2.7
Pregnancy

Please attempt to complete all pregnancy and delivery outcomes.

Subject ID No.

Is the patient currently pregnant? ☐ No ☐ Yes ☐ Unknown/ Not Available Pregnant in the past year? ☐ No ☐ Yes ☐ Unknown/ Not Available	If yes, please proceed with this section of the CRF. Please attempt to complete the outcome section of this form as possible beyond the designated time period.

If currently Pregnant		Comments
Due Date:	☐ Unknown	
Delivery Date:	☐ Unknown	
Para:	☐ Unknown	
Gravida:	☐ Unknown	

Pregnancy outcome		Comments
Delivery took place in hospital Name of Hospital:	☐ No ☐ Yes ☐ Unknown	
Delivery took place outside of hospital Please describe location:	☐ No ☐ Yes ☐ Unknown	
Delivery at >38 weeks	☐ No ☐ Yes ☐ Unknown	
Preterm Delivery at _____weeks	☐ No ☐ Yes ☐ Unknown	
Birth weight known? If yes, ☐ >2000 ☐ <2000	☐ No ☐ Yes ☐ Unknown	
Caesarean Section	☐ No ☐ Yes ☐ Unknown	
Fetal Demise	☐ No ☐ Yes ☐ Unknown	
Cause of Death: Date:	☐ No ☐ Yes ☐ Unknown ☐ No ☐ Yes ☐ Unknown	

Other complications:
Please describe. Cause of Death:

Data Collector Name

Data Collection Date