



Pregnancy Questionnaire (Adult)

Patient ID ____ - **ID** ____ - ____

Date of Evaluation: **DOEDATE**

SECTION I: PREGNANCY HISTORY

1. Number of pregnancies (record number): **NPREG** ☐ Unknown

a. Number of (record number for each): miscarriage **NMISC** stillborn **NSTILL** terminated **NTERM**

b. Number of live births (record number): **NPARA** For each child, complete the following information:

Child #	Year of birth	Was child tested for hepatitis B?	Was child diagnosed with hepatitis B?	Did child receive the following at birth?		Did mother receive treatment for hepatitis B (interferon, oral agent) during pregnancy?	If yes, check all that apply
				HBIG	HBV vaccine		
1	DOBY1	<input type="checkbox"/> Yes TESTB1 <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes DIAGB1 <input type="checkbox"/> No <input type="checkbox"/> Unknown	CHBIG1 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	CHVAC1 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes, throughout <input type="checkbox"/> Yes, 3 rd trimester only <input type="checkbox"/> No <input type="checkbox"/> Unknown MOMTX1	<input type="checkbox"/> IFN IFN1 <input type="checkbox"/> Peg-IFN PEG1 <input type="checkbox"/> Entecavir ECV1 <input type="checkbox"/> Tenofovir (TDF) TFV1 <input type="checkbox"/> Telbivudine TBVD1 <input type="checkbox"/> Emtricitabine EMT1 <input type="checkbox"/> Lamivudine LMVD1 <input type="checkbox"/> Truvada TRU1 <input type="checkbox"/> Adefovir AFV1 <input type="checkbox"/> Tenofovir (TAF) TAF1 <input type="checkbox"/> Unknown UNK1
2	DOBY2	<input type="checkbox"/> Yes TESTB2 <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes DIAGB2 <input type="checkbox"/> No <input type="checkbox"/> Unknown	CHBIG2 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	CHVAC2 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes, throughout <input type="checkbox"/> Yes, 3 rd trimester only <input type="checkbox"/> No <input type="checkbox"/> Unknown MOMTX2	<input type="checkbox"/> IFN IFN2 <input type="checkbox"/> Peg-IFN PEG2 <input type="checkbox"/> Entecavir ECV2 <input type="checkbox"/> Tenofovir (TDF) TFV2 <input type="checkbox"/> Telbivudine TBVD2 <input type="checkbox"/> Emtricitabine EMT2 <input type="checkbox"/> Lamivudine LMVD2 <input type="checkbox"/> Truvada TRU2 <input type="checkbox"/> Adefovir AFV2 <input type="checkbox"/> Tenofovir (TAF) TAF2 <input type="checkbox"/> Unknown UNK2
3	DOBY3	<input type="checkbox"/> Yes TESTB3 <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes DIAGB3 <input type="checkbox"/> No <input type="checkbox"/> Unknown	CHBIG3 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	CHVAC3 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes, throughout <input type="checkbox"/> Yes, 3 rd trimester only <input type="checkbox"/> No <input type="checkbox"/> Unknown MOMTX3	<input type="checkbox"/> IFN IFN3 <input type="checkbox"/> Peg-IFN PEG3 <input type="checkbox"/> Entecavir ECV3 <input type="checkbox"/> Tenofovir (TDF) TFV3 <input type="checkbox"/> Telbivudine TBVD3 <input type="checkbox"/> Emtricitabine EMT3 <input type="checkbox"/> Lamivudine LMVD3 <input type="checkbox"/> Truvada TRU3 <input type="checkbox"/> Adefovir AFV3 <input type="checkbox"/> Tenofovir (TAF) TAF3 <input type="checkbox"/> Unknown UNK3
4	DOBY4	<input type="checkbox"/> Yes TESTB4 <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes DIAGB4 <input type="checkbox"/> No <input type="checkbox"/> Unknown	CHBIG4 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	CHVAC4 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes, throughout <input type="checkbox"/> Yes, 3 rd trimester only <input type="checkbox"/> No <input type="checkbox"/> Unknown MOMTX4	<input type="checkbox"/> IFN IFN4 <input type="checkbox"/> Peg-IFN PEG4 <input type="checkbox"/> Entecavir ECV4 <input type="checkbox"/> Tenofovir (TDF) TFV4 <input type="checkbox"/> Telbivudine TBVD4 <input type="checkbox"/> Emtricitabine EMT4 <input type="checkbox"/> Lamivudine LMVD4 <input type="checkbox"/> Truvada TRU4 <input type="checkbox"/> Adefovir AFV4 <input type="checkbox"/> Tenofovir (TAF) TAF4 <input type="checkbox"/> Unknown UNK4

Data collector initials: **DCID**

Date data collection completed (mm/dd/yy): **DCM / DCD / DCY**



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				HBIG	HBV vaccine		
5	DOBY5	<input type="checkbox"/> Yes TESTB5 <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes DIAGB5 <input type="checkbox"/> No <input type="checkbox"/> Unknown	CHBIG5 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	CHVAC5 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes, throughout <input type="checkbox"/> Yes, 3 rd trimester only <input type="checkbox"/> No <input type="checkbox"/> Unknown MOMTX5	<input type="checkbox"/> IFN IFN5 <input type="checkbox"/> Peg-IFN PEG5 <input type="checkbox"/> Entecavir ECV5 <input type="checkbox"/> Tenofovir (TDF) TFV5 <input type="checkbox"/> Telbivudine TBVD5 <input type="checkbox"/> Emtricitabine EMT5 <input type="checkbox"/> Lamivudine LMVD5 <input type="checkbox"/> Truvada TRU5 <input type="checkbox"/> Adefovir AFV5 <input type="checkbox"/> Tenofovir (TAF) TAF5 <input type="checkbox"/> Unknown UNK5
6	DOBY6	<input type="checkbox"/> Yes TESTB6 <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes DIAGB6 <input type="checkbox"/> No <input type="checkbox"/> Unknown	CHBIG6 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	CHVAC6 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes, throughout <input type="checkbox"/> Yes, 3 rd trimester only <input type="checkbox"/> No <input type="checkbox"/> Unknown MOMTX6	<input type="checkbox"/> IFN IFN6 <input type="checkbox"/> Peg-IFN PEG6 <input type="checkbox"/> Entecavir ECV6 <input type="checkbox"/> Tenofovir (TDF) TFV6 <input type="checkbox"/> Telbivudine TBVD6 <input type="checkbox"/> Emtricitabine EMT6 <input type="checkbox"/> Lamivudine LMVD6 <input type="checkbox"/> Truvada TRU6 <input type="checkbox"/> Adefovir AFV6 <input type="checkbox"/> Tenofovir (TAF) TAF6 <input type="checkbox"/> Unknown UNK6
7	DOBY7	<input type="checkbox"/> Yes TESTB7 <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes DIAGB7 <input type="checkbox"/> No <input type="checkbox"/> Unknown	CHBIG7 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	CHVAC7 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes, throughout <input type="checkbox"/> Yes, 3 rd trimester only <input type="checkbox"/> No <input type="checkbox"/> Unknown MOMTX7	<input type="checkbox"/> IFN IFN7 <input type="checkbox"/> Peg-IFN PEG7 <input type="checkbox"/> Entecavir ECV7 <input type="checkbox"/> Tenofovir (TDF) TFV7 <input type="checkbox"/> Telbivudine TBVD7 <input type="checkbox"/> Emtricitabine EMT7 <input type="checkbox"/> Lamivudine LMVD7 <input type="checkbox"/> Truvada TRU7 <input type="checkbox"/> Adefovir AFV7 <input type="checkbox"/> Tenofovir (TAF) TAF7 <input type="checkbox"/> Unknown UNK7
8	DOBY8	<input type="checkbox"/> Yes TESTB8 <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes DIAGB8 <input type="checkbox"/> No <input type="checkbox"/> Unknown	CHBIG8 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	CHVAC8 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes, throughout <input type="checkbox"/> Yes, 3 rd trimester only <input type="checkbox"/> No <input type="checkbox"/> Unknown MOMTX8	<input type="checkbox"/> IFN IFN8 <input type="checkbox"/> Peg-IFN PEG8 <input type="checkbox"/> Entecavir ECV8 <input type="checkbox"/> Tenofovir (TDF) TFV8 <input type="checkbox"/> Telbivudine TBVD8 <input type="checkbox"/> Emtricitabine EMT8 <input type="checkbox"/> Lamivudine LMVD8 <input type="checkbox"/> Truvada TRU8 <input type="checkbox"/> Adefovir AFV8 <input type="checkbox"/> Tenofovir (TAF) TAF8 <input type="checkbox"/> Unknown UNK8



