Progesterone Study:
Baseline Questionnaire: 24-28 Weeks

TODAY'S DATE (D/M/Y): _____ / _____ / _____

ID Sticker HERE

PATIENT'S STUDY NUMBER: 14 – _____ – _____

PATIENT CONTACT INFORMATION

❏ Miss
❏ Mrs.
❏ Ms.

LAST NAME: _____

First & Middle: _____

National (ART) ID No.: _____

Street address/Plot Number:	Home phone #:	Cellular Phone #(s):
P.O. Box:	City: LUSAKA	Prov: LUSAKA	Country: ZAMBIA

❏ *USE PAGE 4 TO DOCUMENT DETAILED DIRECTIONS & MAP LOCATION OF PATIENT'S RESIDENCE*

ALTERNATE CONTACT PERSONS

Name of 1st local friend or relative: Address:	Relationship to patient:	Home phone #:	Work/cell phone #:
Name of 2nd local friend or relative: Address:	Relationship to patient:	Home phone #:	Work/cell phone #:

ADDITIONAL INFORMATION

Q1. Birth date (D/M/Y):
_____ / _____ / _____

Q2. Age: _____ years

Q3. Marital status (circle one):
❏ 1 = Single
❏ 2 = Married
❏ 3 = Divorced
❏ 4 = Widow
❏ 5 = Separated

Q4. Availability of Electricity (circle one):
❏ 1 = none
❏ 2 = poor/unreliable
❏ 3 = fair
❏ 4 = good
❏ 5 = excellent

Q5. Current Avg Monthly Household Income:

ZMK _____

Q6. Owns a working refrigerator (circle one)?
❏ 1 = Yes   ❏ 2 = No

Q7. Highest level of education **completed** (circle one):
❏ 1 = less than primary
❏ 2 = primary
❏ 3 = secondary
❏ 4 = college/university

OBSTETRICAL HISTORY

Q8. What number pregnancy is this (including miscarriages & abortions)? _____

Q9. How many previous children were born Full-Term (37 wks/9 months or more)? _____

Q10. How many previous children were born Pre-Term (less than 37 wks/9 months)? _____

Q11. How many miscarriages have you had? _____

Q12. How many of your live born children have died? _____

Q13. How many living children do you have? _____

Q14. Please note **# of living children** in each of the following categories of HIV status:

    14a. # Positive _____   **14b.** # Negative _____   **14c.** # Unknown Status _____

Q15. From her card, when she was HIV screened during this pregnancy (D/M/Y): _____ / _____ / _____

Q16. 16a. Estimated Date of Delivery (D/M/Y): _____ / _____ / _____   **16b.** LMP: _____ / _____ / _____

Q17. 17a. Current Estimated Gestational Age: _____weeks   **17b.** Current HOF: _____ weeks

    17c. Number of babies patient is expecting this pregnancy:

        ❑ 1 = 1   ❑ 2 = 2   ❑ 3 = 3 or more (specify) ___   ❑ 4 = Unsure

MEDICAL HISTORY (I): *History of Sexually Transmitted Infections* (CIRCLE ANSWERS)

Symptom/Infection	a. Currently	b. Within last 3 months	c. More than 3 months ago
Q18. Purulent, foul-smelling or copious vaginal discharge?	**a.** 1 = Yes 2 = No 9 = Unsure >> If Yes, Tx: 1 = Y 2 = N 9 = Unsure	**b.** 1 = Yes 2 = No 9 = Unsure >> If Yes, Tx: 1 = Y 2 = N 9 = Unsure	**c.** 1 = Yes 2 = No 9 = Unsure >> If Yes, Tx: 1 = Y 2 = N 9 = Unsure
Q19. Genital Ulcers?	**a.** 1 = Yes 2 = No 9 = Unsure >> If Yes, Tx: 1 = Y 2 = N 9 = Unsure	**b.** 1 = Yes 2 = No 9 = Unsure >> If Yes, Tx: 1 = Y 2 = N 9 = Unsure	**c.** 1 = Yes 2 = No 9 = Unsure >> If Yes, Tx: 1 = Y 2 = N 9 = Unsure
Q20. Genital Vesicles?	**a.** 1 = Yes 2 = No 9 = Unsure >> If Yes, Tx: 1 = Y 2 = N 9 = Unsure	**b.** 1 = Yes 2 = No 9 = Unsure >> If Yes, Tx: 1 = Y 2 = N 9 = Unsure	**c.** 1 = Yes 2 = No 9 = Unsure >> If Yes, Tx: 1 = Y 2 = N 9 = Unsure
Q21. Syphilis (use RPR test result if available)	**a.** 1 = Yes 2 = No 9 = Unsure >> If Yes, Tx: 1 = Y 2 = N 9 = Unsure	**b.** 1 = Yes 2 = No 9 = Unsure >> If Yes, Tx: 1 = Y 2 = N 9 = Unsure	**c.** 1 = Yes 2 = No 9 = Unsure >> If Yes, Tx: 1 = Y 2 = N 9 = Unsure

