



Pregnancy Follow-Up (Adult)

Patient ID ____ - ____ - ____

Date of Evaluation: ____ / ____ / ____

Protocol timepoint (see codes): ____

Pregnancy/baby number: ____

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
 If No, complete questions **a** and **b** below and then go to Section IV
 - a. Outcome: 1 Miscarriage 2 Stillborn 3 Terminated Unknown
 - b. Outcome date (mm/dd/yy): ____ / ____ / ____ Unknown
2. Date of birth (mm/dd/yy): ____ / ____ / ____
3. Gender of baby: Male Female
4. Method of delivery: 1 Vaginal 2 Cesarean Unknown
5. Did baby receive HBIG at birth? Yes No Unknown

SECTION II: IMMUNIZATION AND STATUS UPDATE

1. Has the baby received hepatitis B vaccine? Yes No Unknown
 If Yes, how many doses has the baby received since birth? ____ Unknown
2. Did the patient breastfeed for more than 7 days? Yes No
 - a. If Yes, is the patient currently breastfeeding? Yes No
 - i. If No, how many weeks did the patient breastfeed? ____ 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
 If Yes,
 - a. Is the baby HBsAg positive? Yes No Unknown
 - b. Is the baby immune to HBV or anti-HBs positive? Yes No Unknown
2. Has your pediatrician told you your baby is developing normally? Yes No Unknown

SECTION IV: TREATMENT

1. Is this evaluation being completed at the time of a protocol evaluation visit? Yes No
 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.)**

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 | |
|----------------------------------|-----------------------------|-----------------------------|----------------------------|------------------------------------|
| _____ | ___/___/___ | ___/___/___ | <input type="checkbox"/> | |
| _____ | ___/___/___ | ___/___/___ | <input type="checkbox"/> | 1 = IFN 6 = Peg-IFN |
| _____ | ___/___/___ | ___/___/___ | <input type="checkbox"/> | 2 = Entecavir 7 = Tenofovir/TDF |
| _____ | ___/___/___ | ___/___/___ | <input type="checkbox"/> | 3 = Telbivudine 8 = Emtricitabine |
| _____ | ___/___/___ | ___/___/___ | <input type="checkbox"/> | 4 = Lamivudine 9 = Truvada |
| _____ | ___/___/___ | ___/___/___ | <input type="checkbox"/> | 5 = Adefovir 12=Tenofovir/TAF |

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

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|--------------------------|--|
| Data collector initials: | Date data collection completed (mm/dd/yy): / / |
|--------------------------|--|