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## 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.



HPTN 052 (096)

IPR-2 (041)

**Index ID**

-    -    -    -

Site Number      Index Number      Partner      Chk

**Index Enrollment Pregnancy Report and History**

7. Did the participant take ART for prevention of mother to child transmission for any pregnancies prior to enrolling in this study? .....  **yes**       **no** → **If no, end of form.**

For each pregnancy for which the participant took ART for prevention of mother to child transmission, record the following information:

Pregnancy #	ART Medication Code	Date of last dose of ART medication received			Length of treatment			
		dd	MMM	yy	single dose	≤ 10 days	11–30 days	> 30 days
7a. <input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7b. <input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7c. <input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7d. <input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7e. <input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7f. <input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7g. <input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7h. <input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7i. <input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7j. <input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## 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.