Study ID Number ____________________ # continuation sheets for this section (enter only on first page of section)________

Prenatal Care Medical Record Abstraction Form

This form should be used for abstraction of medical records from **all prenatal care providers** seen during **index pregnancy**, as well as medical records from **other providers** that provided care for the **biological mother** in the **3 years preceding the pregnancy with the index child**.
These other providers include internists, infertility treatment providers, psychiatrists and other mental health care providers, allergists, immunologists, etc.

A single abstraction form should be used for all relevant providers.

Notes: if a record from an infertility treatment provider is received and reviewed, additional details of treatments just before the index pregnancy should be recorded in various appendices as indicated.

Below list all providers that contributed data to this form.

OF NOTE: It is NOT necessary to indicate the specific provider record source for each individual data item on this form. It will be too cumbersome to try and detail exactly which record(s) provided which data. Hopefully, in most cases if the same information is provided in multiple different provider records, it will be consistent and complimentary. However, there might be cases in which conflicting information is presented in 2 different records. Use the data available to make your best judgment about the correct information and then add a comment providing details of the conflict between provider sources.

CONTRIBUTING PROVIDERS (Extra sheets in Appendix A if necessary)		
A.1. Name of Provider/Hospital		
A.2. Street Address		
A.3. City	A.4. State	A.5. Zip Code
ABSTRACTION LOG		
A.6. Date __ __/__ __/__ __ __ __	A.7. Date __ __/__ __/__ __ __ __	A.8. Date __ __/__ __/__ __ __ __
A.6.1 to A.6.8 Time *(*use military time)* Start __ __ : __ __ Stop __ __: __ __ Start __ __ : __ __ Stop __ __: __ __ Start __ __ : __ __ Stop __ __: __ __ Start __ __ : __ __ Stop __ __: __ __	A.71 to A.7.8 Time *(*use military time)* Start __ __ : __ __ Stop __ __: __ __ Start __ __ : __ __ Stop __ __: __ __ Start __ __ : __ __ Stop __ __: __ __ Start __ __ : __ __ Stop __ __: __ __	A.8.1 to A.8.8 Time *(*use military time)* Start __ __ : __ __ Stop __ __: __ __ Start __ __ : __ __ Stop __ __: __ __ Start __ __ : __ __ Stop __ __: __ __ Start __ __ : __ __ Stop __ __: __ __
A.9. Date __ __/__ __/__ __ __ __	A.10. Date __ __/__ __/__ __ __ __	A.11. Date __ __/__ __/__ __ __ __
A.9.1 to A.9.8 Time *(*use military time)* Start __ __ : __ __ Stop __ __: __ __ Start __ __ : __ __ Stop __ __: __ __ Start __ __ : __ __ Stop __ __: __ __ Start __ __ : __ __ Stop __ __: __ __	A.10.1 to A.10.8 Time *(*use military time)* Start __ __ : __ __ Stop __ __: __ __ Start __ __ : __ __ Stop __ __: __ __ Start __ __ : __ __ Stop __ __: __ __ Start __ __ : __ __ Stop __ __: __ __	A.11.1 to A.11.8 Time *(*use military time)* Start __ __ : __ __ Stop __ __: __ __ Start __ __ : __ __ Stop __ __: __ __ Start __ __ : __ __ Stop __ __: __ __ Start __ __ : __ __ Stop __ __: __ __

Study ID Number ______________________ # continuation sheets for this section (enter only on first page of section)________

B.1. Name of Provider/Hospital		
B.2. Street Address		
B.3. City	B.4. State	B.5. Zip Code

ABSTRACTION LOG

B.6. Date __ __/__ __/__ __ __ __	B.7. Date __ __/__ __/__ __ __ __	B.8. Date __ __/__ __/__ __ __ __
B.6.1 to B.6.8 Time *(*use military time)*	B.71 to B.7.8 Time *(*use military time)*	B.8.1 to B.8.8 Time *(*use military time)*
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
B.9. Date __ __/__ __/__ __ __ __	B.10. Date __ __/__ __/__ __ __ __	B.11. Date __ __/__ __/__ __ __ __
B.9.1 to B.9.8 Time *(*use military time)*	B.10.1 to B.10.8 Time *(*use military time)*	B.11.1 to B.11.8 Time *(*use military time)*
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __

C.1. Name of Provider/Hospital		
C.2. Street Address		
C.3. City	C.4. State	C.5. Zip Code

ABSTRACTION LOG

C.6. Date __ __/__ __/__ __ __ __	C.7. Date __ __/__ __/__ __ __ __	C.8. Date __ __/__ __/__ __ __ __
C.6.1 to C.6.8 Time *(*use military time)*	C.71 to C.7.8 Time *(*use military time)*	C.8.1 to C.8.8 Time *(*use military time)*
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
C.9. Date __ __/__ __/__ __ __ __	C.10. Date __ __/__ __/__ __ __ __	C.11. Date __ __/__ __/__ __ __ __
C.9.1 to C.9.8 Time *(*use military time)*	C.10.1 to C.10.8 Time *(*use military time)*	C.11.1 to C.11.8 Time *(*use military time)*
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __

Study ID Number ____________________ # continuation sheets for this section (enter only on first page of section)________

D.1. Name of Provider/Hospital		
D.2. Street Address		
D.3. City	D.4. State	D.5. Zip Code

ABSTRACTION LOG

D.6. Date __ __/__ __/__ __ __ __	D.7. Date __ __/__ __/__ __ __ __	D.8. Date __ __/__ __/__ __ __ __
D.6.1 to D.6.8 Time *(*use military time)*	D.71 to D.7.8 Time *(*use military time)*	D.8.1 to D.8.8 Time *(*use military time)*
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
D.9. Date __ __/__ __/__ __ __ __	D.10. Date __ __/__ __/__ __ __ __	D.11. Date __ __/__ __/__ __ __ __
D.9.1 to D.9.8 Time *(*use military time)*	D.10.1 to D.10.8 Time *(*use military time)*	D.11.1 to D.11.8 Time *(*use military time)*
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __

E.1. Name of Provider/Hospital		
E.2. Street Address		
E.3. City	E.4. State	E.5. Zip Code

ABSTRACTION LOG

E.6. Date __ __/__ __/__ __ __ __	E.7. Date __ __/__ __/__ __ __ __	E.8. Date __ __/__ __/__ __ __ __
E.6.1 to E.6.8 Time *(*use military time)*	E.71 to E.7.8 Time *(*use military time)*	E.8.1 to E.8.8 Time *(*use military time)*
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
E.9. Date __ __/__ __/__ __ __ __	E.10. Date __ __/__ __/__ __ __ __	E.11. Date __ __/__ __/__ __ __ __
E.9.1 to E.9.8 Time *(*use military time)*	E.10.1 to E.10.8 Time *(*use military time)*	E.11.1 to E.11.8 Time *(*use military time)*
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __

(Add extra sheets as needed)

Study ID Number ______________________ # continuation sheets for this section (enter only on first page of section)________

A. IDENTIFYING INFORMATION		☐ **No information for any item in section**
1. Mother's Name (Last, First, Middle)		2. Study ID#
3. Maiden Name	4. AKA	5. Mother's DOB
6. Street Address		
7. City	8. State	9. Zip Code
10. Delivery Hospital	11. Delivery Hospital Address	
12. City	13. State	14. Zip Code
Comments:		

Study ID Number ____________________ # continuation sheets for this section (enter only on first page of section)________

A. IDENTIFYING INFORMATION (continued) **Maternal Address History** (List in reverse chronological order)		
15. Date _ _ / _ _ / _ _ _ _ (last known at this address)	16. Mother's Street Address	
17. City	18. State	19. Zip Code
20. Date _ _ / _ _ / _ _ _ _ (last known at this address)	21. Mother's Street Address	
22. City	23. State	24. Zip Code
25. Date _ _ / _ _ / _ _ _ _ (last known at this address)	26. Mother's Street Address	
27. City	28. State	29. Zip Code
30. Date _ _ / _ _ / _ _ _ _ (last known at this address)	31. Mother's Street Address	
32. City	33. State	34. Zip Code
35. Date _ _ / _ _ / _ _ _ _ (last known at this address)	36. Mother's Street Address	
37. City	38. State	39. Zip Code
40. Date _ _ / _ _ / _ _ _ _ (last known at this address)	41. Mother's Street Address	
42. City	43. State	44. Zip Code
45. Date _ _ / _ _ / _ _ _ _ (last known at this address)	46. Mother's Street Address	
47. City	48. State	49. Zip Code
Comments:		

<u>Sections B-Q: How to Document Various Types of Missing Information</u>

A. No information -- entire section
Each section of each form will include either one or two universal missing check boxes. If either are checked, no further data are recorded for the entire section.

1. No information for any item in section
Checked if:
No relevant tests or procedures appear to have been ordered by any contributing medical care providers; and/or
No information was recorded for relevant health status, medical conditions, medications.

2. Test/procedure for one or more items in section indicated but no information on dates, results, etc.
(will only apply to certain sections as indicated)

B. Information available for one or more items within a section BUT no information for selected items

If there is information in the chart for one or more items in a given section on a given abstraction form, all pertinent data should be recorded. However, there is still the possibility that there will be missing data within these sections. Three types of missing data codes are recognized:

NA – NOT APPLICABLE (for use with certain items such as those with skip patterns and those for which multiple tests/procedures/etc. might have been performed and all are requested in abstraction form. After last relevant item is recorded, the subsequent item on abstract form is NA to indicate the end of reporting).

IL -- NOT LEGIBLE (self-explanatory)

NR – NO info in RECORD ("true missing" There ***<u>should</u>*** be information for an item, but it cannot be located.)

The following coding schemes will be applied to code these 3 types of missing:

Categorical variables with a finite coding scheme
- **77** NA
- **88** IL
- **99** NR

Dates and times **–** these may be completely missing or partially missing.
Data entry format is __ __/__ __/__ __ __ __ and __ __:__ __
For dates and time (military hours and minutes)

For day, month, hours, and minutes, enter **77, 88, or 99** as appropriate
For year the enter **7777, 8888, or 9999** as appropriate

Thus, these can be completely missing or mixed with valid data such as:
03/99/2003 and 10:88

Continuous/open ended data items: Since it will be overly burdensome to develop and employ a missing data scheme which individually considers each data item and the appropriate number of digits for missing values use the alpha codes for missing in these instances:
NA, IL, or NR

Study ID Number ____________________ # continuation sheets for this section (enter only on first page of section)________

B. MENSTRUAL HISTORY, CONCEPTION, INFERTILITY, PRENATAL CARE

☐ **No information for any item in section**

1. Date of first PNV _ _ / _ _ / _ _ _ _	2. Date of last PNV _ _ / _ _ / _ _ _ _	3. Total # of Visits __ __ *Record IL or NR as relevant*

4. LMP Date _ _ / _ _ / _ _ _ _	5. LMP Date Certain 1 ☐ yes 2 ☐ no 77 ☐ NA 88 ☐ Illegible 99 ☐ Not Recorded	6. EDC – LMP _ _ / _ _ / _ _ _ _	7. EDC – US _ _ / _ _ / _ _ _ _

8. Number of months index pregnancy attempted _______ Months OR ☐ Not Planned *Record IL or NR as relevant*	9. Contraception in use at time of conception 1 ☐ none/rhythm 2 ☐ barrier/chemical 3 ☐ hormonal 4 ☐ IUD 88 ☐ Illegible 99 ☐ Not recorded	10. Date contraception stopped _ _ / _ _ / _ _ _ _

11. Menstrual History Age of onset _____ *Record IL or NR as relevant*	12. Menstrual Cycles 1 ☐ regular 2 ☐ irregular 88 ☐ Illegible 99 ☐ Not recorded	13. Intercycle Interval _____ Days *If range provided, record midpoint.* *Record IL or NR as relevant*	14. Duration _____ Days *(If range provided, record midpoint)* *Record IL or NR as relevant*

15. Any indication of infertility problems and/or treatments prior to or at the time of the index pregnancy?
1 ☐ yes 2 ☐ no 88 ☐ Illegible ***If no***, skip to section C.
If yes, complete items 16 (diagnoses), 17 (treatment history prior to index pregnancy) and 18 (conception/treatment index pregnancy).
If unsure where to place a given treatment (because dates of treatment are not clear), record in 18 with “Maybe” Box (18c) checked.
If records from infertility providers available, complete Section Q or Appendix C for treatment details index pregnancy.

16. Infertility Disorders/Diagnoses 17. Treatment History (Prior to Index Pregnancy)

17a. Codes for treatment type: 1=ovulation induction medications; 2=other (non-ovulation) medications mother; 3= medication for mother indicated but type NOT indicated or abstractor unsure; 4= IUI or artificial insemination; 5=Assisted Reproductive Technology (ART) procedure; 6= surgery mother; 7=medication/procedure/surgery father; 8=other infertility treatment; 9= treatment indicated but type not specified; 77 NA; 88 Illegible

PAST DISORDERS/DIAGNOSES		**PAST TREATMENTS/MEDICATIONS** *(Treatments do not need to correspond with specific diagnoses. List in reverse chronological order. Extra sheet provided in Appendix A)*		
16a. 1 – 16a.8 Check all that apply	**16b. 1 – 16b.8** Date First Diagnosed (mm/yyyy OR yyyy)	**17a. 1– 17a.x** Treatment Code	**17b. 1– 17b.x** Specifications	**17c. 1– 17c.x** Treatment Date* (mm/yyyy OR yyyy)
☐ Tubal infertility	__ __/__ __ __ __			__ __/__ __ __ __
☐ Ovulatory dysfunction or Polycystic Ovaries (PCO)	__ __/__ __ __ __			__ __/__ __ __ __
☐ Diminished ovarian reserve/ premature ovarian failure/infertility resulting from advanced maternal age	__ __/__ __ __ __			__ __/__ __ __ __
☐ Endometriosis	__ __/__ __ __ __			__ __/__ __ __ __
☐ Structural uterine abnormalities	__ __/__ __ __ __			__ __/__ __ __ __
☐ Male Factor	__ __/__ __ __ __			__ __/__ __ __ __
☐ Unexplained or Idiopathic Infertility **specifically noted**	__ __/__ __ __ __			__ __/__ __ __ __
☐ Infertility noted but no info on specific diagnosis (including idiopathic)	__ __/__ __ __ __			__ __/__ __ __ __
Comments:		Comments:		

*Record only treatments earlier than time periods indicated in #18

Study ID Number ______________________ # continuation sheets for this section (enter only on first page of section)________

B. MENSTRUAL HISTORY, CONCEPTION, INFERTILITY, PRENATAL CARE (continued)

18. **Mode of Conception and Infertility Treatment Index Pregnancy***

Treatments Prior to Index Pregnancy (check all that apply)	**18a.1 - 18a.9 Yes**	**18b.1 - 18b.7 Maybe****	**18c.1 -18c.7 Medications/Treatments Specifications**	**18d.1 -18d.7 Dates**
1. Ovulation induction medication (OI) (Started within 3 months of conception)*	☐	☐	Specify medication(s) If infertility treatment provider record available for **Non-ART** treatments, provide medication details in **Section Q.** Note, infertility treatment provider might be same as prenatal care provider.	_ _ / _ _ / _ _ _ _
2. Other medication(s) taken by mother (within 3 months of conception)*	☐	☐	Specify medication(s) If infertility treatment provider record available for **Non-ART** treatments, provide medication details in **Section Q.** Note, infertility treatment provider might be same as prenatal care provider.	_ _ / _ _ / _ _ _ _
3. Intrauterine insemination (IUI)/artificial insemination (within 1 month of conception)*	☐	☐	Provide related details	_ _ / _ _ / _ _ _ _
4. Assisted reproductive technology (ART) *(eg in vitro fertilization (IVF), intracytoplasmic sperm injection (ICSI))* (any stage of procedure within 1 month of conception)* *Note; All stages in an ART treatment might occur over >4 weeks*	☐	☐	Record any additional info from prenatal care record in **Appendix B (**short form) and info from ART provider record in **Appendix C** (long form).	_ _ / _ _ / _ _ _ _
5. Mother had surgery for infertility disorder *(eg tubal surgery)* (within 6 months of conception)*	☐	☐	Specify type of surgery	_ _ / _ _ / _ _ _ _
6. Father had medication, surgery or other treatment for an infertility-related disorder (*such as hormonal imbalance or varicocele)* (within 6 months of conception)*	☐	☐	Specify type of treatment(s)/medication(s)/surgery(ies)	_ _ / _ _ / _ _ _ _
7. Assisted conception indicated for index pregnancy but treatment type not provided	☐	☐	Provide related details	_ _ / _ _ / _ _ _ _

*If available **B4.** LMP Date should be used to determine start of pregnancy in calculating intervals specified above. In some cases LMP or treatment date might be missing, but provider notation will indicate that treatment occurred within the specified interval.
**Maybe: In some cases an infertility treatment might be noted but the date of treatment is not recorded and the notation in the record is not clear as to whether the treatment occurred in the specified interval; thus, the abstractor will not be able to determine if treatment was within timeframe of just before index pregnancy and should check the Maybe box.

8. Infertility problem indicated but index pregnancy conceived without assistance	☐
9. Cannot determine if natural or assisted conception	☐

COMMENTS:

Study ID Number ____________________ # continuation sheets for this section (enter only on first page of section)________

C. PREGNANCY HISTORY UP TO AND INCLUDING INDEX PREGNANCY

☐ **No information for any item in section**

1. TOTAL Pregnancies	2. Full Term Birth (still + live)	3. Premature Birth (still + live)	4. Stillbirths	5. Live births	6. Ab – Induced	7. Ab – Spontaneous	8. Ectopic	9. Multiple Births (still +live)

****Use the following codes to complete the table below****(If needed, extra sheet provided in Appendix A)

Pregnancy Number/Baby Number	Outcome	Plurality	Birth Weight	Sex	Type Delivery
Number past pregnancies in reverse chronological order (most recent = 1). If plurality 77, 88 or 99, baby number not needed. For singletons enter 1/1. For pregnancies specified as multiple gestations, list each fetus/infant born separately. E.g. 1/1, 1/2, 1/3, pertain to infants 1, 2, and 3 from pregnancy 1.	1. Live Birth 2. Stillbirth 3. Induced Abortion 4. Spontaneous Abortion 5. Ectopic Pregnancy 6. Molar Pregnancy 7. Maternal Death prior to Birth 8. other specify 88. IL 99. NR	1. Singleton 2. Twin 3. Triplet 4. Quad 5. Quint Etc…. 77. NA (outcomes 3-8) 88. IL 99. NR	Grams preferred, if available Not applicable for outcomes 3-8, record NA Record IL or NR for other missing values as needed.	1. Male 2. Female 3. Ambiguous 77. NA (outcomes 3-8) 88. IL 99. NR	1. Vaginal 2. Primary C-Section 3. Secondary C-Section 4. VBAC 77. NA (outcomes 3-8) 88. IL 99. NR

Prenatal, Delivery, Post Partum Problems/Complications

1. No complications specifically noted
2. Abruptio placentae
3. Birth defect (specify if yes)
4. Cephalopelvic disproportion
5. Chorioamnionitis
6. Deep vein thrombosis
7. Eclampsia
8. Fetal reduction
9. Gestational Diabetes
10. HELLP
11. Hyperemesis
12. Infant Death, neonatal (<28 days)
13. Infant Death, post-neonatal (28 days – 1 year)
14. Intrauterine growth restriction/retardation (IUGR)
15. Macrosomia
16. Placenta previa
17. Postpartum depression
18. Postpartum hemorrhage
19. Pregnancy induced hypertension/ preeclampsia/gestational hypertension
20. Premature rupture of membranes (PROM)
21. Preterm labor
22. Pulmonary edema
23. Pulmonary embolus (PE)
24. Uterine rupture
25. Vaginal bleeding
26. Other: specify
99. Unknown/ Not documented

10a.1preg – 10a.20preg AND 10a.1baby – 10a.20baby Preg #	Baby #	**10b.1 – 10b.20** Outcome	**10c.1 – 10c.20** Plurality	**10d.1 – 10d.20** Outcome Month Mm	**10e.1 – 10e.20** Outcome Year yyyy	**10f.1 – 10f.20** GA Wks	**10g.1 – 10g.20 OR 10h.1 – 10h.20 (lb) 10i.1 – 10i.20 (oz)** Birth Weight g	lbs/oz	**10j.1 – 10j.20** Sex	**10k.1 – 10k.20** Type Delivery	**10L..1.1 – 10L.20.28 (Each complication will be a separate y/n variable for each pregnancy+ other specify and NR)** **Complications with mother/infant** (record codes; specify detail for "other")

COMMENTS: Provide indication of preg no/baby no for each comment.

