WIHS ID #

WOMEN'S INTERAGENCY HIV STUDY
PREGNANCY FORM PR01

SECTION A: GENERAL INFORMATION

A1. PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE

|___|- |___|___| - |___|___|___|___| - |___|

A2. FORM VERSION: 0 4 / 0 1 / 9 9
M D Y

A3. PERSON COMPLETING FORM
OB designee…… 1 (A4)
Clinician…….. 2 (A7)

***OB DESIGNEE PROMPT: REVIEW MEDICAL RECORD AND COMPLETE FORM PR01 AFTER PATIENT HAS BEEN SEEN FOR A CORE WIHS VISIT AND AT LEAST ONE MONTH AFTER HER DELIVERY OR PREGNANCY TERMINATION.**

A4. OB DESIGNEE INITIALS: ___ ___ ___

A5. ABLE TO OBTAIN MEDICAL RECORD? Yes 1
No.....2 **(END)**

A6. DATE OF CHART REVIEW: ___ ___ / ___ ___ / ___ ___ (A10)
M D Y

A7. CLINICIAN'S INITIALS: ___ ___ ___

A8. INTERVIEW NUMBER FIRST…….1 SECOND…….2

A9. DATE OF INTERVIEW (BY CLINICIAN): ___ ___ / ___ ___ / ___ ___
M D Y

A10. GESTATION OF PREGNANCY DETERMINED BY:	CLINICIAN			OB DESIGNEE		
	YES	NO	# of WEEKS	YES	NO	# of WEEKS
a. EXAM WITHIN FIRST 20 WEEKS	1	2 **(b)**	|____|____|	1	2 **(b)**	|____|____|
b. LMP	1	2 **(c)**	|____|____|	1	2 **(c)**	|____|____|
c. ULTRASOUND	1	2 **(A9)**	|____|____|	1	2 **(A8)**	|____|____|

WIHS ID #

		CLINICIAN				OB DESIGNEE		
		YES	NO	DON'T KNOW	NOT APP.	YES	NO	NOT RECORDEDD
B1.	Incompetent cervix – Requiring placement of cerclage.....1		2 **(B2)**	<-8> **(B2)**		1	2 **(B2)**	3 **(B2)**
	a. Cerclage removal (ante-, intra-, or postpartum).....1		2	<-8>		1	2	3
B2.	Bleeding < 28 Weeks.....1		2	<-8>	3	1	2	3
B3.	Bleeding ≥ 28 Weeks.....1		2	<-8>	3	1	2	3
B4.	Pregnancy induced hypertension.....1		2	<-8>		1	2	3
B5.	Chronic hypertension requiring treatment.....1		2	<-8>		1	2	3
B6.	Diabetes.....1		2 **(B7)**	<-8> **(B7)**		1	2 **(B7)**	3 **(B7)**
	a. Pre-gestational diabetes.....1		2	<-8>		1	2	3
	b. Gestational diabetes.....1		2	<-8>		1	2	3
	c. Insulin therapy during pregnancy.....1		2	<-8>		1	2	3
B7.	Intrauterine growth retardation (suspected).....1		2	<-8>		1	2	3
B8.	Cystitis (requiring treatment).....1		2	<-8>		1	2	3
B9.	Pyelonephritis.....1		2	<-8>		1	2	3
B10.	Other clinically-significant infections during pregnancy.....1		2 **(B11)**	<-8> **(B11)**		1	2 **(B11)**	3 **(B11)**
						(SPECIFY)_____.		
B11.	Other clinically-significant obstetrical problems.....1		2 **(B12)**	<-8> **(B12)**		1	**(B12)**	3 **(B12)**
						(SPECIFY)_____.		
B12.	Premature labor requiring tocolysis.....1		2	<-8>	3	1	2	3

CLINICIAN

		YES	NO	DON'T KNOW
C1.	Antepartum antibiotics taken?.....1		2**(C2)**	<-8>**(C2)**
	(SPECIFY) _____			
C2.	Antepartum glucocorticoids taken?.....1		2**(C3)**	<-8>**(C3)**
	(SPECIFY) _____			
C3.	Was zidovudine (AZT) given?.....1		2**(C4)**	<-8> **(C4)**

a. Average # of doses per week ⌐¬⌐¬⌐¬
#/WEEK

b. Date during pregnancy when Zidovudine began to be taken? __ __/ __ __/ __ __
M D Y

C4. Comments:_____