MEDICAL HISTORY (II): *Other Medical Conditions*	
Q22. History of jaundice or confirmed liver disease: **22a.** ❑ 1 = Yes ❑ 2=No ❑ 9=Unsure *>>If YES --* **22b.** Date(s) of incidence/diagnosis (D/M/Y)? _____ / _____ / _____ **22c.** Definitive diagnosis is (circle one)? ❑ 1 = Hep A ❑ 2 = Hep B ❑ 3 = Hep C ❑ 4 = Other (Specify): _____ ❑ 5 = Unknown **22d.** Disease still active? ❑ 1 = Yes ❑ 2 = No **22e.** Patient still on treatment? ❑ 1 = Yes ❑ 2 = No If so, **22f.** specify: _____	**Q23.** History of a positive Urine Sugar Test or confirmed 'Sugar Disease' (i.e. Diabetes): **23a.** ❑ 1 = Yes ❑ 2=No ❑ 9=Unsure *>>If YES --* **23b.** Onset of diabetes was (circle one): ❑ 1 = Childhood ❑ 2 = Adult ❑ 3 = Gestational **23c.** Diabetes till active? ❑ 1 = Yes ❑ 2 = No **23d.** On diabetes treatment (circle one)? ❑ 1 = Insulin ❑ 2 = Daonil ❑ 3 = Other (Specify): _____ ❑ 4 = Don't know which meds ❑ 5 = None

Q24. Today's Weight: _____ kg   **Q25.** Today's: **25a.** BP: _____ /_____ mm Hg   **25b.** Hb _____ g/dL

Q26. Excluding anemia, neutropenia or thrombocytopenia (which require FBC for diagnosis), does patient currently have **any** of the clinical conditions included under the **WHO HIV Clinical Stage 3 conditions**?
E.g. Oral Hairy Leukoplakia, Severe bacterial infection (pneumonia, meningitis, bacteremia), etc.–> *Refer to WHO Stage 3 Poster*
❑ 1 = Yes   ❑ 2 = No   ❑ 9 = Uncertain   ❑ 10 = Not Applicable (i.e. In HIV- Group)

Q27. In *THIS* pregnancy, have you yet had any issues with (check all that applies):
27a. ❑ Fever   **27b.** ❑ Bleeding   **27c.** ❑ Swelling (feet/hands)   **27d.** ❑ TB   **27e.** ❑ Malaria
27f. ❑ Other (specify): _____

Q28. Check ALL current medications being taken by patient (including vitamins, prophylaxis, etc.):
28a. ❑ Folic Acid   **28b.** ❑ Iron   **28c.** ❑ Fansidar Prophylaxis   **28d.** ❑ Cotrimoxazole (Septrin)
28e. ❑ Mebendazole (Anti-Worm)   **28f.** ❑ Tuberculosis medications (circle below):
28g. ❑ Vitamins   [i] INH   [ii] Rifampin   [iii] Pyrazinamide   [iv] Ethambutol
28h. ❑ Any Others (Please Specify): _____

