

Kick count form, page 1

I started to count today (dd.mm.yy) . .

Due date by ultrasound (dd.mm.yy) . .

I usually count between (hours) . and (hours) .

How to complete the kick count form

Use a blue or black pen.
For your convenience, fill in weekday and date in the appropriate box.

After counting 10 kicks/movements, record the number of minutes in the appropriate 5-minutes box on the kick count form.

Examples:
If it took 7 minutes, write 7 in the 6-10-minutes box.
If it took 1 hour and 5 minutes, write 65 in the 60-65 minutes box.

Week 24							
Date:	We	Th	Fr	Sa	Su	Mo	Tu
Date: 7/3/13							
Minutes:							
0-5							
6-10	7						
11-15							
16-20							
21-25							
26-30							
31-35							
36-40							
41-45							
46-50							
51-55							
56-60							
61-65	65						
66-70							
71-75							
76-80							
81-85							
86-90							
91-95							
96-100							
101-105							
106-110							
111-115							
116-120							
More than 2h? Record exact no of min.							

Fill in your study number if you are participating in *Count with me*.

	Week 24	Week 25	Week 26	Week 27	Week 28
Weekday:					
Date:					
Minutes:					
0-5					
6-10					
11-15					
16-20					
21-25					
26-30					
31-35					
36-40					
41-45					
46-50					
51-55					
56-60					
61-65					
66-70					
71-75					
76-80					
81-85					
86-90					
91-95					
96-100					
101-105					
106-110					
111-115					
116-120					
More than 2h? Record exact no of min.					

	Week 36				Week 37				Week 38				Week 39				Week 40				Week 41				Week 42											
Weekday:																																				
Date:																																				
Minutes:																																				
0-5																																				
6-10																																				
11-15																																				
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HAVE YOU CONTACTED HEALTH CARE PERSONNEL DUE TO DECREASED FETAL ACTIVITY?

If so, please complete the questions below. Should you contact health care personnel on several occasions, please complete the questionnaire each time (use an extra sheet of paper if necessary).

dd mm yy

1. Have you **CONTACTED** health care personnel because you have been worried about decreased activity? If so, when:

2. What did you **DO**?

I waited for hours before I **CALLED**:

- Antenatal care services/health clinic
 Maternity unit
 Other _____

I waited for hours before I **VISITED**

- Antenatal care services/health clinic
 Maternity unit
 Other _____

3. If you were **EXAMINED**, how did you perceive the baby's activity level at that time?

The activity level was normal

The activity level was still decreased

dd mm yy

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