1. If information on the mother is not available, was the child adopted, or in foster care?
   - Yes
   - No
   - Not applicable

2. Records abstracted
   - 1 = Abstracted, 2 = Attempted—record not available, 3 = Not abstracted, 4 = Attempted—will try again
   - Prenatal care records
   - Maternal HIV clinic records
   - Labor and delivery records
   - Pediatric birth records
   - Pediatric HIV medical records
   - Birth certificate
   - Death certificate
   - Health department records
   - Other (Specify)

3. Weeks' gestation at first prenatal care visit
   _ _ _ weeks

4. Was the mother screened for any of the following during pregnancy?
   - Check test(s) performed before birth, but closest to date of delivery or admission to labor and delivery
   - Group B strep
   - Hepatitis B (HBsAg)
   - Rubella
   - Syphilis

5. Diagnosis (for the mother) of the following conditions during this pregnancy or at the time of labor and delivery
   - See instructions for data abstraction for definitions
   - Bacterial vaginosis
   - Chlamydia trachomatis infection
   - Genital herpes
   - Gonorrhea
   - Group B strep
   - Hepatitis B (HBsAg+)
   - Hepatitis C
   - PID
   - Syphilis
   - Trichomoniasis

6. Mother's reproductive history
   - No. of previous pregnancies
   - No. of previous miscarriages or stillbirths
   - No. of previous live births
   - No. of previous induced abortions OR Total No. of previous abortions

7. Complete the chart for all siblings.

<table>
<thead>
<tr>
<th>Sib</th>
<th>Date of birth (mm/dd/yyyy)</th>
<th>Age (yrs: mos as of mm/yyyy)</th>
<th>HIV serostatus (See list below)</th>
<th>State Number</th>
<th>City Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>_ _ _ _ _ _ _ _ _ _ _ _ _</td>
<td>_ _ as of _ _ _ _ _ _ _ _ _ _</td>
<td>_ _ _ _ _ _ _ _ _ _ _ _ _ _ _</td>
<td>_ _ _ _ _ _ _ _ _ _ _</td>
<td>_ _ _ _ _ _ _ _ _ _ _</td>
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<tr>
<td>2</td>
<td>_ _ _ _ _ _ _ _ _ _ _ _ _</td>
<td>_ _ as of _ _ _ _ _ _ _ _ _ _</td>
<td>_ _ _ _ _ _ _ _ _ _ _ _ _ _ _</td>
<td>_ _ _ _ _ _ _ _ _ _ _</td>
<td>_ _ _ _ _ _ _ _ _ _ _</td>
</tr>
<tr>
<td>3</td>
<td>_ _ _ _ _ _ _ _ _ _ _ _ _</td>
<td>_ _ as of _ _ _ _ _ _ _ _ _ _</td>
<td>_ _ _ _ _ _ _ _ _ _ _ _ _ _ _</td>
<td>_ _ _ _ _ _ _ _ _ _ _</td>
<td>_ _ _ _ _ _ _ _ _ _ _</td>
</tr>
<tr>
<td>4</td>
<td>_ _ _ _ _ _ _ _ _ _ _ _ _</td>
<td>_ _ as of _ _ _ _ _ _ _ _ _ _</td>
<td>_ _ _ _ _ _ _ _ _ _ _ _ _ _ _</td>
<td>_ _ _ _ _ _ _ _ _ _ _</td>
<td>_ _ _ _ _ _ _ _ _ _ _</td>
</tr>
</tbody>
</table>

HIV serostatus: 1 = Infected, 2 = Not infected, 3 = Indeterminate, 9 = Not documented, U = Unknown

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0573). Do not send completed form to this address.

This report to the Centers for Disease Control and Prevention (CDC) is authorized by law (Sections 304 and 306 of the Public Health Service Act, 42 USC 242b and 242k). Response in this case is voluntary for federal government purposes, but may be mandatory under state and local statutes. Your cooperation is necessary for the understanding and control of HIV. Information in CDC's National HIV Surveillance System that would permit identification of any individual on whom a record is maintained is collected with a guarantee that it will be held in confidence, will be used only for the purposes stated in the assurance on file at the local health department, and will not otherwise be disclosed or released without the consent of the individual in accordance with Section 308(d) of the Public Health Service Act (42 USC 242k).
8. Was substance use during pregnancy noted in the medical or social work records?
   □ Yes □ No (Go to 9) □ Record not available (Go to 9) □ Unknown

