Appendix R.2 Blood Draw Information Form

Form Approved
OMB NO. _____
Exp. Date _____

Public Reporting Burden Statement
Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX)

Interviewer_____ ID#_____
Respondent_____ Date_____
Time _____

Child Blood Draw Information Form

1. List all medications, vitamins, and supplements, both prescription and over the counter, <child> has taken in the last month. Check box for MOST RECENT time frame when medication was last taken:

If no medications, vitamins, or supplements given in last month, check here: _____

Name of medication, vitamin or supplement	Last 4 hours	Last 24 hours	Last 3 days	Last 7 days	Last month
1) _____	☐	☐	☐	☐	☐
2) _____	☐	☐	☐	☐	☐
3) _____	☐	☐	☐	☐	☐
4) _____	☐	☐	☐	☐	☐
5) _____	☐	☐	☐	☐	☐
6) _____	☐	☐	☐	☐	☐
7) _____	☐	☐	☐	☐	☐
8) _____	☐	☐	☐	☐	☐
9) _____	☐	☐	☐	☐	☐
10) _____	☐	☐	☐	☐	☐

2. List any cold, flu or other illness child has had in the last 2 weeks. Check box for MOST RECENT time frame when illness occurred:

If no illness in last 2 weeks, check here: _____

Illness	Today	Last 2 days	Last 2 weeks
1) _____	☐	☐	☐
2) _____	☐	☐	☐
3) _____	☐	☐	☐
4) _____	☐	☐	☐
5) _____	☐	☐	☐

3. Has <child> been exposed to tobacco smoke in the last 4 hours? ___Yes ____No

4a.What food or foods did <child> eat during their last meal or snack? List:

4b.What time was that food eaten? Time:

5. Has there been a significant event in the child's life during the past month? Examples of a significant event may include: illness or death in the family, divorce, moving or relocation, new school or day care, or other potentially stressful situation for <child>. Describe: