

Followup Month 24

Record ID

Subject ID ([consent_arm_1][subjectid])

Date

SRC visit date (if different from above date)

CRC Initials

Comments

Mother's primary phone number:
[consent_arm_1][mother_phone_1]

Mother's Name: [consent_arm_1][mother_first_name]
[consent_arm_1][mother_last_name]

Visit Completion

- Mother & Infant completed visit
 Mother & Infant did NOT complete visit (Unable to reach to schedule an initial visit OR No show to first visit and unable to reschedule before the child is out of the visit window)
 Mother completed questionnaires by phone but did not complete SRC portion of visit

Thank you for your continued participation in the PREVAIL study and for making time for this clinic visit. I am going to ask you a series of questions that are part of the "Follow-up Questionnaire." These questions will help us to collect information about your health and the health of your child. Many of these questions were asked at your last clinic visit or over text message when your child was 21 months old and some of them will be for the entire 2 years since [week_0_arm_1][nbcrcf_inf_name] was born.

Mother's Name: [consent_arm_1][mother_first_name] [consent_arm_1][mother_last_name]

Date of Month 18 Clinic Visit: [month_18_arm_1][m18_date]

Now I am going to ask you a few questions about how you have been feeding your infant

Are you still feeding breast milk to
[week_0_arm_1][nbcrcf_inf_name]?

- No
 Yes
 Unsure/Unknown
 Refused/No Response

This includes breast milk in ANY amount, whether exclusively or intermittently

month 18: [month_18_arm_1][m18_currentbf]
month 21: [month_21_arm_1][m21_currentbf]

If no, what was the date you stopped any breastfeeding? _____

Month 18: [month_18_arm_1][m18_date_stoppedbf]
 Month 21: [month_21_arm_1][m21_date_stoppedbf]

Since [week_0_arm_1][nbcfrf_inf_name] was 18 months old, how has your breast milk usually been fed to him/her?

- At the breast
 Pumped, then fed by a bottle
 A combination of at the breast and pumped milk

month 18: [month_18_arm_1][m18_bf_method]
 month 21: [month_21_arm_1][m21_bf_method]

Has [week_0_arm_1][nbcfrf_inf_name] ever been fed formula?

- No
 Yes
 Unsure/Unknown
 Refused/No Response

Month 18: [month_18_arm_1][m18_everformula]
 Month 21: [month_21_arm_1][m21_everformula]

On what date was formula first introduced?

Month 18: [month_18_arm_1][m18_date_formula]
 Month 21: [month_21_arm_1][m21_date_formula]

(Use Calendar to assist the mother)

Verify Address

Street Address _____

[consent_arm_1][address_street]

City _____

[consent_arm_1][address_city]

State

- IN
 KY
 OH

[consent_arm_1][address_state]

Zipcode _____

[consent_arm_1][address_zip]

Latitude _____

Longitude _____

Census Tract ID _____

Deprivation Index _____

Maternal Primary Care Provider

Since the birth of your child, have you seen a primary care provider?

- Yes
 No

Month 12: [month_12_arm_1][m12_mat_pcp]

Month 18: [month_18_arm_1][m18_mat_pcp]

Please list the names of primary care practices at which you have received care in the past two years:

Month 12: [month_12_arm_1][m12_mat_pcp_practice]

Month 18: [month_18_arm_1][m18_mat_pcp_practice]

Please list the name/names of primary care providers that have provided care to you in the past two years:

Month 12: [month_12_arm_1][m12_mat_pcp_name]

Month 18: [month_18_arm_1][m18_mat_pcp_name]

Since [week_0_arm_1][nbcrcf_inf_name] was born, have you gotten a flu shot?

- No
 Yes
 Unknown
 Refused

Since [week_0_arm_1][nbcrcf_inf_name] was born, how many times have you gotten a flu shot?

- 1
 2
 3
 4

Date of first flu shot

(CRC: use MM/01/YYYY format. Mom's best guess if fine)

At what kind of place did you receive the first flu vaccination?

- My OB/GYN's office
 My midwife's office
 My family doctor or other doctor's office
 Health department clinic
 Other clinic or health center
 Hospital
 Other medically-related place
 A pharmacy or drug store (like a Walgreens or CVS)
 A supermarket, grocery store, or superstore (like a Wal-Mart or Target)
 Workplace
 Elementary/Middle/High School
 Other non-medically related place
 Unsure/Unknown

Please specify "other medically-related place":

Please specify "other non-medically related place":

Please provide the name and location of the vaccination provider:

(i.e. Walgreens, Clifton
or name/location of OB practice
or name/location of Employer etc)

Did your employer at this time require you to get a flu shot?

- No
 Yes
 Unknown
 Refused
-

Date of second flu shot

(CRC: use MM/01/YYYY format. Mom's best guess if fine)

At what kind of place did you receive the 2nd flu vaccination?

- My OB/GYN's office
 My midwife's office
 My family doctor or other doctor's office
 Health department clinic
 Other clinic or health center
 Hospital
 Other medically-related place
 A pharmacy or drug store (like a Walgreens or CVS)
 A supermarket, grocery store, or superstore (like a Wal-Mart or Target)
 Workplace
 Elementary/Middle/High School
 Other non-medically related place
 Unsure/Unknown
-

Please specify "other medically-related place":

Please specify "other non-medically related place":

Please provide the name and location of the vaccination provider:
(i.e. Walgreens, Clifton
or name/location of OB practice
or name/location of Employer etc)

Did your employer at this time require you to get a flu shot?

- No
 Yes
 Unknown
 Refused
-

Date of 3rd flu shot

(CRC: use MM/01/YYYY format. Mom's best guess if fine)

At what kind of place did you receive the 3rd flu vaccination?

- My OB/GYN's office
 My midwife's office
 My family doctor or other doctor's office
 Health department clinic
 Other clinic or health center
 Hospital
 Other medically-related place
 A pharmacy or drug store (like a Walgreens or CVS)
 A supermarket, grocery store, or superstore (like a Wal-Mart or Target)
 Workplace
 Elementary/Middle/High School
 Other non-medically related place
 Unsure/Unknown

Please specify "other medically-related place":

Please specify "other non-medically related place":

Please provide the name and location of the vaccination provider:
(i.e. Walgreens, Clifton
or name/location of OB practice
or name/location of Employer etc)

Did you employer at this time require you to get a flu shot?

