|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Cohort** | **CRF** | **screening** | **Enrollment Visit\*** (within year 1-2) | **Birth** | **2-month** | **Quarterly Phone Calls\*** | **Annual Phone Calls\*** | **Follow-up Visit** (within year 3-5) |
| **Cohort A** | COVID-19 Screening |  | X | X | X | X | X | X |
| Maternal Antenatal Enrollment Forma |  | X |  |  | - |  | - |
| Caregiver Locator Form |  | X |  |  | - |  | - |
| Sociodemographic Data |  | X |  |  | X |  | X |
| Medical History h |  | X |  |  | X |  | X |
| Obstetrical Historyh |  | X |  |  |  |  |  |
| HIV Viral Load and CD4c |  | X |  |  | - |  | X |
| Rapid HIV Testing and Counseling |  | X | X |  | X\*\* |  | X\*\* |
| Requisition Viral Load d |  | X | X |  |  |  |  |
| Maternal HIV Interim Hx d |  | X |  |  |  |  |  |
| ARVs Pre-Pregnancyd |  | X |  |  | - |  | - |
| ARVs During Pregnancyd |  | X | X |  | - |  | - |
| Substance Use Prior to Pregnancya |  | X |  |  |  |  |  |
| Clinical Measurementsh |  |  |  |  |  |  |  |
| Weight & Heighth |  | X | X |  | - |  | X |
| Waist and Hip Circumferenceh |  | Xe |  |  | - |  | X |
| Blood Pressureh |  | X |  |  | - |  | X |
| Food Frequency Questionnaire |  | - |  |  |  |  | X |
| Depression Screening – PHQ-9e |  | X |  |  | - |  | - |
| Depression Screening – Edinburgh**a** |  | X |  |  | - |  | X |
| Ultrasound Forma |  | X |  |  | - |  | - |
| Birth Forms |  | - | X |  | - |  | - |
| Substance Use During Pregnancy |  |  | X |  |  |  |  |
| Maternal Diagnoses c |  |  | X |  |  |  |  |
| Maternal Interim IDCC Data c |  |  | X |  | X |  | X |
| History of TB a |  | X |  |  |  |  |  |
| TB Screen a |  |  |  | X |  |  |  |
| TB Screen at routine health encounters |  | X | X | X |  |  |  |
| TB Symptoms in Household Members a |  |  |  | X |  |  |  |
| Anxiety Screening – GAD-7 |  | X |  |  | - |  | - |
| Vital Status Form |  | - |  |  | X |  | X |
|  | | | | | | | | |
| **Cohort B** | COVID-19 Screening |  | X |  |  | X | X | X |
| Caregiver Locator Form |  | X |  |  | - |  | - |
| Sociodemographic Data |  | X |  |  | X |  | X |
| Medical History h |  | X |  |  | X |  | X |
| Obstetrical Historyh |  | X |  |  |  |  |  |
| HIV Disclosure to child statusg |  | X |  |  | X |  | X |
| Clinical Measurementsh |  |  |  |  |  |  |  |
| Weight & Heighth |  | X |  |  | - |  | X |
| Waist and Hip Circumferenceh |  | X |  |  | - |  | - |
| Blood Pressureh |  | X |  |  | - |  | X |
| Food Frequency Questionnaire |  | - |  |  | - |  | X |
| Depression Screening – PHQ-9 |  | X |  |  | - |  | X |
|  |  |  |  |  |  |  |  |
| Anxiety Screening – GAD-7 |  | X |  |  | - |  | X |
| Vital Status Form |  | - |  |  | X |  | X |
|  | | | | | | | | |
| **Cohort C** | COVID-19 Screening | X | X |  |  | X | X | X |
| Caregivers of CYHUU Pre-FLOURISH | X | - |  |  | - |  | - |
| HIV Rapid Testb | X | - |  |  | - |  | - |
| Sociodemographic Data |  | X |  |  | X |  | X |
| Medical Historyh |  | X |  |  | X |  | X |
| Obstetrical Historyh |  | X |  |  |  |  |  |
| Clinical Measurementsh |  |  |  |  |  |  |  |
| Weight & Heighth |  | X |  |  | - |  | X |
| Waist and Hip Circumferenceh |  | X |  |  | - |  | X |
| Blood Pressureh |  | X |  |  | - |  | X |
| Food Frequency Questionnaire |  | - |  |  | - |  | X |
| Depression Screening – PHQ-9 |  | X |  |  | - |  |  |
|  |  |  |  |  |  |  |  |
| Anxiety Screening – GAD-7 |  | X |  |  | - |  |  |
| HIV Disclosure to child statusg |  | X |  |  | X |  | X |
| Vital Status Form |  | - |  |  | X |  | X |
|  | | | | | | | | |

a Only for pregnant women with no prior participation in a BHP study

b Only collected on caregivers who do not have current or previous participation in a BHP study

c Only for Biological mothers living with HIV

d Only for newly enrolled pregnant WLHIV

e Only for non-pregnant women caregivers

f Only for newly recruited Caregivers of HUU Adolescents

g ONLY for Caregivers living with HIV with children aged 10-15.9

h ONLY for Biological Mothers (not needed for Caregivers)

\*Among the 500 children/adolescents-Caregiver Dyads who will not be assigned to a cohort, will have the same enrollment and quarterly phone call CRF within their child’s age group.

\*\* Only for HIV- breastfeeding mothers (newly enrolled in Cohort A)