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>	

WIHS ID#

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: ____________________

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C2.	Antepartum glucocorticoids taken	1	2 (C3)	<-8> (C3)

SPECIFY: ____________________

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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#

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