Study ID Number ______________________ # continuation sheets for this section (enter only on first page of section)________

D. MATERNAL MEASUREMENTS INDEX PREGNANCY (Extra sheets in Appendix A if necessary)

☐ **No information for any item in section**
☐ **Test/procedure for one or more items in section indicated but no information on dates, results, etc.**

1. Pre-Pregnancy weight **1a**. __ __ __ .__ __ **1b** Unit: 1. ☐ pounds 2. ☐ kg 88. ☐ Illegible 99. ☐ NR

2. Date of Pre-Pregnancy weight **2a.** _ _ / _ _ / _ _ _ _ OR **2b.** ☐ self-reported

3. Maternal height **3a.** ___ ft **3b** ___ ___ in OR **3c.** ___ ___ ___ cm OR **3d.** ☐ Illegible ☐ Not Recorded

4. PRENATAL VISITS **Record IL or NR for missing information**

4a.1 – 4a.26 **Visit No**	**4b1 – 4b.26** **Date** *mm/dd/yyyyy*	**4c1 – 4c.26** **Wks Gestation** *(provider's best estimate)*	**4d1 – 4d.26** **4e1 – 4e.26** **Fundal Ht** ☐ **cm** ☐ **inches** ☐ **IL (all)** ☐ **NR (all)**	**4f1 – 4f.26** **Fetal Heart Rate**	**4g1 – 4g.26** **Preterm labor** *signs/ symptoms**	**4h1 – 4h.26** **4i1 – 4i.26** **Blood Pressure** **Systolic**	**Diastolic**	**4j1 – 4j.26** **4k1 – 4k.26** **Weight** ☐ **Lb** ☐ **kg** ☐ **IL (all)** ☐ **NR (all)**	**4L1 – 4L.26** **4m1 – 4m.26** **Urine** **+albumin** ☐ **IL (all)** ☐ **NR (all)**	**+glucose** ☐ **IL (all)** ☐ **NR (all)**
1 first					☐				☐	☐
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__ last					☐				☐	☐

5. HOSPITAL DELIVERY ADMISSION(S) **Record IL or NR for missing information**

5a.1 – 5a.3 **Date** *mm/dd/yyyyy*	**5b.1 – 5b.3** **Weeks Gestation** *(provider's best estimate)*	**5c.1 – 5d.3** **5d.1 – 5d.3** **Fundal Ht** ☐ **cm** ☐ **inches** ☐ **IL (all)** ☐ **NR (all)**	**5e.1 – 5e.3** **Fetal Heart Rate**	**5f.1 – 5f.3** **Preterm labor** *signs/ symptoms**	**5g.1 – 5g.3** **5h.1 – 5h.3** **Blood Pressure** **Systolic**	**Diastolic**	**5i.1 – 5i.3** **5j.1 – 5j.3** **Weight** ☐ **Lb** ☐ **kg** ☐ **IL (all)** ☐ **NR (all)**	**5k.1 – 5k.3** **5L.1 – 5L.3** **Urine** **+albumin** ☐ **IL (all)** ☐ **NR (all)**	**+glucose** ☐ **IL (all)** ☐ **NR (al**
				☐				☐	☐
				☐				☐	☐
				☐				☐	☐

* If preterm labor signs/symptoms are present, provide details in Section L.

COMMENTS: Indicate visit no and date.

Study ID Number ____________________ # continuation sheets for this section (enter only on first page of section)________

E. BLOOD TYPE, SCREENING, AND OTHER REPORTS (excluding cultures/rapid strep screens) INDEX PREGNANCY ☐ **No information for any item in section**

1a. Blood Type	**2a. Antibody Screen**	**3a. RPR/VDRL**	**4a. HbsAG**	**5a. Rubella Titer**	**6a. HIV**
_______ **1b. Rh** 1. ☐ negative 2. ☐ positive 3. ☐ tested, results unknown 4. ☐ not tested 88 ☐ Illegible 99 ☐ NR **1c.** Date _ _/ _ _/ _ _ _ _	1. ☐ negative 2. ☐ positive 3. ☐ tested, results unknown 4. ☐ not tested 88 ☐ Illegible 99 ☐ NR **2b.** Date _ _/ _ _/ _ _ _ _	1. ☐ negative 2. ☐ positive 3. ☐ tested, results unknown 4. ☐ not tested 88 ☐ Illegible 99 ☐ NR **3b.** Date _ _/ _ _/ _ _ _ _	1. ☐ negative 2. ☐ positive 3. ☐ tested, results unknown 4. ☐ not tested 88 ☐ Illegible 99 ☐ NR **4b.** Date _ _/ _ _/ _ _ _ _	1. ☐ immune 2. ☐ non-immune 3. ☐ tested, results unknown 4. ☐ not tested 88 ☐ Illegible 99 ☐ NR **5b.** Date _ _/ _ _/ _ _ _ _	1. ☐ negative 2. ☐ positive 3. ☐ tested, results unknown 4. ☐ not tested 88 ☐ Illegible 99 ☐ NR **6b.** Date _ _/ _ _/ _ _ _ _
7a. Chlamydia Screen 1. ☐ negative 2. ☐ positive 3. ☐ tested, results unknown 4. ☐ not tested 88 ☐ Illegible 99 ☐ NR **7b.** Date _ _/ _ _/ _ _ _ _	**8a. Diabetes Screen (1 hour)** 1. ☐ NL 2. ☐ ABNL 3. ☐ tested, results unknown 4. ☐ not tested 88 ☐ Illegible 99 ☐ NR **8b.** Date _ _/ _ _/ _ _ _ _	**9. Glucose Tolerance Tests** **9a. FBS** 1. ☐ NL 2. ☐ ABNL 3. ☐ tested, results unknown 4. ☐ not tested 88 ☐ Illegible 99 ☐ NR **9b.** Date _ _/ _ _/ _ _ _ _	**9c.** **1 hour** 1. ☐ NL 2. ☐ ABNL 3. ☐ tested, results unknown 4. ☐ not tested 88 ☐ Illegible 99 ☐ NR	**9d.** **2 hour** 1. ☐ NL 2. ☐ ABNL 3. ☐ tested, results unknown 4. ☐ not tested 88 ☐ Illegible 99 ☐ NR	**9e.** **3 hour** 1. ☐ NL 2. ☐ ABNL 3. ☐ tested, results unknown 4. ☐ not tested 88 ☐ Illegible 99 ☐ NR **9f** ☐ **more than one GTT – record additional GTT results in #22**
HGB (g/dL) **10a.1** _______.___ OR ☐ tested, results unknown ☐ not tested ☐ Illegible ☐ NR **10a.2.** Date _ _/ _ _/ _ _ _ _	**HGB (g/dL)** **10b.1** _______.___ OR ☐ tested, results unknown ☐ not tested ☐ Illegible ☐ NR **10b.2.** Date _ _/ _ _/ _ _ _ _	**HGB (g/dL)** **10c.1** _______.___ OR ☐ tested, results unknown ☐ not tested ☐ Illegible ☐ NR **10c.2.** Date _ _/ _ _/ _ _ _ _	**HCT (%)** **11a.1** _______ OR ☐ tested, results unknown ☐ not tested ☐ Illegible ☐ NR **11a.2.** Date _ _/ _ _/ _ _ _ _	**HCT (%)** **11b.1** _______ OR ☐ tested, results unknown ☐ not tested ☐ Illegible ☐ NR **11b.2.** Date _ _/ _ _/ _ _ _ _	**HCT (%)** **11c.1** _______ OR ☐ tested, results unknown ☐ not tested ☐ Illegible ☐ NR **11c.2.** Date _ _/ _ _/ _ _ _ _

Study ID Number ____________________ # continuation sheets for this section (enter only on first page of section)________

E. BLOOD TYPE, SCREENING, AND OTHER REPORTS (excluding cultures/rapid strep screens) (continued)

12a. HGB electrophoresis

1. ☐ tested
2. ☐ declined
3. ☐ tested but results unknown
4. ☐ not tested, unknown if offered test

88. ☐ Illegible
99. ☐ NR

12b. Date

_ _ / _ _ / _ _ _ _

12c. Results (Hb):

☐ AA ☐ SS
☐ AS ☐ SC
☐ AC ☐ AF
☐ ↑A2

☐ NA
☐ Illegible
☐ NR

13a. Progesterone Level

1. ☐ tested
2. ☐ declined
3. ☐ tested but results unknown
4. ☐ not tested, unknown if offered test

88. ☐ Illegible
99. ☐ NR

13b. Date _ _ / _ _ / _ _ _ _

13c. Results _______ ng/ml

13d.
☐ **more than one test – record additional results in #22**

14a. Elected Maternal Serum Screening (MS-AFP, Triple Screen, Quad Screen, or First Tri Screening)

1. ☐ accepted (see results)
2. ☐ declined
3. ☐ tested, results unknown
4. ☐ not tested, unknown if offered test

88 ☐ Illegible
99. ☐ NR

15. Maternal Serum Screening (MS-AFP, Triple Screen, Quad Screen, or First Tri Screening) results

15a.1

Date

_ _ / _ _ / _ _ _ _

15b.1

Test:_______________

1. ☐ MS-AFP
2. ☐ Triple Screen
3. ☐ Quad Screen
4. ☐ 1st Trimester Screen
5. ☐ redraw/recalculated

88. ☐ Illegible
99. ☐ NR

Results:

15c.1.1

1. ☐ screen negative
2. ☐ screen positive
3. ☐ tested, results unknown

88. ☐ Illegible
99. ☐ NR

15c1.2

FOR:
1. ☐ Trisomy 18
2. ☐ Trisomy 21
3. ☐ ONTD
4. ☐ abn. high levels
5. ☐ abn. low levels

OR **15c.1.3, 15c.1.4**

1 in ____ chance for
1. ☐ Trisomy 18
2. ☐ Trisomy 21
3. ☐ ONTD

Numeric Results (if present):

15d.1.1 to 15d.1.11

MS-AFP:_____ MoM or _____ng/mL
uE_3: _____ MoM or _____ng/mL
hCG: _____ MoM or _____ng/mL
PAPP-A: _____ MoM or _____ng/mL
Inhibin A or DIA:
_____ MoM or _____ng/mL

Nuchal Translucency (NT):
______mm

15a.2

Date

_ _ / _ _ / _ _ _ _

15b.2

Test:_______________

1. ☐ MS-AFP
2. ☐ Triple Screen
3. ☐ Quad Screen
4. ☐ 1st Trimester Screen
5. ☐ redraw/recalculated

88. ☐ Illegible
99. ☐ NR

Results:

15c.2.1

1. ☐ screen negative
2. ☐ screen positive
3. ☐ tested, results unknown

88. ☐ Illegible
99. ☐ NR

15c2.2

FOR:
1. ☐ Trisomy 18
2. ☐ Trisomy 21
3. ☐ ONTD
4. ☐ abn. high levels
5. ☐ abn. low levels

OR **15c.2.3, 15c.2.4**

1 in ____ chance for
1. ☐ Trisomy 18
2. ☐ Trisomy 21
3. ☐ ONTD

Numeric Results (if present):

15d.2.1 to 15d.2.11

MS-AFP:_____ MoM or _____ng/mL
uE_3: _____ MoM or _____ng/mL
hCG: _____ MoM or _____ng/mL
PAPP-A: _____ MoM or _____ng/mL
Inhibin A or DIA:
_____ MoM or _____ng/mL

Nuchal Translucency (NT):
______mm

Study ID Number ______________________ # continuation sheets for this section (enter only on first page of section)________

E. BLOOD TYPE, SCREENING, AND OTHER REPORTS (excluding cultures/rapid strep screens) (continued)

16. Chorionic Villi Sampling (CVS)

Procedure

16a.
Outcome of Procedure:
1. ☐ tested (see results)
2. ☐ tested, results unknown
3. ☐ not tested – not enough sample
4. ☐ not tested
88. ☐ Illegible
99. ☐ NR

16b. Date

_ _ / _ _ / _ _ _ _

Test results from CVS:

16c. Karyotype:

____

Genetic tests (**16d-16i)**:

Name:	Result:
________________	____________
________________	____________
________________	____________

17. Amniocentesis

Procedure

17a.
Outcome of Procedure:
1. ☐ tested (see results)
2. ☐ tested, results unknown
3. ☐ not tested – not enough sample
4. ☐ not tested
88. ☐ Illegible
99. ☐ NR

17b Date

_ _ / _ _ / _ _ _ _

Test results from amniocentesis:

17c Karyotype:

____

Genetic tests (**17d-17i.)**:

Name:	Result:
________________	____________
________________	____________
________________	____________

18. Second Amniocentesis

Procedure

18a
Outcome of Procedure:
1. ☐ tested (see results)
2. ☐ tested, results unknown
3. ☐ not tested – not enough sample
4. ☐ not tested
88. ☐ Illegible
99. ☐ NR

18b Date

_ _ / _ _ / _ _ _ _

Test results from amniocentesis:

18c Karyotype:

____

Genetic tests (**18d-18i)**:

Name:	Result:
________________	____________
________________	____________
________________	____________

19. AFP and AChE (Direct from amnio fluid NOT maternal serum)

19a.
Outcome of Procedure:
1. ☐ tested (see results)
2. ☐ tested, results unknown
3. ☐ not tested – not enough sample
4. ☐ not tested
88. ☐ Illegible
99. ☐ NR

19b. Date

_ _ / _ _ / _ _ _ _

AFP & AChE Results:

19c.
1. ☐ negative
2. ☐ positive

19d.
FOR:
1. ☐ ONTD
2. ☐ abn. high levels
3. ☐ abn. low levels

OR

19e.1-19e.5

1 in ____ chance for
☐ ONTD

AF-AFP:
_____ MoM or _____ng/mL
AChE:
_____ MoM or _____ng/mL

20. Amnio Gram Stain

20a. Outcome
1. ☐ tested (see results)
2. ☐ tested, results unknown
3. ☐ not tested – not enough sample
4. ☐ not tested
88. ☐ Illegible
99. ☐ NR

20b. Date

_ _ / _ _ / _ _ _ _

20c. Results
1. ☐ negative
2. ☐ positive
88. ☐ Illegible
99. ☐ NR

21. Amnio Lung Maturity

21a	**21b**	**21c**
LS _______	PG ______	FSI _______

21d Date

_ _ / _ _ / _ _ _ _

Study ID Number ______________________ # continuation sheets for this section (enter only on first page of section)________

E. BLOOD TYPE, SCREENING, AND OTHER REPORTS (excluding cultures/rapid strep screens) (continued)

22. Other Lab Reports (except cultures: to be reported in Section I) Extra sheet provided in Appendix A if needed

22a.1-22a.20 **Test Date**	**22b.1-22b.20** **Test Name/Description**	**22c.1-22c.20** **(22c.[1-20].oth.sp)** **Results**	**22d.1-22d.20** **Normal Lab Range** **(if available)**	**22e.1-22e.20** **Comments**
_ _ / _ _ / _ _ _ _		1. ☐ normal 2. ☐ abnormal 3. ☐ other _______________ 4. ☐ tested, results unknown 88. ☐ Illegible 99. ☐ NR		
_ _ / _ _ / _ _ _ _		1. ☐ normal 2. ☐ abnormal 3. ☐ other _______________ 4. ☐ tested, results unknown 88. ☐ Illegible 99. ☐ NR		
_ _ / _ _ / _ _ _ _		1. ☐ normal 2. ☐ abnormal 3. ☐ other _______________ 4. ☐ tested, results unknown 88. ☐ Illegible 99. ☐ NR		
_ _ / _ _ / _ _ _ _		1. ☐ normal 2. ☐ abnormal 3. ☐ other _______________ 4. ☐ tested, results unknown 88. ☐ Illegible 99. ☐ NR		
_ _ / _ _ / _ _ _ _		1. ☐ normal 2. ☐ abnormal 3. ☐ other _______________ 4. ☐ tested, results unknown 88. ☐ Illegible 99. ☐ NR		
_ _ / _ _ / _ _ _ _		1. ☐ normal 2. ☐ abnormal 3. ☐ other _______________ 4. ☐ tested, results unknown 88. ☐ Illegible 99. ☐ NR		
_ _ / _ _ / _ _ _ _		1. ☐ normal 2. ☐ abnormal 3. ☐ other _______________ 4. ☐ tested, results unknown 88. ☐ Illegible 99. ☐ NR		

COMMENTS: Indicate item #

Study ID Number ______________________ # continuation sheets for this section (enter only on first page of section)________

F. PREGNANCY ULTRASOUND REPORTS INDEX PREGNANCY

(Extra sheet provided in Appendix A if needed)

☐ **No information for any item in section**

☐ **Test/procedure for one or more items in section indicated but no information on dates, results, etc.**

1a. Date of scan	**1b.** # fetuses	**1c.** EGA – LMP	**1d.** EGA – US	**1e to 1n (1L.sp)** Reason (check all that apply)	**1o. (1o.ab.sp, 1o.oth.sp)** Results:
_ _ / _ _ / _ _ _ _		___ ___	___ ___	**(Each reason choice will be a separate y/n variable + other specify, IL, NR)** 1. ☐ confirm dates 2. ☐ fetal growth 3. ☐ placenta 4. ☐ BPP 5. ☐ decreased fetal movement 6. ☐ amniotic fluid volume 7. ☐ malformation 8. ☐ other: (specify) ________________ 88. ☐ Illegible 99. ☐ NR	1. ☐ normal 2. ☐ abnormal (specify) ________________ 3. ☐ other (specify) ________________ 88. ☐ Illegible 99. ☐ NR
2a. Date of scan	**2b.** # fetuses	**2c.** EGA – LMP	**2d.** EGA – US	**2e to 2n (2L.sp)** Reason (check all that apply)	**2o. (2o.ab.sp, 2o.oth.sp)** Results:
_ _ / _ _ / _ _ _ _		___ ___	___ ___	**(Each reason choice will be a separate y/n variable + other specify, IL, NR)** 1. ☐ confirm dates 2. ☐ fetal growth 3. ☐ placenta 4. ☐ BPP 5. ☐ decreased fetal movement 6. ☐ amniotic fluid volume 7. ☐ malformation 8. ☐ other: (specify) ________________ 88. ☐ Illegible 99. ☐ NR	1. ☐ normal 2. ☐ abnormal (specify) ________________ 3. ☐ other (specify) ________________ 88. ☐ Illegible 99. ☐ NR
3a. Date of scan	**3b.** # fetuses	**3c.** EGA – LMP	**3d.** EGA – US	**3e to 3n (3L.sp** Reason (check all that apply)	**3o. (3o.ab.sp, 3o.oth.sp)** Results:
_ _ / _ _ / _ _ _ _		___ ___	___ ___	**(Each reason choice will be a separate y/n variable + other specify, IL, NR)** 1. ☐ confirm dates 2. ☐ fetal growth 3. ☐ placenta 4. ☐ BPP 5. ☐ decreased fetal movement 6. ☐ amniotic fluid volume 7. ☐ malformation 8. ☐ other: (specify) ________________ 88. ☐ Illegible 99. ☐ NR	1. ☐ normal 2. ☐ abnormal (specify) ________________ 3. ☐ other (specify) ________________ 88. ☐ Illegible 99. ☐ NR

Study ID Number ______________________ # continuation sheets for this section (enter only on first page of section)________

F. ULTRASOUND REPORTS (continued)

4a. Date of scan	**4b.** # fetuses	**4c.** EGA – LMP	**4d.** EGA – US	**4e to 4n (4L.sp)** Reason (check all that apply)	**4o. (4o.ab.sp, 4o.oth.sp)** Results:
_ _ / _ _ / _ _ _ _		___ ___	___ ___	**(Each reason choice will be a separate y/n variable + other specify, IL, NR)** 1. ☐ confirm dates 2. ☐ fetal growth 3. ☐ placenta 4. ☐ BPP 5. ☐ decreased fetal movement 6. ☐ amniotic fluid volume 7. ☐ malformation 8. ☐ other: (specify) ____________________ 88. ☐ Illegible 99. ☐ NR	1. ☐ normal 2. ☐ abnormal (specify) ________________ 3. ☐ other (specify) ______________ 88. ☐ Illegible 99. ☐ NR
5a. Date of scan	**5b.** # fetuses	**5c.** EGA – LMP	**5d.** EGA – US	**5e to 5n (5l.sp)** Reason (check all that apply)	**5o. (5o.ab.sp, 5o.oth.sp)** Results:
_ _ / _ _ / _ _ _ _		___ ___	___ ___	**(Each reason choice will be a separate y/n variable + other specify, IL, NR)** 1. ☐ confirm dates 2. ☐ fetal growth 3. ☐ placenta 4. ☐ BPP 5. ☐ decreased fetal movement 6. ☐ amniotic fluid volume 7. ☐ malformation 8. ☐ other: (specify) ____________________ 88. ☐ Illegible 99. ☐ NR	1. ☐ normal 2. ☐ abnormal (specify) ________________ 3. ☐ other (specify) ______________ 88. ☐ Illegible 99. ☐ NR
6a. Date of scan	**6b.** # fetuses	**6c.** EGA – LMP	**6d.** EGA – US	**6e to 6n (6L.sp)** Reason (check all that apply)	**6o. (6o.ab.sp, 6o.oth.sp)** Results:
_ _ / _ _ / _ _ _ _		___ ___	___ ___	**(Each reason choice will be a separate y/n variable + other specify, IL, NR)** 1. ☐ confirm dates 2. ☐ fetal growth 3. ☐ placenta 4. ☐ BPP 5. ☐ decreased fetal movement 6. ☐ amniotic fluid volume 7. ☐ malformation 8. ☐ other: (specify) ____________________ 88. ☐ Illegible 99. ☐ NR	1. ☐ normal 2. ☐ abnormal (specify) ________________ 3. ☐ other (specify) ______________ 88. ☐ Illegible 99. ☐ NR

Comments:

Study ID Number ______________________ # continuation sheets for this section (enter only on first page of section)________

