Appendix. Pregnancy Outcome Questionnaire

| Severe Chronic Neutropenia International Registry | Patient ID Number: ___/___/___/___/___/___/___/___ |
| Patient Initials: ___/___/___/___ |

**PREGNANCY # _____ OUTCOME** *(Complete page for each pregnancy)*

- [ ] Miscarriage/termination, date ___/___/___  
  - Gestational Age: _____ weeks
  - Please specify:  
    - [ ] elective termination or  
    - [ ] spontaneous
  - Check reason and describe on back of form:  
    - [ ] mother’s medical condition
    - [ ] abnormal fetal development
    - [ ] other __________________________

- [ ] Still birth, date ___/___/___  
  - Gestational Age: _____ weeks
  - Specify reason, if known: __________________________

- [ ] Live birth, date ___/___/___  
  - Initials: _____  
  - [ ] Male  
  - [ ] Female
  - Weight: _______  
  - Gestational Age: ________ weeks
  - CBC (newborn) checked?  
    - [ ] No  
    - [ ] Yes  
    - [ ] Normal  
    - [ ] Neutropenia  
    - [ ] Transient  
    - [ ] Chronic
  - Complications (newborn)?  
    - [ ] No  
    - [ ] Yes, describe on back of form.
    - [ ] Congenital abnormalities
    - [ ] Other medical diagnoses
  - Complications (maternal)?  
    - [ ] No  
    - [ ] Yes, describe on back of form.
  - Mother nursed infant?  
    - [ ] No  
    - [ ] Yes  
    - If yes, cytokine administered to mother?  
      - [ ] No  
      - [ ] Yes

Cytokine (growth factor, e.g., G-CSF) administered during pregnancy?  
- [ ] No  
- [ ] Yes

- If yes, indicate  
  1. cytokine brand name: ____________________________
  2. trimester and cytokine dose (circle dose units and indicate frequency.):
    - First trimester, _____ [cc] or [ml] or [mcg] or [mcg/kg] _____ frequency
    - Second trimester, _____ [cc] or [ml] or [mcg] or [mcg/kg] _____ frequency
    - Third trimester, _____ [cc] or [ml] or [mcg] or [mcg/kg] _____ frequency
  - Mother’s weight before pregnancy: _____  
    - [ ] lb  
    - [ ] kg

Did patient stop cytokine treatment?  
- [ ] No  
- [ ] Yes, stop date: ____________________________


The authors provided this information as a supplement to their article.

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If yes, specify reason: _________________________________________________________

Please use the back of this form to provide any additional information about patient or infant.

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