

PIMMS-WL Trial Weight Record Card

PIMMS-WL Trial No:		-		
mar no.				

2 Month Immunisation Appointment (please circle responses)

Date	Mother weighed before	Mother's Weight (kg)	Reminded about	Weekly self-
	or after immunisation		POWeR	weighing
	Before After Declined	l ka	Yes No	Yes No
	Did not attend		res No	Tes No

3 Month Immunisation Appointment (please circle responses)

Date	Mother weighed before	Mother's Weight (kg)	Reminded about	Weekly self-
	or after immunisation		POWeR	weighing
	Before After Declined	l ka	Yes No	Yes No
	Did not attend	kg	TES INO	Yes No

4 Month Immunisation Appointment (please circle responses)

Date	Mother weighed before or after immunisation	Mother's Weight (kg)	Reminded about POWeR	Weekly self- weighing
D D M M M Y Y Y	Before After Declined Did not attend	. kg	Yes No	Yes No

Weighing Record Card

Week	Weight (kg)	I feel (see faces below & enter relevant number)
Week 1		
Week 2		
Week 3		
Week 4		
Week 5		
Week 6		
Week 7		
Week 8		

Week	Weight (kg)	I feel (see faces below & enter relevant number)
Week 9		
Week 10		
Week 11		
Week 12		
Week 13		
Week 14		
Week 15		
Week 16		