G. SUBSTANCE ABUSE INDEX PREGNANCY

☐ **No information for any item in section**

Drugs/Substance	3 months prior to conception through conception	Trimester 1 Weeks 1 – 12	Trimester 2 Weeks 13 – 26	Trimester 3 Weeks 27 – 40+	Date Stopped
1. Marijuana **1.ns** Hx of use during/near pregnancy but timing NOT specified? ☐	**1.pc** 1. ☐ Yes 2. ☐ No 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**1.t1** 1. ☐ Yes 2. ☐ No 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**1.t2** 1. ☐ Yes 2. ☐ No 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**1.t3** 1. ☐ Yes 2. ☐ No 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**1.ds** _ _ / _ _ / _ _ _ _ ***OR*** Ongoing Use ☐
2. Cocaine **2.ns** Hx of use during/near pregnancy but timing NOT specified? ☐	**2.pc** 1. ☐ Yes 2. ☐ No 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**2.t1** 1. ☐ Yes 2. ☐ No 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**2.t2** 1. ☐ Yes 2. ☐ No 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**2.t3** 1. ☐ Yes 2. ☐ No 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**2.ds** _ _ / _ _ / _ _ _ _ ***OR*** Ongoing Use ☐
3. Ecstasy, speed, methamphetamines **3.ns** Hx of use during/near pregnancy but timing NOT specified? ☐	**3.pc** 1. ☐ Yes 2. ☐ No 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**3.t1** 1. ☐ Yes 2. ☐ No 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**3.t2** 1. ☐ Yes 2. ☐ No 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**3.t3** 1. ☐ Yes 2. ☐ No 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**3.ds** _ _ / _ _ / _ _ _ _ ***OR*** Ongoing Use ☐
4. Other **4.sp** (specify): ______________ **4.ns** Hx of use during/near pregnancy but timing NOT specified? ☐	**4.pc** 1. ☐ Yes 2. ☐ No 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**4.t1** 1. ☐ Yes 2. ☐ No 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**4.t2** 1. ☐ Yes 2. ☐ No 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**4.t3** 1. ☐ Yes 2. ☐ No 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**4.ds** _ _ / _ _ / _ _ _ _ ***OR*** Ongoing Use ☐

COMMENTS:

Study ID Number ______________________ # continuation sheets for this section (enter only on first page of section)________

G. SUBSTANCE ABUSE (continued)					
Drugs/Substance	3 months prior to conception	Trimester 1 Weeks 1 – 12	Trimester 2 Weeks 13 – 26	Trimester 3 Weeks 27 – 40+	Date Stopped
5. Tobacco **5.ns** Hx of use during/near pregnancy but timing NOT specified? ☐ IF CHECKED: **5.2.notspec** Number _______ **5.3.notspec** Unit 1. ☐ cigs/day 2. ☐ cigs/week 3. ☐ packs/day 4. ☐ packs/week 5. ☐ other _________ 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**5.1.pc** 1. ☐ Yes 2. ☐ No 77 ☐ NA 88 ☐ Illegible 99 ☐ NR **5.2.pc** Number _______ **5.3.pc** Unit 1. ☐ cigs/day 2. ☐ cigs/week 3. ☐ packs/day 4. ☐ packs/week 5. ☐ other ______ 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**5.1.t1** 1. ☐ Yes 2. ☐ No 77 ☐ NA 88 ☐ Illegible 99 ☐ NR **5.2.t1** Number _______ **5.3.t1** Unit 1. ☐ cigs/day 2. ☐ cigs/week 3. ☐ packs/day 4. ☐ packs/week 5. ☐ other ______ 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**5.1.t2** 1. ☐ Yes 2. ☐ No 77 ☐ NA 88 ☐ Illegible 99 ☐ NR **5.2.t2** Number _______ **5.3.t2** Unit 1. ☐ cigs/day 2. ☐ cigs/week 3. ☐ packs/day 4. ☐ packs/week 5. ☐ other ______ 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**5.1.t3** 1. ☐ Yes 2. ☐ No 77 ☐ NA 88 ☐ Illegible 99 ☐ NR **5.2.t3** Number _______ **5.3.t3** Unit 1. ☐ cigs/day 2. ☐ cigs/week 3. ☐ packs/day 4. ☐ packs/week 5. ☐ other ______ 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**5.ds** _ _ / _ _ / _ _ _ _ ***OR*** Ongoing Use ☐
6. Alcohol **6.ns** Hx of use during/near pregnancy but timing NOT specified? ☐ IF CHECKED: **6.1.ns** 1. ☐ heavy 2. ☐ moderate 3. ☐ occasional 4. ☐ rare/min. 88 ☐ Illegible 99 ☐ NR ***OR*** **6.2.ns** Drink Number ______ **6.3.ns** Unit 1. ☐ drinks/day 2. ☐ drinks/week 3. ☐ drinks/mth 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**6.1.pc** 1. ☐ heavy 2. ☐ moderate 3. ☐ occasional 4. ☐ rare/min. 5. ☐ none 88 ☐ Illegible 99 ☐ NR ***OR*** **6.2.pc** Drink Number ______ **6.3.pc** Unit 1. ☐ drinks/day 2. ☐ drinks/week 3. ☐ drinks/mth 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**6.1.t1** 1. ☐ heavy 2. ☐ moderate 3. ☐ occasional 4. ☐ rare/min. 5. ☐ none 88 ☐ Illegible 99 ☐ NR ***OR*** **6.2.t1** Drink Number ______ **6.3.t1** Unit 1. ☐ drinks/day 2. ☐ drinks/week 3. ☐ drinks/mth 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**6.1.t2** 1. ☐ heavy 2. ☐ moderate 3. ☐ occasional 4. ☐ rare/min. 5. ☐ none 88 ☐ Illegible 99 ☐ NR ***OR*** **6.2.t2** Drink Number ______ **6.3.t2** Unit 1. ☐ drinks/day 2. ☐ drinks/week 3. ☐ drinks/mth 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**6.1.t3** 1. ☐ heavy 2. ☐ moderate 3. ☐ occasional 4. ☐ rare/min. 5. ☐ none 88 ☐ Illegible 99 ☐ NR ***OR*** **6.2.t3** Drink Number ______ **6.3.t3** Unit 1. ☐ drinks/day 2. ☐ drinks/week 3. ☐ drinks/mth 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**6.ds** _ _ / _ _ / _ _ _ _ ***OR*** Ongoing Use ☐
Comments:					

Study ID Number ____________________ # continuation sheets for this section (enter only on first page of section)________

H (part 1). MATERNAL INFECTIONS ANYTIME DURING INDEX PREGNANCY
Extra sheet provided in Appendix A if needed
Dx: Use codes from infection list (Appendix D)
If cultures or rapid strep screens were performed, note in section I.
If "yes" is indicated for medications, please fill out Section Q. ☐ **No information for any item in section**

1a Dx	**1b.1** Date diagnosed _ _ / _ _ / _ _ _ _ ***OR*** **1b.ga** GA _____ wks ***OR*** **1b.tri** Trimester _____	**1c** Duration ______ days	**1d** Certainty of Dx 1. ☐ Lab/Test 2. ☐ Clinical 3. ☐ Suspect 9. ☐ unknown	**1e.1** Highest Temp _______ **1e.2** Unit 1. ☐ ºC 2 ☐ ºF 88 ☐ IL 99 ☐ NR	**1f.1** Lowest Temp _______ **1f.2** Unit 1. ☐ ºC 2 ☐ ºF 88 ☐ IL 99 ☐ NR	**1g** Cultures/Rapid Screen done? 1 ☐ Yes 2 ☐ No 88 ☐ IL 99 ☐ NR	**1h** Meds given? 1 ☐ Yes 2 ☐ No 88 ☐ IL 99 ☐ NR
2a Dx	**2b.1** Date diagnosed _ _ / _ _ / _ _ _ _ ***OR*** **2b.ga** GA _____ wks ***OR*** **2b.tri** Trimester _____	**2c** Duration ______ days	**2d** Certainty of Dx 1. ☐ Lab/Test 2. ☐ Clinical 3. ☐ Suspect 9. ☐ unknown	**2e.1** Highest Temp _______ **2e.2** Unit 1. ☐ ºC 2 ☐ ºF 88 ☐ IL 99 ☐ NR	**2f.1** Lowest Temp _______ **2f.2** Unit 1. ☐ ºC 2 ☐ ºF 88 ☐ IL 99 ☐ NR	**2g** Cultures/Rapid Screen done? 1 ☐ Yes 2 ☐ No 88 ☐ IL 99 ☐ NR	**2h** Meds given? 1 ☐ Yes 2 ☐ No 88 ☐ IL 99 ☐ NR
3a Dx	**3b.1** Date diagnosed _ _ / _ _ / _ _ _ _ ***OR*** **3b.ga** GA _____ wks ***OR*** **3b.tri** Trimester _____	**3c** Duration ______ days	**3d** Certainty of Dx 1. ☐ Lab/Test 2. ☐ Clinical 3. ☐ Suspect 9. ☐ unknown	**3e.1** Highest Temp _______ **3e.2** Unit 1. ☐ ºC 2 ☐ ºF 88 ☐ IL 99 ☐ NR	**3f.1** Lowest Temp _______ **3f.2** Unit 1. ☐ ºC 2 ☐ ºF 88 ☐ IL 99 ☐ NR	**3g** Cultures/Rapid Screen done? 1 ☐ Yes 2 ☐ No 88 ☐ IL 99 ☐ NR	**3h** Meds given? 1 ☐ Yes 2 ☐ No 88 ☐ IL 99 ☐ NR
4a Dx	**4b.1** Date diagnosed _ _ / _ _ / _ _ _ _ ***OR*** **4b.ga** GA _____ wks ***OR*** **4b.tri** Trimester _____	**4c** Duration ______ days	**4d** Certainty of Dx 1. ☐ Lab/Test 2. ☐ Clinical 3. ☐ Suspect 9. ☐ unknown	**4e.1** Highest Temp _______ **4e.2** Unit 1. ☐ ºC 2 ☐ ºF 88 ☐ IL 99 ☐ NR	**4f.1** Lowest Temp _______ **4f.2** Unit 1. ☐ ºC 2 ☐ ºF 88 ☐ IL 99 ☐ NR	**4g** Cultures/Rapid Screen done? 1 ☐ Yes 2 ☐ No 88 ☐ IL 99 ☐ NR	**4h** Meds given? 1 ☐ Yes 2 ☐ No 88 ☐ IL 99 ☐ NR

Comments: Specify any other DX (code=600) as **1a.sp, 2a.sp, 3a.sp, 4a.sp**
Also list other comments.

Study ID Number ______________________ # continuation sheets for this section (enter only on first page of section)________

H (part 2). Fever >37.7 °C or 100 °F			☐ No information for any item in section
	5 highest fevers	**Date**	**Time**
1.	**1a.1** Highest Temp _______ **1a.2** Unit 1. ☐ °C 2 ☐ °F 88 ☐ IL 99 ☐ NR	**1b** _ _ / _ _ / _ _ _ _	**1c** (military time) ___ ___ : ___ ___
2.	**2a.1** Highest Temp _______ **2a.2** Unit 1. ☐ °C 2 ☐ °F 88 ☐ IL 99 ☐ NR	**2b** _ _ / _ _ / _ _ _ _	**2c** (military time) ___ ___ : ___ ___
3.	**3a.1** Highest Temp _______ **3a.2** Unit 1. ☐ °C 2 ☐ °F 88 ☐ IL 99 ☐ NR	**3b** _ _ / _ _ / _ _ _ _	**3c** (military time) ___ ___ : ___ ___
4.	**4a.1** Highest Temp _______ **4a.2** Unit 1. ☐ °C 2 ☐ °F 88 ☐ IL 99 ☐ NR	**4b** _ _ / _ _ / _ _ _ _	**4c** (military time) ___ ___ : ___ ___
5.	**5a.1** Highest Temp _______ **5a.2** Unit 1. ☐ °C 2 ☐ °F 88 ☐ IL 99 ☐ NR	**5b** _ _ / _ _ / _ _ _ _	**5c** (military time) ___ ___ : ___ ___
Comments:			

Study ID Number ______________________ # continuation sheets for this section (enter only on first page of section)________

I.CULTURES/RAPID STREP SCREENS ANYTIME DURING INDEX PREGNANCY (RECORD ALL CULTURES /STREP SCREENS OBTAINED)

Extra sheet provided in Appendix A if needed

Indicate the number of the event from section H or '0' If culture does not correspond to an event in section H.

☐ **No information for any item in section**

☐ **Test/procedure for one or more items in section indicated but no information on dates, results, etc.**

Source: 1 = amniotic fluid; 2 = placenta; 3 = cervix; 4 = vagina; 5 = urine; 6 = blood; 7 = sputum; 8=throat; 9 = stool; 10=wound; 11= other (specify); 88 = Illegible 99=Not recorded

1a – 20a **REF**	**1b – 20b** **Date Cultured**	**1c–20c 1c.sp-20c.sp (specify) Source**	**1d – 20d (1d.6.sp – 20d.6.sp and 1d.9.sp – 20d.9.sp for specify fields)** **Results**	**1e – 20e** **Description (organisms, etc.)**
	_ _ / _ _ / _ _ _ _		1. ☐ no growth 2. ☐ Normal flora 3. ☐ light growth 4. ☐ mod-heavy growth 5. ☐ growth noted, not specified 6. ☐ urine culture colony count (specify)________________________ 7. ☐ rapid strep screen pos 8. ☐ rapid strep screen neg 9. ☐ other (specify)________________________ 88. ☐ IL 99. ☐ NR	
	_ _ / _ _ / _ _ _ _		1. ☐ no growth 2. ☐ Normal flora 3. ☐ light growth 4. ☐ mod-heavy growth 5. ☐ growth noted, not specified 6. ☐ urine culture colony count (specify)________________________ 7. ☐ rapid strep screen pos 8. ☐ rapid strep screen neg 9. ☐ other (specify)________________________ 88. ☐ IL 99. ☐ NR	
	_ _ / _ _ / _ _ _ _		1. ☐ no growth 2. ☐ Normal flora 3. ☐ light growth 4. ☐ mod-heavy growth 5. ☐ growth noted, not specified 6. ☐ urine culture colony count (specify)________________________ 7. ☐ rapid strep screen pos 8. ☐ rapid strep screen neg 9. ☐ other (specify)________________________ 88. ☐ IL 99. ☐ NR	
	_ _ / _ _ / _ _ _ _		1. ☐ no growth 2. ☐ Normal flora 3. ☐ light growth 4. ☐ mod-heavy growth 5. ☐ growth noted, not specified 6. ☐ urine culture colony count (specify)________________________ 7. ☐ rapid strep screen pos 8. ☐ rapid strep screen neg 9. ☐ other (specify)________________________ 88. ☐ IL 99. ☐ NR	
	_ _ / _ _ / _ _ _ _		1. ☐ no growth 2. ☐ Normal flora 3. ☐ light growth 4. ☐ mod-heavy growth 5. ☐ growth noted, not specified 6. ☐ urine culture colony count (specify)________________________ 7. ☐ rapid strep screen pos 8. ☐ rapid strep screen neg 9. ☐ other (specify)________________________ 88. ☐ IL 99. ☐ NR	

Study ID Number ______________________ # continuation sheets for this section (enter only on first page of section)________

I.CULTURES/RAPID STREP SCREENS (continued)				
Source: 1 = amniotic fluid; 2 = placenta; 3 = cervix; 4 = vagina; 5 = urine; 6 = blood; 7 = sputum; 8=throat; 9 = stool; 10=wound; 11= other (specify); 88 = Illegible 99=Not recorded				
1a – 20a **REF**	**1b – 20b** **Date Cultured**	**1c–20c 1c.sp-20c.sp (specify) Source**	**1d – 20d (1d.6.sp – 20d.6.sp and 1d.9.sp – 20d.9.sp for specify fields)** **Results**	**1e – 20e** **Description (organisms, etc.)**
	_ _ / _ _ / _ _ _ _		1. ☐ no growth 2. ☐ Normal flora 3. ☐ light growth 4. ☐ mod-heavy growth 5. ☐ growth noted, not specified 6. ☐ urine culture colony count (specify)__________________________ 7. ☐ rapid strep screen pos 8. ☐ rapid strep screen neg 9. ☐ other (specify)__________________________ 88. ☐ IL 99. ☐ NR	
	_ _ / _ _ / _ _ _ _		1. ☐ no growth 2. ☐ Normal flora 3. ☐ light growth 4. ☐ mod-heavy growth 5. ☐ growth noted, not specified 6. ☐ urine culture colony count (specify)__________________________ 7. ☐ rapid strep screen pos 8. ☐ rapid strep screen neg 9. ☐ other (specify)__________________________ 88. ☐ IL 99. ☐ NR	
	_ _ / _ _ / _ _ _ _		1. ☐ no growth 2. ☐ Normal flora 3. ☐ light growth 4. ☐ mod-heavy growth 5. ☐ growth noted, not specified 6. ☐ urine culture colony count (specify)__________________________ 7. ☐ rapid strep screen pos 8. ☐ rapid strep screen neg 9. ☐ other (specify)__________________________ 88. ☐ IL 99. ☐ NR	
	_ _ / _ _ / _ _ _ _		1. ☐ no growth 2. ☐ Normal flora 3. ☐ light growth 4. ☐ mod-heavy growth 5. ☐ growth noted, not specified 6. ☐ urine culture colony count (specify)__________________________ 7. ☐ rapid strep screen pos 8. ☐ rapid strep screen neg 9. ☐ other (specify)__________________________ 88. ☐ IL 99. ☐ NR	
	_ _ / _ _ / _ _ _ _		1. ☐ no growth 2. ☐ Normal flora 3. ☐ light growth 4. ☐ mod-heavy growth 5. ☐ growth noted, not specified 6. ☐ urine culture colony count (specify)__________________________ 7. ☐ rapid strep screen pos 8. ☐ rapid strep screen neg 9. ☐ other (specify)__________________________ 88. ☐ IL 99. ☐ NR	
Comments:				

Study ID Number ______________________ # continuation sheets for this section (enter only on first page of section)________

J. INJECTIONS/VACCINATIONS DURING INDEX PREGNANCY

Extra sheet provided in Appendix A if needed

☐ **No information for any item in section**

Injection/Vaccination					
1. Rhogam (other RH(D)) Immunoglobulin 1 ☐ Yes 2 ☐ No 88 ☐ IL 99 ☐ NR	**Date (1.dt1, 1.dt2)** 1st _ _ / _ _ / _ _ _ _ 2nd _ _ / _ _ / _ _ _ _	**Dose (1.ds.1, 1.ds.2)** 1st __________ 2nd ________	**Manufacturer (1.m.1, 1.m.2)** 1st _________ 2nd ________	**Product Name (1.p.1, 1.p.2)** 1st _________ 2nd ________	**Lot # (1.lot.1, 1.lot.2)** _________ __________
2. Influenza Vaccine 1 ☐ Yes 2 ☐ No 88 ☐ IL 99 ☐ NR	**2.dt** **Date** _ _ / _ _ / _ _ _ _	**2.m** **Manufacturer** ______________		**2.lot** **Lot #** ___________	
3. Other 1 ☐ Yes 2 ☐ No 88 ☐ IL 99 ☐ NR **3a.sp** (specify) _________________	**3a.dt** **Date** _ _ / _ _ / _ _ _ _	**3a.m** **Manufacturer** ______________		**3a.lot** **Lot #** ___________	
3b.sp Other (specify) _________________	**3b.dt** **Date** _ _ / _ _ / _ _ _ _	**3b.m** **Manufacturer** ______________		**3b.lot** **Lot #** ___________	
3c.sp Other (specify) _________________	**3c.dt** **Date** _ _ / _ _ / _ _ _ _	**3c.m** **Manufacturer** ______________		**3c.lot** **Lot #** ___________	
3d.sp Other (specify) _________________	**3d.dt** **Date** _ _ / _ _ / _ _ _ _	**3d.m** **Manufacturer** ______________		**3d.lot** **Lot #** ___________	
3e.sp Other (specify) _________________	**3e.dt** **Date** _ _ / _ _ / _ _ _ _	**3e.m** **Manufacturer** ______________		**3e.lot** **Lot #** ___________	
3f.sp Other (specify) _________________	**3f.dt** **Date** _ _ / _ _ / _ _ _ _	**3f.m** **Manufacturer** ______________		**3f.lot** **Lot #** ___________	

Comments:

Study ID Number ____________________ # continuation sheets for this section (enter only on first page of section)________

K.VAGINAL BLEEDING ANYTIME DURING INDEX PREGNANCY

Extra sheet provided in Appendix A if needed

☐ **No information for any item in section**

Dx: 1 = Placenta Previa; 2 = Placenta Abruption; 3 = Trauma; 4 = Effaced/Dilated; 5 = Uterine Rupture; 6 = Implantation Bleeding; 7 = Placenta Accreta; 8 = Other (specify); 88=Illegible, 99=Not Recorded

