	If no, please specify reason why, and sign and date the form: ☐ Unable to contact subject after multiple attempts – see resource manual for contact procedures ☐ Subject has died (Please complete End of Study, SAE and Death Outcome Event forms) ☐ Subject withdrew consent (Please complete End of Study CRF)				
2.	**Date of follow up:**	D D M M M Y Y Y Y			
3.	**Type of follow up:**	☐ In person	☐ Phone call	☐ Video call	
4.	**Study medication:**	Subject's booklet collected?		☐ Yes	☐ No
		Study medication bottle collected?		☐ Yes	☐ No
		Pill count (confirmed by research team member):	☐☐		
		Number of days missed (based on subject's booklet):	☐☐		
		Number of days NSAIDs taken (based on subject's booklet):	☐☐		
	Canadian sites only: Which study medication does the subject think they received?				
	☐ Aspirin	☐ Placebo	☐ Unsure	☐ N/A	
	Canadian sites only: Which study medication does the research coordinator think the subject received?				
	☐ Aspirin	☐ Placebo	☐ Unsure	☐ N/A	
5.	**Concomitant Medication Form reviewed?**			☐ Yes	☐ No
6.	Has the subject experienced any adverse events since the last visit? **If yes, please complete Adverse Event or Serious Adverse Event Form.**			☐ Yes	☐ No
7.	Has the subject's infant experienced any adverse events since the last visit? **If yes, please complete Adverse Event or Serious Adverse Event Form.**			☐ Yes	☐ No
8a.	Is the infant receiving the subject's breastmilk (e.g. breastfeeding or pumping)?			☐ Yes	☐ No
8b.	If yes, has the infant received the subject's breastmilk on average 50% or more of the time during the last 6 weeks?			☐ Yes	☐ No
9.	Has the subject been diagnosed with a postpartum wound complication requiring a procedure?			☐ Yes	☐ No
10.	Does the subject have a diagnosed wound separation or dehiscence?			☐ Yes	☐ No
11.	Has the subject been diagnosed with a postpartum wound infection requiring antibiotics?			☐ Yes	☐ No
12.	Has the subject been diagnosed with new high blood pressure requiring medication or new protein in the urine postpartum? **If yes, please complete Postpartum Pre-eclampsia Outcome Form.**			☐ Yes	☐ No

13.	**Complete VTE Screening Form for all subjects.**	☐ **Completed**
14.	How long did the subject's vaginal bleeding (lochia) last for?			days ☐ Ongoing
15.	Has the subject had any bleeding since the last visit? (other than normal vaginal bleeding*) If "No" to any bleeding: probe further to confirm response by asking specifically about black stools, blood in stools, blood in urine, nose bleeds, excessive vaginal bleeding and coughing up blood. **If yes, complete Bleeding Screening Form.**	☐ Yes ☐ No
16.	Has the subject experienced a serious bruise (hematoma)?	☐ Yes ☐ No
17.	Has the subject had any chest symptoms such as shortness of breath or chest pain, or neurological symptoms such as weakness or numbness since the last visit? **If yes, complete ATE Screening Form.**	☐ Yes ☐ No

*Defined as vaginal bleeding equivalent or less in volume to subject's pre-pregnancy menstrual bleeding and blood flow does not soak through one or more sanitary pads or tampons every hour for several consecutive hours. Normal postpartum vaginal bleeding should diminish in volume and be less red in colour each day when compared to the previous day.

Delegate's Name

Delegate's Signature

D	D	M	M	M	Y	Y	Y	Y

Date