



Pregnancy Follow-Up (Adult)

Patient ID ____ - ____ ID ____ - ____

Date of Evaluation: **DOEDATE**

Protocol timepoint (see codes): **TMPT**

Pregnancy/baby number: **PRENUM**

Instructions: This form is to be completed at the time of a protocol visit or "special visit" according to the pregnancy, post-delivery, schedule.

SECTION I: BIRTH AND DELIVERY

Instructions: This section is to be completed at the first post-delivery visit only.

1. Was the pregnancy viable? ☐ Yes ☐ No **PRGLIVE**
If No, complete questions **a** and **b** below and then go to Section IV
 - a. Outcome: 1 ☐ Miscarriage 2 ☐ Stillborn 3 ☐ Terminated ☐ Unknown **PRGDTH**
 - b. Outcome date (mm/dd/yy): **PRGDTHM** / **PRGDTHD** / **PRGDTHY** ☐ Unknown
2. Date of birth (mm/dd/yy): **BBDOMB** / **BBDOMD** / **BBDOMY**
3. Gender of baby: ☐ Male ☐ Female **BBSEX**
4. Method of delivery: 1 ☐ Vaginal 2 ☐ Cesarean ☐ Unknown **DLVRYM**
5. Did baby receive HBIG at birth? ☐ Yes ☐ No ☐ Unknown **BBHBIG**

SECTION II: IMMUNIZATION AND STATUS UPDATE

1. Has the baby received hepatitis B vaccine? ☐ Yes ☐ No ☐ Unknown **HBVAC**
If Yes, how many doses has the baby received since birth? **VACDOSE** ☐ Unknown
2. Did the patient breastfeed for more than 7 days? ☐ Yes ☐ No **BFEED**
 - a. If Yes, is the patient currently breastfeeding? ☐ Yes ☐ No **BFEEDCUR**
 - i. If No, how many weeks did the patient breastfeed? **BFEEDWK** ☐ Unknown

SECTION III: POST-DELIVERY EVENTS

Instructions: This section is to be completed at the third post-delivery visit only (72 weeks post-delivery).

1. Has baby been tested for hepatitis B? ☐ Yes ☐ No ☐ Unknown **BBTEST**
If Yes,
 - a. Is the baby HBsAg positive? ☐ Yes ☐ No ☐ Unknown **BBHBSAG**
 - b. Is the baby immune to HBV or anti-HBs positive? ☐ Yes ☐ No ☐ Unknown **HBVIMM**
2. Has your pediatrician told you your baby is developing normally? ☐ Yes ☐ No ☐ Unknown **NORMDEV**

SECTION IV: TREATMENT

1. Is this evaluation being completed at the time of a protocol evaluation visit? ☐ Yes ☐ No **PROT**
If Yes, skip question 2.
2. Has patient received treatment for HBV (interferon, oral agent) since the last protocol visit?
☐ Yes ☐ No ☐ N/A or participating in HBV/HIV Co-infected Ancillary Study (**All HBV and HIV therapy should be captured on the AH Log for HBV/HIV co-infected participants.**)
RCNTTX

If Yes, record all antivirals received during the interval:

Antiviral Therapy (see codes)	Date Started* (mm/dd/yy)	Date Stopped* (mm/dd/yy)	or Currently on Therapy	
TXB1	TXB1BM/D/Y	TXB1EM/D/Y	TXB1CUR <input type="checkbox"/>	
TXB2	TXB2BM/D/Y	TXB2EM/D/Y	TXB2CUR <input type="checkbox"/>	1 = IFN
TXB3	TXB3BM/D/Y	TXB3EM/D/Y	TXB3CUR <input type="checkbox"/>	2 = Entecavir
TXB4	TXB4BM/D/Y	TXB4EM/D/Y	TXB4CUR <input type="checkbox"/>	3 = Telbivudine
TXB5	TXB5BM/D/Y	TXB5EM/D/Y	TXB5CUR <input type="checkbox"/>	4 = Lamivudine
TXB6	TXB6BM/D/Y	TXB6EM/D/Y	TXB6CUR <input type="checkbox"/>	5 = Adefovir

6 = Peg-IFN
7 = Tenofovir/TDF
8 = Emtricitabine
9 = Truvada
12 = Tenofovir/TAF

* record UNK for any piece of the date that is not known

Data collector initials: **DCID** Date data collection completed (mm/dd/yy): **DCM** / **DCD** / **DCY**