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Appendix
A.2.1.e-

0925-xxxx

Expiration
xx/xxxx

Medical Care Log



Instructions for Completing Doctor Visits Log

DOCTOR VISITS												
1	2	3	4	5	6	7	8	9	10	11	12	13
Reported to Study Staff	Date of Visit	Location	Provider type	Reason	Weight	Blood Pressure	Ultrasound	Amniocentesis	Chorionic Villus Sampling (CVS)	Vaccinations	Any Other Treatments/ Procedures	Diagnosis

- ➔ Each time you go to the doctor or other health care provider, record information about the visit on a new line in the log.
- ➔ Write in the date of the visit, the type of place you went (e.g., doctor's office, ER, radiology clinic, urgent care center), the type of provider you saw (e.g., Ob/Gyn, family physician, nurse/midwife), and the reason for the visit (e.g., pregnancy checkup, illness, etc.) in columns 2 through 5.
- ➔ If your weight and blood pressure were taken, write the numbers in the log in columns 6 and 7.
- ➔ If you had a sonogram or ultrasound, an amniocentesis, or chorionic villus sampling (CVS), put a checkmark in the corresponding box in columns 8 through 10.
- ➔ If you received any vaccinations (e.g., flu shot, tetanus/diphtheria), write in the name of the vaccinations in column 11.
- ➔ If you received any other treatments or had any other procedures (e.g., triple screen test, Rhogam injection, allergy shot, glucose tolerance test), write them in column 12.
- ➔ If you were told that you had a medical condition at this visit (e.g., high blood pressure, diabetes, infection, etc.), write the diagnosis in column 13.

DOCTOR VISITS

1

2

3

4

5

6

7

8

9

10

11

12

Appendix
A.2.1.e-

Reported to Study Staff	Date of Visit	Location	Provider type	Reason	Weight	Blood Pressure	Ultrasound	Amniocentesis	Chorionic Villus Sampling (CVS)	Vaccinations	Any Other Treatments/ Procedures	Diagnosis

Diagnosis

Instructions for Completing Hospitalizations Log

Appendix
A.2.1.e-

HOSPITALIZATIONS				
1	2	3	4	5
Reported to Study Staff	Admission Date	Total number of nights	Diagnosis	Treatments/Procedures

- ➔ Write in the admission date of your hospital stay (e.g., 3/12/08) in column 2.
- ➔ Write in the total number of nights you stayed in the hospital in column 3.
- ➔ If you were told that you had a medical condition during this hospital stay (e.g., high blood pressure, diabetes, infection, etc.), write the diagnosis in column 4.
- ➔ If you received any treatments or any procedures were done, write what the treatments or procedures were in column 5.