- No
 Yes
 Unknown
 Refused

Date of 4th flu shot

(CRC: use MM/01/YYYY format. Mom's best guess if fine)

At what kind of place did you receive the 4th flu vaccination?

- My OB/GYN's office
 My midwife's office
 My family doctor or other doctor's office
 Health department clinic
 Other clinic or health center
 Hospital
 Other medically-related place
 A pharmacy or drug store (like a Walgreens or CVS)
 A supermarket, grocery store, or superstore (like a Wal-Mart or Target)
 Workplace
 Elementary/Middle/High School
 Other non-medically related place
 Unsure/Unknown

Please specify "other medically-related place":

Please specify "other non-medically related place":

Please provide the name and location of the vaccination provider:
(i.e. Walgreens, Clifton
or name/location of OB practice
or name/location of Employer etc)

Did you employer at this time require you to get a flu shot?

- No
 Yes
 Unknown
 Refused

Types of Medications

Since your child was 18 months old, have you taken any of the following:

Vitamins or dietary supplements No
 Yes
Month 18: [month_18_arm_1][m18_mat_vitamin_supplement] Unsure/Unknown
 Refused/No Response

Over the counter medications No
 Yes
Month 18: [month_18_arm_1][m18_mat_otcmeds] Unsure/Unknown
 Refused/No Response

Herbal or folk remedies No
 Yes
Month 18: [month_18_arm_1][m18_mat_herbalremedies] Unsure/Unknown
 Refused/No Response

Prescription medications No
 Yes
Month 18: [month_18_arm_1][m18_mat_prescriptions] Unsure/Unknown
 Refused/No Response

Maternal Medication List

Please list any medications that you have taken since [week_0_arm_1][nbcfrf_inf_name] was 18 months old.

How many vitamins/dietary supplements, over the counter medications, herbal/folk remedies or prescription medications is the mother taking in total? 1
 2
 3
 4
 5
 6
 7
Month 18: [month_18_arm_1][m18_maternalmedications] 8
 9
 10
 11 or More

Maternal Medication 1

(1) Medication Name

Month 18: [month_18_arm_1][m18_matmed_name1]

- DHA
- Docusate sodium
- Ibuprofen
- Iron
- Miralax
- Oxycodone- acetaminophen (percocet)
- Prenatal vitamins
- Prenatal vitamins + DHA
- Tylenol
- Vitamin D
- Antimicrobials
- Other vitamin
- Birth control pills
- Antihistamine
- Herbal Supplement
- Other
- Unsure/ Unknown
- Refused/ No Response

(1) If medication is "antimicrobial" please describe

- Acyclovir
- Amoxicillin
- Ancef/ Cefazolin
- Azithromycin
- Clindamycin
- Diflucan/ Fluconazole
- Flagyl
- Macrobid
- Penicillin G
- Vancomycin
- Oseltamivir/Tamiflu
- Other
- Unsure/ Unknown
- No Response/ Refused

(1) If medication is "other", please describe:

(1) Dosage/Strength

Month 18: [month_18_arm_1][m18_matmed_dose1]

(1) Units

Month 18: [month_18_arm_1][m18_matmed_units1]

(1) Route

Month 18: [month_18_arm_1][m18_matmed_route1]

(1) Frequency

Month 18: [month_18_arm_1][m18_matmed_freq1]

(1) Indication

Month 18: [month_18_arm_1][m18_matmed_indication1]

- Anti-Inflammatory
- Constipation
- Depression/Anxiety
- Headache
- Low Iron
- Pain
- Vitamins
- Allergies
- Hypertension
- Birth Control
- Lactation Support
- Mastitis
- Influenza
- Other
- Unknown/ Unsure
- No Response/ Refused

(1) If indication is "other", please describe:

Maternal Medication 2

(2) Medication Name

Month 18: [month_18_arm_1][m18_matmed_name2]

- DHA
- Docusate sodium
- Ibuprofen
- Iron
- Miralax
- Oxycodone- acetaminophen (percocet)
- Prenatal vitamins
- Prenatal vitamins + DHA
- Tylenol
- Vitamin D
- Antimicrobials
- Other vitamin
- Birth control pills
- Antihistamine
- Herbal Supplement
- Other
- Unsure/ Unknown
- Refused/ No Response

(2) If medication is "antimicrobial" please describe

- Acyclovir
- Amoxicillin
- Ancef/ Cefazolin
- Azithromycin
- Clindamycin
- Diflucan/ Fluconazole
- Flagyl
- Macrobid
- Penicillin G
- Vancomycin
- Oseltamivir/Tamiflu
- Other
- Unsure/ Unknown
- No Response/ Refused

(2) If medication is "other", please describe:

(2) Dosage/Strength

Month 18: [month_18_arm_1][m18_matmed_dose2]

(2) Units

Month 18: [month_18_arm_1][m18_matmed_units2]

(2) Route

Month 18: [month_18_arm_1][m18_matmed_route2]

(2) Frequency

Month 18: [month_18_arm_1][m18_matmed_freq2]

(2) Indication

Month 18: [month_18_arm_1][m18_matmed_indication2]

- Anti-Inflammatory
- Constipation
- Depression/Anxiety
- Headache
- Low Iron
- Pain
- Vitamins
- Allergies
- Hypertension
- Birth Control
- Lactation Support
- Mastitis
- Influenza
- Other
- Unknown/ Unsure
- No Response/ Refused

(2) If indication is "other", please describe:

Maternal Medication 3

(3) Medication Name

Month 18: [month_18_arm_1][m18_matmed_name3]

- DHA
- Docusate sodium
- Ibuprofen
- Iron
- Miralax
- Oxycodone- acetaminophen (percocet)
- Prenatal vitamins
- Prenatal vitamins + DHA
- Tylenol
- Vitamin D
- Antimicrobials
- Other vitamin
- Birth control pills
- Antihistamine
- Herbal Supplement
- Other
- Unsure/ Unknown
- Refused/ No Response

(3) If medication is "antimicrobial" please describe

- Acyclovir
- Amoxicillin
- Ancef/ Cefazolin
- Azithromycin
- Clindamycin
- Diflucan/ Fluconazole
- Flagyl
- Macrobid
- Penicillin G
- Vancomycin
- Oseltamivir/Tamiflu
- Other
- Unsure/ Unknown
- No Response/ Refused

(3) If medication is "other", please describe:

(3) Dosage/Strength

Month 18: [month_18_arm_1][m18_matmed_dose3]

(3) Units

Month 18: [month_18_arm_1][m18_matmed_units3]