8a. If yes, indicate which substances were used during pregnancy. (Check all that apply)
   □ Alcohol □ Amphetamines □ Barbiturates □ Benzodiazepines
   □ Cocaine □ Crack cocaine □ Hallucinogens □ Heroin
   □ Marijuana (cannabis, THC, cannabinoids) □ Methadone □ Methamphetamine
   □ Nicotine (any tobacco product) □ Opiates □ Other (Specify) ______________

   □ Specific drug(s) not documented

8b. If substances used, were any injected?
   □ Yes □ No □ Not documented □ Unknown □ Specify injected substance(s). ______________

9. Was a toxicology screen done on the mother (either during pregnancy or at the time of delivery)?
   □ Yes, positive result (Check all that apply)
   □ Alcohol □ Amphetamines □ Barbiturates □ Benzodiazepines
   □ Cocaine □ Crack cocaine □ Hallucinogens □ Heroin
   □ Marijuana (cannabis, THC, cannabinoids) □ Methadone □ Methamphetamine
   □ Nicotine (any tobacco product) □ Opiates □ Other (Specify) ______________

   □ Specific drug(s) not documented

   □ Yes, negative result
   □ No
   □ Toxicology screen not documented

10. Was a toxicology screen done on the infant at birth?
    □ Yes, positive result (Check all that apply)
    □ Alcohol □ Amphetamines □ Barbiturates □ Benzodiazepines
    □ Cocaine □ Crack cocaine □ Hallucinogens □ Heroin
    □ Marijuana (cannabis, THC, cannabinoids) □ Methadone □ Methamphetamine
    □ Nicotine (any tobacco product) □ Opiates □ Other (Specify) ______________

    □ Specific drug(s) not documented

    □ Yes, negative result
    □ No
    □ Toxicology screen not documented

11. Was the mother’s HIV serostatus noted in her prenatal care medical records?
    □ Yes, HIV-positive □ Yes, HIV-negative □ No □ No prenatal care □ Record not available □ Unknown

12. Were antiretroviral drugs prescribed for the mother during this pregnancy?
    □ Yes (Complete table) □ No (Go to 12a) □ Not documented (Go to 13) □ Record not available (Go to 13) □ Unknown (Go to 13)

    Drug name □ Drug refused □ Date drug started (mm/dd/yyyy) □ Gestational age drug started (weeks; round down) □ Drug stopped Yes □ No □ ND

    i. _______________ □ __/__/______ □ ___________ □ __/__/______ □ __/__/______ □ __/__/______
    ii. _______________ □ __/__/______ □ ___________ □ __/__/______ □ __/__/______ □ __/__/______
    iii. _______________ □ __/__/______ □ ___________ □ __/__/______ □ __/__/______ □ __/__/______
    iv. _______________ □ __/__/______ □ ___________ □ __/__/______ □ __/__/______ □ __/__/______
    v. _______________ □ __/__/______ □ ___________ □ __/__/______ □ __/__/______ □ __/__/______
    vi. _______________ □ __/__/______ □ ___________ □ __/__/______ □ __/__/______ □ __/__/______

    (After completing table, go to 13)

12a. If no antiretroviral drug was prescribed during pregnancy, check reason.
    □ No prenatal care □ Mother known to be HIV-negative during pregnancy □ Not documented □ Unknown
    □ HIV serostatus of mother unknown □ Mother refused □ Other (Specify) ______________

13. Was mother’s HIV serostatus noted in her labor and delivery records?
    □ Yes, HIV-positive □ Yes, HIV-negative □ No □ Record not available □ Unknown
14. Did mother receive antiretroviral drugs during labor and delivery?

- □ Yes (Complete table)
- □ No (Go to 14a)
- □ Not documented (Go to 15)
- □ Record not available (Go to 15)
- □ Unknown (Go to 15)

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug refused</th>
<th>Date received (mm/dd/yyyy)</th>
<th>Time received (See military time)</th>
<th>Type of administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>i.</td>
<td></td>
<td>0/0/00</td>
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<td>Oral</td>
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<tr>
<td>ii.</td>
<td></td>
<td>0/0/00</td>
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<td>IV</td>
</tr>
<tr>
<td>iii.</td>
<td></td>
<td>0/0/00</td>
<td>:00</td>
<td>Not documented</td>
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<td>iv.</td>
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<td>0/0/00</td>
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<td>v.</td>
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<td>vi.</td>
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<td>0/0/00</td>
<td>:00</td>
<td></td>
</tr>
</tbody>
</table>

(After completing the table, go to 15)

Military time: noon = 12:00; midnight = 00:00

14a. If no antiretroviral drug was received during labor and delivery, check reason.