SOCIAL HISTORY			
Q29. Does current partner know mother's HIV status?	❑ 1 = Yes	❑ 2 = No	❑ 3 = no partner
Q30. Has current partner accompanied mother to an antenatal or screening visit?	❑ 1 = Yes	❑ 2 = No	❑ 3 = no partner
Q31. Does mother know partner's HIV status?	❑ 1 = Yes	❑ 2 = No	❑ 3 = no partner
Q32. If Yes, partner's HIV status:	❑ 1 = Positive	❑ 2 = Negative	
Q33. Condom Use:	❑ 1 = Never	❑ 2 = Occasionally	❑ 3 = Always

Please write detailed directions to participant's residence:

Draw map showing location of patient's residence below:

SUPPLEMENTAL BASELINE QUESTIONNAIRE:
FOR HIV POSITIVE MOTHERS

Patient's Study ID #: 14 – _____ – _____   Today's date (D/M/Y): _____ / _____ / _____

Q34. Date of **FIRST** positive HIV test (D/M/Y): _____ / _____ / _____

Q35. Are you currently taking antiretroviral medications**?** ❑ 1=Yes   ❑ 2=No
>>If Yes, **35b.** Date started or restarted (if ARV treatment was disrupted) ARVs: _____ / _____ / _____

Q36. Most Recent CD4 Count: _____ per mm^3 Date of Most Recent CD4 Count: ____ / ____ / ____

Q37. *If already on* **ARVs**: Please check off the ones the patient is taking now:

Do not Contain Protease Inhibitors (eligible):   *Ones that Contain Protease Inhibitors (exclude from study):*

37a.	❑ **TDF + FTC + EFV (Viraday/"Atripla")**	37n.	❑ Aluvia (Lopinavir/ritonavir)
37b.	❑ Combivir (AZT + 3TC)	37o.	❑ Norvir (Ritonavir)
37c.	❑ Truvada (TDF + FTC)	37p.	❑ Reyataz (Atazanavir)
37d.	❑ Trimune (D4T + 3TC + NVP)	37q.	❑ Norvir (Ritonavir)
37e.	❑ Stavudine/Lamivudine (D4T + 3TC)	37r.	❑ Prezista (Darunavir)
37f.	❑ Viramune (Nevirapine, i.e. NVP)		
37g.	❑ Viread (Tenofovir, i.e. TDF)		
37h.	❑ Lamivudine (3TC)		
37i.	❑ Emtricitabine (FTC)		
37j.	❑ Zidovudine (AZT)	OR:	
37k.	❑ Abacavir (ABC)		
37l.	❑ Stavudine (D4T)	37s.	❑ Other (specify type and # of pills/day)_____
37m.	❑ Sustiva (Efavirenz; EFV)	37t.	❑ Taking medication, but unsure of which one(s)

Q38. *If NOT already on* **ARVs:** Please check off the one(s) the patient intends to start taking with the ARV clinic:

Do not Contain Protease Inhibitors (eligible):   *Ones that Contain Protease Inhibitors (exclude from study):*

38a.	❑ **TDF + FTC + EFV (Viraday/"Atripla")**	38n.	❑ Aluvia (Lopinavir/ritonavir)
38b.	❑ Combivir (AZT + 3TC)	38o.	❑ Norvir (Ritonavir)
38c.	❑ Truvada (TDF + FTC)	38p.	❑ Reyataz (Atazanavir)
38d.	❑ Trimune (D4T + 3TC + NVP)	38q.	❑ Norvir (Ritonavir)
38e.	❑ Stavudine/Lamivudine (D4T + 3TC)	38r.	❑ Prezista (Darunavir)
38f.	❑ Viramune (Nevirapine, i.e. NVP)		
38g.	❑ Viread (Tenofovir, i.e. TDF)		
38h.	❑ Lamivudine (3TC)		
38i.	❑ Emtricitabine (FTC)	OR:	
38j.	❑ Zidovudine (AZT)		
38k.	❑ Abacavir (ABC)	38s.	❑ Other (specify type and # of pills/day)_____
37l.	❑ Stavudine (D4T)	38t.	❑ Plans to take but doesn't know which one(s)
37m.	❑ Sustiva (Efavirenz; EFV)	38u.	❑ Does not plan to take ARVs