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				HBIG	HBV vaccine		
9	DOBY9	<input type="checkbox"/> Yes TESTB9 <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes DIAGB9 <input type="checkbox"/> No <input type="checkbox"/> Unknown	CHBIG9 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	CHVAC9 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes, throughout <input type="checkbox"/> Yes, 3 rd trimester only <input type="checkbox"/> No <input type="checkbox"/> Unknown MOMTX9	<input type="checkbox"/> IFN IFN9 <input type="checkbox"/> Peg-IFN PEG9 <input type="checkbox"/> Entecavir ECV9 <input type="checkbox"/> Tenofovir (TDF) TFV9 <input type="checkbox"/> Telbivudine TBVD9 <input type="checkbox"/> Emtricitabine EMT9 <input type="checkbox"/> Lamivudine LMVD9 <input type="checkbox"/> Truvada TRU9 <input type="checkbox"/> Adefovir AFV9 <input type="checkbox"/> Tenofovir (TAF) TAF9 <input type="checkbox"/> Unknown UNK9
10	DOBY10	<input type="checkbox"/> Yes TESTB10 <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes DIAGB10 <input type="checkbox"/> No <input type="checkbox"/> Unknown	CHBIG10 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	CHVAC10 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes, throughout <input type="checkbox"/> Yes, 3 rd trimester only <input type="checkbox"/> No <input type="checkbox"/> Unknown MOMTX10	<input type="checkbox"/> IFN IFN10 <input type="checkbox"/> Peg-IFN PEG10 <input type="checkbox"/> Entecavir ECV10 <input type="checkbox"/> Tenofovir (TDF) TFV10 <input type="checkbox"/> Telbivudine TBVD10 <input type="checkbox"/> Emtricitabine EMT10 <input type="checkbox"/> Lamivudine LMVD10 <input type="checkbox"/> Truvada TRU10 <input type="checkbox"/> Adefovir AFV10 <input type="checkbox"/> Tenofovir (TAF) TAF10 <input type="checkbox"/> Unknown UNK10
11	DOBY11	<input type="checkbox"/> Yes TESTB11 <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes DIAGB11 <input type="checkbox"/> No <input type="checkbox"/> Unknown	CHBIG11 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	CHVAC11 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes, throughout <input type="checkbox"/> Yes, 3 rd trimester only <input type="checkbox"/> No <input type="checkbox"/> Unknown MOMTX11	<input type="checkbox"/> IFN IFN11 <input type="checkbox"/> Peg-IFN PEG11 <input type="checkbox"/> Entecavir ECV11 <input type="checkbox"/> Tenofovir (TDF) TFV11 <input type="checkbox"/> Telbivudine TBVD11 <input type="checkbox"/> Emtricitabine EMT11 <input type="checkbox"/> Lamivudine LMVD11 <input type="checkbox"/> Truvada TRU11 <input type="checkbox"/> Adefovir AFV11 <input type="checkbox"/> Tenofovir (TAF) TAF11 <input type="checkbox"/> Unknown UNK11
12	DOBY12	<input type="checkbox"/> Yes TESTB12 <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes DIAGB12 <input type="checkbox"/> No <input type="checkbox"/> Unknown	CHBIG12 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	CHVAC12 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes, throughout <input type="checkbox"/> Yes, 3 rd trimester only <input type="checkbox"/> No <input type="checkbox"/> Unknown MOMTX12	<input type="checkbox"/> IFN IFN12 <input type="checkbox"/> Peg-IFN PEG12 <input type="checkbox"/> Entecavir ECV12 <input type="checkbox"/> Tenofovir (TDF) TFV12 <input type="checkbox"/> Telbivudine TBVD12 <input type="checkbox"/> Emtricitabine EMT12 <input type="checkbox"/> Lamivudine LMVD12 <input type="checkbox"/> Truvada TRU12 <input type="checkbox"/> Adefovir AFV12 <input type="checkbox"/> Tenofovir (TAF) TAF12 <input type="checkbox"/> Unknown UNK12