(3) Route

Month 18: [month_18_arm_1][m18_matmed_route3]

(3) Frequency

Month 18: [month_18_arm_1][m18_matmed_freq3]

(3) Indication

Month 18: [month_18_arm_1][m18_matmed_indication3]

- Anti-Inflammatory
- Constipation
- Depression/Anxiety
- Headache
- Low Iron
- Pain
- Vitamins
- Allergies
- Hypertension
- Birth Control
- Lactation Support
- Mastitis
- Influenza
- Other
- Unknown/ Unsure
- No Response/ Refused

(3) If indication is "other", please describe:

Maternal Medication 4

(4) Medication Name

Month 18: [month_18_arm_1][m18_matmed_name4]

- DHA
- Docusate sodium
- Ibuprofen
- Iron
- Miralax
- Oxycodone- acetaminophen (percocet)
- Prenatal vitamins
- Prenatal vitamins + DHA
- Tylenol
- Vitamin D
- Antimicrobials
- Other vitamin
- Birth control pills
- Antihistamine
- Herbal Supplement
- Other
- Unsure/ Unknown
- Refused/ No Response

(4) If medication is "antimicrobial" please describe

- Acyclovir
- Amoxicillin
- Ancef/ Cefazolin
- Azithromycin
- Clindamycin
- Diflucan/ Fluconazole
- Flagyl
- Macrobid
- Penicillin G
- Vancomycin
- Oseltamivir/Tamiflu
- Other
- Unsure/ Unknown
- No Response/ Refused

(4) If medication is "other", please describe:

(4) Dosage/Strength

Month 18: [month_18_arm_1][m18_matmed_dose4]

(4) Units

Month 18: [month_18_arm_1][m18_matmed_units4]

(4) Route

Month 18: [month_18_arm_1][m18_matmed_route4]

(4) Frequency

Month 18: [month_18_arm_1][m18_matmed_freq4]

(4) Indication

Month 18: [month_18_arm_1][m18_matmed_indication4]

- Anti-Inflammatory
- Constipation
- Depression/Anxiety
- Headache
- Low Iron
- Pain
- Vitamins
- Allergies
- Hypertension
- Birth Control
- Lactation Support
- Mastitis
- Influenza
- Other
- Unknown/ Unsure
- No Response/ Refused

(4) If indication is "other", please describe:

Maternal Medication 5

(5) Medication Name

Month 18: [month_18_arm_1][m18_matmed_name5]

- DHA
- Docusate sodium
- Ibuprofen
- Iron
- Miralax
- Oxycodone- acetaminophen (percocet)
- Prenatal vitamins
- Prenatal vitamins + DHA
- Tylenol
- Vitamin D
- Antimicrobials
- Other vitamin
- Birth control pills
- Antihistamine
- Herbal Supplement
- Other
- Unsure/ Unknown
- Refused/ No Response

(5) If medication is "antimicrobial" please describe

- Acyclovir
- Amoxicillin
- Ancef/ Cefazolin
- Azithromycin
- Clindamycin
- Diflucan/ Fluconazole
- Flagyl
- Macrobid
- Penicillin G
- Vancomycin
- Oseltamivir/Tamiflu
- Other
- Unsure/ Unknown
- No Response/ Refused

(5) If medication is "other", please describe:

(5) Dosage/Strength

Month 18: [month_18_arm_1][m18_matmed_dose5] _____

(5) Units

Month 18: [month_18_arm_1][m18_matmed_units5] _____

(5) Route

Month 18: [month_18_arm_1][m18_matmed_route5] _____

(5) Frequency

Month 18: [month_18_arm_1][m18_matmed_freq5] _____

(5) Indication

Month 18: [month_18_arm_1][m18_matmed_indication5]

- Anti-Inflammatory
 - Constipation
 - Depression/Anxiety
 - Headache
 - Low Iron
 - Pain
 - Vitamins
 - Allergies
 - Hypertension
 - Birth Control
 - Lactation Support
 - Mastitis
 - Influenza
 - Other
 - Unknown/ Unsure
 - No Response/ Refused
-

(5) If indication is "other", please describe: _____

Maternal Medication 6

(6) Medication Name

Month 18: [month_18_arm_1][m18_matmed_name6]

- DHA
- Docusate sodium
- Ibuprofen
- Iron
- Miralax
- Oxycodone- acetaminophen (percocet)
- Prenatal vitamins
- Prenatal vitamins + DHA
- Tylenol
- Vitamin D
- Antimicrobials
- Other vitamin
- Birth control pills
- Antihistamine
- Herbal Supplement
- Other
- Unsure/ Unknown
- Refused/ No Response

(6) If medication is "antimicrobial" please describe

- Acyclovir
- Amoxicillin
- Ancef/ Cefazolin
- Azithromycin
- Clindamycin
- Diflucan/ Fluconazole
- Flagyl
- Macrobid
- Penicillin G
- Vancomycin
- Oseltamivir/Tamiflu
- Other
- Unsure/ Unknown
- No Response/ Refused

(6) If medication is "other", please describe:

(6) Dosage/Strength

Month 18: [month_18_arm_1][m18_matmed_dose6]

(6) Units

Month 18: [month_18_arm_1][m18_matmed_units6]

(6) Route

Month 18: [month_18_arm_1][m18_matmed_route6]

(6) Frequency

Month 18: [month_18_arm_1][m18_matmed_freq6]

(6) Indication

Month 18: [month_18_arm_1][m18_matmed_indication6]

- Anti-Inflammatory
- Constipation
- Depression/Anxiety
- Headache
- Low Iron
- Pain
- Vitamins
- Allergies
- Hypertension
- Birth Control
- Lactation Support
- Mastitis
- Influenza
- Other
- Unknown/ Unsure
- No Response/ Refused

(6) If indication is "other", please describe:

Maternal Medication 7

(7) Medication Name

Month 18: [month_18_arm_1][m18_matmed_name7]

- DHA
- Docusate sodium
- Ibuprofen
- Iron
- Miralax
- Oxycodone- acetaminophen (percocet)
- Prenatal vitamins
- Prenatal vitamins + DHA
- Tylenol
- Vitamin D
- Antimicrobials
- Other vitamin
- Birth control pills
- Antihistamine
- Herbal Supplement
- Other
- Unsure/ Unknown
- Refused/ No Response

