ROUTINE / WELL VISITS										
Poporto	Date	Name of	Weigh	Blood	Protein			<b>PROCEDURES</b>		
Reporte d to study staff	of visit	medical t provider	t	pressur e	in urine?	Ultrasoun d?	Amniocentesi s?	Chorionic Villus Sampling (CVS)?	Vaccinations ?	Any other treatments or procedures ?

Appendix A A.2.1.e–3


## **SICK VISITS**

			SICK VISI	ΓS		
Reporte	Date of visit	LOC	CATION OF SICK V			
d to study staff	(include entire length of stay)	Drs. office or clinic?	Emergency Room (outpatient)?	Hospital (inpatient)?	Diagnosis?	Treatments?

Appendix A A.2.1.e–4

Appendix A A.2.1.e–5