

Study Subject Number

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Date of
Ultrasound

D	D	-	M	M	-	Y	Y
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Study Antenatal Clinic Code

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Date of Birth

D	D	-	M	M	-	Y	Y
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Antenatal Record Number

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Section 1: Ultrasound observations and measurements

1. Number of fetuses

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

Were the following measurements obtained from three separately generated images ?

Maximum image quality rating 0-6

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

D	D	-	M	M	-	Y	Y
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Name of Researcher

Signature

Researcher Code

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