

	Office of Sponsor and Regulatory Oversight	Document #: F06-301-S01
	CCR Pregnancy Report and Follow-Up Form	Revision #: 1
		Effective Date: 27APR2020

Protocol Number: _____

Participant ID: _____

Previous Pregnancy Information – Complete at Time of Initial Report

Gravida (total number of pregnancies including the current pregnancy): _____ Unknown

Excluding the current pregnancy, provide numbers for the following (record "0" if none):

Para events

Live births: _____ Unknown

Extremely preterm (EPT) births (< 25 weeks): _____ Unknown

Very preterm (VPT) births (25 0/7 – 31 6/7 weeks): _____ Unknown

Early preterm births (32 0/7 – 33 6/7 weeks): _____ Unknown

Late preterm births (34 0/7 – 36 6/7 weeks): _____ Unknown

Early term births (37 0/7 - 38 6/7 weeks): _____ Unknown

Full term births (39 0/7 - 40 6/7 weeks): _____ Unknown

Late term births (41 0/7 - 41 6/7 weeks): _____ Unknown

Post term births (≥ 42 0/7 weeks): _____ Unknown

Stillbirths (≥20 weeks): _____ Unknown

Spontaneous abortion/miscarriage (<20 weeks): _____ Unknown

Elective abortions: _____ Unknown

Therapeutic abortions: _____ Unknown

Therapeutic abortions are defined as abortions due to medical reasons for the mother or fetus.

Any major congenital anomalies with a previous pregnancy? No Yes Unknown

If Yes, specify: _____

B. Follow-Up Information

Pregnancy Follow-Up – Update as Applicable During Follow-Up

Was follow-up contact made with the participant during the pregnancy? No Yes

If Yes, list dates that contact was made, and update the other sections of this form, as necessary.

#	Date	#	Date
1		5	
2		6	
3		7	
4		8	