(7) If medication is "antimicrobial" please describe

- Acyclovir
- Amoxicillin
- Ancef/ Cefazolin
- Azithromycin
- Clindamycin
- Diflucan/ Fluconazole
- Flagyl
- Macrobid
- Penicillin G
- Vancomycin
- Oseltamivir/Tamiflu
- Other
- Unsure/ Unknown
- No Response/ Refused

(7) If medication is "other", please describe:

(7) Dosage/Strength

Month 18: [month_18_arm_1][m18_matmed_dose7]

(7) Units

Month 18: [month_18_arm_1][m18_matmed_units7]

(7) Route

Month 18: [month_18_arm_1][m18_matmed_route7]

(7) Frequency

Month 18: [month_18_arm_1][m18_matmed_freq7]

(7) Indication

Month 18: [month_18_arm_1][m18_matmed_indication7]

- Anti-Inflammatory
- Constipation
- Depression/Anxiety
- Headache
- Low Iron
- Pain
- Vitamins
- Allergies
- Hypertension
- Birth Control
- Lactation Support
- Mastitis
- Influenza
- Other
- Unknown/ Unsure
- No Response/ Refused

(7) If indication is "other", please describe:

Maternal Medication 8

(8) Medication Name

Month 18: [month_18_arm_1][m18_matmed_name8]

- DHA
- Docusate sodium
- Ibuprofen
- Iron
- Miralax
- Oxycodone- acetaminophen (percocet)
- Prenatal vitamins
- Prenatal vitamins + DHA
- Tylenol
- Vitamin D
- Antimicrobials
- Other vitamin
- Birth control pills
- Antihistamine
- Herbal Supplement
- Other
- Unsure/ Unknown
- Refused/ No Response

(8) If medication is "antimicrobial" please describe

- Acyclovir
- Amoxicillin
- Ancef/ Cefazolin
- Azithromycin
- Clindamycin
- Diflucan/ Fluconazole
- Flagyl
- Macrobid
- Penicillin G
- Vancomycin
- Oseltamivir/Tamiflu
- Other
- Unsure/ Unknown
- No Response/ Refused

(8) If medication is "other", please describe:

(8) Dosage/Strength

Month 18: [month_18_arm_1][m18_matmed_dose8]

(8) Units

Month 18: [month_18_arm_1][m18_matmed_units8]

(8) Route

Month 18: [month_18_arm_1][m18_matmed_route8]

(8) Frequency

Month 18: [month_18_arm_1][m18_matmed_freq8]

(8) Indication

Month 18: [month_18_arm_1][m18_matmed_indication8]

- Anti-Inflammatory
- Constipation
- Depression/Anxiety
- Headache
- Low Iron
- Pain
- Vitamins
- Allergies
- Hypertension
- Birth Control
- Lactation Support
- Mastitis
- Influenza
- Other
- Unknown/ Unsure
- No Response/ Refused

(8) If indication is "other", please describe:

Maternal Medication 9

(9) Medication Name

Month 18: [month_18_arm_1][m18_matmed_name9]

- DHA
- Docusate sodium
- Ibuprofen
- Iron
- Miralax
- Oxycodone- acetaminophen (percocet)
- Prenatal vitamins
- Prenatal vitamins + DHA
- Tylenol
- Vitamin D
- Antimicrobials
- Other vitamin
- Birth control pills
- Antihistamine
- Herbal Supplement
- Other
- Unsure/ Unknown
- Refused/ No Response

(9) If medication is "antimicrobial" please describe

- Acyclovir
- Amoxicillin
- Ancef/ Cefazolin
- Azithromycin
- Clindamycin
- Diflucan/ Fluconazole
- Flagyl
- Macrobid
- Penicillin G
- Vancomycin
- Oseltamivir/Tamiflu
- Other
- Unsure/ Unknown
- No Response/ Refused

(9) If medication is "other", please describe:

(9) Dosage/Strength

Month 18: [month_18_arm_1][m18_matmed_dose9]

(9) Units

Month 18: [month_18_arm_1][m18_matmed_units9]

(9) Route

Month 18: [month_18_arm_1][m18_matmed_route9]

(9) Frequency

Month 18: [month_18_arm_1][m18_matmed_freq9]

(9) Indication

Month 18: [month_18_arm_1][m18_matmed_indication9]

- Anti-Inflammatory
- Constipation
- Depression/Anxiety
- Headache
- Low Iron
- Pain
- Vitamins
- Allergies
- Hypertension
- Birth Control
- Lactation Support
- Mastitis
- Influenza
- Other
- Unknown/ Unsure
- No Response/ Refused

(9) If indication is "other", please describe:

Maternal Medication 10

(10) Medication Name

Month 18: [month_18_arm_1][m18_matmed_name10]

- DHA
- Docusate sodium
- Ibuprofen
- Iron
- Miralax
- Oxycodone- acetaminophen (percocet)
- Prenatal vitamins
- Prenatal vitamins + DHA
- Tylenol
- Vitamin D
- Antimicrobials
- Other vitamin
- Birth control pills
- Antihistamine
- Herbal Supplement
- Other
- Unsure/ Unknown
- Refused/ No Response

(10) If medication is "antimicrobial" please describe

- Acyclovir
- Amoxicillin
- Ancef/ Cefazolin
- Azithromycin
- Clindamycin
- Diflucan/ Fluconazole
- Flagyl
- Macrobid
- Penicillin G
- Vancomycin
- Oseltamivir/Tamiflu
- Other
- Unsure/ Unknown
- No Response/ Refused

(10) If medication is "other", please describe:

(10) Dosage/Strength

Month 18: [month_18_arm_1][m18_matmed_dose10]

(10) Units

Month 18: [month_18_arm_1][m18_matmed_units10]

(10) Route

Month 18: [month_18_arm_1][m18_matmed_route10]

(10) Frequency

Month 18: [month_18_arm_1][m18_matmed_freq10]

(10) Indication

Month 18: [month_18_arm_1][m18_matmed_indication10]

- Anti-Inflammatory
- Constipation
- Depression/Anxiety
- Headache
- Low Iron
- Pain
- Vitamins
- Allergies
- Hypertension
- Birth Control
- Lactation Support
- Mastitis
- Influenza
- Other
- Unknown/ Unsure
- No Response/ Refused

(10) If indication is "other", please describe:

If the mother is taking more than 10 medications,
please record the name, dosage, units, route,
frequency and indications of those medications here:

Household Structure

Including yourself, how many people live in your household?

