|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Cohort** | **CRF** | **screening** | **Enrollment Visit\*** (within years 1-2) | **Birth** | **2-month** | **Quarterly Phone Calls\*** | **Annual Phone Calls\*** | **Follow-up Visit** (within years 3-5) |
| **Cohort A** | ~~COVID-19 Screening~~ |  | Remove |  |  | Remove | Remove | Remove |
| Maternal Antenatal Enrollment Forma |  | X |  |  | - |  | - |
| Caregiver Locator Form |  | X |  |  | - |  | - |
| Sociodemographic Data |  | X |  |  | X |  | X |
| Medical History h |  | X | X |  | X |  | X |
| Obstetrical Historyh |  | X |  |  |  |  |  |
| HIV Viral Load and CD4c |  | X |  |  | - |  | X |
| Rapid HIV Testing and Counseling |  | X | X |  | X\*\* |  | X\*\* |
| Post: HIV rapid testing and counselling p |  |  |  |  | X |  | X |
| Requisition Viral Load d |  | X | X |  |  |  | X |
| Maternal HIV Interim Hx d |  | X |  |  |  |  |  |
| Interim IDCC Data v2 |  |  | X |  | X |  | X |
| ARVs Pre-Pregnancyd |  | X |  |  | - |  | - |
| ARVs During Pregnancyd |  | X | X |  | - |  | - |
| Substance Use Prior to Pregnancya |  | Xa |  |  |  |  |  |
| Clinical Measurements for Enrollmenth |  |  |  |  |  |  |  |
| Weight & Heighth |  | X | Xj |  | - |  | X |
| Waist and Hip Circumferenceh |  | Xe |  |  | - |  |  |
| Blood Pressureh |  | X | X |  | - |  | X |
| TB Screening for Caregivers |  | X |  |  | X |  | X |
| TB Referral for Caregivers q |  | X |  |  | X |  | X |
| ~~Food Frequency Questionnaire~~ |  | ~~-~~ |  |  |  |  | ~~X~~ |
| Breastfeeding Questionnairea |  |  |  |  | X\*\*\* |  |  |
| Depression Screening – PHQ-9 |  | X |  |  | - |  | X |
| Depression Screening – Edinburgh**a** |  | X |  |  | - |  | Xa |
| PHQ-9/ Edinburgh/GAD-7 Referral CRFm |  | X |  |  |  |  | X |
| PHQ-9/ Edinburgh/GAD-7 Post Referral CRFm |  |  |  |  | Xm |  | Xm |
| PHQ-9/Edinburgh/GAD-7 Referral Follow upm |  | Xm |  |  |  |  | Xm |
| Ultrasound Forma |  | X |  |  | - |  | - |
| Birth Forms |  | - | X |  | - |  | - |
| Substance Use During Pregnancy |  |  | X |  |  |  |  |
| History of TB a |  | X |  |  |  |  |  |
| TB Screen at 2 months Postpartum k |  |  |  | X |  |  |  |
| TB Screen at routine health encounters a,k |  | X | X | X |  |  |  |
| TB Symptoms in Household Members k |  |  |  | X |  |  |  |
| SAFI (Stigma Questionnaire) r |  | X |  |  |  |  | X |
| HITS (IPV) |  | X |  |  |  |  | X |
| HITS Post-Referral Form |  | X |  |  |  |  | X |
| Anxiety Screening – GAD-7 |  | X |  |  | - |  | X |
| Relationship Father Involvement h |  | X |  |  |  | X | X |
| Maternal ARVs Adherence at Enrollment l |  | X |  |  |  |  |  |
| Maternal ARVs Post V2: Adherence l |  |  | X |  | X |  | X |
| Interview and Focus Group Interest o |  |  |  |  | X |  |  |
| CHILDHOOD LEAD EXPOSURE RISK |  |  |  |  | XU | X | XV |
| Breast Milk Collection CRFa |  |  | X |  |  |  |  |
| CAGE-AID (Substance Abuse) |  | X |  |  |  |  | X |
| Visit report Form |  | - |  |  | X |  | X |
| *Lab Requisition* – HIV rapid testing i |  | X | X |  |  |  |  |
| *Lab Requisition* – HIV Viral Load d |  | X | X |  |  |  |  |
|  | *Lab Requisition* – Breast Milk Collectiona |  |  | X |  |  |  |  |
|  | | | | | | | | |
| **Cohort B** | ~~COVID-19 Screening~~ |  | Remove |  |  | Remove | Remove | Remove |
| 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 |  |  | - |  | X |
| Blood Pressureh |  | X |  |  | - |  | X |
| TB Screening for Caregivers |  | X |  |  | X |  | X |
| TB Referral for Caregivers q |  | X |  |  | X |  | X |
| ~~Food Frequency Questionnaire~~ |  | ~~-~~ |  |  | ~~-~~ |  | ~~X~~ |
| Depression Screening – PHQ-9 |  | X |  |  | - |  | X |
| Anxiety Screening – GAD-7 |  | X |  |  | - |  | X |
| PHQ-9/ Edinburgh/GAD-7 Referral CRFm |  | X |  |  |  |  | X |
| PHQ-9/ Edinburgh/GAD-7 Post Referral CRFm |  |  |  |  | Xm |  | Xm |
| PHQ-9/Edinburgh/GAD-7 Referral Formm |  | Xm |  |  |  |  | Xm |
| SAFI (Stigma Questionnaire) r s |  | X |  |  |  |  | X |
| HITS (IPV) |  | X |  |  |  |  | X |
| HITS Post-Referral Form |  | X |  |  |  |  | X |
| CAGE-AID (Substance Abuse) |  | X |  |  |  |  | X |
| Relationship Father Involvementh |  | X |  |  |  | X | X |
| HIV Viral Load and CD4c |  | X |  |  |  |  | Xl |
| Post: HIV rapid testing and counselling p |  |  |  |  | X |  | X |
| Maternal ARVs Adherence at Enrollment l |  | X |  |  |  |  |  |
| Maternal ARVs Post V2: Adherencel |  |  |  |  | X |  | X |
| Interview and Focus Group Interest o |  |  |  |  | X |  |  |
| Visit report Form |  | - |  |  | X |  | X |
|  | | | | | | | | |
| **Cohort C** | ~~COVID-19 Screening~~ | Remove |  |  |  | Remove | Remove | Remove |
| 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 |
| HIV Viral Load and CD4c |  | X |  |  |  |  | Xl |
| Post: HIV rapid testing and counselling p |  |  |  |  | X |  | X |
| TB Screening for Caregivers |  | X |  |  | X |  | X |
| TB Referral for Caregivers q |  | X |  |  | X |  | X |
| ~~Food Frequency Questionnaire~~ |  | ~~-~~ |  |  | ~~-~~ |  | ~~X~~ |
| Depression Screening – PHQ-9 |  | X |  |  | - |  | X |
| Anxiety Screening – GAD-7 |  | X |  |  | - |  | X |
| PHQ-9/ Edinburgh/GAD-7 Referral CRFm |  | X |  |  |  |  | X |
| PHQ-9/ Edinburgh/GAD-7 Post Referral CRFm |  |  |  |  | Xm |  | Xm |
| PHQ-9/Edinburgh/GAD-7 Referral Follow upm |  | Xm |  |  |  |  | Xm |
| SAFI (Stigma Questionnaire) r |  | X |  |  |  |  | X |
| HITS (IPV) |  | X |  |  | X |  | X |
| HITS Post-Referral Form |  | X |  |  |  |  | X |
| CAGE-AID (Substance Abuse) |  | X |  |  |  |  | X |
| HIV Disclosure to child statusg |  | X |  |  | X |  | X |
| Parent-Adolescent Relationship t |  |  |  |  |  | Xt |  |
| Relationship Father Involvementh |  | X |  |  |  | X | X |
| Maternal ARVs Adherence at Enrollment l |  | X |  |  |  |  |  |
| Maternal ARVs Post V2: Adherencel |  |  |  |  | X |  | X |
| Interview and Focus Group Interest o |  |  |  |  | X |  |  |
| Visit report Form |  | - |  |  | X |  | X |
|  | | | | | | | | |

