Center for Autism and Developmental Disabilities Research and Epidemiology

CADDRE

Form Approved
OMB NO. 0920-0741
Exp. Date 6/30/2010

Study ID #: _____

Date of Completion_____

Study to Explore Early Development

MATERNAL MEDICAL HISTORY

Respondent's relationship to the study child:

☐ Biological Mother ☐ Biological Father ☐ Step Mother
☐ Step Father ☐ Maternal Grandparent ☐ Paternal Grandparent
☐ Other: Specify _____

Instructions: Check whether or not the biological mother of the study child has or had the conditions that follow. If you check "Yes" for any of the conditions, please fill out the other information for that condition. **Please keep in mind that these conditions must have been diagnosed by a doctor.** Also, having symptoms or being treated for a particular condition during pregnancy would be defined as having the condition during pregnancy. In the Specify column, please indicate the particular type of the more general condition. If you are unsure about the definition of some of the conditions, please see the glossary of terms provided. If you still don't know the meaning of the condition after reviewing the Glossary, please check the box in the "Don't Know" column.

Condition	No/ Don't Know	Yes	Specify	Age of Onset	Did you/she have the condition during pregnancy with the study child?
Allergies	☐	☐			☐ Yes ☐ No
Asperger's syndrome	☐	☐			☐ Yes ☐ No
Attention-deficit/hyperactivity disorder	☐	☐			☐ Yes ☐ No
Anxiety disorder	☐	☐			☐ Yes ☐ No
Autism	☐	☐			☐ Yes ☐ No
Bipolar disorder	☐	☐			☐ Yes ☐ No
Birth defect	☐	☐			☐ Yes ☐ No
Bleeding/clotting disorders	☐	☐			☐ Yes ☐ No
Cancer	☐	☐			☐ Yes ☐ No
Cardiovascular condition	☐	☐			☐ Yes ☐ No
Cerebral palsy	☐	☐			☐ Yes ☐ No
Childhood disintegrative disorder (CDD)	☐	☐			☐ Yes ☐ No
Cystic fibrosis	☐	☐			☐ Yes ☐ No
Depression	☐	☐			☐ Yes ☐ No
Down syndrome	☐	☐			☐ Yes ☐ No

Condition	No/ Don't Know	Yes	Specify	Age of Onset	Did you/she have the condition during pregnancy with the study child?
Eating disorder (i.e., bulimia, anorexia)	☐	☐			☐ Yes ☐ No
Endocrine disorder (hormonal disorder)	☐	☐			☐ Yes ☐ No
Fragile X syndrome	☐	☐			☐ Yes ☐ No
Gastrointestinal disorders	☐	☐			☐ Yes ☐ No
Hearing impairment	☐	☐			☐ Yes ☐ No
High blood pressure	☐	☐			☐ Yes ☐ No
Learning disability	☐	☐			☐ Yes ☐ No
Mental retardation	☐	☐			☐ Yes ☐ No
Motor problem/movement or coordination problem	☐	☐			☐ Yes ☐ No
Neurofibromatosis	☐	☐			☐ Yes ☐ No
Neuromuscular disorder	☐	☐			☐ Yes ☐ No
Obesity	☐	☐			☐ Yes ☐ No
Obsessive compulsive disorder	☐	☐			☐ Yes ☐ No
Personality disorder	☐	☐			☐ Yes ☐ No
Pervasive developmental disorder	☐	☐			☐ Yes ☐ No
Reading difficulty	☐	☐			☐ Yes ☐ No
Respiratory condition	☐	☐			☐ Yes ☐ No
Rett's syndrome	☐	☐			☐ Yes ☐ No
Schizophrenia	☐	☐			☐ Yes ☐ No
Self-injuring behavior	☐	☐			☐ Yes ☐ No
Seizure disorder/epilepsy	☐	☐			☐ Yes ☐ No
Sickle cell anemia/ thalassemia/other hereditary anemias	☐	☐			☐ Yes ☐ No
Sleep disorder	☐	☐			☐ Yes ☐ No
Speech problem	☐	☐			☐ Yes ☐ No
Suicide attempt	☐	☐			☐ Yes ☐ No
Tuberous sclerosis	☐	☐			☐ Yes ☐ No
Vision impairment	☐	☐			☐ Yes ☐ No
Other: Specify condition	☐	☐			☐ Yes ☐ No
1.	☐	☐			☐ Yes ☐ No
2.	☐	☐			☐ Yes ☐ No
3.	☐	☐			☐ Yes ☐ No
4.	☐	☐			☐ Yes ☐ No
5.	☐	☐			☐ Yes ☐ No