Month 18: [month_18_arm_1][m18_household]

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- More than 7 people
- Unsure/Unknown
- Refused/No Response

Please list all household members, including the mother and study infant:

Household Member 1

(1) Household member's relation to the child
Month 18: [month_18_arm_1][m18_hhmember1_relation]

- Study Infant
- Study Mother
- Father
- Sister
- Brother
- Aunt
- Uncle
- Cousin
- Maternal Grandmother
- Maternal Grandfather
- Paternal Grandmother
- Paternal Grandfather
- Maternal Great Grandmother
- Maternal Great Grandfather
- Paternal Great Grandmother
- Paternal Great Grandfather
- Family Friend
- Significant Other (study mother's significant other that is not the infant's father)
- Other

(1) If relation is "other", please describe:

(1) Age

Month 18: [month_18_arm_1][m18_hhmember1_age]

(1) Sex

Month 18: [month_18_arm_1][m18_hhmember1_sex]

- Male
- Female

Household Member 2

(2) Household member's relation to the child
Month 18: [month_18_arm_1][m18_hhmember2_relation]

- Study Infant
- Study Mother
- Father
- Sister
- Brother
- Aunt
- Uncle
- Cousin
- Maternal Grandmother
- Maternal Grandfather
- Paternal Grandmother
- Paternal Grandfather
- Maternal Great Grandmother
- Maternal Great Grandfather
- Paternal Great Grandmother
- Paternal Great Grandfather
- Family Friend
- Significant Other (study mother's significant other that is not the infant's father)
- Other

(2) If relation is "other", please describe:

(2) Age

Month 18: [month_18_arm_1][m18_hhmember2_age]

(2) Sex

- Male
 Female

Month 18: [month_18_arm_1][m18_hhmember2_sex]

Household Member 3

(3) Household member's relation to the child

Month 18: [month_18_arm_1][m18_hhmember3_relation]

- Study Infant
 Study Mother
 Father
 Sister
 Brother
 Aunt
 Uncle
 Cousin
 Maternal Grandmother
 Maternal Grandfather
 Paternal Grandmother
 Paternal Grandfather
 Maternal Great Grandmother
 Maternal Great Grandfather
 Paternal Great Grandmother
 Paternal Great Grandfather
 Family Friend
 Significant Other (study mother's significant other that is not the infant's father)
 Other
-

(3) If relation is "other", please describe:

(3) Age

Month 18: [month_18_arm_1][m18_hhmember3_age]

(3) Sex

- Male
 Female

Month 18: [month_18_arm_1][m18_hhmember3_sex]

Household Member 4

(4) Household member's relation to the child

Month 18: [month_18_arm_1][m18_hhmember4_relation]

- Study Infant
- Study Mother
- Father
- Sister
- Brother
- Aunt
- Uncle
- Cousin
- Maternal Grandmother
- Maternal Grandfather
- Paternal Grandmother
- Paternal Grandfather
- Maternal Great Grandmother
- Maternal Great Grandfather
- Paternal Great Grandmother
- Paternal Great Grandfather
- Family Friend
- Significant Other (study mother's significant other that is not the infant's father)
- Other

(4) If relation is "other", please describe:

(4) Age

Month 18: [month_18_arm_1][m18_hhmember4_age]

(4) Sex

Month 18: [month_18_arm_1][m18_hhmember4_sex]

- Male
- Female

Household Member 5

(5) Household member's relation to the child

Month 18: [month_18_arm_1][m18_hhmember5_relation]

- Study Infant
- Study Mother
- Father
- Sister
- Brother
- Aunt
- Uncle
- Cousin
- Maternal Grandmother
- Maternal Grandfather
- Paternal Grandmother
- Paternal Grandfather
- Maternal Great Grandmother
- Maternal Great Grandfather
- Paternal Great Grandmother
- Paternal Great Grandfather
- Family Friend
- Significant Other (study mother's significant other that is not the infant's father)
- Other

(5) If relation is "other", please describe:

(5) Age

Month 18: [month_18_arm_1][m18_hhmember5_age]

(5) Sex

- Male
 Female

Month 18: [month_18_arm_1][m18_hhmember5_sex]

Household Member 6

(6) Household member's relation to the child

Month 18: [month_18_arm_1][m18_hhmember6_relation]

- Study Infant
 Study Mother
 Father
 Sister
 Brother
 Aunt
 Uncle
 Cousin
 Maternal Grandmother
 Maternal Grandfather
 Paternal Grandmother
 Paternal Grandfather
 Maternal Great Grandmother
 Maternal Great Grandfather
 Paternal Great Grandmother
 Paternal Great Grandfather
 Family Friend
 Significant Other (study mother's significant other that is not the infant's father)
 Other
-

(6) If relation is "other", please describe:

(6) Age

Month 18: [month_18_arm_1][m18_hhmember6_age]

(6) Sex

- Male
 Female

Month 18: [month_18_arm_1][m18_hhmember6_sex]

Household Member 7

(7) Household member's relation to the child

Month 18: [month_18_arm_1][m18_hhmember7_relation]

- Study Infant
- Study Mother
- Father
- Sister
- Brother
- Aunt
- Uncle
- Cousin
- Maternal Grandmother
- Maternal Grandfather
- Paternal Grandmother
- Paternal Grandfather
- Maternal Great Grandmother
- Maternal Great Grandfather
- Paternal Great Grandmother
- Paternal Great Grandfather
- Family Friend
- Significant Other (study mother's significant other that is not the infant's father)
- Other

(7) If relation is "other", please describe:

(7) Age

Month 18: [month_18_arm_1][m18_hhmember7_age]

(7) Sex

Month 18: [month_18_arm_1][m18_hhmember7_sex]

- Male
- Female

If there are more than 7 people living in your household, please describe their relationship to the child, their age in years and their gender:

(8) Household member's relation to the child

- Study Infant
- Study Mother
- Father
- Sister
- Brother
- Aunt
- Uncle
- Cousin
- Maternal Grandmother
- Maternal Grandfather
- Paternal Grandmother
- Paternal Grandfather
- Maternal Great Grandmother
- Maternal Great Grandfather
- Paternal Great Grandmother
- Paternal Great Grandfather
- Family Friend
- Significant Other (study mother's significant other that is not the infant's father)
- Other

(9) Household member's relation to the child

- Study Infant
- Study Mother
- Father
- Sister
- Brother
- Aunt
- Uncle
- Cousin
- Maternal Grandmother
- Maternal Grandfather
- Paternal Grandmother
- Paternal Grandfather
- Maternal Great Grandmother
- Maternal Great Grandfather
- Paternal Great Grandmother
- Paternal Great Grandfather
- Family Friend
- Significant Other (study mother's significant other that is not the infant's father)
- Other

