

I

II

III

	CLINICIAN			CLINICIAN			OB DESIGNEE		
	YES	NO	DONT KNOW	YES	NO	DONT KNOW	YES	NO	NOT RECORDED
C1. Antepartum Antibiotics Taken?.....1	1	2(C2)	<-8>(C2)	1	2(C2)	<-8>(C2)	1	2(C2)	3 (C2)
	(SPECIFY) _____			(SPECIFY) _____			(SPECIFY) _____		
	_____			_____			_____		
	_____			_____			_____		
C2. Antepartum Glucocorticoids Taken?.....1	1	2(C3)	<-8>(C3)	1	2(C3)	<-8>(C3)	1	2(C3)	3 (C3)
	(SPECIFY) _____			(SPECIFY) _____			(SPECIFY) _____		
	_____			_____			_____		
	_____			_____			_____		
C3. Was Zidovudine (AZT) Given?.....1	1	2(C4)	<-8> (C4)	1	2 (C4)	<-8> (C4)	1	2 (C4)	3 (C4)
a. Average # of doses per week	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	#/WEEK			#/WEEK			#/WEEK		
b. Date during pregnancy when Zidovudine began to be taken?	__	__	__	__	__	__	__	__	__
	M	D	Y	M	D	Y	M	D	Y
C4. Comments: _____	_____			_____			_____		
	_____			_____			_____		
	_____			_____			_____		
	_____			_____			_____		