If "yes" is indicated for medications, please fill out Section Q

1a. **Date Occurred**	**1b.** **Dx (code)**	**1c.** **Duration**	**1d.** **Pain**	**1e.** **Cramping**	**1f.** **Medication Given**
_ _ / _ _ / _ _ _ _ ***OR*** **1a.ga** GA _____ wks ***OR*** **1a.tri** Trimester _____	______ **If dx=8:** **1b.sp** **Other, specify** _____________	__ __ **1c.unit** **Unit** 1. ☐ days 2. ☐ weeks 88 ☐ Illegible 99 ☐ NR	1. ☐ Yes 2. ☐ No (stated) 3. ☐ Suspect 88 ☐ Illegible 99 ☐ NR	1. ☐ Yes 2. ☐ No (stated) 3. ☐ Suspect 88 ☐ Illegible 99 ☐ NR	1. ☐ Yes 2. ☐ No (stated) 88 ☐ Illegible 99 ☐ NR
2a. **Date Occurred** _ _ / _ _ / _ _ _ _ ***OR*** **2a.ga** GA _____ wks ***OR*** **2a.tri** Trimester _____	**2b.** **Dx (code)** ______ **If dx=8:** **2b.sp** **Other, specify** _____________	**2c.** **Duration** __ __ **2c.unit** **Unit** 1. ☐ days 2. ☐ weeks 88 ☐ Illegible 99 ☐ NR	**2d.** **Pain** 1. ☐ Yes 2. ☐ No (stated) 3. ☐ Suspect 88 ☐ Illegible 99 ☐ NR	**2e.** **Cramping** 1. ☐ Yes 2. ☐ No (stated) 3. ☐ Suspect 88 ☐ Illegible 99 ☐ NR	**2f.** **Medication Given** 1. ☐ Yes 2. ☐ No (stated) 88 ☐ Illegible 99 ☐ NR
3a. **Date Occurred** _ _ / _ _ / _ _ _ _ ***OR*** **3a.ga** GA _____ wks ***OR*** **3a.tri** Trimester _____	**3b.** **Dx (code)** ______ **If dx=8:** **3b.sp** **Other, specify** _____________	**3c.** **Duration** __ __ **3c.unit** **Unit** 1. ☐ days 2. ☐ weeks 88 ☐ Illegible 99 ☐ NR	**3d.** **Pain** 1. ☐ Yes 2. ☐ No (stated) 3. ☐ Suspect 88 ☐ Illegible 99 ☐ NR	**3e.** **Cramping** 1. ☐ Yes 2. ☐ No (stated) 3. ☐ Suspect 88 ☐ Illegible 99 ☐ NR	**3f.** **Medication Given** 1. ☐ Yes 2. ☐ No (stated) 88 ☐ Illegible 99 ☐ NR
4a. **Date Occurred** _ _ / _ _ / _ _ _ _ ***OR*** **4a.ga** GA _____ wks ***OR*** **4a.tri** Trimester _____	**4b.** **Dx (code)** ______ **If dx=8:** **4b.sp** **Other, specify** _____________	**4c.** **Duration** __ __ **4c.unit** **Unit** 1. ☐ days 2. ☐ weeks 88 ☐ Illegible 99 ☐ NR	**4d.** **Pain** 1. ☐ Yes 2. ☐ No (stated) 3. ☐ Suspect 88 ☐ Illegible 99 ☐ NR	**4e.** **Cramping** 1. ☐ Yes 2. ☐ No (stated) 3. ☐ Suspect 88 ☐ Illegible 99 ☐ NR	**4f.** **Medication Given** 1. ☐ Yes 2. ☐ No (stated) 88 ☐ Illegible 99 ☐ NR

Comments:

Study ID Number ____________________ # continuation sheets for this section (enter only on first page of section)________

L. PRETERM LABOR DURING INDEX PREGNANCY

If "yes" is indicated for medications, please fill out Section Q.

Extra sheet provided in Appendix A if needed

☐ **No information for any item in section**

1a. **Date Reported** _ _ / _ _ / _ _ _ _ ***OR*** **1a.ga** GA _____ wks ***OR*** **1a.tri** Trimester _____	**1b.** Onset of s/s per patient 1. ☐ no s/s (stated) 2. ☐ < 12 h 3. ☐ 12 – 24 h 4. ☐ > 24 h 88 ☐ Illegible 99 ☐ NR	**1c. and 1c.sp** Signs/symptoms 1. ☐ uterine contractions 2. ☐ cramping (per patient) 3. ☐ cervical change 4. ☐ PROM 5. ☐ other, specify ____________________ 88 ☐ Illegible 99 ☐ NR	**1d. and 1d.sp** Treatments 1. ☐ meds (fill out section Q) 2. ☐ bed rest 3. ☐ IV Hydration 4. ☐ other, specify ____________________ 88 ☐ Illegible 99 ☐ NR
2a **Date Occurred** _ _ / _ _ / _ _ _ _ ***OR*** **2a.ga** GA _____ wks ***OR*** **2a.tri** Trimester _____	**2b.** Onset of s/s per patient 1. ☐ no s/s (stated) 2. ☐ < 12 h 3. ☐ 12 – 24 h 4. ☐ > 24 h 88 ☐ Illegible 99 ☐ NR	**2c. and 2c.sp** Signs/symptoms 1. ☐ uterine contractions 2. ☐ cramping (per patient) 3. ☐ cervical change 4. ☐ PROM 5. ☐ other, specify ____________________ 88 ☐ Illegible 99 ☐ NR	**2d. and 2d.sp** Treatments 1. ☐ meds (fill out section Q) 2. ☐ bed rest 3. ☐ IV Hydration 4. ☐ other, specify ____________________ 88 ☐ Illegible 99 ☐ NR
3a. **Date Occurred** _ _ / _ _ / _ _ _ _ ***OR*** **3a.ga** GA _____ wks ***OR*** **3a.tri** Trimester _____	**3b.** Onset of s/s per patient 1. ☐ no s/s (stated) 2. ☐ < 12 h 3. ☐ 12 – 24 h 4. ☐ > 24 h 88 ☐ Illegible 99 ☐ NR	**3c. and 3c.sp** Signs/symptoms 1. ☐ uterine contractions 2. ☐ cramping (per patient) 3. ☐ cervical change 4. ☐ PROM 5. ☐ other, specify ____________________ 88 ☐ Illegible 99 ☐ NR	**3d. and 3d.sp** Treatments 1. ☐ meds (fill out section Q) 2. ☐ bed rest 3. ☐ IV Hydration 4. ☐ other, specify ____________________ 88 ☐ Illegible 99 ☐ NR
4a. **Date Occurred** _ _ / _ _ / _ _ _ _ ***OR*** **4a.ga** GA _____ wks ***OR*** **4a.tri** Trimester _____	**4b.** Onset of s/s per patient 1. ☐ no s/s (stated) 2. ☐ < 12 h 3. ☐ 12 – 24 h 4. ☐ > 24 h 88 ☐ Illegible 99 ☐ NR	**4c. and 4c.sp** Signs/symptoms 1. ☐ uterine contractions 2. ☐ cramping (per patient) 3. ☐ cervical change 4. ☐ PROM 5. ☐ other, specify ____________________ 88 ☐ Illegible 99 ☐ NR	**4d. and 4d.sp** Treatments 1. ☐ meds (fill out section Q) 2. ☐ bed rest 3. ☐ IV Hydration 4. ☐ other, specify ____________________ 88 ☐ Illegible 99 ☐ NR

Comments:

Study ID Number ____________________ # continuation sheets for this section (enter only on first page of section)________

M (part 1). MEDICAL CONDITIONS PRECEDING OR DURING INDEX PREGNANCY

Extra sheet provided in Appendix A if needed

Use codes from Medical History List (Appendix E) -- M indicates medical condition

If "yes" is indicated for medications, please fill out Section Q

☐ **No information for any item in section**

Precision Code: 1 = Definite diagnosis – ICD or DSM code listed in the provider record; 2 = Specific diagnosis listed by provider in record but no ICD/DSM code listed; 3 = Signs and symptoms of a condition noted by provider in record but diagnosis unclear; 88=Illegible; 99=NR

No.	Condition Code (appendix) 1a.-20a	Precision Code 1b-20b	Time Period Condition Active (Check all that apply) 1c.pc - 20c.pc 1c.t1 - 20c.t1 1c.t2 - 20c.t2, 1c.t3 - 20c.t3 1c.ns - 20c.ns 1c.IL - 20c.IL 1c.NR - 20c.NR	Date/Age at First Diagnosis 1d.date - 20d.date 1d.age - 20d.age	Medication Given 1e - 20e
1			1. ☐ Active before index pregnancy 2. ☐ Active during 1st trimester (1-13 weeks GA) 3. ☐ Active during 2nd trimester (14-26 weeks GA) 4. ☐ Active during 3rd trimester (27-40+ weeks GA) 5. ☐ Active during index pregnancy, trimester unknown 88. ☐ Illegible 99. ☐ NR	Date: _ _ / _ _ / _ _ _ _ ***OR*** Age: ___ ___	1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR
2			1. ☐ Active before index pregnancy 2. ☐ Active during 1st trimester (1-13 weeks GA) 3. ☐ Active during 2nd trimester (14-26 weeks GA) 4. ☐ Active during 3rd trimester (27-40+ weeks GA) 5. ☐ Active during index pregnancy, trimester unknown 88. ☐ Illegible 99. ☐ NR	Date: _ _ / _ _ / _ _ _ _ ***OR*** Age: ___ ___	1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR
3			1. ☐ Active before index pregnancy 2. ☐ Active during 1st trimester (1-13 weeks GA) 3. ☐ Active during 2nd trimester (14-26 weeks GA) 4. ☐ Active during 3rd trimester (27-40+ weeks GA) 5. ☐ Active during index pregnancy, trimester unknown 88. ☐ Illegible 99. ☐ NR	Date: _ _ / _ _ / _ _ _ _ ***OR*** Age: ___ ___	1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR
4			1. ☐ Active before index pregnancy 2. ☐ Active during 1st trimester (1-13 weeks GA) 3. ☐ Active during 2nd trimester (14-26 weeks GA) 4. ☐ Active during 3rd trimester (27-40+ weeks GA) 5. ☐ Active during index pregnancy, trimester unknown 88. ☐ Illegible 99. ☐ NR	Date: _ _ / _ _ / _ _ _ _ ***OR*** Age: ___ ___	1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR
5			1. ☐ Active before index pregnancy 2. ☐ Active during 1st trimester (1-13 weeks GA) 3. ☐ Active during 2nd trimester (14-26 weeks GA) 4. ☐ Active during 3rd trimester (27-40+ weeks GA) 5. ☐ Active during index pregnancy, trimester unknown 88. ☐ Illegible 99. ☐ NR	Date: _ _ / _ _ / _ _ _ _ ***OR*** Age: ___ ___	1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR
6			1. ☐ Active before index pregnancy 2. ☐ Active during 1st trimester (1-13 weeks GA) 3. ☐ Active during 2nd trimester (14-26 weeks GA) 4. ☐ Active during 3rd trimester (27-40+ weeks GA) 5. ☐ Active during index pregnancy, trimester unknown 88. ☐ Illegible 99. ☐ NR	Date: _ _ / _ _ / _ _ _ _ ***OR*** Age: ___ ___	1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR

Comments:

Study ID Number ______________________ # continuation sheets for this section (enter only on first page of section)_________

M (part 2). PSYCHIATRIC/BEHAVIORAL/DEVELOPMENTAL CONDITIONS PRECEDING OR DURING INDEX PREGNANCY

Extra sheet provided in Appendix A if needed

Use codes from Medical History List (Appendix E) – PBD indicates psychiatric/ behavioral/ developmental condition

If "yes" is indicated for medications, please fill out Section Q

☐ **No information for any item in section**

Precision Code: 1 = Definite diagnosis – ICD or DSM code listed in the provider record; 2 = Specific diagnosis listed by provider in record but no ICD/DSM code listed; 3 = Signs and symptoms of a condition noted by provider in record but diagnosis unclear; 88=Illegible; 99=NR

No.	Condition Code (appendix) 1a.-20a	Precision Code 1b-20b	Time Period Condition Active (Check all that apply) 1c.pc - 20c.pc 1c.t1 - 20c.t1 1c.t2 - 20c.t2, 1c.t3 - 20c.t3 1c.ns - 20c.ns 1c.IL - 20c.IL 1c.NR - 20c.NR	Date/Age at First Diagnosis 1d.date - 20d.date 1d.age - 20d.age	Medication Given 1e - 20e
1			1. ☐ Active before index pregnancy 2. ☐ Active during 1st trimester (1-13 weeks GA) 3. ☐ Active during 2nd trimester (14-26 weeks GA) 4. ☐ Active during 3rd trimester (27-40+ weeks GA) 5. ☐ Active during index pregnancy, trimester unknown 88. ☐ Illegible 99. ☐ NR	Date: _ _ / _ _ / _ _ _ _ ***OR*** Age: ___ ___	1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR
2			1. ☐ Active before index pregnancy 2. ☐ Active during 1st trimester (1-13 weeks GA) 3. ☐ Active during 2nd trimester (14-26 weeks GA) 4. ☐ Active during 3rd trimester (27-40+ weeks GA) 5. ☐ Active during index pregnancy, trimester unknown 88. ☐ Illegible 99. ☐ NR	Date: _ _ / _ _ / _ _ _ _ ***OR*** Age: ___ ___	1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR
3			1. ☐ Active before index pregnancy 2. ☐ Active during 1st trimester (1-13 weeks GA) 3. ☐ Active during 2nd trimester (14-26 weeks GA) 4. ☐ Active during 3rd trimester (27-40+ weeks GA) 5. ☐ Active during index pregnancy, trimester unknown 88. ☐ Illegible 99. ☐ NR	Date: _ _ / _ _ / _ _ _ _ ***OR*** Age: ___ ___	1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR
4			1. ☐ Active before index pregnancy 2. ☐ Active during 1st trimester (1-13 weeks GA) 3. ☐ Active during 2nd trimester (14-26 weeks GA) 4. ☐ Active during 3rd trimester (27-40+ weeks GA) 5. ☐ Active during index pregnancy, trimester unknown 88. ☐ Illegible 99. ☐ NR	Date: _ _ / _ _ / _ _ _ _ ***OR*** Age: ___ ___	1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR
5			1. ☐ Active before index pregnancy 2. ☐ Active during 1st trimester (1-13 weeks GA) 3. ☐ Active during 2nd trimester (14-26 weeks GA) 4. ☐ Active during 3rd trimester (27-40+ weeks GA) 5. ☐ Active during index pregnancy, trimester unknown 88. ☐ Illegible 99. ☐ NR	Date: _ _ / _ _ / _ _ _ _ ***OR*** Age: ___ ___	1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR
6			1. ☐ Active before index pregnancy 2. ☐ Active during 1st trimester (1-13 weeks GA) 3. ☐ Active during 2nd trimester (14-26 weeks GA) 4. ☐ Active during 3rd trimester (27-40+ weeks GA) 5. ☐ Active during index pregnancy, trimester unknown 88. ☐ Illegible 99. ☐ NR	Date: _ _ / _ _ / _ _ _ _ ***OR*** Age: ___ ___	1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR

Comments

Study ID Number ______________________ # continuation sheets for this section (enter only on first page of section)________

N. PRENATAL PROCEDURES INDEX PREGNANCY ☐ **No information for any item in section**		
Procedure		
1a. Fetal Echocardiogram 1 ☐ Yes 2 ☐ No 88 ☐ IL 99 ☐ NR	**1b.** Date: _ _ / _ _ / _ _ _ _	**1c.** Results 1. ☐ normal 2. ☐ abnormal 88. ☐ IL 99. ☐ NR
2a. External Version 1 ☐ Yes 2 ☐ No 88 ☐ IL 99 ☐ NR	**2b.** # attempts __________	**2c.** Results 1. ☐ successful 2. ☐ unsuccessful 88. ☐ IL 99. ☐ NR
3a. Fetal Reduction 1 ☐ Yes 2 ☐ No 88 ☐ IL 99 ☐ NR	**3b.** Date: _ _ / _ _ / _ _ _ _	**3c.1** # of fetuses originally _____ **3c.2** # of fetuses remaining _____
4a. Cerclage 1 ☐ Yes 2 ☐ No 88 ☐ IL 99 ☐ NR	**4b.1** Date Placed: _ _ / _ _ / _ _ _ _ **4b.2** Date Removed: _ _ / _ _ / _ _ _ _	
5a. Fetal Transfusion 1 ☐ Yes 2 ☐ No 88 ☐ IL 99 ☐ NR	**5b.** Date: _ _ / _ _ / _ _ _ _	**5c.** Reason:
6a. Fetal Surgery 1 ☐ Yes 2 ☐ No 88 ☐ IL 99 ☐ NR	**6b.** Date: _ _ / _ _ / _ _ _ _	**6c.** Type/Description:
7a. Nonstress Test (NST) 1 ☐ Yes 2 ☐ No 88 ☐ IL 99 ☐ NR	**7b. 2** Date: _ _ / _ _ / _ _ _ _ **7b.1** Date: _ _ / _ _ / _ _ _ _	**7c.1 and 7c.2** Findings: 1) 2)
8a. Contraction Stress Test (CST) 1 ☐ Yes 2 ☐ No 88 ☐ IL 99 ☐ NR	**8b.** Date: _ _ / _ _ / _ _ _ _	**8c.** Findings:
9a and 9a.sp Other, 1 ☐ Yes: specify ________________ 2 ☐ No 88 ☐ IL 99 ☐ NR	**9b** Date: _ _ / _ _ / _ _ _ _	**9c** Specify findings:
Comments:		

Study ID Number ______________________ # continuation sheets for this section (enter only on first page of section)________

O. OTHER CONDITIONS OR TRAUMA ANYTIME DURING INDEX PREGNANCY
Record only conditions NOT covered in other sections on this form that detail maternal conditions (B, H, K, L, M).
Extra sheet provided in Appendix A if needed ☐ **No information for any item in section**

Dx: 1 = Decreased Fetal Movement; 2 = Trauma/Injury; 3 = Oligohydramnios; 4 = Polyhydramnios; 5 = IUGR; 6 = Macrosomia; 7 = loss of consciousness; 8 = Spontaneous Reduction; 10 = other, (specify); 88=IL; 99=NR
If "yes" is indicated for medications, please fill out Section Q

1a.date – 10a.date OR 1a.ga – 10a.ga OR 1a.tri – 10a.tri	**1b – 10b**	**1c – 10c**	**1d – 10d**
Date Reported _ _ / _ _ / _ _ _ _ ***OR*** GA _____ _____wks ***OR*** Trimester ___	**Dx**	**Description**	**Medication Given** 1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR
Date Reported _ _ / _ _ / _ _ _ _ ***OR*** GA _____ _____wks ***OR*** Trimester ___	**Dx**	**Description**	**Medication Given** 1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR
Date Reported _ _ / _ _ / _ _ _ _ ***OR*** GA _____ _____wks ***OR*** Trimester ___	**Dx**	**Description**	**Medication Given** 1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR
Date Reported _ _ / _ _ / _ _ _ _ ***OR*** GA _____ _____wks ***OR*** Trimester ___	**Dx**	**Description**	**Medication Given** 1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR
Date Reported _ _ / _ _ / _ _ _ _ ***OR*** GA _____ _____wks ***OR*** Trimester ___	**Dx**	**Description**	**Medication Given** 1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR
Date Reported _ _ / _ _ / _ _ _ _ ***OR*** GA _____ _____wks ***OR*** Trimester ___	**Dx**	**Description**	**Medication Given** 1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR
Date Reported _ _ / _ _ / _ _ _ _ ***OR*** GA _____ _____wks ***OR*** Trimester ___	**Dx**	**Description**	**Medication Given** 1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR
Date Reported _ _ / _ _ / _ _ _ _ ***OR*** GA _____ _____wks ***OR*** Trimester ___	**Dx**	**Description**	**Medication Given** 1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR
Date Reported _ _ / _ _ / _ _ _ _ ***OR*** GA _____ _____wks ***OR*** Trimester ___	**Dx**	**Description**	**Medication Given** 1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR
Comments:			

Study ID Number ____________________ # continuation sheets for this section (enter only on first page of section)________

P. HOSPITAL ADMISSIONS/VISITS INDEX PREGNANCY (INPATIENT AND OUTPATIENT)

Do NOT include admissions for delivery. These should be recorded in Section D (#5).

Do NOT include admissions for prenatal testing. These should be recorded in Section N.

For the medical history code(s), use codes from either Appendix D or Appendix E (indicate as d.# or E.#)

If "yes" is indicated for medications, please fill out Section Q.