(10) Household member's relation to the child

- Study Infant
- Study Mother
- Father
- Sister
- Brother
- Aunt
- Uncle
- Cousin
- Maternal Grandmother
- Maternal Grandfather
- Paternal Grandmother
- Paternal Grandfather
- Maternal Great Grandmother
- Maternal Great Grandfather
- Paternal Great Grandmother
- Paternal Great Grandfather
- Family Friend
- Significant Other (study mother's significant other that is not the infant's father)
- Other

(11) Household member's relation to the child

- Study Infant
- Study Mother
- Father
- Sister
- Brother
- Aunt
- Uncle
- Cousin
- Maternal Grandmother
- Maternal Grandfather
- Paternal Grandmother
- Paternal Grandfather
- Maternal Great Grandmother
- Maternal Great Grandfather
- Paternal Great Grandmother
- Paternal Great Grandfather
- Family Friend
- Significant Other (study mother's significant other that is not the infant's father)
- Other

Including the index child, total number of people that live in the household?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 88 Unknown

Including the index child, total number of people 0-5 years old that live in the household?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 88 Unknown

Total number of people 5-17 years old that live in the household?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- Unknown

Including the study mother, total number of people
18-64 years old that live in the household?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 88 Unknown

Total number of people 65 and older that live in the household?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- Unknown

Pets

Do you currently have any pets in your home?

- No
- Yes
- Unsure
- Refused/No answer

Are your pets...

- Inside the home only
- Outside the home only
- Both inside and outside the home

What kinds of pets do you have? (please check all that apply)

- Dog(s)
- Cat(s)
- Bird(s)/Chicken(s)
- Fish
- Rodent(s)
- Other

Please specify what other pet(s) you have

Travel

Since [week_0_arm_1][nbcrcf_inf_name] was born, have you taken any trips outside of the US?

- No
 Yes
 Unknown
 Refused to answer

How many trips outside of the US have you taken since [week_0_arm_1][nbcrcf_inf_name] was born?

- 1
 2
 3
 4
 5
 More than 5

Date of your first trip (Month/year)

CRC: please enter MM/01/YY for the date

Did [week_0_arm_1][nbcrcf_inf_name] come with you on this trip?

- No
 Yes
 Unsure
 Refused

Trip 1: Where did you travel (what country/countries) for this trip?

Date of your second trip (Month/year)

CRC: please enter MM/01/YY for the date

Did [week_0_arm_1][nbcrcf_inf_name] come with you on this trip?

- No
 Yes
 Unsure
 Refused

Trip 2: Where did you travel (what country/countries) for this trip?

Date of your third trip (Month/year)

CRC: please enter MM/01/YY for the date

Did [week_0_arm_1][nbcrcf_inf_name] come with you on this trip?

- No
 Yes
 Unsure
 Refused

Trip 3: Where did you travel (what country/countries) for this trip?

Date of your fourth trip (Month/year)

CRC: please enter MM/01/YY for the date

Did [week_0_arm_1][nbcrcf_inf_name] come with you on this trip?

- No
 Yes
 Unsure
 Refused

Trip 4: Where did you travel (what country/countries) for this trip?

Date of your fifth trip (Month/year)

CRC: please enter MM/01/YY for the date

Did [week_0_arm_1][nbcrcf_inf_name] come with you on this trip?

- No
 Yes
 Unsure
 Refused

Trip 5: Where did you travel (what country/countries) for this trip?

Date(s) of any additional trips (Month/year)

CRC: please enter MM/01/YY for the date

Where did you travel (what country/countries) for these trips?

Please list any additional trips that [week_0_arm_1][nbcrcf_inf_name] came with you.

Maternal Occupation

Since [week_0_arm_1][nbcrcf_inf_name] was 18 months old, have you worked outside the home?

- No
 Yes
 Unsure/Unknown
 Refused/No Response

Month 18: [month_18_arm_1][m18_workoutsidehome]

How many days have you worked outside the home since [week_0_arm_1][nbcrcf_inf_name] was 18 months old?

Month 18: [month_18_arm_1][m18_daysworkoutsidehome]

How would you describe your work from home?

- Stay at home mom
 Home based business
 Work from home/telecommute
 Unemployed/looking for work
 Other

Please describe your "other" work from home

Please briefly describe your duties at this job

What is your current job title?
(If more than one job, list the job where you spend most of your time)

When did you start this job? (Month & Year)

CRC: Please enter MM/01/YY for date

Would you describe this job as...
(check all that apply)

- A health care organization
 A school or an educational organization
 A child care center or home
 An animal care or veterinary service
 Restaurant, catering, or food service
 Customer service, non-food hospitality, or direct sales
 Self-employed
 Other

If your job type is "other," please describe:

Does your job require you to frequently interact with

	No	Yes	Unknown	Refused to answer
The general public (not your co-workers or staff)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children between the ages of 0-5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children between the ages of 6-12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adolescents/young adults between the ages of 13-21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People between the ages of 22-65	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People older than 65	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Animals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Since [week_0_arm_1][nbcrcf_inf_name]'s birth, have you had different kinds of jobs other than your current job?

- No
 Yes
 Unknown
 Refused to answer

Please indicate the types of additional jobs you have had since [week_0_arm_1][nbcrcf_inf_name] was born:
(Check all that apply)
(CRC: Exclude original answer)

- A health care organization
 A school or an educational organization
 A child care center or home
 An animal care or veterinary service
 Restaurant, catering, or food service
 Customer service, non-food hospitality, or direct sales
 Self-employed
 Other

If you said "other," please describe:

Did any of these jobs require you to frequently interact with

	No	Yes	Unsure	Refused to answer
The general public (not your co-workers or staff)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children between the ages of 0-5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children between the ages of 6-12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adolescents/young adults between the ages of 13-21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People between the ages of 22-65	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People older than 65	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Animals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Childcare

Who cares for [week_0_arm_1][nbcrcf_inf_name] throughout the day?

Check all that apply

- Mother
 Child's Father
 Adult relative other than the father
 Unrelated adult, including licensed caregivers
 Children under age 18

If an adult relative, other than the father, cares for [week_0_arm_1][nbcrcf_inf_name] throughout the day, please specify the relation to [week_0_arm_1][nbcrcf_inf_name]:

If a child under age 18 cares for [week_0_arm_1][nbcrcf_inf_name] throughout the day, please specify the relation to [week_0_arm_1][nbcrcf_inf_name]:

Where does the care of [week_0_arm_1][nbcrcf_inf_name] occur?

