LIFE

$sitecode	User:	System Date:	Mode: Production

Site Name:

Pregnancy Journal (PJL)

Version: 2.00; 05-29-07

Segment:
Indicate Weeks:

OMB# 0925-0543
Exp. 06/30/2010

Your pregnancy journal collects information for each four-week time period during your pregnancy starting from the first day of your 9th week to delivery. Please answer the following journal questions every four weeks so that we will have the very best information. Please try to complete the card at the end of each time period.

In the unlikely event that you experience a pregnancy loss, we ask that you please complete the Pregnancy Loss Information Form. By collecting the information on these forms, we hope to learn more about the factors that affect a woman's ability to carry a pregnancy to delivery and how pregnancy losses may be prevented in the future.

Consider that each four-week period ends on the date the nurse has indicated in your pregnancy calendar.

☐ Journal start date: _____ *(mm/dd/yyyy)*

☐ Journal end date: _____ *(mm/dd/yyyy)*

Health and Lifestyle

		Comments
Bleeding or spotting **0**=None **1**=Spotting **2**=Light **3**=Moderate **4**=Heavy	☐	☐
Lower belly cramping **0**=No **1**=Yes	☐	☐
Nausea or vomiting **0**=None **1**=Nausea **2**=Vomiting **3**=Nausea and vomiting	☐	☐
Regular multivitamin use **0**=No	☐	☐

1=Yes, prescription prenatal vitamins **2**=Yes, over-the-counter multivitamins		
Overall stress level **1**=Almost no stress **2**=Relatively little **3**=A moderate amount **4**=A lot of stress	☐	☐
Average number of cigarettes smoked *per day* **0**=none **1**=less than 10 **2**=10 to 20 **3**=more than 20	☐	☐
Average number of alcoholic drinks consumed *per week* **0**=none **1**=one **2**=two **3**=three or more	☐	☐
Number of 4 oz. servings of fish or shellfish eaten *per week* Please fill in number; **0**=None	☐	☐
How much did you weigh with clothes at the end of this 4-week period? Please fill in your weight in pounds. If you don't know, leave blank.	☐ *(lbs)*	☐

Prenatal Care History

		Comments
Has your health care provider told you that you have **high blood pressure?** **0**=No **1**= Yes **9**=Did not see a health care provider	☐	☐
Has your health care provider told you that you have **protein in your urine?** **0**=No **1**=Yes **9**=Did not see a health care provider	☐	☐
Has your health care provider told you that you have **high blood sugar?**	☐	☐

0=No
1=Yes, high blood sugar associated with pregnancy
2=Yes, already known to have diabetes
9=Did not see a health care provider

Has your health care provider **identified any other health concerns relating to your pregnancy?**
0= No
1=Yes, please explain in comments section
9=Did not see a health care provider

Did you have a sonogram (ultrasound)?
If Yes, please fill in the date of the sonogram. If Not, leave blank.
(mm/dd/yyyy)

What is your estimated date of delivery according to the sonogram?
Please fill in the date. If you don't know or did not have a sonogram, please leave blank.
(mm/dd/yyyy)

Did you have a fetal non-stress test?
0=No
1=Yes
9=Did not see a health care provider

What was the result of the fetal non-stress test?
0=Negative, baby was fine
1=Positive, problems were identified

Did you have a Group B Strep screening test?
0=No
1=Yes
9=Did not see a health care provider

What was the result of the Group B Strep test?
0=Negative
1=Positive

Other comments:

Additional Selection Options for PJL

Indicate Weeks (key field):
Weeks 9 to 12
Weeks 13 to 16
Weeks 17 to 20
Weeks 21 to 24
Weeks 25 to 28
Weeks 29 to 32
Weeks 33 to 36
Weeks 37 to 40
Weeks 41 to 44