



WIHS ID#

**SECTION B.**

	<u>YES</u>	<u>NO</u>	<u>NOT RECORDED</u>	<u>NOT APP.</u>
B1. Incompetent cervix requiring placement of cerclage .....	1	2 <b>(B2)</b>	<-8> <b>(B2)</b>	
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 <b>(B7)</b>	<-8> <b>(B7)</b>	
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 <b>(B11)</b>	<-8> <b>(B11)</b>	
SPECIFY: _____				
B11. Other clinically significant obstetrical problems ...	1	2 <b>(B12)</b>	<-8> <b>(B12)</b>	
SPECIFY: _____				
B12. Premature labor requiring tocolysis .....	1	2	<-8>	<-1>

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**SECTION C.**

	<u>YES</u>	<u>NO</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) 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)	
_____			
_____			
_____			
_____			
_____			
_____			