- Solely in my home
 Out of home child care at least once a week

Month 18: [Month_18_arm_1][m18_care_location]

If out of home child care, which is used most often:

- In someone else's home
 In a child care center/Headstart/Preschool

Month 18: [month_18_arm_1][m18_care_outofhome]

How many other children are in care in [week_0_arm_1][nbcrcf_inf_name]'s group?

Month 18: [month_18_arm_1][m18_care_numberofchildren]

How many days per week is [week_0_arm_1][nbcrcf_inf_name] in care outside of the home?

Month 18: [month_18_arm_1][m18_care_daysperweek]

Infant Health

What is the name of your child's pediatrician and/or the name of the practice?

CRC: Format as "Dr. Name at Practice Name"

Month 18: [month_18_arm_1][m18_pediatician]

Month 21: [month_21_arm_1][m21_pediatician_new]

Name of pediatric practice

Name of physician

(if non-specific, enter "rotating")

Since [week_0_arm_1][nbcrcf_inf_name] was 18 months old, how many times has he or she been to the doctor's office, clinic or hospital for any reason?

- 0
 1
 2
 3
 4 or more times

Medical Visit #1

(1) Date of visit

(1) Date Description:

- Exact
 Approximate
 Unknown
 No Response/Refused

(1) Location

- Doctor's Office
 Clinic
 ED/Hospital

(1) Reason for visit

Medical Visit #2

(2) Date of visit

(2) Date Description:

- Exact
 Approximate
 Unknown
 No Response/Refused

(2) Location

- Doctor's Office
 Clinic
 ED/Hospital

(2) Reason for visit

Medical Visit #3

(3) Date of visit

(3) Date Description:

- Exact
 Approximate
 Unknown
 No Response/Refused

(3) Location

- Doctor's Office
 Clinic
 ED/Hospital

(3) Reason for visit

If [week_0_arm_1][nbcrcf_inf_name] has had 4 or more medical visits since they were six months old, please enter the date, date description, location and reason for visit here:

Is [week_0_arm_1][nbcrcf_inf_name] currently ill?

- No
 Yes
 Unsure/Unknown
 Refused/ No Response

What is [week_0_arm_1][nbcrcf_inf_name]'s current health problem?

Since [week_0_arm_1][nbcrcf_inf_name] was born, how many days have you taken off of work for respiratory or stomach illness to care for him/her?
(Best estimate)

Were you able to use paid sick leave for these days?

- No
 Yes
 Unknown
 Refused to answer

On average, how many bowel movements does [week_0_arm_1][nbcfrf_inf_name] typically have each day? If they do not have a bowel movement every day, how many bowel movements does [week_0_arm_1][nbcfrf_inf_name] have each week?

- Once per DAY
- Twice per DAY
- Three times each DAY
- Four times each DAY
- Five times each DAY
- Six times each DAY
- Seven times each DAY
- Eight times each DAY
- Nine times each DAY
- Ten times each DAY
- Eleven times each DAY
- Twelve times each DAY
- Once per WEEK
- Twice per WEEK
- Three times per WEEK
- Four times per WEEK
- Five times per WEEK
- Six times per WEEK

Infant Medication Use

Types of Medications

Vitamins or dietary supplements

Month 18: [month_18_arm_1][m18_inf_vitamin_supplement]

- No
- Yes
- Unsure/Unknown
- Refused/No Response

Over the counter medications

Month 18: [month_18_arm_1][m18_inf_otcmeds]

- No
- Yes
- Unsure/Unknown
- Refused/No Response

Herbal or folk remedies

Month 18: [month_18_arm_1][m18_inf_herbalremedies]

- No
- Yes
- Unsure/Unknown
- Refused/No Response

Prescription medications

Month 18: [month_18_arm_1][m18_inf_prescriptions]

- No
- Yes
- Unsure/Unknown
- Refused/No Response

Infant Medication List

The following questions are about any medications that [week_0_arm_1][nbcfrf_inf_name] has taken since he/she was 18 months old

How many vitamins/dietary supplements, over the counter medications, herbal/folk remedies or prescription medications is the infant taking in total?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11 or More

Month 18: [month_18_arm_1][m18_infantmedications]

Infant Medication 1

(1) Medication Name

Month 18: [month_18_arm_1][m18_infmed_name1]

(1) Dosage/Strength

Month 18: [month_18_arm_1][m18_infmed_dose1]

(1) Route

Month 18: [month_18_arm_1][m18_infmed_route1]

(1) Units

Month 18: [month_18_arm_1][m18_infmed_units1]

(1) Frequency

Month 18: [month_18_arm_1][m18_infmed_freq1]

(1) Indication

Month 18: [month_18_arm_1][m18_infmed_indication1]

Infant Medication 2

(2) Medication Name

Month 18: [month_18_arm_1][m18_infmed_name2]

(2) Dosage/Strength

Month 18: [month_18_arm_1][m18_infmed_dose2]

(2) Units

Month 18: [month_18_arm_1][m18_infmed_units2]

(2) Route

Month 18: [month_18_arm_1][m18_infmed_route2]

(2) Frequency

Month 18: [month_18_arm_1][m18_infmed_freq2] _____

(2) Indication

Month 18: [month_18_arm_1][m18_infmed_indication2] _____

Infant Medication 3

(3) Medication Name

Month 18: [month_18_arm_1][m18_infmed_name3] _____

(3) Dosage/Strength

Month 18: [month_18_arm_1][m18_infmed_dose3] _____

(3) Units

Month 18: [month_18_arm_1][m18_infmed_units3] _____

(3) Route

Month 18: [month_18_arm_1][m18_infmed_route3] _____

(3) Frequency

Month 18: [month_18_arm_1][m18_infmed_freq3] _____

(3) Indication

Month 18: [month_18_arm_1][m18_infmed_indication3] _____

Infant Medication 4

(4) Medication Name

Month 18: [month_18_arm_1][m18_infmed_name4] _____

(4) Dosage/Strength

Month 18: [month_18_arm_1][m18_infmed_dose4] _____

(4) Units

Month 18: [month_18_arm_1][m18_infmed_units4] _____

(4) Route

Month 18: [month_18_arm_1][m18_infmed_route4] _____

(4) Frequency

Month 18: [month_18_arm_1][m18_infmed_freq4] _____

(4) Indication

Month 18: [month_18_arm_1][m18_infmed_indication4]

