



Pregnancy Follow-Up (Adult)

Patient ID ____ - __ ID ____ - ____

Date of Evaluation: **DOEDATE**

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

Pregnancy/baby number: **PREGNUM**

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.

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

SECTION II: IMMUNIZATION AND STATUS UPDATE

- Has the baby received hepatitis B vaccine? Yes No Unknown **HBVAC**
If Yes, how many doses has the baby received since birth? **_VACDOSE_** Unknown
- Did the patient breastfeed for more than 7 days? Yes No **BFEED**
 - If Yes, is the patient currently breastfeeding? Yes No **BFEEDCUR**
 - 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).

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

SECTION IV: TREATMENT

- Is this evaluation being completed at the time of a protocol evaluation visit? Yes No **PROT**
If Yes, skip question 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 RCNTTX should be captured on the AH Log for HBV/HIV co-infected participants.**)

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"/>	1 = IFN 6 = Peg-IFN 2 = Entecavir 7 = Tenofovir/TDF 3 = Telbivudine 8 = Emtricitabine 4 = Lamivudine 9 = Truvada 5 = Adefovir 12 = Tenofovir/TAF
TXB2	TXB2BM/D/Y	TXB2EM/D/Y	TXB2CUR <input type="checkbox"/>	
TXB3	TXB3BM/D/Y	TXB3EM/D/Y	TXB3CUR <input type="checkbox"/>	
TXB4	TXB4BM/D/Y	TXB4EM/D/Y	TXB4CUR <input type="checkbox"/>	
TXB5	TXB5BM/D/Y	TXB5EM/D/Y	TXB5CUR <input type="checkbox"/>	
TXB6	TXB6BM/D/Y	TXB6EM/D/Y	TXB6CUR <input type="checkbox"/>	

* 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**