Section 1: Ultrasound observations and measurements

1. Number of fetuses  
   - Yes  
   - No

2. Are there any fetal abnormalities?  
   - Yes  
   - No

   If yes, please complete the fetal abnormality form

3. Fetal presentation (please cross one box only)
   - Cephalic  
   - Transverse  
   - Breech  
   - Oblique

4. Amniotic fluid volume (please cross one box only)
   - Normal  
   - Moderately reduced  
   - Moderately increased  
   - Oligohydramnios  
   - Polyhydramnios  
   - Anhydramnios

5. Placental localisation (please cross one box only)
   - Fundal  
   - Low anterior  
   - High anterior  
   - Low posterior  
   - High posterior  
   - Low right lateral  
   - High left lateral  
   - Low left lateral  
   - High right lateral

6. Biparietal diameter (BPD)  
   - Yes  
   - No

7. Occipito-frontal diameter (OFD)  
   - Yes  
   - No

8. Head circumference (HC)  
   - Yes  
   - No

9. Transverse abdominal diameter (TAD)  
   - Yes  
   - No

10. Anterior-posterior abdominal diameter (APAD)  
    - Yes  
    - No

11. Abdominal circumference (AC)  
    - Yes  
    - No

12. Femur length (FL)  
    - Yes  
    - No

13. Was the Amniotic fluid Index (AFI) measurement obtained?  
    - Yes  
    - No

Section 2: Symphysis fundal height

14. Symphysis Fundal Height
   - 1st Measurement: cm  
   - 2nd Measurement: cm

Section 3: Next appointment

If not already done, please now arrange the next ultrasound appointment for within 5 weeks (± 1 week) of today

15. Date of the next ultrasound appointment:  
    - DD-MM-YY

Name of Researcher

Signature

Researcher Code