- □ Precipitous delivery/STAT
- □ Cesarean delivery
- □ HIV serostatus of mother unknown
- □ Mother tested HIV-negative during pregnancy
- □ Mother refused
- □ Other (Specify)
- □ Not documented
- □ Unknown

15. Was mother referred for HIV care after delivery?

- □ Yes
- □ No (Go to 17)
- □ Not documented (Go to 17)
- □ Record not available (Go to 17)
- □ Unknown

16. If yes, indicate mother’s first CD4 result or first viral load result after discharge from hospital (up to 6 months after discharge).

16a. CD4 result

- □ Not done
- □ Not available

- Result __ __ __ _ cells/µL
- Unit __ __ __ __ %
- Date blood drawn (mm/dd/yyyy) __ __ / __ / __ __ __

16b. Viral load result

- □ Not done
- □ Not available

- Result in copies/mL __ __ __ __ __ __ __ __ __
- Result in logs __ __ __ __ __ __ __ __ __
- Date blood drawn (mm/dd/yyyy) __ __ / __ / __ __ __

17. Birth information

- □ Birth not in hospital
- □ Record not available

- Onset of labor __ __:__ __ __ __ __ __ __ __ __ __ __
- Admission to labor and delivery __ __:__ __ __ __ __ __ __ __ __
- Rupture of membranes __ __:__ __ __ __ __ __ __ __ __
- Delivery __ __:__ __ __ __ __ __ __ __ __

Military time: noon = 12:00; midnight = 00:00

18. If Cesarean delivery, mark all the following indications that apply.

- □ HIV indication (high viral load)
- □ Previous Cesarean (repeat)
- □ Malpresentation (breech, transverse)
- □ Prolonged labor or failure to progress
- □ Mother’s or physician’s preference
- □ Fetal distress
- □ Placenta abruptia or p. previa
- □ Other (e.g., herpes, disproportion) (Specify) __ __ __ __ __ __ __ __ __
- □ Not specified
- □ Not applicable

19. Was mother’s HIV serostatus noted on the child’s birth record?

- □ No
- □ Yes, HIV-positive
- □ Yes, HIV-negative
- □ Record not available
- □ Unknown
20. Were antiretroviral drugs prescribed for the child?

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug refused</th>
<th>Date drug started (mm/dd/yyyy)</th>
<th>Time started (See military time)</th>
<th>Drug stopped Yes</th>
<th>Drug stopped No</th>
<th>Drug stopped ND</th>
<th>Drug stopped UNK</th>
<th>Stop date (if therapy not completed) (mm/dd/yyyy)</th>
<th>Stop codes (See list)</th>
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<tbody>
<tr>
<td>i.</td>
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</tbody>
</table>

Military time: noon = 12:00; midnight = 00:00

20a. If no antiretroviral drug was prescribed, indicate reason.

- HIV serostatus of mother unknown
- Mother known to be HIV-negative during pregnancy
- Mother refused
- Other (Specify) __________________________________________
- Not documented

**Stop codes** (2 codes allowed; if more, choose the 2 most important)

- S1 = Adverse events (toxicity, lack of tolerance)
- S2 = ART completed
- S3 = Drug resistance detected
- S4 = Poor adherence
- S5 = Inadequate effectiveness
- S6 = Strategic treatment interruption (planned drug holiday)
- S7 = Drug interactions
- S8 = Mother’s choice
- S9 = Pregnancy
- S10 = Child determined not to be HIV infected
- S11 = Improving effectiveness
- S12 = Improving convenience
- S13 = Reason not indicated; unknown
- S14 = Mother couldn’t afford drugs
- Sxx = Other reason

**List of abbreviations**

- ART antiretroviral therapy
- ND not documented
- PCP *Pneumocystis jirovecii* pneumonia [*jirovecii* is now preferred to *carinii*; abbreviation is the same]
- PID pelvic inflammatory disease
- STAT immediately (*statim*)

**Comments**

Please include comments or clinical information you consider relevant to the overall understanding of this child’s HIV exposure or infection status. State the date and source of the information.