Extra sheet provided in Appendix A if needed

☐ **No information for any item in section**

1a. Treated in/as 1 ☐ ER 2. ☐ outpatient 3. ☐ inpatient 88. ☐ IL 99. ☐ NR	**1b.** Hospital/Facility	**1c** Admit Date _ _ / _ _ / _ _ _ _	**1d** GA	**1e** Discharge Date _ _ / _ _ / _ _ _ _
1f .1-1f.8 and 1f.sp Procedures (check all that apply) 1. ☐ x-rays, including dental 2. ☐ mammograms 3. ☐ CT/CAT scans 4. ☐ MRI/Magnetic Resonance 5. ☐ Radionuclide study or scan 6. ☐ radiation treatments or scan 7. ☐ other, specify ____________________ 88. ☐ IL 99. ☐ NR	**1g.icd1 Dx 1** ICD9 **1g.icd2 Dx 2** ICD9 **1g.icd3 Dx 3** ICD9	**1g.prob1 Dx 1** Problem **1g.prob2 Dx 2** Problem **1g.prob3 Dx 3** Problem	**1g.mhc1 Dx 1** Medical History Code **1g.mhc2 Dx 2** Medical History Code **1g.mhc3 Dx 3** Medical History Code	**1h.1-1h.5 and 1h.sp** Treatment: (all that apply) 1. ☐ Surgery 2. ☐ Meds 3. ☐ Other, specify______________ ____________________ 88. ☐ IL 99. ☐ none recorded
2a. Treated in/as 1 ☐ ER 2. ☐ outpatient 3. ☐ inpatient 88. ☐ IL 99. ☐ NR	**2b.** Hospital/Facility	**2c** Admit Date _ _ / _ _ / _ _ _ _	**2d** GA	**2e** Discharge Date _ _ / _ _ / _ _ _ _
2f .1-2f.8 and 2f.sp Procedures 1. ☐ x-rays, including dental 2. ☐ mammograms 3. ☐ CT/CAT scans 4. ☐ MRI/Magnetic Resonance 5. ☐ Radionuclide study or scan 6. ☐ radiation treatments or scan 7. ☐ other, specify ____________________ 88. ☐ IL 99. ☐ NR	**2g.icd1 Dx 1** ICD9 **2g.icd2 Dx 2** ICD9 **2g.icd3 Dx 3** ICD9	**2g.prob1 Dx 1** Problem **2g.prob2 Dx 2** Problem **2g.prob3 Dx 3** Problem	**2g.mhc1 Dx 1** Medical History Code **2g.mhc2 Dx 2** Medical History Code **2g.mhc3 Dx 3** Medical History Code	**2h.1-2h.5 and 2h.sp** Treatment (all that apply) 1. ☐ Surgery 2. ☐ Meds 3. ☐ Other, specify______________ ____________________ 88. ☐ IL 99. ☐ none recorded
3a. Treated in/as 1 ☐ ER 2. ☐ outpatient 3. ☐ inpatient 88. ☐ IL 99. ☐ NR	**3b.** Hospital/Facility	**3c** Admit Date _ _ / _ _ / _ _ _ _	**3d** GA	**3e** Discharge Date _ _ / _ _ / _ _ _ _
3f .1-3f.8 and 3f.sp Procedures 1. ☐ x-rays, including dental 2. ☐ mammograms 3. ☐ CT/CAT scans 4. ☐ MRI/Magnetic Resonance 5. ☐ Radionuclide study or scan 6. ☐ radiation treatments or scan 7 ☐ other, specify ____________________ 88. ☐ IL 99. ☐ NR	**3g.icd1 Dx 1** ICD9 **3g.icd2 Dx 2** ICD9 **3g.icd3 Dx 3** ICD9	3**g.prob1 Dx 1** Problem **3g.prob2 Dx 2** Problem **3g.prob3 Dx 3** Problem	**3g.mhc1 Dx 1** Medical History Code **3g.mhc2 Dx 2** Medical History Code **3g.mhc3 Dx 3** Medical History Code	**3h.1-3h.5 and 3h.sp** Treatment (all that apply) 1. ☐ Surgery 2. ☐ Meds 3. ☐ Other, specify______________ ____________________ 88. ☐ IL 99. ☐ none recorded

Study ID Number _____________________ # continuation sheets for this section (enter only on first page of section)________

<table>
<tr><th colspan="5">P. HOSPITAL ADMISSIONS/VISITS INDEX PREGNANCY (INPATIENT AND OUTPATIENT) (continued)</th></tr>
<tr><td>4a. Treated in/as
1 ☐ ER 2. ☐ outpatient
3. ☐ inpatient
88. ☐ IL 99. ☐ NR</td><td>4b. Hospital/Facility</td><td>4c Admit Date

_ _ / _ _ / _ _ _ _</td><td>4d GA</td><td>4e Discharge Date

_ _ / _ _ / _ _ _ _</td></tr>
<tr><td rowspan="3">4f .1-4f.8 and 4f.sp
Procedures
1. ☐ x-rays, including dental
2. ☐ mammograms
3. ☐ CT/CAT scans
4. ☐ MRI/Magnetic Resonance
5. ☐ Radionuclide study or scan
6. ☐ radiation treatments or scan
7. ☐ other, specify
____
88. ☐ IL
99. ☐ NR</td><td>4g.icd1 Dx 1
ICD9</td><td>4g.prob1 Dx 1
Problem</td><td>4g.mhc1 Dx 1
Medical History Code</td><td rowspan="3">4h.1-4h.5 and 4h.sp
Treatment (all that apply)
1. ☐ Surgery
2. ☐ Meds
3. ☐ Other, specify_______________
____
88. ☐ IL
99. ☐ none recorded</td></tr>
<tr><td>4g.icd2 Dx 2
ICD9</td><td>4g.prob2 Dx 2
Problem</td><td>4g.mhc2 Dx 2
Medical History Code</td></tr>
<tr><td>4g.icd3 Dx 3
ICD9</td><td>4g.prob3 Dx 3
Problem</td><td>4g.mhc3 Dx 3
Medical History Code</td></tr>
<tr><td colspan="5">Comments:</td></tr>
</table>

Study ID Number ______________________ # continuation sheets for this section (enter only on first page of section)________

Q. ALL MEDICATIONS (INCLUDING ALL ANTI-INFECTIVES, STEROIDS, HORMONES, AND OTHER MEDICATIONS) GIVEN THREE MONTHS PRIOR TO INDEX PREGNANCY OR DURING INDEX PREGNANCY Extra sheet provided in Appendix A if needed

Indicate the number of the event from the corresponding section.

If the medication does not correspond to a section above, enter '0'. ☐ **No information for any item in section**

Drug Codes: 9 = Steroids (lung maturity); 10 = antidiabetes; 11 = steroids (other); 12 = hormones; 13 = thyroid; 14 = antibiotics; 15 = antifungals; 16 = antivirals; 17 = anesthetics; 18 = anticonvulsants; 19 = analgesics/hypnotics/sedatives/antipsychotics; 20 = antihypertensives/diuretics; 21 = cardiovascular; 22 = narcotic agents; 23 = ergotrate; 24 = antidepressants; 25 = prenatal vitamins; 26 = asthma; 27 = preterm labor prevention; 28 = other (specify); 99 = unknown

Exclusions: laxatives, enemas, disinfectants, cough medicine, non-prenatal vitamins, antacids, stool softeners, benadryl, Tylenol, methergine

1a - 30a Refer	**1b - 30b** Code	**1c - 30c** Drug Name	**1d - 30d** Start Date	**1e - 30e 1e.ep – 30e.ep** Stop Date	**1f - 30f 1f.sp – 30f.sp** Dose	**1g - 30g 1g.sp – 30g.sp** Unit	**1h - 30h 1h.sp – 30h.sp** Freq
			_ _ / _ _ / _ _ _ _	_ _ / _ _ / _ _ _ _ OR ☐ Entire pregnancy or ongoing	8. ☐ variable	1. ☐ gm 2. ☐ mg 3. ☐ mcg 4. ☐ mU 5. ☐ cc/ml 8. ☐ other_____ 77. ☐ NA 88. ☐ Illegible 99. ☐ NR	1. ☐ QD 2. ☐ BID 3. ☐ TID 4. ☐ QID 5. ☐ PRN 6. ☐ Every ___ hrs 7. ☐ Per week 8. ☐ Total dose 77. ☐ NA 88. ☐ Illegible 99. ☐ NR
			_ _ / _ _ / _ _ _ _	_ _ / _ _ / _ _ _ _ OR ☐ Entire pregnancy or ongoing	8. ☐ variable	1. ☐ gm 2. ☐ mg 3. ☐ mcg 4. ☐ mU 5. ☐ cc/ml 8. ☐ other_____ 77. ☐ NA 88. ☐ Illegible 99. ☐ NR	1. ☐ QD 2. ☐ BID 3. ☐ TID 4. ☐ QID 5. ☐ PRN 6. ☐ Every ___ hrs 7. ☐ Per week 8. ☐ Total dose 77. ☐ NA 88. ☐ Illegible 99. ☐ NR
			_ _ / _ _ / _ _ _ _	_ _ / _ _ / _ _ _ _ OR ☐ Entire pregnancy or ongoing	8. ☐ variable	1. ☐ gm 2. ☐ mg 3. ☐ mcg 4. ☐ mU 5. ☐ cc/ml 8. ☐ other_____ 77. ☐ NA 88. ☐ Illegible 99. ☐ NR	1. ☐ QD 2. ☐ BID 3. ☐ TID 4. ☐ QID 5. ☐ PRN 6. ☐ Every ___ hrs 7. ☐ Per week 8. ☐ Total dose 77. ☐ NA 88. ☐ Illegible 99. ☐ NR
			_ _ / _ _ / _ _ _ _	_ _ / _ _ / _ _ _ _ OR ☐ Entire pregnancy or ongoing	8. ☐ variable	1. ☐ gm 2. ☐ mg 3. ☐ mcg 4. ☐ mU 5. ☐ cc/ml 8. ☐ other_____ 77. ☐ NA 88. ☐ Illegible 99. ☐ NR	1. ☐ QD 2. ☐ BID 3. ☐ TID 4. ☐ QID 5. ☐ PRN 6. ☐ Every ___ hrs 7. ☐ Per week 8. ☐ Total dose 77. ☐ NA 88. ☐ Illegible 99. ☐ NR

Study ID Number ______________________ # continuation sheets for this section (enter only on first page of section)________

Q. ALL MEDICATIONS (continued)

Drug Codes: 9 = Steroids (lung maturity); 10 = antidiabetes; 11 = steroids (other); 12 = hormones; 13 = thyroid; 14 = antibiotics; 15 = antifungals; 16 = antivirals; 17 = anesthetics; 18 = anticonvulsants; 19 = analgesics/hypnotics/sedatives/antipsychotics; 20 = antihypertensives/diuretics; 21 = cardiovascular; 22 = narcotic agents; 23 = ergotrate; 24 = antidepressants; 25 = prenatal vitamins; 26 = asthma; 27 = preterm labor prevention; 88 = other (specify); 99 = unknown

Exclusions: laxatives, enemas, disinfectants, cough medicine, non-prenatal vitamins, antacids, stool softeners, benadryl, Tylenol, methergine

1a - 30a Refer	**1b - 30b** Code	**1c - 30c** Drug Name	**1d - 30d** Start Date	**1e - 30e** **1e.ep – 30e.ep** Stop Date	**1f - 30f** **1f.sp – 30f.sp** Dose	**1g - 30g** **1g.sp – 30g.sp** Unit	**1h - 30h** **1h.sp – 30h.sp** Freq
			__ / __ / ____	__ / __ / ____ OR ☐ Entire pregnancy or ongoing	8. ☐ variable	1. ☐ gm 2. ☐ mg 3. ☐ mcg 4. ☐ mU 5. ☐ cc/ml 8. ☐ other_____ 77. ☐ NA 88. ☐ Illegible 99. ☐ NR	1. ☐ QD 2. ☐ BID 3. ☐ TID 4. ☐ QID 5. ☐ PRN 6. ☐ Every ___ hrs 7. ☐ Per week 8. ☐ Total dose 77. ☐ NA 88. ☐ Illegible 99. ☐ NR
			__ / __ / ____	__ / __ / ____ OR ☐ Entire pregnancy or ongoing	8. ☐ variable	1. ☐ gm 2. ☐ mg 3. ☐ mcg 4. ☐ mU 5. ☐ cc/ml 8. ☐ other_____ 77. ☐ NA 88. ☐ Illegible 99. ☐ NR	1. ☐ QD 2. ☐ BID 3. ☐ TID 4. ☐ QID 5. ☐ PRN 6. ☐ Every ___ hrs 7. ☐ Per week 8. ☐ Total dose 77. ☐ NA 88. ☐ Illegible 99. ☐ NR
			__ / __ / ____	__ / __ / ____ OR ☐ Entire pregnancy or ongoing	8. ☐ variable	1. ☐ gm 2. ☐ mg 3. ☐ mcg 4. ☐ mU 5. ☐ cc/ml 8. ☐ other_____ 77. ☐ NA 88. ☐ Illegible 99. ☐ NR	1. ☐ QD 2. ☐ BID 3. ☐ TID 4. ☐ QID 5. ☐ PRN 6. ☐ Every ___ hrs 7. ☐ Per week 8. ☐ Total dose 77. ☐ NA 88. ☐ Illegible 99. ☐ NR
			__ / __ / ____	__ / __ / ____ OR ☐ Entire pregnancy or ongoing	8. ☐ variable	1. ☐ gm 2. ☐ mg 3. ☐ mcg 4. ☐ mU 5. ☐ cc/ml 8. ☐ other_____ 77. ☐ NA 88. ☐ Illegible 99. ☐ NR	1. ☐ QD 2. ☐ BID 3. ☐ TID 4. ☐ QID 5. ☐ PRN 6. ☐ Every ___ hrs 7. ☐ Per week 8. ☐ Total dose 77. ☐ NA 88. ☐ Illegible 99. ☐ NR

Study ID Number ______________________ # continuation sheets for this section (enter only on first page of section)________

Q. ALL MEDICATIONS (continued)

Drug Codes: 9 = Steroids (lung maturity); 10 = antidiabetes; 11 = steroids (other); 12 = hormones; 13 = thyroid; 14 = antibiotics; 15 = antifungals; 16 = antivirals; 17 = anesthetics; 18 = anticonvulsants; 19 = analgesics/hypnotics/sedatives/antipsychotics; 20 = antihypertensives/diuretics; 21 = cardiovascular; 22 = narcotic agents; 23 = ergotrate; 24 = antidepressants; 25 = prenatal vitamins; 26 = asthma; 27 = preterm labor prevention; 88 = other (specify); 99 = unknown

Exclusions: laxatives, enemas, disinfectants, cough medicine, non-prenatal vitamins, antacids, stool softeners, benadryl, Tylenol, methergine

1a - 30a Refer	**1b - 30b** Code	**1c - 30c** Drug Name	**1d - 30d** Start Date	**1e - 30e 1e.ep – 30e.ep** Stop Date	**1f - 30f 1f.sp – 30f.sp** Dose	**1g - 30g 1g.sp – 30g.sp** Unit	**1h - 30h 1h.sp – 30h.sp** Freq
			_ _ / _ _ / _ _ _ _	_ _ / _ _ / _ _ _ _ OR ☐ Entire pregnancy or ongoing	8. ☐ variable	1. ☐ gm 2. ☐ mg 3. ☐ mcg 4. ☐ mU 5. ☐ cc/ml 8. ☐ other_____ 77. ☐ NA 88. ☐ Illegible 99. ☐ NR	1. ☐ QD 2. ☐ BID 3. ☐ TID 4. ☐ QID 5. ☐ PRN 6. ☐ Every ___ hrs 7. ☐ Per week 8. ☐ Total dose 77. ☐ NA 88. ☐ Illegible 99. ☐ NR
			_ _ / _ _ / _ _ _ _	_ _ / _ _ / _ _ _ _ OR ☐ Entire pregnancy or ongoing	8. ☐ variable	1. ☐ gm 2. ☐ mg 3. ☐ mcg 4. ☐ mU 5. ☐ cc/ml 8. ☐ other_____ 77. ☐ NA 88. ☐ Illegible 99. ☐ NR	1. ☐ QD 2. ☐ BID 3. ☐ TID 4. ☐ QID 5. ☐ PRN 6. ☐ Every ___ hrs 7. ☐ Per week 8. ☐ Total dose 77. ☐ NA 88. ☐ Illegible 99. ☐ NR
			_ _ / _ _ / _ _ _ _	_ _ / _ _ / _ _ _ _ OR ☐ Entire pregnancy or ongoing	8. ☐ variable	1. ☐ gm 2. ☐ mg 3. ☐ mcg 4. ☐ mU 5. ☐ cc/ml 8. ☐ other_____ 77. ☐ NA 88. ☐ Illegible 99. ☐ NR	1. ☐ QD 2. ☐ BID 3. ☐ TID 4. ☐ QID 5. ☐ PRN 6. ☐ Every ___ hrs 7. ☐ Per week 8. ☐ Total dose 77. ☐ NA 88. ☐ Illegible 99. ☐ NR
			_ _ / _ _ / _ _ _ _	_ _ / _ _ / _ _ _ _ OR ☐ Entire pregnancy or ongoing	8. ☐ variable	1. ☐ gm 2. ☐ mg 3. ☐ mcg 4. ☐ mU 5. ☐ cc/ml 8. ☐ other_____ 77. ☐ NA 88. ☐ Illegible 99. ☐ NR	1. ☐ QD 2. ☐ BID 3. ☐ TID 4. ☐ QID 5. ☐ PRN 6. ☐ Every ___ hrs 7. ☐ Per week 8. ☐ Total dose 77. ☐ NA 88. ☐ Illegible 99. ☐ NR

Study ID Number ____________________ # continuation sheets for this section (enter only on first page of section)________

Q. ALL MEDICATIONS (continued)

Drug Codes: 9 = Steroids (lung maturity); 10 = antidiabetes; 11 = steroids (other); 12 = hormones; 13 = thyroid; 14 = antibiotics; 15 = antifungals; 16 = antivirals; 17 = anesthetics; 18 = anticonvulsants; 19 = analgesics/hypnotics/sedatives/antipsychotics; 20 = antihypertensives/diuretics; 21 = cardiovascular; 22 = narcotic agents; 23 = ergotrate; 24 = antidepressants; 25 = prenatal vitamins; 26 = asthma; 27 = preterm labor prevention; 88 = other (specify); 99 = unknown

Exclusions: laxatives, enemas, disinfectants, cough medicine, non-prenatal vitamins, antacids, stool softeners, benadryl, Tylenol, methergine

1a - 30a Refer	**1b - 30b** Code	**1c - 30c** Drug Name	**1d - 30d** Start Date	**1e - 30e** **1e.ep – 30e.ep** Stop Date	**1f - 30f** **1f.sp – 30f.sp** Dose	**1g - 30g** **1g.sp – 30g.sp** Unit	**1h - 30h** **1h.sp – 30h.sp** Freq
			__ / __ / ____	__ / __ / ____ OR ☐ Entire pregnancy or ongoing	8. ☐ variable	1. ☐ gm 2. ☐ mg 3. ☐ mcg 4. ☐ mU 5. ☐ cc/ml 8. ☐ other_____ 77. ☐ NA 88. ☐ Illegible 99. ☐ NR	1. ☐ QD 2. ☐ BID 3. ☐ TID 4. ☐ QID 5. ☐ PRN 6. ☐ Every ___ hrs 7. ☐ Per week 8. ☐ Total dose 77. ☐ NA 88. ☐ Illegible 99. ☐ NR
			__ / __ / ____	__ / __ / ____ OR ☐ Entire pregnancy or ongoing	8. ☐ variable	1. ☐ gm 2. ☐ mg 3. ☐ mcg 4. ☐ mU 5. ☐ cc/ml 8. ☐ other_____ 77. ☐ NA 88. ☐ Illegible 99. ☐ NR	1. ☐ QD 2. ☐ BID 3. ☐ TID 4. ☐ QID 5. ☐ PRN 6. ☐ Every ___ hrs 7. ☐ Per week 8. ☐ Total dose 77. ☐ NA 88. ☐ Illegible 99. ☐ NR
			__ / __ / ____	__ / __ / ____ OR ☐ Entire pregnancy or ongoing	8. ☐ variable	1. ☐ gm 2. ☐ mg 3. ☐ mcg 4. ☐ mU 5. ☐ cc/ml 8. ☐ other_____ 77. ☐ NA 88. ☐ Illegible 99. ☐ NR	1. ☐ QD 2. ☐ BID 3. ☐ TID 4. ☐ QID 5. ☐ PRN 6. ☐ Every ___ hrs 7. ☐ Per week 8. ☐ Total dose 77. ☐ NA 88. ☐ Illegible 99. ☐ NR
			__ / __ / ____	__ / __ / ____ OR ☐ Entire pregnancy or ongoing	8. ☐ variable	1. ☐ gm 2. ☐ mg 3. ☐ mcg 4. ☐ mU 5. ☐ cc/ml 8. ☐ other_____ 77. ☐ NA 88. ☐ Illegible 99. ☐ NR	1. ☐ QD 2. ☐ BID 3. ☐ TID 4. ☐ QID 5. ☐ PRN 6. ☐ Every ___ hrs 7. ☐ Per week 8. ☐ Total dose 77. ☐ NA 88. ☐ Illegible 99. ☐ NR

Appendix A

CONTINUATION SHEETS

Study ID Number ______________________ # continuation sheets for this section (enter only on first page of section)________

CONTRIBUTING PROVIDERS Continuation Sheet
Data labeling scheme for providers listed on continuation sheets should follow original (see A-E labeling) beginning with F.

