

WOMEN'S INTERAGENCY HIV STUDY  
PREGNANCY FORM PR01

PARTICIPANT ID:     |\_| - |\_|\_| - |\_|\_|\_|\_| - |\_|

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):

\_\_\_\_\_  
\_\_\_\_ / \_\_\_\_  
\_\_\_\_ / \_\_\_\_  
\_\_\_\_\_  
(A  
6)

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

A4. ABLE TO OBTAIN MEDICAL RECORD?

YES.....1

NO.....2 (END)

A5. DATE OF CHART REVIEW:

—  
— / —  
— / —  
—  
(A  
6)

A6. GESTATION OF PREGNANCY DETERMINED BY: YES      NO      # WEEKS

a. EXAM WITHIN FIRST 20 WEEKS.....1      2 (b)      |—|—|

b. LMP.....1      2 (c)      |—|—|

c. ULTRASOUND.....1      2 (B1)      |—|—|

**SECTION B.**

DON'T KNOW      NOT

WIHS ID#

	<u>YES</u>	<u>NO</u>	<u>/ NOT</u> <u>RECORDED</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>	
B10. Other clinically significant infections during pregnancy.....	1	2	<-8> (B11)	

WIHS ID#

(B11)

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

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

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

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

WIHS ID#

**SECTION C.**

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW /</u> <u>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) taken .....	1	2 (C4)	<-8> (C4)
a. Average number of doses per week:	_ _ _ _		
b. Date during pregnancy when zidovudine was first taken:	_ _ / _ _ / _ _		
C4. Comments.....	1	2 (END)	
_____			
_____			

WIHS ID#

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