

Pregnancy Journal (PJL)

Version: 2.00; 05-29-07

Segment:

Indicate Weeks:

OMB# 0925-0543

Exp. 06/30/2010

Public reporting burden for 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: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0543).

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	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Lower belly cramping 0=No 1=Yes	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Nausea or vomiting 0=None 1=Nausea 2=Vomiting 3=Nausea and vomiting	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Regular multivitamin use 0=No	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>

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)?

(mm/dd/yyyy)

If Yes, please fill in the date of the sonogram.
If Not, leave blank.

What is your estimated date of delivery according to the sonogram?

(mm/dd/yyyy)

Please fill in the date.
If you don't know or did not have a sonogram, please leave blank.

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 PJJ

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

