WOMEN'S INTERAGENCY HIV STUDY

PREGNANCY FORM PR01

PROMPT: CLINICIANS SHOULD REFER TO QxQs WHEN ADMINISTERING THIS FORM.

PARTICIPANT ID: |__| - |__|__| - |__|__|__|__| - |__|

VISIT: ___ ___ . ___

FORM VERSION: 0 4 / 0 1 / 9 9
M D Y

FORM COMPLETED BY: ____ ____ ____

A1. PERSON COMPLETING FORM

CLINICIAN . . . . . 1 **(A2)**
OB DESIGNEE . . . . . 2 **(A4)**

PROMPT: QUESTIONS A2 AND A3 SHOULD BE COMPLETED ONLY BY THE CLINICIAN.

A2. INTERVIEW NUMBER:

FIRST INTERVIEW 1
SECOND INTERVIEW 2

A3. DATE OF INTERVIEW (BY CLINICIAN): ___ ___ / ___ ___ / ___ ___ **(A6)**

PROMPT: QUESTIONS A4 AND A5 SHOULD BE COMPLETED ONLY BY THE OB DESIGNEE.

A4. ABLE TO OBTAIN MEDICAL RECORD?

YES . . . . . 1 **(A5)**
NO 2

REASON: _____ **(END)**

A5. DATE OF CHART REVIEW: ___ ___ / ___ ___ / ___ ___ **(A6)**

WIHS ID#

A6. GESTATION OF PREGNANCY DETERMINED BY:	YES	NO	
a. LMP	1	2	**(b)**
i. Date of LMP ___ ___ / ___ ___ / ___ ___			
ii. EDC based on LMP ___ ___ / ___ ___ / ___ ___			
b. EXAM WITHIN FIRST 20 WEEKS	1	2	**(c)**
i. Date of Exam ___ ___ / ___ ___ / ___ ___			
ii. Number Weeks Gestation at Exam |___|___|			
c. ULTRASOUND	1	2	**(B1)**
i. Date of Ultrasound ___ ___ / ___ ___ / ___ ___			
ii. Number Weeks Gestation at Ultrasound |___|___|			

WIHS ID#

SECTION B.

		YES	NO	DON'T KNOW / NOT RECORDED	NOT APP.
B1.	Incompetent cervix requiring placement of cerclage	1	2 **(B2)**	<-8> **(B2)**	
	a. Cerclage removal (ante-, intra-, or postpartum)	1	2	<-8>	
B2.	Bleeding < 28 weeks	1	2	<-8>	<-1>
B3.	Bleeding ≥ 28 weeks	1	2	<-8>	<-1>
B4.	Pregnancy induced hypertension	1	2	<-8>	
B5.	Chronic hypertension requiring treatment	1	2	<-8>	
B6.	Diabetes	1	2 **(B7)**	<-8> **(B7)**	
	a. Pre-gestational diabetes	1	2	<-8>	
	b. Gestational diabetes	1	2	<-8>	
	c. Insulin therapy during pregnancy	1	2	<-8>	
B7.	Intrauterine growth retardation (suspected)	1	2	<-8>	
B8.	Cystitis (requiring treatment)	1	2	<-8>	
B9.	Pyelonephritis	1	2	<-8>	
B10.	Other clinically significant infections during pregnancy	1	2 **(B11)**	<-8> **(B11)**	
	SPECIFY: _____				
B11.	Other clinically significant obstetrical problems	1	2 **(B12)**	<-8> **(B12)**	
	SPECIFY: _____				
B12.	Premature labor requiring tocolysis	1	2	<-8>	<-1>

WIHS ID#

SECTION C.

		YES	NO	DON'T KNOW / NOT RECORDED
C1.	Antepartum antibiotics taken	1	2 **(C2)**	<-8> **(C2)**
	SPECIFY: _____			
	_____			
	_____			
	_____			
C2.	Antepartum glucocorticoids taken	1	2 **(C3)**	<-8> **(C3)**
	SPECIFY: _____			
	_____			
	_____			
	_____			
C3.	Antepartum zidovudine (AZT) or Combivir taken	1	2 **(C4)**	<-8> **(C4)**
	a. Average number of doses per week in last month: |___|___|___|			
	b. Date during pregnancy when zidovudine/Combivir was first taken: ___ ___ / ___ ___ / ___ ___			
C4.	Comments	1	2 **(END)**	

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