1. Name of Provider/Hospital		
2. Street Address		2. Street Address
3. City	3. City	3. City

ABSTRACTION LOG

6. Date __ __/__ __/__ __ __ __	6. Date __ __/__ __/__ __ __ __	6. Date __ __/__ __/__ __ __ __
6.1 to 6.8 Time *(*use military time)*	6.1 to 6.8 Time *(*use military time)*	6.1 to 6.8 Time *(*use military time)*
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
9. Date __ __/__ __/__ __ __ __	9. Date __ __/__ __/__ __ __ __	9. Date __ __/__ __/__ __ __ __
9.1 to 9.8 Time *(*use military time)*	9.1 to 9.8 Time *(*use military time)*	9.1 to 9.8 Time *(*use military time)*
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __

1. Name of Provider/Hospital		
2. Street Address		2. Street Address
3. City	3. City	3. City

ABSTRACTION LOG

6. Date __ __/__ __/__ __ __ __	6. Date __ __/__ __/__ __ __ __	6. Date __ __/__ __/__ __ __ __
6.1 to 6.8 Time *(*use military time)*	6.1 to 6.8 Time *(*use military time)*	6.1 to 6.8 Time *(*use military time)*
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
9. Date __ __/__ __/__ __ __ __	9. Date __ __/__ __/__ __ __ __	9. Date __ __/__ __/__ __ __ __
9.1 to 9.8 Time *(*use military time)*	9.1 to 9.8 Time *(*use military time)*	9.1 to 9.8 Time *(*use military time)*
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __
Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __	Start __ __ : __ __ Stop __ __: __ __

Study ID Number ______________________ # continuation sheets for this section (enter only on first page of section)________

Section A: Maternal Address History Continuation Sheet
(List in reverse chronological order)
Data labeling/numbering scheme for prior addresses listed on continuation sheets should follow original beginning with item #50 for date last known at address

Date _ _ / _ _ / _ _ _ _ (last known at this address)	Mother's Street Address		
City		State	Zip Code
Date _ _ / _ _ / _ _ _ _ (last known at this address)	Mother's Street Address		
City		State	Zip Code
Date _ _ / _ _ / _ _ _ _ (last known at this address)	Mother's Street Address		
City		State	Zip Code
Date _ _ / _ _ / _ _ _ _ (last known at this address)	Mother's Street Address		
City		State	Zip Code
Date _ _ / _ _ / _ _ _ _ (last known at this address)	Mother's Street Address		
City		State	Zip Code
Date _ _ / _ _ / _ _ _ _ (last known at this address)	Mother's Street Address		
City		State	Zip Code
Date _ _ / _ _ / _ _ _ _ (last known at this address)	Mother's Street Address		
City		State	Zip Code
Comments:			

Study ID Number ______________________ # continuation sheets for this section (enter only on first page of section)________

Section B, Item17 Infertility prior to Index Pregnancy
PAST TREATMENTS/MEDICATIONS Continuation Sheet

List in reverse chronological order
Data labeling scheme for treatments listed on continuation sheets should follow original beginning with 17a.9- 17c.9.

17a. Treatment Code	17b. Specifications	17c. Treatment Date* (mm/yyyy OR yyyy)

Study ID Number ____________________ # continuation sheets for this section (enter only on first page of section)________

C. PREGNANCY HISTORY UP TO AND INCLUDING INDEX PREGNANCY Continuation Sheet

Data labeling scheme for pregnancies listed on continuation sheets should follow original beginning with Baby #12 (and/or Pregnancy #12 if no multiple births).

****Use the following codes to complete the table below****

Pregnancy Number/Baby Number	Outcome	Plurality	Birth Weight	Sex	Type Delivery
Number past pregnancies in reverse chronological order (most recent = 1). If plurality 77, 88 or 99, baby number not needed. For singletons enter 1/1. For pregnancies specified as multiple gestations, list each fetus/infant born separately. E.g. 1/1, 1/2, 1/3, pertain to infants 1, 2, and 3 from pregnancy 1.	1. Live Birth 2. Stillbirth 3. Induced Abortion 4. Spontaneous Abortion 5. Ectopic Pregnancy 6. Molar Pregnancy 7. Maternal Death prior to Birth 8. other specify 88. IL 99. NR	1. Singleton 2. Twin 3. Triplet 4. Quad 5. Quint Etc…. 77. NA (outcomes 3-8) 88. IL 99. NR	Grams preferred, if available Not applicable for outcomes 3-8, record NA Record IL or NR for other missing values as needed.	1. Male 2. Female 3. Ambiguous 77. NA (outcomes 3-8) 88. IL 99. NR	1. Vaginal 2. Primary C-Section 3. Secondary C-Section 4. VBAC 77. NA (outcomes 3-8) 88. IL 99. NR

Prenatal, Delivery, Post Partum Problems/Complications

26. No complications specifically noted
27. Abruptio placentae
28. Birth defect (specify if yes)
29. Cephalopelvic disproportion
30. Chorioamnionitis
31. Deep vein thrombosis
32. Eclampsia
33. Fetal reduction
34. Gestational Diabetes
35. HELLP
36. Hyperemesis
37. Infant Death, neonatal (<28 days)
38. Infant Death, post-neonatal (28 days – 1 year)
39. Intrauterine growth restriction/retardation (IUGR)
40. Macrosomia
41. Placenta previa
42. Postpartum depression
43. Postpartum hemorrhage
44. Pregnancy induced hypertension/ preeclampsia/gestational hypertension
45. Premature rupture of membranes (PROM)
46. Preterm labor
47. Pulmonary edema
48. Pulmonary embolus (PE)
49. Uterine rupture
50. Vaginal bleeding
26. Other: specify
99. Unknown/ Not documented

10a.1preg – 10a.20preg AND 10a.1baby – 10a.20baby Preg #	Baby #	10b.1 – 10b.20 Outcome	10c.1 – 10c.20 Plurality	10d.1 – 10d.20 Outcome Month Mm	10e.1 – 10e.20 Outcome Year yyyy	10f.1 – 10f.20 GA Wks	10g.1 – 10g.20 OR 10h.1 – 10h.20 (lb) 10i.1 – 10i.20 (oz) Birth Weight g	lbs/oz	10j.1 – 10j.20 Sex	10k.1 – 10k.20 Type Delivery	10L..1.1 – 10L.20.28 (Each complication will be a separate y/n variable for each pregnancy+ other specify and NR) Complications with mother/infant (record codes; specify detail for "other")

COMMENTS: Provide indication of preg no/baby no for each comment.

Study ID Number ______________________ # continuation sheets for this section (enter only on first page of section)________

D. MATERNAL MEASUREMENTS INDEX PREGNANCY Continuation Sheet

Data labeling scheme for prenatal visits listed on continuation sheets should follow original beginning with Visit #22.

4. PRENATAL VISITS

Record IL or NR for missing information

4a.1 – 4a.x **Visit No**	**4b1 – 4b.x** **Date** *mm/dd/yyyyy*	**4c1 – 4c.x** **Wks Gestation** *(provider's best estimate)*	**4d1 – 4d.x** **4e1 – 4e.x** **Fundal Ht** ☐ **cm** ☐ **inches** ☐ **IL (all)** ☐ **NR (all)**	**4f1 – 4f.x** **Fetal Heart Rate**	**4g1 – 4g.x** **Preterm labor** *signs/ symptoms**	**4h1 – 4h.x** **4i1 – 4i.x** **Blood Pressure** **Systolic**	**Diastolic**	**4j1 – 4j.x** **4k1 – 4k.x** **Weight** ☐ **Lb** ☐ **kg** ☐ **IL (all)** ☐ **NR (all)**	**4L1 – 4L.x** **4m1 – 4m.x** **Urine** **+albumin** ☐ **IL (all)** ☐ **NR (all)**	**+glucose** ☐ **IL (all)** ☐ **NR (all)**
					☐				☐	☐
					☐				☐	☐
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COMMENTS: Indicate visit no and date.

Study ID Number ______________________ # continuation sheets for this section (enter only on first page of section)________

D. MATERNAL MEASUREMENTS INDEX PREGNANCY Continuation Sheet

Data labeling scheme for hospital admissions listed on continuation sheets should follow original beginning with Admission #5a.4.

5. HOSPITAL DELIVERY ADMISSION(S) **Record IL or NR for missing information**

5a.1 – 5a.x **Date** *mm/dd/yyyy*	**5b.1 – 5b.x** **Weeks Gestation** *(provider's best estimate)*	**5c.1 – 5d.x** **5d.1 – 5d.x** **Fundal Ht** ☐ **cm** ☐ **inches** ☐ **IL (all)** ☐ **NR (all)**	**5e.1 – 5e.x** **Fetal Heart Rate**	**5f.1 – 5f.x** **Preterm labor** *signs/ symptoms**	**5g.1 – 5g.x** **5h.1 – 5h.x** **Blood Pressure** **Systolic**	**Diastolic**	**5i.1 – 5i.x** **5j.1 – 5j.x** **Weight** ☐ **Lb** ☐ **kg** ☐ **IL (all)** ☐ **NR (all)**	**5k.1 – 5k.x** **5L.1 – 5L.x** **Urine** **+albumin** ☐ **IL (all)** ☐ **NR (all)**	**+glucose** ☐ **IL (all)** ☐ **NR (all)**
				☐				☐	☐
				☐				☐	☐
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				☐				☐	☐

COMMENTS: Indicate visit no and date.

Study ID Number ______________________ # continuation sheets for this section (enter only on first page of section)________

E. BLOOD TYPE, SCREENING, AND OTHER REPORTS (excluding cultures/rapid strep screens) INDEX PREGNANCY

22. Other Lab Reports (except cultures: to be reported in Section I) Continuation Sheet

Data labeling scheme for other lab reports listed on continuation sheets should follow original beginning with Test # 22a.8.

22a.1-22a.x Test Date	22b.1-22b.x Test Name/Description	22c.1-22c.x (22c.[1-x].oth.sp) Results	22d.1-22d.x Normal Lab Range (if available)	22e.1-22e.x Comments
_ _ / _ _ / _ _ _ _		1. ☐ normal 2. ☐ abnormal 3. ☐ other _______________ 4. ☐ tested, results unknown 88. ☐ Illegible 99. ☐ NR		
_ _ / _ _ / _ _ _ _		1. ☐ normal 2. ☐ abnormal 3. ☐ other _______________ 4. ☐ tested, results unknown 88. ☐ Illegible 99. ☐ NR		
_ _ / _ _ / _ _ _ _		1. ☐ normal 2. ☐ abnormal 3. ☐ other _______________ 4. ☐ tested, results unknown 88. ☐ Illegible 99. ☐ NR		
_ _ / _ _ / _ _ _ _		1. ☐ normal 2. ☐ abnormal 3. ☐ other _______________ 4. ☐ tested, results unknown 88. ☐ Illegible 99. ☐ NR		
_ _ / _ _ / _ _ _ _		1. ☐ normal 2. ☐ abnormal 3. ☐ other _______________ 4. ☐ tested, results unknown 88. ☐ Illegible 99. ☐ NR		
_ _ / _ _ / _ _ _ _		1. ☐ normal 2. ☐ abnormal 3. ☐ other _______________ 4. ☐ tested, results unknown 88. ☐ Illegible 99. ☐ NR		
_ _ / _ _ / _ _ _ _		1. ☐ normal 2. ☐ abnormal 3. ☐ other _______________ 4. ☐ tested, results unknown 88. ☐ Illegible 99. ☐ NR		

COMMENTS: Indicate item #

Study ID Number ______________________ # continuation sheets for this section (enter only on first page of section)________

F. PREGNANCY ULTRASOUND REPORTS, INDEX PREGNANCY Continuation Sheet

Data labeling scheme for ultrasound reports listed on continuation sheets should follow original beginning with Ultrasound # 7a.

a. Date of scan	b. # fetuses	c. EGA – LMP	d. EGA – US	e to n (L.sp) Reason (check all that apply)	o. (o.ab.sp, o.oth.sp) Results:
_ _ / _ _ / _ _ _ _		___ ___	___ ___	**(Each reason choice will be a separate y/n variable + other specify, IL, NR)** 1. ☐ confirm dates 2. ☐ fetal growth 3. ☐ placenta 4. ☐ BPP 5. ☐ decreased fetal movement 6. ☐ amniotic fluid volume 7. ☐ malformation 8. ☐ other: (specify) ____________________ 88. ☐ Illegible 99. ☐ NR	1. ☐ normal 2. ☐ abnormal (specify) ________________ 3. ☐ other (specify) ______________ 88. ☐ Illegible 99. ☐ NR
_ _ / _ _ / _ _ _ _		___ ___	___ ___	**(Each reason choice will be a separate y/n variable + other specify, IL, NR)** 1. ☐ confirm dates 2. ☐ fetal growth 3. ☐ placenta 4. ☐ BPP 5. ☐ decreased fetal movement 6. ☐ amniotic fluid volume 7. ☐ malformation 8. ☐ other: (specify) ____________________ 88. ☐ Illegible 99. ☐ NR	1. ☐ normal 2. ☐ abnormal (specify) ________________ 3. ☐ other (specify) ______________ 88. ☐ Illegible 99. ☐ NR
_ _ / _ _ / _ _ _ _		___ ___	___ ___	**(Each reason choice will be a separate y/n variable + other specify, IL, NR)** 1. ☐ confirm dates 2. ☐ fetal growth 3. ☐ placenta 4. ☐ BPP 5. ☐ decreased fetal movement 6. ☐ amniotic fluid volume 7. ☐ malformation 8. ☐ other: (specify) ____________________ 88. ☐ Illegible 99. ☐ NR	1. ☐ normal 2. ☐ abnormal (specify) ________________ 3. ☐ other (specify) ______________ 88. ☐ Illegible 99. ☐ NR

Comments:

Study ID Number ______________________ # continuation sheets for this section (enter only on first page of section)________

G. SUBSTANCE ABUSE Continuation Sheet

Data labeling scheme for other substances listed on continuation sheet should follow original beginning with # 5.

Drugs/Substance	3 months prior to conception through conception	Trimester 1 Weeks 1 – 12	Trimester 2 Weeks 13 – 26	Trimester 3 Weeks 27 – 40+	Date Stopped
Other sp (specify): ____________ **ns** Hx of use during/near pregnancy but timing NOT specified? ☐	**pc** 1. ☐ Yes 2. ☐ No 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**t1** 1. ☐ Yes 2. ☐ No 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**t2** 1. ☐ Yes 2. ☐ No 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**t3** 1. ☐ Yes 2. ☐ No 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**ds** _ _ / _ _ / _ _ _ _ ***OR*** Ongoing Use ☐
Other sp (specify): ____________ **ns** Hx of use during/near pregnancy but timing NOT specified? ☐	**pc** 1. ☐ Yes 2. ☐ No 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**t1** 1. ☐ Yes 2. ☐ No 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**t2** 1. ☐ Yes 2. ☐ No 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**t3** 1. ☐ Yes 2. ☐ No 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**ds** _ _ / _ _ / _ _ _ _ ***OR*** Ongoing Use ☐
Other sp (specify): ____________ **ns** Hx of use during/near pregnancy but timing NOT specified? ☐	**pc** 1. ☐ Yes 2. ☐ No 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**t1** 1. ☐ Yes 2. ☐ No 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**t2** 1. ☐ Yes 2. ☐ No 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**t3** 1. ☐ Yes 2. ☐ No 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**ds** _ _ / _ _ / _ _ _ _ ***OR*** Ongoing Use ☐
Other sp (specify): ____________ **ns** Hx of use during/near pregnancy but timing NOT specified? ☐	**pc** 1. ☐ Yes 2. ☐ No 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**t1** 1. ☐ Yes 2. ☐ No 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**t2** 1. ☐ Yes 2. ☐ No 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**t3** 1. ☐ Yes 2. ☐ No 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**ds** _ _ / _ _ / _ _ _ _ ***OR*** Ongoing Use ☐
Other sp (specify): ____________ **ns** Hx of use during/near pregnancy but timing NOT specified? ☐	**pc** 1. ☐ Yes 2. ☐ No 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**t1** 1. ☐ Yes 2. ☐ No 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**t2** 1. ☐ Yes 2. ☐ No 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**t3** 1. ☐ Yes 2. ☐ No 77 ☐ NA 88 ☐ Illegible 99 ☐ NR	**ds** _ _ / _ _ / _ _ _ _ ***OR*** Ongoing Use ☐

COMMENTS:

Study ID Number ____________________ # continuation sheets for this section (enter only on first page of section)________

H (part 1). MATERNAL INFECTIONS ANYTIME DURING INDEX PREGNANCY Continuation Sheet
Dx: Use codes from infection list (Appendix D)
If cultures or rapid strep screens were performed, note in section I.
If "yes" is indicated for medications, please fill out Section Q.
Data labeling scheme for infections listed on continuation sheet should follow original beginning with # 5a.

a Dx	**b.1** Date diagnosed	**c** Duration	**d** Certainty of Dx	**e.1** Highest Temp	**f.1** Lowest Temp	**g** Cultures/Rapid Screen done?	**h** Meds given?
	_ _ / _ _ / _ _ _ _ ***OR*** **b.ga** GA _____ wks ***OR*** **b.tri** Trimester _____	______ days	1. ☐ Lab/Test 2. ☐ Clinical 3. ☐ Suspect 9. ☐ unknown	_______ **e.2** Unit 1. ☐ °C 2 ☐ °F 88 ☐ IL 99 ☐ NR	_______ **f.2** Unit 1. ☐ °C 2 ☐ °F 88 ☐ IL 99 ☐ NR	1 ☐ Yes 2 ☐ No 88 ☐ IL 99 ☐ NR	1 ☐ Yes 2 ☐ No 88 ☐ IL 99 ☐ NR
a Dx	**b.1** Date diagnosed	**c** Duration	**d** Certainty of Dx	**e.1** Highest Temp	**f.1** Lowest Temp	**g** Cultures/Rapid Screen done?	**h** Meds given?
	_ _ / _ _ / _ _ _ _ ***OR*** **b.ga** GA _____ wks ***OR*** **b.tri** Trimester _____	______ days	1. ☐ Lab/Test 2. ☐ Clinical 3. ☐ Suspect 9. ☐ unknown	_______ **e.2** Unit 1. ☐ °C 2 ☐ °F 88 ☐ IL 99 ☐ NR	_______ **f.2** Unit 1. ☐ °C 2 ☐ °F 88 ☐ IL 99 ☐ NR	1 ☐ Yes 2 ☐ No 88 ☐ IL 99 ☐ NR	1 ☐ Yes 2 ☐ No 88 ☐ IL 99 ☐ NR
a Dx	**b.1** Date diagnosed	**c** Duration	**d** Certainty of Dx	**e.1** Highest Temp	**f.1** Lowest Temp	**g** Cultures/Rapid Screen done?	**h** Meds given?
	_ _ / _ _ / _ _ _ _ ***OR*** **b.ga** GA _____ wks ***OR*** **b.tri** Trimester _____	______ days	1. ☐ Lab/Test 2. ☐ Clinical 3. ☐ Suspect 9. ☐ unknown	_______ **e.2** Unit 1. ☐ °C 2 ☐ °F 88 ☐ IL 99 ☐ NR	_______ **f.2** Unit 1. ☐ °C 2 ☐ °F 88 ☐ IL 99 ☐ NR	1 ☐ Yes 2 ☐ No 88 ☐ IL 99 ☐ NR	1 ☐ Yes 2 ☐ No 88 ☐ IL 99 ☐ NR
a Dx	**b.1** Date diagnosed	**c** Duration	**d** Certainty of Dx	**e.1** Highest Temp	**f.1** Lowest Temp	**g** Cultures/Rapid Screen done?	**h** Meds given?
	_ _ / _ _ / _ _ _ _ ***OR*** **b.ga** GA _____ wks ***OR*** **b.tri** Trimester _____	______ days	1. ☐ Lab/Test 2. ☐ Clinical 3. ☐ Suspect 9. ☐ unknown	_______ **e.2** Unit 1. ☐ °C 2 ☐ °F 88 ☐ IL 99 ☐ NR	_______ **f.2** Unit 1. ☐ °C 2 ☐ °F 88 ☐ IL 99 ☐ NR	1 ☐ Yes 2 ☐ No 88 ☐ IL 99 ☐ NR	1 ☐ Yes 2 ☐ No 88 ☐ IL 99 ☐ NR

Comments: Specify any other DX (code=600) as **5a.sp, etc**
Also list other comments.

Study ID Number ______________________ # continuation sheets for this section (enter only on first page of section)________

I.CULTURES/RAPID STREP SCREENS ANYTIME DURING INDEX PREGNANCY (RECORD ALL CULTURES /STREP SCREENS OBTAINED) Continuation Sheet

Indicate the number of the event from section H or '0' If culture does not correspond to an event in section H.

Data labeling scheme for cultures listed on continuation sheet should follow original beginning with # 11a.

