



## Pregnancy Questionnaire (Adult)

Patient ID \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Evaluation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### SECTION I: PREGNANCY HISTORY

1. Number of pregnancies (record number): \_\_\_\_  Unknown
- a. Number of (record number for each): miscarriage \_\_\_\_ stillborn \_\_\_\_ terminated \_\_\_\_
- b. Number of live births (record number): \_\_\_\_ 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	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes, throughout <input type="checkbox"/> Yes, 3 <sup>rd</sup> trimester only <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> IFN <input type="checkbox"/> Peg-IFN <input type="checkbox"/> Entecavir <input type="checkbox"/> Tenofovir (TDF) <input type="checkbox"/> Telbivudine <input type="checkbox"/> Emtricitabine <input type="checkbox"/> Lamivudine <input type="checkbox"/> Truvada <input type="checkbox"/> Adefovir <input type="checkbox"/> Tenofovir (TAF) <input type="checkbox"/> Unknown
2	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes, throughout <input type="checkbox"/> Yes, 3 <sup>rd</sup> trimester only <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> IFN <input type="checkbox"/> Peg-IFN <input type="checkbox"/> Entecavir <input type="checkbox"/> Tenofovir (TDF) <input type="checkbox"/> Telbivudine <input type="checkbox"/> Emtricitabine <input type="checkbox"/> Lamivudine <input type="checkbox"/> Truvada <input type="checkbox"/> Adefovir <input type="checkbox"/> Tenofovir (TAF) <input type="checkbox"/> Unknown
3	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes, throughout <input type="checkbox"/> Yes, 3 <sup>rd</sup> trimester only <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> IFN <input type="checkbox"/> Peg-IFN <input type="checkbox"/> Entecavir <input type="checkbox"/> Tenofovir (TDF) <input type="checkbox"/> Telbivudine <input type="checkbox"/> Emtricitabine <input type="checkbox"/> Lamivudine <input type="checkbox"/> Truvada <input type="checkbox"/> Adefovir <input type="checkbox"/> Tenofovir (TAF) <input type="checkbox"/> Unknown
4	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes, throughout <input type="checkbox"/> Yes, 3 <sup>rd</sup> trimester only <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> IFN <input type="checkbox"/> Peg-IFN <input type="checkbox"/> Entecavir <input type="checkbox"/> Tenofovir (TDF) <input type="checkbox"/> Telbivudine <input type="checkbox"/> Emtricitabine <input type="checkbox"/> Lamivudine <input type="checkbox"/> Truvada <input type="checkbox"/> Adefovir <input type="checkbox"/> Tenofovir (TAF) <input type="checkbox"/> Unknown

Data collector initials: \_\_\_\_ Date data collection completed (mm/dd/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_