



MTN 015 (143)

PR-1 (440)

Visit Code .

1

Participant ID

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Site Number Participant Number Chk

Pregnancy Report and History

PREGNANCY REPORT

1. Date of onset of last menstrual period: ^{dd} ^{MMM} ^{yy}

2. Estimated date of delivery: ^{dd} ^{MMM} ^{yy}

PREGNANCY HISTORY

3. Has the participant ever been pregnant before? ^{yes} ^{no} **→ If no, end of form.**

3a. Is this the participant's first pregnancy since enrollment in this study? ^{yes} ^{no} **→ If no, end of form.**

3b. Number of full term live births (≥ 37 weeks):

3c. Number of premature live births (< 37 weeks):

3d. Number of spontaneous fetal deaths and/or still births (≥ 20 weeks):

3e. Number of spontaneous abortions (< 20 weeks):

3f. Number of therapeutic/elective abortions:

3g. Number of ectopic pregnancies:

4. Does the participant have a history of pregnancy complications or fetal/infant congenital anomalies before study enrollment? ^{yes} ^{no} **→ If yes, document in participant's records.**

Comments: _____

Pregnancy Report and History (PR-1)

Purpose: Complete this form to report a pregnancy of a study participant.

General Information/Instructions: Record the visit code of the visit at which study staff became aware that the participant is/was pregnant.

Item-specific instructions:

- **Item 1:** Complete date required. Record best estimate if date not known.
- **Item 2:** Complete date required.