Infant Medication 5

(5) Medication Name

Month 18: [month_18_arm_1][m18_infmed_name5]

(5) Dosage/Strength

Month 18: [month_18_arm_1][m18_infmed_dose5]

(5) Units

Month 18: [month_18_arm_1][m18_infmed_units5]

(5) Route

Month 18: [month_18_arm_1][m18_infmed_route5]

(5) Frequency

Month 18: [month_18_arm_1][m18_infmed_freq5]

(5) Indication

Month 18: [month_18_arm_1][m18_infmed_indication5]

Infant Medication 6

(6) Medication Name

Month 18: [month_18_arm_1][m18_infmed_name6]

(6) Dosage/Strength

Month 18: [month_18_arm_1][m18_infmed_dose6]

(6) Units

Month 18: [month_18_arm_1][m18_infmed_units6]

(6) Route

Month 18: [month_18_arm_1][m18_infmed_route6]

(6) Frequency

Month 18: [month_18_arm_1][m18_infmed_freq6]

(6) Indication

Month 18: [month_18_arm_1][m18_infmed_indication6]

Infant Medication 7

(7) Medication Name

Month 18: [month_18_arm_1][m18_infmed_name7] _____

(7) Dosage/Strength

Month 18: [month_18_arm_1][m18_infmed_dose7] _____

(7) Units

Month 18: [month_18_arm_1][m18_infmed_units7] _____

(7) Route

Month 18: [month_18_arm_1][m18_infmed_route7] _____

(7) Frequency

Month 18: [month_18_arm_1][m18_infmed_freq7] _____

(7) Indication

Month 18: [month_18_arm_1][m18_infmed_indication7] _____

Infant Medication 8

(8) Medication Name

Month 18: [month_18_arm_1][m18_infmed_name8] _____

(8) Dosage/Strength

Month 18: [month_18_arm_1][m18_infmed_dose8] _____

(8) Units

Month 18: [month_18_arm_1][m18_infmed_units8] _____

(8) Route

Month 18: [month_18_arm_1][m18_infmed_route8] _____

(8) Frequency

Month 18: [month_18_arm_1][m18_infmed_freq8] _____

(8) Indication

Month 18: [month_18_arm_1][m18_infmed_indication8] _____

Infant Medication 9

(9) Medication Name

Month 18: [month_18_arm_1][m18_infmed_name9] _____

(9) Dosage/Strength

Month 18: [month_18_arm_1][m18_infmed_dose9] _____

(9) Units

Month 18: [month_18_arm_1][m18_infmed_units9] _____

(9) Route

Month 18: [month_18_arm_1][m18_infmed_route9] _____

(9) Frequency

Month 18: [month_18_arm_1][m18_infmed_freq9] _____

(9) Indication

Month 18: [month_18_arm_1][m18_infmed_indication9] _____

Infant Medication 10

(10) Medication Name

Month 18: [month_18_arm_1][m18_infmed_name10] _____

(10) Dosage/Strength

Month 18: [month_18_arm_1][m18_infmed_dose10] _____

(10) Units

Month 18: [month_18_arm_1][m18_infmed_units10] _____

(10) Route

Month 18: [month_18_arm_1][m18_infmed_route10] _____

(10) Frequency

Month 18: [month_18_arm_1][m18_infmed_freq10] _____

(10) Indication

Month 18: [month_18_arm_1][m18_infmed_indication10] _____

If the child is taking more than 10 medications,
please record the name, dosage, units, route,
frequency and indications of those medications here: _____

Infant Anthropometry

Now we are going to take measurements of your child, including length, weight and head & arm circumference.

Perform all measurements AT LEAST TWICE. If there is a discrepancy between measurements 1 and 2, take a third measurement.

LENGTH in centimeters

(1) Length

_____ (centimeters)

(2) Length

_____ (centimeters)

(3) Length

[in case of discrepancy]

_____ (centimeters)

WEIGHT in kilograms

(1) Weight

_____ (kilograms)

(2) Weight

_____ (kilograms)

(3) Weight

[in case of discrepancy]

_____ (kilograms)

HEAD CIRCUMFERENCE in centimeters

(1) Head Circumference

_____ (centimeters)

(2) Head Circumference

_____ (centimeters)

(3) Head Circumference

[in case of discrepancy]

_____ (centimeters)

ARM CIRCUMFERENCE in centimeters

(1) Arm Circumference

_____ (centimeters)

(2) Arm Circumference

_____ (centimeters)

(3) Arm Circumference

[in case of discrepancy]

_____ (centimeters)

If a given measurement could not be assessed, please mark those measurements here:

- LENGTH was not assessed
 WEIGHT was not assessed
 HEAD CIRCUMFERENCE was not assessed
 ARM CIRCUMFERENCE was not assessed

(1) Venipuncture**(Initial attempt at month 24 visit)**

(1) Amount of blood drawn (milliliters)

- 0
 0.25
 0.50
 0.75
 1.0
 1.25
 1.50
 1.75
 2.0
 2.25
 2.50
 2.75
 3.0
 3.25
 3.50
 3.75
 4.0
 4.25
 4.50
 4.75
 5.0
 5.25
 5.50
 5.75
 6.0
 (mls)

(1) Venipuncture attempts

- 0
 1
 2
 3
 4

(1) Name/names of nurse/nurses who performed venipuncture

(1) Comments

(1) Was an adequate blood volume obtained?

- Yes
 No

(1) Is the mother willing to come back for a second blood draw at a later time?

- Yes
 No
 Maybe - will contact the mother in one week
 Did not ask the mother - will contact the mother in one week

(1) Date and time of second blood draw attempt:

(Remember to place this date and time on the REDCap Calendar)

(2) Venipuncture

(Redraw)

(2) Amount of blood drawn (milliliters)

- 0
 0.25
 0.50
 0.75
 1.0
 1.25
 1.50
 1.75
 2.0
 2.25
 2.50
 2.75
 3.0
 3.25
 3.50
 3.75
 4.0
 4.25
 4.50
 4.75
 5.0
 5.25
 5.50
 5.75
 6.0
(mls)

(2) Venipuncture attempts

- 0
 1
 2
 3
 4

(2) Name/names of nurse/nurses who preformed venipuncture

(2) Comments

(2) Was an adequate blood volume obtained?

- Yes
 - No
-

Unable to contact, attempt by email or letter

- Yes
- No