



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.**

	<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>	

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B9. Pyelonephritis..... 1 2 <-8>

B10. Other clinically significant infections  
during pregnancy..... 1 2 <-8> (B11)  
(B11)

SPECIFY: \_\_\_\_\_

B11. Other clinically significant obstetrical 1 2 <-8> (B12)  
problems..... (B12)

SPECIFY: \_\_\_\_\_

B12. Premature labor requiring tocolysis..... 1 2 <-8> <-1>

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**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)
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SPECIFY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C3. Antepartum zidovudine (AZT) or Combivir taken.....	1	2 (C4)	<-8> (C4)
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a. Average number of doses per week in last month:

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b. Date during pregnancy when

zidovudine/Combivir was first taken: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

WIHS ID#

C4. Comments..... 1 2 (END)

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