Source: 1 = amniotic fluid; 2 = placenta; 3 = cervix; 4 = vagina; 5 = urine; 6 = blood; 7 = sputum; 8=throat; 9 = stool; 10=wound; 11= other (specify); 88 = Illegible 99=Not recorded

a REF	b Date Cultured	c c.sp (specify) Source	d (d.6.sp and d.9.sp for specify fields) Results	e Description (organisms, etc.)
	_ _ / _ _ / _ _ _ _		1. ☐ no growth 2. ☐ Normal flora 3. ☐ light growth 4. ☐ mod-heavy growth 5. ☐ growth noted, not specified 6. ☐ urine culture colony count (specify)__________________________ 7. ☐ rapid strep screen pos 8. ☐ rapid strep screen neg 9. ☐ other (specify)__________________________ 88. ☐ IL 99. ☐ NR	
	_ _ / _ _ / _ _ _ _		1. ☐ no growth 2. ☐ Normal flora 3. ☐ light growth 4. ☐ mod-heavy growth 5. ☐ growth noted, not specified 6. ☐ urine culture colony count (specify)__________________________ 7. ☐ rapid strep screen pos 8. ☐ rapid strep screen neg 9. ☐ other (specify)__________________________ 88. ☐ IL 99. ☐ NR	
	_ _ / _ _ / _ _ _ _		1. ☐ no growth 2. ☐ Normal flora 3. ☐ light growth 4. ☐ mod-heavy growth 5. ☐ growth noted, not specified 6. ☐ urine culture colony count (specify)__________________________ 7. ☐ rapid strep screen pos 8. ☐ rapid strep screen neg 9. ☐ other (specify)__________________________ 88. ☐ IL 99. ☐ NR	
	_ _ / _ _ / _ _ _ _		1. ☐ no growth 2. ☐ Normal flora 3. ☐ light growth 4. ☐ mod-heavy growth 5. ☐ growth noted, not specified 6. ☐ urine culture colony count (specify)__________________________ 7. ☐ rapid strep screen pos 8. ☐ rapid strep screen neg 9. ☐ other (specify)__________________________ 88. ☐ IL 99. ☐ NR	
	_ _ / _ _ / _ _ _ _		1. ☐ no growth 2. ☐ Normal flora 3. ☐ light growth 4. ☐ mod-heavy growth 5. ☐ growth noted, not specified 6. ☐ urine culture colony count (specify)__________________________ 7. ☐ rapid strep screen pos 8. ☐ rapid strep screen neg 9. ☐ other (specify)__________________________ 88. ☐ IL 99. ☐ NR	

Comments:

Study ID Number ____________________ # continuation sheets for this section (enter only on first page of section)________

J. INJECTIONS/VACCINATIONS DURING INDEX PREGNANCY Continuation Sheet Data labeling scheme for injections listed on continuation sheet should follow original beginning with # 3g.sp.			
Injection/Vaccination			
Other (specify) ________________	**dt** **Date** _ _ / _ _ / _ _ _ _	**m** **Manufacturer** _____________	**lot** **Lot #** __________
Other (specify) ________________	**dt** **Date** _ _ / _ _ / _ _ _ _	**m** **Manufacturer** _____________	**lot** **Lot #** __________
Other (specify) ________________	**dt** **Date** _ _ / _ _ / _ _ _ _	**m** **Manufacturer** _____________	**lot** **Lot #** __________
Other (specify) ________________	**dt** **Date** _ _ / _ _ / _ _ _ _	**m** **Manufacturer** _____________	**lot** **Lot #** __________
Other (specify) ________________	**dt** **Date** _ _ / _ _ / _ _ _ _	**m** **Manufacturer** _____________	**lot** **Lot #** __________
Comments:			

Study ID Number ______________________ # continuation sheets for this section (enter only on first page of section)________

K.VAGINAL BLEEDING ANYTIME DURING INDEX PREGNANCY Continuation Sheet

Data labeling scheme for vaginal bleeding episodes listed on continuation sheet should follow original beginning with # 5a.

Dx: 1 = Placenta Previa; 2 = Placenta Abruption; 3 = Trauma; 4 = Effaced/Dilated; 5 = Uterine Rupture; 6 = Implantation Bleeding; 7 = Placenta Accreta; 8 = Other (specify); 88=Illegible, 99=Not Recorded

If "yes" is indicated for medications, please fill out Section Q

a. Date Occurred	b. Dx (code)	c. Duration	d. Pain	e. Cramping	f. Medication Given
_ _ / _ _ / _ _ _ _ ***OR*** **a.ga** GA _____ wks ***OR*** **a.tri** Trimester _____	______ **If dx=8:** **b.sp Other, specify** ______________	__ __ **c.unit Unit** 1. ☐ days 2. ☐ weeks 88 ☐ Illegible 99 ☐ NR	1. ☐ Yes 2. ☐ No (stated) 3. ☐ Suspect 88 ☐ Illegible 99 ☐ NR	1. ☐ Yes 2. ☐ No (stated) 3. ☐ Suspect 88 ☐ Illegible 99 ☐ NR	1. ☐ Yes 2. ☐ No (stated) 88 ☐ Illegible 99 ☐ NR
_ _ / _ _ / _ _ _ _ ***OR*** **a.ga** GA _____ wks ***OR*** **a.tri** Trimester _____	______ **If dx=8:** **b.sp Other, specify** ______________	__ __ **c.unit Unit** 1. ☐ days 2. ☐ weeks 88 ☐ Illegible 99 ☐ NR	1. ☐ Yes 2. ☐ No (stated) 3. ☐ Suspect 88 ☐ Illegible 99 ☐ NR	1. ☐ Yes 2. ☐ No (stated) 3. ☐ Suspect 88 ☐ Illegible 99 ☐ NR	1. ☐ Yes 2. ☐ No (stated) 88 ☐ Illegible 99 ☐ NR
_ _ / _ _ / _ _ _ _ ***OR*** **a.ga** GA _____ wks ***OR*** **a.tri** Trimester _____	______ **If dx=8:** **b.sp Other, specify** ______________	__ __ **c.unit Unit** 1. ☐ days 2. ☐ weeks 88 ☐ Illegible 99 ☐ NR	1. ☐ Yes 2. ☐ No (stated) 3. ☐ Suspect 88 ☐ Illegible 99 ☐ NR	1. ☐ Yes 2. ☐ No (stated) 3. ☐ Suspect 88 ☐ Illegible 99 ☐ NR	1. ☐ Yes 2. ☐ No (stated) 88 ☐ Illegible 99 ☐ NR
_ _ / _ _ / _ _ _ _ ***OR*** **a.ga** GA _____ wks ***OR*** **a.tri** Trimester _____	______ **If dx=8:** **b.sp Other, specify** ______________	__ __ **c.unit Unit** 1. ☐ days 2. ☐ weeks 88 ☐ Illegible 99 ☐ NR	1. ☐ Yes 2. ☐ No (stated) 3. ☐ Suspect 88 ☐ Illegible 99 ☐ NR	1. ☐ Yes 2. ☐ No (stated) 3. ☐ Suspect 88 ☐ Illegible 99 ☐ NR	1. ☐ Yes 2. ☐ No (stated) 88 ☐ Illegible 99 ☐ NR

Comments:

Study ID Number ____________________ # continuation sheets for this section (enter only on first page of section)________

L. PRETERM LABOR INDEX PREGNANCY Continuation Sheet
If "yes" is indicated for medications, please fill out Section Q.
Data labeling scheme for preterm labor episodes listed on continuation sheet should follow original beginning with # 5a.

a.	b.	c. and c.sp	d. and d.sp
Date Reported _ _ / _ _ / _ _ _ _ ***OR*** **a.ga** GA _____ wks ***OR*** **a.tri** Trimester _____	Onset of s/s per patient 1. ☐ no s/s (stated) 2. ☐ < 12 h 3. ☐ 12 – 24 h 4. ☐ > 24 h 88 ☐ Illegible 99 ☐ NR	Signs/symptoms 1. ☐ uterine contractions 2. ☐ cramping (per patient) 3. ☐ cervical change 4. ☐ PROM 5. ☐ other, specify ____________________ 88 ☐ Illegible 99 ☐ NR	Treatments 1. ☐ meds (fill out section Q) 2. ☐ bed rest 3. ☐ IV Hydration 4. ☐ other, specify ____________________ 88 ☐ Illegible 99 ☐ NR
a. **Date Reported** _ _ / _ _ / _ _ _ _ ***OR*** **a.ga** GA _____ wks ***OR*** **a.tri** Trimester _____	**b.** Onset of s/s per patient 1. ☐ no s/s (stated) 2. ☐ < 12 h 3. ☐ 12 – 24 h 4. ☐ > 24 h 88 ☐ Illegible 99 ☐ NR	**c. and c.sp** Signs/symptoms 1. ☐ uterine contractions 2. ☐ cramping (per patient) 3. ☐ cervical change 4. ☐ PROM 5. ☐ other, specify ____________________ 88 ☐ Illegible 99 ☐ NR	**d. and d.sp** Treatments 1. ☐ meds (fill out section Q) 2. ☐ bed rest 3. ☐ IV Hydration 4. ☐ other, specify ____________________ 88 ☐ Illegible 99 ☐ NR
a. **Date Reported** _ _ / _ _ / _ _ _ _ ***OR*** **a.ga** GA _____ wks ***OR*** **a.tri** Trimester _____	**b.** Onset of s/s per patient 1. ☐ no s/s (stated) 2. ☐ < 12 h 3. ☐ 12 – 24 h 4. ☐ > 24 h 88 ☐ Illegible 99 ☐ NR	**c. and c.sp** Signs/symptoms 1. ☐ uterine contractions 2. ☐ cramping (per patient) 3. ☐ cervical change 4. ☐ PROM 5. ☐ other, specify ____________________ 88 ☐ Illegible 99 ☐ NR	**d. and d.sp** Treatments 1. ☐ meds (fill out section Q) 2. ☐ bed rest 3. ☐ IV Hydration 4. ☐ other, specify ____________________ 88 ☐ Illegible 99 ☐ NR
a. **Date Reported** _ _ / _ _ / _ _ _ _ ***OR*** **a.ga** GA _____ wks ***OR*** **a.tri** Trimester _____	**b.** Onset of s/s per patient 1. ☐ no s/s (stated) 2. ☐ < 12 h 3. ☐ 12 – 24 h 4. ☐ > 24 h 88 ☐ Illegible 99 ☐ NR	**c. and c.sp** Signs/symptoms 1. ☐ uterine contractions 2. ☐ cramping (per patient) 3. ☐ cervical change 4. ☐ PROM 5. ☐ other, specify ____________________ 88 ☐ Illegible 99 ☐ NR	**d. and d.sp** Treatments 1. ☐ meds (fill out section Q) 2. ☐ bed rest 3. ☐ IV Hydration 4. ☐ other, specify ____________________ 88 ☐ Illegible 99 ☐ NR
Comments:			

Study ID Number ______________________ # continuation sheets for this section (enter only on first page of section)________

M (part 1). MEDICAL CONDITIONS PRECEDING OR DURING INDEX PREGNANCY
Continuation Sheet
Use codes from Medical History List (Appendix E) -- M indicates medical condition
If "yes" is indicated for medications, please fill out Section Q
Data labeling scheme for medical conditions listed on continuation sheet should follow original beginning with # 7.

Precision Code: 1 = Definite diagnosis – ICD or DSM code listed in the prenatal record; 2 = Specific diagnosis listed by provider in prenatal record but no ICD/DSM code listed; 3 = Signs and symptoms of a condition noted in prenatal record but diagnosis unclear; 88=Illegible; 99=NR

No.	Condition Code (appendix) 1a.-20a	Precision Code 1b-20b	Time Period Condition Active (Check all that apply) 1c.pc - 20c.pc 1c.t1 - 20c.t1 1c.t2 - 20c.t2, 1c.t3 - 20c.t3 1c.ns - 20c.ns 1c.IL - 20c.IL 1c.NR - 20c.NR	Date/Age at First Diagnosis 1d.date - 20d.date 1d.age - 20d.age	Medication Given 1e - 20e
			1. ☐ Active before index pregnancy 2. ☐ Active during 1st trimester (1-13 weeks GA) 3. ☐ Active during 2nd trimester (14-26 weeks GA) 4. ☐ Active during 3rd trimester (27-40+ weeks GA) 5. ☐ Active during index pregnancy, trimester unknown 88. ☐ Illegible 99. ☐ NR	Date: _ _ / _ _ / _ _ _ _ ***OR*** Age: ___ ___	1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR
			1. ☐ Active before index pregnancy 2. ☐ Active during 1st trimester (1-13 weeks GA) 3. ☐ Active during 2nd trimester (14-26 weeks GA) 4. ☐ Active during 3rd trimester (27-40+ weeks GA) 5. ☐ Active during index pregnancy, trimester unknown 88. ☐ Illegible 99. ☐ NR	Date: _ _ / _ _ / _ _ _ _ ***OR*** Age: ___ ___	1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR
			1. ☐ Active before index pregnancy 2. ☐ Active during 1st trimester (1-13 weeks GA) 3. ☐ Active during 2nd trimester (14-26 weeks GA) 4. ☐ Active during 3rd trimester (27-40+ weeks GA) 5. ☐ Active during index pregnancy, trimester unknown 88. ☐ Illegible 99. ☐ NR	Date: _ _ / _ _ / _ _ _ _ ***OR*** Age: ___ ___	1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR
			1. ☐ Active before index pregnancy 2. ☐ Active during 1st trimester (1-13 weeks GA) 3. ☐ Active during 2nd trimester (14-26 weeks GA) 4. ☐ Active during 3rd trimester (27-40+ weeks GA) 5. ☐ Active during index pregnancy, trimester unknown 88. ☐ Illegible 99. ☐ NR	Date: _ _ / _ _ / _ _ _ _ ***OR*** Age: ___ ___	1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR
			1. ☐ Active before index pregnancy 2. ☐ Active during 1st trimester (1-13 weeks GA) 3. ☐ Active during 2nd trimester (14-26 weeks GA) 4. ☐ Active during 3rd trimester (27-40+ weeks GA) 5. ☐ Active during index pregnancy, trimester unknown 88. ☐ Illegible 99. ☐ NR	Date: _ _ / _ _ / _ _ _ _ ***OR*** Age: ___ ___	1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR
			1. ☐ Active before index pregnancy 2. ☐ Active during 1st trimester (1-13 weeks GA) 3. ☐ Active during 2nd trimester (14-26 weeks GA) 4. ☐ Active during 3rd trimester (27-40+ weeks GA) 5. ☐ Active during index pregnancy, trimester unknown 88. ☐ Illegible 99. ☐ NR	Date: _ _ / _ _ / _ _ _ _ ***OR*** Age: ___ ___	1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR

Comments:

M (part 2). PSYCHIATRIC/BEHAVIORAL/DEVELOPMENTAL CONDITIONS PRECEDING OR DURING INDEX PREGNANCY **Continuation Sheet**

Study ID Number ______________________ # continuation sheets for this section (enter only on first page of section)________

Use codes from Medical History List (Appendix E) – PBD indicates psychiatric/ behavioral/ developmental condition
If "yes" is indicated for medications, please fill out Section Q
Data labeling scheme for PBD conditions listed on continuation sheet should follow original beginning with # 7.

Precision Code: 1 = Definite diagnosis – ICD or DSM code listed in the prenatal record; 2 = Specific diagnosis listed by provider in prenatal record but no ICD/DSM code listed; 3 = Signs and symptoms of a condition noted in prenatal record but diagnosis unclear; 88=Illegible; 99=NR

No.	Condition Code (appendix) 1a.-20a	Precision Code 1b-20b	Time Period Condition Active (Check all that apply) 1c.pc - 20c.pc 1c.t1 - 20c.t1 1c.t2 - 20c.t2, 1c.t3 - 20c.t3 1c.ns - 20c.ns 1c.IL - 20c.IL 1c.NR - 20c.NR	Date/Age at First Diagnosis 1d.date - 20d.date 1d.age - 20d.age	Medication Given 1e - 20e
			1. ☐ Active before index pregnancy 2. ☐ Active during 1st trimester (1-13 weeks GA) 3. ☐ Active during 2nd trimester (14-26 weeks GA) 4. ☐ Active during 3rd trimester (27-40+ weeks GA) 5. ☐ Active during index pregnancy, trimester unknown 88. ☐ Illegible 99. ☐ NR	Date: _ _ / _ _ / _ _ _ _ ***OR*** Age: ___ ___	1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR
			1. ☐ Active before index pregnancy 2. ☐ Active during 1st trimester (1-13 weeks GA) 3. ☐ Active during 2nd trimester (14-26 weeks GA) 4. ☐ Active during 3rd trimester (27-40+ weeks GA) 5. ☐ Active during index pregnancy, trimester unknown 88. ☐ Illegible 99. ☐ NR	Date: _ _ / _ _ / _ _ _ _ ***OR*** Age: ___ ___	1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR
			1. ☐ Active before index pregnancy 2. ☐ Active during 1st trimester (1-13 weeks GA) 3. ☐ Active during 2nd trimester (14-26 weeks GA) 4. ☐ Active during 3rd trimester (27-40+ weeks GA) 5. ☐ Active during index pregnancy, trimester unknown 88. ☐ Illegible 99. ☐ NR	Date: _ _ / _ _ / _ _ _ _ ***OR*** Age: ___ ___	1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR
			1. ☐ Active before index pregnancy 2. ☐ Active during 1st trimester (1-13 weeks GA) 3. ☐ Active during 2nd trimester (14-26 weeks GA) 4. ☐ Active during 3rd trimester (27-40+ weeks GA) 5. ☐ Active during index pregnancy, trimester unknown 88. ☐ Illegible 99. ☐ NR	Date: _ _ / _ _ / _ _ _ _ ***OR*** Age: ___ ___	1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR
			1. ☐ Active before index pregnancy 2. ☐ Active during 1st trimester (1-13 weeks GA) 3. ☐ Active during 2nd trimester (14-26 weeks GA) 4. ☐ Active during 3rd trimester (27-40+ weeks GA) 5. ☐ Active during index pregnancy, trimester unknown 88. ☐ Illegible 99. ☐ NR	Date: _ _ / _ _ / _ _ _ _ ***OR*** Age: ___ ___	1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR
			1. ☐ Active before index pregnancy 2. ☐ Active during 1st trimester (1-13 weeks GA) 3. ☐ Active during 2nd trimester (14-26 weeks GA) 4. ☐ Active during 3rd trimester (27-40+ weeks GA) 5. ☐ Active during index pregnancy, trimester unknown 88. ☐ Illegible 99. ☐ NR	Date: _ _ / _ _ / _ _ _ _ ***OR*** Age: ___ ___	1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR

Comments

Study ID Number ______________________ # continuation sheets for this section (enter only on first page of section)________

N. PRENATAL PROCEDURES INDEX PREGNANCY Continuation Sheet
Data labeling scheme for other prenatal procedures listed on continuation sheet should follow original beginning with # 10.

Procedure		
a and a.sp Other, 1 ☐ Yes: specify ________________ 2 ☐ No 88 ☐ IL 99 ☐ NR	**b** Date: _ _ / _ _ / _ _ _ _	**c** Specify findings:
a and a.sp Other, 1 ☐ Yes: specify ________________ 2 ☐ No 88 ☐ IL 99 ☐ NR	**b** Date: _ _ / _ _ / _ _ _ _	**c** Specify findings:
a and a.sp Other, 1 ☐ Yes: specify ________________ 2 ☐ No 88 ☐ IL 99 ☐ NR	**b** Date: _ _ / _ _ / _ _ _ _	**c** Specify findings:
a and a.sp Other, 1 ☐ Yes: specify ________________ 2 ☐ No 88 ☐ IL 99 ☐ NR	**b** Date: _ _ / _ _ / _ _ _ _	**c** Specify findings:
a and a.sp Other, 1 ☐ Yes: specify ________________ 2 ☐ No 88 ☐ IL 99 ☐ NR	**b** Date: _ _ / _ _ / _ _ _ _	**c** Specify findings:
a and a.sp Other, 1 ☐ Yes: specify ________________ 2 ☐ No 88 ☐ IL 99 ☐ NR	**b** Date: _ _ / _ _ / _ _ _ _	**c** Specify findings:
a and a.sp Other, 1 ☐ Yes: specify ________________ 2 ☐ No 88 ☐ IL 99 ☐ NR	**b** Date: _ _ / _ _ / _ _ _ _	**c** Specify findings:
a and a.sp Other, 1 ☐ Yes: specify ________________ 2 ☐ No 88 ☐ IL 99 ☐ NR	**b** Date: _ _ / _ _ / _ _ _ _	**c** Specify findings:
Comments:		

Study ID Number ______________________ # continuation sheets for this section (enter only on first page of section)________

O. OTHER CONDITIONS OR TRAUMA ANYTIME DURING INDEX PREGNANCY Continuation Sheet
Record only conditions NOT covered in other sections on this form that detail maternal conditions (B, H, K, L, M).
Data labeling scheme for other conditions/trauma listed on continuation sheet should follow original beginning with # 10.

