

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 INTERVIEW1

SECOND INTERVIEW2

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)

NO2

REASON: _____.....(END)

A5. DATE OF CHART REVIEW:

___ / ___
___ / ___

(A
6)

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.

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u> <u>/ NOT</u> <u>RECORDED</u>	<u>NOT</u> <u>APP.</u>
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>	

WIHS ID#

B10. Other clinically significant infections

during pregnancy..... 1 2 <-8> (B11)
(B11)

SPECIFY: _____

B11. Other clinically significant obstetrical

problems 1 2 <-8> (B12)
(B12)

SPECIFY: _____

B12. Premature labor requiring tocolysis.....

1 2 <-8> <-1>

WIHS ID#

[Empty box for WIHS ID#]

SECTION C.

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW / NOT RECORDED</u>
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)	

WIHS ID#