a Only for pregnant women/enrolled in pregnancy 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)

i Only for newly enrolled pregnant women who are not living with HIV

j ONLY weight measurements at birth visit (remove height measurements)

k Only for Postpartum WLHIV consented for TB study

l ONLY for women living with HIV (both caregivers and biological mothers)

m Only if triggered from Depression or Anxiety screening CRFs

n ONLY for Caregivers who child is completing the BRIEF-2 Self-Report CRF

o Only to be completed once for all caregivers (either at first quarterly call, or the next in line)

p Only for women who are not living with HIV

q Only if the Caregiver screened positive for TB using the TB Referral Guidelines in Dropbox

r Separate CRFs for caregivers living with HIV and caregivers NOT living with HIV

s To be deployed at Birth Visit IF mother has consented on Adult Participation Consent Version 4.0 or higher, and to be deployed at 6-Month Brain Ultrasound Visit if mother has consented on Infant Brain Ultrasound Consent Version 4.0 or higher

t Only to be completed at the next quarterly call visit regardless of the number, then repeated on an annual basis

U Only to be completed at the next quarterly call visit **IF** follow up visit was done before, then repeated on an annual basis

V Only to be completed at follow up VISIT, then repeated on an annual basis

\*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)

\*\*\* Only at the Second Quarterly call (6-months postpartum) – Visit code 2002