Dx: 1 = Decreased Fetal Movement; 2 = Trauma/Injury; 3 = Oligohydramnios; 4 = Polyhydramnios; 5 = IUGR; 6 = Macrosomia; 7 = loss of consciousness; 8 = Spontaneous Reduction; 10 = other, (specify); 88=IL; 99=NR
If "yes" is indicated for medications, please fill out Section Q

a.date OR a.ga OR a.tri	**b**	**c**	**d**
Date Reported _ _ / _ _ / _ _ _ _ ***OR*** GA _____ _____wks ***OR*** Trimester ___	**Dx**	**Description**	**Medication Given** 1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR
Date Reported _ _ / _ _ / _ _ _ _ ***OR*** GA _____ _____wks ***OR*** Trimester ___	**Dx**	**Description**	**Medication Given** 1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR
Date Reported _ _ / _ _ / _ _ _ _ ***OR*** GA _____ _____wks ***OR*** Trimester ___	**Dx**	**Description**	**Medication Given** 1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR
Date Reported _ _ / _ _ / _ _ _ _ ***OR*** GA _____ _____wks ***OR*** Trimester ___	**Dx**	**Description**	**Medication Given** 1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR
Date Reported _ _ / _ _ / _ _ _ _ ***OR*** GA _____ _____wks ***OR*** Trimester ___	**Dx**	**Description**	**Medication Given** 1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR
Date Reported _ _ / _ _ / _ _ _ _ ***OR*** GA _____ _____wks ***OR*** Trimester ___	**Dx**	**Description**	**Medication Given** 1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR
Date Reported _ _ / _ _ / _ _ _ _ ***OR*** GA _____ _____wks ***OR*** Trimester ___	**Dx**	**Description**	**Medication Given** 1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR
Date Reported _ _ / _ _ / _ _ _ _ ***OR*** GA _____ _____wks ***OR*** Trimester ___	**Dx**	**Description**	**Medication Given** 1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR
Date Reported _ _ / _ _ / _ _ _ _ ***OR*** GA _____ _____wks ***OR*** Trimester ___	**Dx**	**Description**	**Medication Given** 1. ☐ Yes 2. ☐ No 88. ☐ IL 99. ☐ NR
Comments:			

Study ID Number ____________________ # continuation sheets for this section (enter only on first page of section)________

P. HOSPITAL ADMISSIONS/VISITS INDEX PREGNANCY (INPATIENT AND OUTPATIENT)
Continuation Sheet
Do NOT include admissions for delivery. These should be recorded in Section D (#5).
Do NOT include admissions for prenatal testing. These should be recorded in Section N.
For the medical history code(s), use codes from either Appendix D or Appendix E (indicate as d.# or E.#)
If "yes" is indicated for medications, please fill out Section Q.
Data labeling scheme for hospital admissions/visits listed on continuation sheet should follow original beginning with # 5a.

a. Treated in/as 1 ☐ ER 2. ☐ outpatient 3. ☐ inpatient 88. ☐ IL 99. ☐ NR	**b.** Hospital/Facility	**c** Admit Date _ _ / _ _ / _ _ _ _	**d** GA	**e** Discharge Date _ _ / _ _ / _ _ _ _
f .1-f.8 and f.sp Procedures (check all that apply) 1. ☐ x-rays, including dental 2. ☐ mammograms 3. ☐ CT/CAT scans 4. ☐ MRI/Magnetic Resonance 5. ☐ Radionuclide study or scan 6. ☐ radiation treatments or scan 7. ☐ other, specify ____________________ 88. ☐ IL 99. ☐ NR	**g.icd1 Dx 1** ICD9 **g.icd2 Dx 2** ICD9 **g.icd3 Dx 3** ICD9	**g.prob1 Dx 1** Problem **g.prob2 Dx 2** Problem **g.prob3 Dx 3** Problem	**g.mhc1 Dx 1** Medical History Code **g.mhc2 Dx 2** Medical History Code **g.mhc3 Dx 3** Medical History Code	**h.1-h.5 and h.sp** Treatment: (all that apply) 1. ☐ Surgery 2. ☐ Meds 3. ☐ Other, specify______________ ____________________ 88. ☐ IL 99. ☐ none recorded
a. Treated in/as 1 ☐ ER 2. ☐ outpatient 3. ☐ inpatient 88. ☐ IL 99. ☐ NR	**b.** Hospital/Facility	**c** Admit Date _ _ / _ _ / _ _ _ _	**d** GA	**e** Discharge Date _ _ / _ _ / _ _ _ _
f .1-f.8 and f.sp Procedures (check all that apply) 1. ☐ x-rays, including dental 2. ☐ mammograms 3. ☐ CT/CAT scans 4. ☐ MRI/Magnetic Resonance 5. ☐ Radionuclide study or scan 6. ☐ radiation treatments or scan 7. ☐ other, specify ____________________ 88. ☐ IL 99. ☐ NR	**g.icd1 Dx 1** ICD9 **g.icd2 Dx 2** ICD9 **g.icd3 Dx 3** ICD9	**g.prob1 Dx 1** Problem **g.prob2 Dx 2** Problem **g.prob3 Dx 3** Problem	**g.mhc1 Dx 1** Medical History Code **g.mhc2 Dx 2** Medical History Code **g.mhc3 Dx 3** Medical History Code	**h.1-h.5 and h.sp** Treatment: (all that apply) 1. ☐ Surgery 2. ☐ Meds 3. ☐ Other, specify______________ ____________________ 88. ☐ IL 99. ☐ none recorded
a. Treated in/as 1 ☐ ER 2. ☐ outpatient 3. ☐ inpatient 88. ☐ IL 99. ☐ NR	**b.** Hospital/Facility	**c** Admit Date _ _ / _ _ / _ _ _ _	**d** GA	**e** Discharge Date _ _ / _ _ / _ _ _ _
f .1-f.8 and f.sp Procedures (check all that apply) 1. ☐ x-rays, including dental 2. ☐ mammograms 3. ☐ CT/CAT scans 4. ☐ MRI/Magnetic Resonance 5. ☐ Radionuclide study or scan 6. ☐ radiation treatments or scan 7. ☐ other, specify ____________________ 88. ☐ IL 99. ☐ NR	**g.icd1 Dx 1** ICD9 **g.icd2 Dx 2** ICD9 **g.icd3 Dx 3** ICD9	**g.prob1 Dx 1** Problem **g.prob2 Dx 2** Problem **g.prob3 Dx 3** Problem	**g.mhc1 Dx 1** Medical History Code **g.mhc2 Dx 2** Medical History Code **g.mhc3 Dx 3** Medical History Code	**h.1-h.5 and h.sp** Treatment: (all that apply) 1. ☐ Surgery 2. ☐ Meds 3. ☐ Other, specify______________ ____________________ 88. ☐ IL 99. ☐ none recorded

Comments:

Study ID Number ______________________ # continuation sheets for this section (enter only on first page of section)________

Q. ALL MEDICATIONS (INCLUDING ALL ANTI-INFECTIVES, STEROIDS, HORMONES, AND OTHER Q. MEDICATIONS) GIVEN THREE MONTHS PRIOR TO INDEX PREGNANCY OR DURING INDEX PREGNANCY Continuation Sheet

Indicate the number of the event from the corresponding section.
If the medication does not correspond to a section above, enter '0'.
Data labeling scheme for medications listed on continuation sheet should follow original beginning with # 17a.

Drug Codes: 9 = Steroids (lung maturity); 10 = antidiabetes; 11 = steroids (other); 12 = hormones; 13 = thyroid; 14 = antibiotics; 15 = antifungals; 16 = antivirals; 17 = anesthetics; 18 = anticonvulsants; 19 = analgesics/hypnotics/sedatives/antipsychotics; 20 = antihypertensives/diuretics; 21 = cardiovascular; 22 = narcotic agents; 23 = ergotrate; 24 = antidepressants; 25 = prenatal vitamins; 26 = asthma; 27 = preterm labor prevention; 28 = other (specify); 99 = unknown
Exclusions: laxatives, enemas, disinfectants, cough medicine, non-prenatal vitamins, antacids, stool softeners, benadryl, Tylenol, methergine

a Refer	**b** Code	**c** Drug Name	**d** Start Date	**e, e.ep** Stop Date	**f f.sp** Dose	**g g.sp** Unit	**h h.sp** Freq
			_ _ / _ _ / _ _ _ _	_ _ / _ _ / _ _ _ _ OR ☐ Entire pregnancy or ongoing	8. ☐ variable	1. ☐ gm 2. ☐ mg 3. ☐ mcg 4. ☐ mU 5. ☐ cc/ml 8. ☐ other_____ 77. ☐ NA 88. ☐ Illegible 99. ☐ NR	1. ☐ QD 2. ☐ BID 3. ☐ TID 4. ☐ QID 5. ☐ PRN 6. ☐ Every ___ hrs 7. ☐ Per week 8. ☐ Total dose 77. ☐ NA 88. ☐ Illegible 99. ☐ NR
			_ _ / _ _ / _ _ _ _	_ _ / _ _ / _ _ _ _ OR ☐ Entire pregnancy or ongoing	8. ☐ variable	1. ☐ gm 2. ☐ mg 3. ☐ mcg 4. ☐ mU 5. ☐ cc/ml 8. ☐ other_____ 77. ☐ NA 88. ☐ Illegible 99. ☐ NR	1. ☐ QD 2. ☐ BID 3. ☐ TID 4. ☐ QID 5. ☐ PRN 6. ☐ Every ___ hrs 7. ☐ Per week 8. ☐ Total dose 77. ☐ NA 88. ☐ Illegible 99. ☐ NR
			_ _ / _ _ / _ _ _ _	_ _ / _ _ / _ _ _ _ OR ☐ Entire pregnancy or ongoing	8. ☐ variable	1. ☐ gm 2. ☐ mg 3. ☐ mcg 4. ☐ mU 5. ☐ cc/ml 8. ☐ other_____ 77. ☐ NA 88. ☐ Illegible 99. ☐ NR	1. ☐ QD 2. ☐ BID 3. ☐ TID 4. ☐ QID 5. ☐ PRN 6. ☐ Every ___ hrs 7. ☐ Per week 8. ☐ Total dose 77. ☐ NA 88. ☐ Illegible 99. ☐ NR
			_ _ / _ _ / _ _ _ _	_ _ / _ _ / _ _ _ _ OR ☐ Entire pregnancy or ongoing	8. ☐ variable	1. ☐ gm 2. ☐ mg 3. ☐ mcg 4. ☐ mU 5. ☐ cc/ml 8. ☐ other_____ 77. ☐ NA 88. ☐ Illegible 99. ☐ NR	1. ☐ QD 2. ☐ BID 3. ☐ TID 4. ☐ QID 5. ☐ PRN 6. ☐ Every ___ hrs 7. ☐ Per week 8. ☐ Total dose 77. ☐ NA 88. ☐ Illegible 99. ☐ NR

APPENDIX B. ART TREATMENT DETAIL, INDEX PREGNANCY
***Short Form:* Use to record information from PRENATAL CARE RECORD on ART treatments**
If ART PROVIDER RECORD available complete APPENDIX C.
☐ **Appendix C completed instead of Appendix B**
☐ **ART treatment was used for index pregnancy, but no information provided for any item in Appendix B (or Appendix C).**

1. Date ART treatment cycle started (start of ovulation medication) (mm/dd/yyyy) _ _ / _ _ / _ _ _ _

2. Date oocytes retrieved from mother/woman serving as egg donor (mm/dd/yyyy) _ _ / _ _ / _ _ _ _

3. Date embryos transferred (mm/dd/yyyy) _ _ / _ _ / _ _ _ _

4a-4e Oocyte embryo source (CHECK ALL THAT APPLY OR 88 or 99):

1. ☐ PATIENT – used own oocytes embryos
2. ☐ DONOR OOCYTE -- used oocytes from donor
3. ☐ DONOR EMBRYO -- used embryos donated from another couple's ART
88. ☐ Illegible
99. ☐ Not recorded

5a-5d Oocyte embryo state (CHECK ALL THAT APPLY OR 88 or 99):

1. ☐ FRESH – transferred fresh oocytes/embryos retrieved during treatment cycle
2. ☐ FROZEN – transferred thawed embryos from a previous treatment cycle
88. ☐ Illegible
99. ☐ Not recorded

6a-6f Transfer Method (CHECK ALL THAT APPLY OR 88 or 99):

1. ☐ IVF: Transcervical
2. ☐ GIFT: Gametes to tubes
3. ☐ ZIFT: Zygotes to tubes
4. ☐ TET: tubal embryo transfer
88. ☐ Illegible
99. ☐ Not recorded

7. Gestational carrier (surrogate) used? 1. ☐ Yes 2. ☐ No 88. ☐ Illegible 99. ☐ Not recorded

8. Intracytoplasmic sperm injection (ICSI) performed on oocytes:

1. ☐ Yes 2. ☐ No 88. ☐ Illegible 99. ☐ Not recorded

9. Pre-implantation genetic diagnosis (PGD) performed on embryos

1. ☐ Yes 2. ☐ No 88. ☐ Illegible 99. ☐ Not recorded

9.sp If Yes, record any comments on type/reason for PGD____

COMMENTS

Study ID Number ____________________ # continuation sheets for this section (enter only on first page of section)________

APPENDIX C. ART TREATMENT DETAIL, INDEX PREGNANCY
***Long Form:* Use to record treatment information from ART PROVIDER RECORD.**
If ART PROVIDER RECORD not available, but some information in PRENATAL CARE RECORD complete APPENDIX B and leave APPENDIX C blank.

Historical data:

1a. Number prior fresh ART cycles _____

1b. Number prior frozen ART cycles_____

1c. Number prior ART cycles (unknown fresh or frozen) _____

2a-2L and 2i.sp Reason for ART (select all that apply)

1. ☐ Male infertility
2. ☐ History of endometriosis
3. ☐ Tubal ligation (not reversed)
4. ☐ Tubal disease (hydrosalpinx)
5. ☐ Other tubal disease (not hydrosalpinx)
6. ☐ Ovulatory disorder/PCO
7. ☐ Diminished ovarian reserve
8. ☐ Uterine factor
9. ☐ Other reason________________
10. ☐ Unexplained infertility
88. ☐ Illegible
99. ☐ Not recorded

3. Date ART treatment cycle started (start of ovulation medication) (mm/dd/yyyy) _ _ / _ _ / _ _ _ _

4a – 4e. Oocyte embryo source (CHECK ALL THAT APPLY OR 88 or 99):

1. ☐ PATIENT – used own oocytes embryos
2. ☐ DONOR OOCYTE -- used oocytes from donor
3. ☐ DONOR EMBRYO -- used embryos donated from another couple's ART
88. ☐ Illegible
99. ☐ Not recorded

5a – 5d. Oocyte embryo state (CHECK ALL THAT APPLY OR 88 or 99):

1. ☐ FRESH – transferred fresh oocytes/embryos retrieved during treatment cycle
2. ☐ FROZEN – transferred thawed embryos from a previous treatment cycle
88. ☐ Illegible
99. ☐ Not recorded

6a – 6f. Transfer Method (CHECK ALL THAT APPLY OR 88 or 99):

1. ☐ IVF: Transcervical
2. ☐ GIFT: Gametes to tubes
3. ☐ ZIFT: Zygotes to tubes
4. ☐ TET: tubal embryo transfer
88. ☐ Illegible
99. ☐ Not recorded

7. Gestational carrier (surrogate) used? 1. ☐ Yes 2. ☐ No 88. ☐ Illegible 99. ☐ Not recorded

Patient Medication:

8. Patient medicated to stimulate follicular development?
1. ☐ Yes 2. ☐ No 77. ☐ Not applicable 88. ☐ Illegible 99. ☐ Not recorded

8.cl. Medications containing clomiphene? 1. ☐ Yes 2. ☐ No 77. ☐ Not applicable 88. ☐ Illegible 99. ☐ Not recorded

8.cl.dose If yes, Clomiphene dosage (total mgs): ____________

8.fsh. Medications containing FSH? 1. ☐ Yes 2. ☐ No 77. ☐ Not applicable 88. ☐ Illegible 99. ☐ Not recorded

8.fsh .dose If Yes, FSH Medication dosage (total IUs): ____________

8.gnrh GnRH Protocol (select only one, if applicable)

1. ☐ GnRH Agonist Suppression
2. ☐ GnRH Agonist Flare
3. ☐ GnRH Antagonist Suppression
77. ☐ Not Applicable
88. ☐ Illegible
99. ☐ Not recorded

APPENDIX C. ART TREATMENT DETAIL, INDEX PREGNANCY
Long Form: **Use to record treatment information from ART PROVIDER RECORD (Continued)**

Donor Medication:

9. Donor medicated to stimulate follicular development?
1. ☐ Yes 2. ☐ No 77. ☐ Not applicable 88. ☐ Illegible 99. ☐ Not recorded

9.cl Donor medications containing clomiphene?
1. ☐ Yes 2. ☐ No 77. ☐ Not applicable 88. ☐ Illegible 99. ☐ Not recorded

9.cl .dose If yes, Donor Clomiphene dosage (total mgs): _____________

9.fsh Donor Medications containing FSH?
1. ☐ Yes 2. ☐ No 77. ☐ Not applicable 88. ☐ Illegible 99. ☐ Not recorded

9.fsh.dose If Yes, Donor FSH Medication dosage (total IUs): _____________

9.gnrh Donor GnRH Protocol (select only one, if applicable)
1. ☐ GnRH Agonist Suppression 77. ☐ Not Applicable
2. ☐ GnRH Agonist Flare 88. ☐ Illegible
3. ☐ GnRH Antagonist Suppression 99. ☐ Not recorded

10a-10k and 10h.sp Complications related to ART (Select all that apply)
1. ☐ Infection 5. ☐ Medication side effect 9. ☐ None (specified as none)
2. ☐ Hemorrhage 6. ☐ Anesthetic complication 88. ☐ Illegible
3. ☐ Moderate ovarian hyperstimulation 7. ☐ Psychological stress 99. ☐ Not recorded
4. ☐ Severe ovarian hyperstimulation 8. ☐ Other ________________

10.hosp Hospitalization related to a complication above?
1. ☐ Yes 2. ☐ No 77. ☐ Not applicable 88. ☐ Illegible 99. ☐ Not recorded

Patient retrieval data:

11a Date ***patient*** oocyte retrieval performed mm/dd/yyyy _ _ - _ _ - _ _ _ _

11b Number of oocytes retrieved _______

Donor retrieval data:

12a Date ***donor*** oocyte retrieval performed mm/dd/yyyy _ _ - _ _ - _ _ _ _

12b Number of donor oocytes retrieved ______

13. Source of semen used for fertilization:
1. ☐ partner 4. ☐ unknown because embryos thawed from a previous cycle
2. ☐ donor 88. ☐ Illegible
3. ☐ mixed 99. ☐ Not recorded

Manipulation techniques:

14a. Intracytoplasmic sperm injection (ICSI) performed on oocytes
1. ☐ Yes 2. ☐ No 88. ☐ Illegible 99. ☐ Not recorded

14b. Assisted hatching performed on embryos 1. ☐ Yes 2. ☐ No 88. ☐ Illegible 99. ☐ Not recorded

14c.1 Pre-implantation genetic diagnosis (PGD) performed on embryos
1. ☐ Yes 2. ☐ No 3. ☐ Unknown because embryos thawed from previous cycle
88. ☐ Illegible 99. ☐ Not recorded

14c.2 If Yes, **PGD Reason**:
1. ☐ prevention genetic disorders 88. ☐ Illegible
2. ☐ screening for aneuploidy 99. ☐ Not recorded
3. ☐ Other_______________________________________

APPENDIX C. ART TREATMENT DETAIL, INDEX PREGNANCY

***Long Form:* Use to record treatment information from ART PROVIDER RECORD (Continued)**

Embryo Transfer:

15a. Date of embryo transfer: mm/dd/yyyy _ _ - _ _ - _ _ _ _

15b. Number of FRESH embryos transferred to uterus _____

15c. Number of THAWED embryos transferred to uterus _____

15d. Number of FRESH embryos transferred to FALLOPIAN TUBES _____

15e. Number of THAWED embryos transferred to FALLOPIAN TUBES _____

15f. Number of OOCYTES transferred to FALLOPIAN TUBES _____

Pregnancy ultrasound:

16a. Once pregnant was ultrasound performed? 1. ☐ Yes 2. ☐ No 88. ☐ Illegible 99. ☐ Not recorded

16b. Date ultrasound with max number fetal hearts observed: mm/dd/yyyy _ _ - _ _ - _ _ _ _

16c. Maximum fetal hearts on ultrasound prior to reduction,
(record 0 if ultrasound performed but no hearts observed) _________

COMMENTS

Study ID Number ____________________ # continuation sheets for this section (enter only on first page of section)________

APPENDIX D. DIAGNOSTIC CODES, SECTION H – INFECTIONS			
Code	**Infection**	**Code**	**Infection**
501	Bacteremia/sepsis	528	Myocarditis
502	Chicken pox / Varicella (other than Shingles)	512	Parvovirus / Fifth disease
503	Chlamydia	529	Periodontitis
504	Chorioamnionitis	530	Pertussis / Whooping Cough
505	Congenital or intrauterine viral infections (TORCHS)	531	Pneumonia, bacterial
506	Cytomegalovirus	532	Pneumonia, viral
507	Diphtheria	533	Pneumonia, NOS
508	Ear Infection	534	Respiratory infection, NOS (includes, sinuses, throat, bronchi, and lungs) (see separate headings for ear infection, pneumonia, tonsillitis, tuberculosis, and specific viral infections such as influenza, RSV, etc.)
509	Encephalitis	535	Respiratory Syncytial Virus (RSV)
510	Endocarditis	536	Rheumatic fever
511	Eye Infection	513	Rubella/ German Measles
512	Fifth disease / Parvovirus	501	Sepsis/bacteremia
513	German Measles / Rubella	537	Sepsis, Presumed
514	Hepatitis A	538	Shingles
515	Hepatitis B	539	Skin Infection, NOS
516	Hepatitis C	540	Syphilis
517	Hepatitis (type Unknown)	541	Tetanus
518	Herpes Virus	542	Tonsillitis (includes enlargement of tonsils or adnoids at least one month)
519	Human Immunodeficiency Virus (HIV)	543	Toxoplasmosis
520	Influenza	544	Tuberculosis
521	Lyme Disease	545	Urinary tract infection (includes bladder infection and pyelonephritis)
513	Measles, German / Rubella	546	Vaginal Infection/Vaginitis/Vaginosis
522	Measles NOS	502	Varicella / Chicken pox (other than Shingles)
523	Meningitis, bacterial	530	Whooping Cough / Pertussis
524	Meningitis, viral	547	Wound Infection
525	Meningitis, NOS	600	Other ***(specify)***
526	Mononucleosis	IL	Illegible
527	Mumps	NR	Not recorded

APPENDIX E MEDICAL (M) AND PSYCHIATRIC/BEHAVIORAL/DEVELOPMENTAL (PBD) CODE LIST

(Separate attachment)