Site Number:

Patient Number:

Trimester 2

Date of Contact

[Revision: Initial revision of study]

(Visit ID = 30 / Visit Display Name = Trimester 2 / Visit Abbrev = TRI2 / PageID = 10 / Page Display Name = Date of Contact / Description = Date of Contact)

* Date of Contact		(DD-MMM-YYYY)
* Reporter of Information	○ Patient ○ Obstetrician ○ Neurologist ○ Other	
* Reporter of Information	○ Patient ○ Obstetrician ○ Neurologist ○ Infant HCP ○ Other	
* Other, specify		

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Current Pregnancy Status

[Revision: Initial revision of study]

(Visit ID = 30 / Visit Display Name = Trimester 2 / Visit Abbrev = TRI2 / PageID = 60 / Page Display Name = Current Pregnancy Status / Description = Current Pregnancy Status)

Not Applicable ☐

* Gestational age (weeks)		(format xx)

* Has any prenatal testing been performed since the previous date of contact?
- ○ No
- ○ Yes

Test Name	Date of test		Result
Amniocentesis		(DD-MMM-YYYY)	
Genetic testing		(DD-MMM-YYYY)	
Nuchal translucency screen		(DD-MMM-YYYY)	
Chorionic villus sampling		(DD-MMM-YYYY)	
Late term ultrasound		(DD-MMM-YYYY)	

* Has there been a pregnancy outcome since the last visit?
- ○ No
- ○ Yes

If Yes, please complete the Pregnancy Outcome form.

Comorbid Conditions

[Revision: Initial revision of study]

(Visit ID = 30 / Visit Display Name = Trimester 2 / Visit Abbrev = TRI2 / PageID = 20 / Page Display Name = Comorbid Conditions / Description = Comorbid Conditions)

Since the last review, has the patient been diagnosed or experienced worsening of any of the following

Significant Comorbidity events related to pregnancy should be entered as SAEs.

* Asthma	○ No ○ Yes ○ Unknown
* Hypertension	○ No ○ Yes ○ Unknown
* Kidney Disease	○ No ○ Yes ○ Unknown
* Thyroid Disease	○ No ○ Yes ○ Unknown
* Clotting Disorder	○ No ○ Yes ○ Unknown
* Lupus	○ No ○ Yes ○ Unknown
* Other significant comorbidity, other than non-infectious	○ No ○ Yes ○ Unknown

* Please specify	
* Please specify	
* Please specify	
* Sexually Transmitted Diseases (STDs)	○ No ○ Yes ○ Unknown
* Bacterial Vaginosis (BV)	○ No ○ Yes ○ Unknown
* Chlamydia	○ No ○ Yes ○ Unknown
* Gonorrhea	○ No ○ Yes ○ Unknown
* Hepatitis B	○ No ○ Yes ○ Unknown
* Hepatitis C	○ No ○ Yes ○ Unknown
* Herpes	○ No ○ Yes ○ Unknown
* HIV/AIDS	○ No ○ Yes ○ Unknown

* Human Papillomavirus (HPV)	○ No ○ Yes ○ Unknown
* Pelvic Inflammatory Disease (PID)	○ No ○ Yes ○ Unknown
* Other Sexually Transmitted Diseases	○ No ○ Yes ○ Unknown
* Please specify:	
* Zika Virus	○ No ○ Yes ○ Unknown
* Other significant comorbidity, other than infectious	○ No ○ Yes ○ Unknown
* Please specify	
* Please specify	
* Please specify	
* Type I diabetes	○ No ○ Yes ○ Unknown
* Type II diabetes	○ No ○ Yes ○ Unknown

* Gestational diabetes	○ No ○ Yes ○ Unknown
* Nutritional deficiencies	○ No ○ Yes ○ Unknown
* Anemia	○ No ○ Yes ○ Unknown
* Vitamin B12	○ No ○ Yes ○ Unknown
* Vitamin A	○ No ○ Yes ○ Unknown
* Calcium	○ No ○ Yes ○ Unknown
* Other Nutritional Deficiencies	○ No ○ Yes ○ Unknown
* Please specify:	

Risk Factors

[Revision: Initial revision of study]

(Visit ID = 30 / Visit Display Name = Trimester 2 / Visit Abbrev = TRI2 / PageID = 30 / Page Display Name = Risk Factors / Description = Risk Factors)

* Has there been a change in lifestyle risk factors since the last contact?	○ No ○ Yes
* Does the patient smoke cigarettes or use tobacco?	○ Never ○ Before pregnancy ○ During pregnancy ○ Patient declined to answer ○ Unknown
* Does the patient smoke cigarettes or use tobacco?	○ Never ○ During pregnancy ○ Patient declined to answer ○ Unknown
* Does the patient consume caffeine?	○ No ○ Yes ○ Unknown
* About how many caffeinated beverages per day (on average)?	○ Less than 3 ○ 3 or more
* Does the patient consume alcohol?	○ Never ○ Before pregnancy ○ During pregnancy ○ Patient declined to answer ○ Unknown

