



HPTN 052 (096)

IPR-1 (040)

Index ID

- - - -

Site Number Index Number Partner Chk

Index Enrollment Pregnancy Report and History

Form Completion Date

/ /

dd MMM yy

Instructions: Complete this form for all female participants for Enrollment.

PREGNANCY REPORT

1. Date of Enrollment pregnancy test: *not done* OR **► If not done, go to item 5.**

dd MMM yy

2. Result of pregnancy test:

negative positive

If pregnancy is confirmed, complete Pregnancy Report form.

3. Date of last menstrual period:

4. Estimated date of delivery:

NO LONGER APPLICABLE FOR THIS PROTOCOL.

PREGNANCY HISTORY

5. Has the participant ever been pregnant before? **► If no and participant is currently pregnant, go to item 7 on page 2. If no and participant is not pregnant, end of form and fax only page 1 to SCHARP DataFax.**

yes no

5a. Number of full term live births (≥ 37 weeks):

5b. Number of premature live births (< 37 weeks):

5c. Number of spontaneous fetal deaths or stillbirths (≥ 20 weeks):

5d. Number of spontaneous abortions (miscarriages) (< 20 weeks):

5e. Number of therapeutic/elective abortions:

5f. Number of ectopic pregnancies:

6. Does the participant have a history of pregnancy complications or fetal/infant congenital anomalies?

yes no

 07-JAN-10

Language

Staff Initials / Date

Index Enrollment Pregnancy Report and History (IPR-1)

Item-specific Instructions:

- **Item 1:** Mark “not done” only if index is not of reproductive potential, as defined by the protocol.
- **Item 5:** If the answer to item 5 is “yes,” all items in 5a–5f must be completed. If the answer to any item 5a–5f is “zero” record “00” in the response.

Index Enrollment Pregnancy Report and History (IPR-2)

Item-specific Instructions:

- **ART Medication Code:** Refer to the HPTN 052 website for the list of ART medication codes. If the medication is unknown, line through, mark “N/A,” and initial and date.
- **Date of last dose of ART medication received:** Record the date of the last time ART medication was taken for prevention of peripartum transmission. When possible record the complete date (day, month, year) of the last dose of ART medication received. If the participant does not know the complete date, record the month and year.