

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 |__|__|

SECTION B.

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW / NOT RECORDED</u>	<u>NOT 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 (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.

	<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)
SPECIFY: _____			

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)	