* Does the patient consume alcohol?	○ Never ○ During pregnancy ○ Patient declined to answer ○ Unknown	
* Number of alcoholic drinks per week		(format xx)
Unknown	☐	
* Does the patient use illicit drugs?	○ No ○ Yes ○ Unknow	

Patient Vaccinations

[Revision: Initial revision of study]

(Visit ID = 30 / Visit Display Name = Trimester 2 / Visit Abbrev = TRI2 / PageID = 50 / Page Display Name = Patient Vaccinations / Description = Patient Vaccinations)

* Has the patient received any vaccination since last contact?
- ○ No
- ○ Yes

If Yes:

Vaccination Name	Other, specify	Vaccination Date

○ Influenza (IIV, RIV, LAIV, IIV3) ○ Tetanus, diphtheria, pertussis (Tdap) ○ Tetanus and diphtheria toxoids (Td) ○ Diphtheria (d) ○ Tetanus (TT) ○ Pertussis (acp) ○ Haemophilus influenzae type b (Hib) ○ Hepatitis A (HepA) ○ Hepatitis B (HepB) ○ Human papillomavirus (HPV) ○ Measles (MEAS) ○ Measles, mumps, rubella (MMR) ○ Meningococcal disease (MenACWY, MenB) ○ Pneumococcal disease (PCV13, PPSV23) ○ Poliomyelitis (IPV) ○ Varicella (VAR) ○ Other			(DD-MMM-YYYY)

- Influenza (IIV, RIV, LAIV, IIV3)
- Tetanus, diphtheria, pertussis (Tdap)
- Tetanus and diphtheria toxoids (Td)
- Diphtheria (d)
- Tetanus (TT)
- Pertussis (acp)
- Haemophilus influenzae type b (Hib)
- Hepatitis A (HepA)
- Hepatitis B (HepB)
- Human papillomavirus (HPV)
- Measles (MEAS)
- Measles, mumps, rubella (MMR)
- Meningococcal disease (MenACWY, MenB)
- Pneumococcal disease (PCV13, PPSV23)
- Poliomyelitis (IPV)
- Varicella (VAR)
- Other

(DD-MMM-YYYY)

○ Influenza (IIV, RIV, LAIV, IIV3) ○ Tetanus, diphtheria, pertussis (Tdap) ○ Tetanus and diphtheria toxoids (Td) ○ Diphtheria (d) ○ Tetanus (TT) ○ Pertussis (acp) ○ Haemophilus influenzae type b (Hib) ○ Hepatitis A (HepA) ○ Hepatitis B (HepB) ○ Human papillomavirus (HPV) ○ Measles (MEAS) ○ Measles, mumps, rubella (MMR) ○ Meningococcal disease (MenACWY, MenB) ○ Pneumococcal disease (PCV13, PPSV23) ○ Poliomyelitis (IPV) ○ Varicella (VAR) ○ Other			(DD-MMM-YYYY)

MS Disease Status

[Revision: Initial revision of study]

(Visit ID = 30 / Visit Display Name = Trimester 2 / Visit Abbrev = TRI2 / PageID = 70 / Page Display Name = MS Disease Status / Description = MS Disease Status)

* Since the last visit, has the patient experienced a relapse(s)?	○ No ○ Yes	
* If Yes, total number of relapses:		(format xx)

Start date of relapse		End date of relapse	
	(UNK-UNK-UNK)		(UNK-UNK-UNK)
	(UNK-UNK-UNK)		(UNK-UNK-UNK)
	(UNK-UNK-UNK)		(UNK-UNK-UNK)
	(UNK-UNK-UNK)		(UNK-UNK-UNK)
	(UNK-UNK-UNK)		(UNK-UNK-UNK)
	(UNK-UNK-UNK)		(UNK-UNK-UNK)

* Current type of MS	○ Relapsing Remitting MS (RRMS) ○ Secondary Progressive MS (SPMS) ○ Primary Progressive MS (PPMS) ○ Clinically Isolated Syndrome (CIS) ○ Radiologically Isolated Syndrome (RIS) ○ Unknown	
* Date of most recent Expanded Disability Status Scale (EDSS) score		(DD-MMM-YYYY)

* EDSS score:		(format xx.x)
Not available	☐	
* Any recent MRI results since last visit?	○ No ○ Yes	

Date of MRI	Results:	Number of Gadolinium-enhancing (Gd+) lesions identified on T1 weighted MRI of the brain	Non	Min_One	Number of new or newly enlarged hyperintense lesions on T2-weighted MRI of the brain.	Zero (0)	One_Two (1-2)	Three_Eight (3-8)	Nine_Plus (9+)
(DD-MMM-YYYY)			☐	☐		☐	☐	☐	☐
(DD-MMM-YYYY)			☐	☐		☐	☐	☐	☐
(DD-MMM-YYYY)			☐	☐		☐	☐	☐	☐
(DD-MMM-YYYY)			☐	☐		☐	☐	☐	☐
(DD-MMM-YYYY)			☐	☐		☐	☐	☐	☐