OMB Control Number 0925 0593
Expiration Date: 07/31/2013

Infant and Child Health Care Log

Birth to 6 years old

BRING THIS LOG TO ALL HEALTH CARE VISITS. USE THIS LOG FOR ALL STUDY TELEPHONE CALLS AND VISITS. PLEASE TELL NCS STAFF WHEN MORE FORMS ARE NEEDED.

Save all bottles and containers of medications. Bring to Study visits and have available for telephone calls:

- Medicines (those prescribed by a health care provider and those bought "over-the-counter")
- Vitamins, minerals, herbs, and any other supplements

CHILD'S LAST NAME _____

CHILD'S FIRST NAME _____

CHILD'S DATE OF BIRTH: _____ / _____ / _____
mm dd yyyy

This Infant and Child Health Care Log will help you keep track of all your child's visits to doctors or other health care providers from birth to 6 years old. We will ask you about your child's visits whenever we interview you by telephone or in person.

A Health Care Provider can be:
- Pediatrician or family medicine doctor
- Specialist (like a surgeon, heart doctor, allergy or skin doctor)
- Nurse practitioner or physician assistant
- Nurse
- Social worker/counselor
- Other

Health Care Visits can be to:
- Doctor's office, clinic or health center
- Emergency room
- Urgent care center
- Hospital (inpatient, overnight stay)
- Some other place

The log has two parts:

1. **Health Care Provider Log** is to record information about where your child visits the doctor or other health care provider.

2. **Health Care Visit Log** is to record information about all of your child's visits to doctors, other healthcare providers, or an emergency room. This includes overnight hospital stays as well as outpatient visits.

BRING this Infant and Child Health Care Log with you to all of your child's health care and National Children's Study visits. Also, have it available for all National Children's Study telephone interviews.

If you forget to bring it with you to a health care visit, please fill it in as soon as possible.

Save all bottles and containers of medications and bring to National Children's Study visits and have available for telephone calls:
- Medicines (those prescribed by a health care provider and those bought "over -the-counter")
- Vitamins, minerals, herbs, and any other supplements

Health Care Provider Log Instructions

The Health Care Provider is the person who cared for your child at this visit (doctor, nurse, social worker, etc.)

Column 1	A number is listed for each health care provider (for example, 1, 2, 3, 4, etc.). This number will be referred to on the Health Care Visit Log pages.
Column 2	Attach the health care provider's business card here.

Fill in columns 3-10 only if you have not attached the health care provider's business card.

Column 3	Write in the name of the health care provider.
Column 4	Check the box for the type of provider. If it was "Other," write the type of health care provider.
Column 5	Check the box for the type of place where you saw the provider. If it was "Other place," write in the type of place where your child visited the health care provider.
Columns 6-9	Write in the address of the place including city/town, state, and ZIP code.
Column 10	Write in the telephone number of the health care provider including area code.

See the example in the first line of the log on the next page.

After you fill out the Health Care Provider Log, please fill out the Health Care Visit Log.

Inform the National Children's Study staff when more Log pages are needed.

Health Care Provider Log

		Fill in ONLY if you HAVE NOT attached a business card							
1	2	3	4	5	6	7	8	9	10
Health Care Provider Number	**Attach Health Care Provider Business Card**	**Name of Health Care Provider/Clinic/Hospital**	**Type of Health Care Provider**	**Type of Place**	**Street Address**	**City or Town**	**State**	**ZIP Code**	**Telephone Number**
0	EXAMPLE	Dr. Joe Jones	☑ Pediatrician or Family Physician ☐ Specialist ☐ Nurse practitioner or physician assistant ☐ Nurse ☐ Social Worker/ counselor ☐ Other (specify):	☑ Doctor's office, clinic, or health center ☐ Emergency room ☐ Urgent care center ☐ Hospital ☐ Other place (specify):	400 Main Street	Capitol City	MN	56087	(507) 123-4567
1			☐ Pediatrician or Family Physician ☐ Specialist ☐ Nurse practitioner or physician assistant ☐ Nurse ☐ Social Worker/ counselor ☐ Other (specify):	☐ Doctor's office, clinic, or health center ☐ Emergency room ☐ Urgent care center ☐ Hospital ☐ Other place (specify):					
2			☐ Pediatrician or Family Physician ☐ Specialist ☐ Nurse practitioner or physician assistant ☐ Nurse ☐ Social Worker/ counselor ☐ Other (specify):	☐ Doctor's office, clinic, or health center ☐ Emergency room ☐ Urgent care center ☐ Hospital ☐ Other place (specify):					
3			☐ Pediatrician or Family Physician ☐ Specialist ☐ Nurse practitioner or physician assistant ☐ Nurse ☐ Social Worker/ counselor ☐ Other (specify):	☐ Doctor's office, clinic, or health center ☐ Emergency room ☐ Urgent care center ☐ Hospital ☐ Other place (specify):					

Bring this log to all health care visits. Use this log for all National Children's Study telephone calls and visits. Save all bottles and containers of medications and bring to National Children's Study visits and have available for telephone calls:

- Medicines (those prescribed by a health care provider and those bought "over-the-counter")
- Vitamins, minerals, herbs, and any other supplements

Please remember to fill out the Health Care Visit Log.
Inform the National Children's Study staff when more pages are needed.

THE NATIONAL CHILDREN'S STUDY

Health Care Provider Log

		Fill in ONLY if you HAVE NOT attached a business card							
1	2	3	4	5	6	7	8	9	10
Health Care Provider Number	**Attach Health Care Provider Business Card**	**Name of Health Care Provider/Clinic/Hospital**	**Type of Health Care Provider**	**Type of Place**	**Street Address**	**City or Town**	**State**	**ZIP Code**	**Telephone Number**
4			☐ Pediatrician or Family Physician ☐ Specialist ☐ Nurse practitioner or physician assistant ☐ Nurse ☐ Social Worker/ counselor ☐ Other (specify): _____	☐ Doctor's office, clinic, or health center ☐ Emergency room ☐ Urgent care center ☐ Hospital ☐ Other place (specify): _____					
5			☐ Pediatrician or Family Physician ☐ Specialist ☐ Nurse practitioner or physician assistant ☐ Nurse ☐ Social Worker/ counselor ☐ Other (specify): _____	☐ Doctor's office, clinic, or health center ☐ Emergency room ☐ Urgent care center ☐ Hospital ☐ Other place (specify): _____					
6			☐ Pediatrician or Family Physician ☐ Specialist ☐ Nurse practitioner or physician assistant ☐ Nurse ☐ Social Worker/ counselor ☐ Other (specify): _____	☐ Doctor's office, clinic, or health center ☐ Emergency room ☐ Urgent care center ☐ Hospital ☐ Other place (specify): _____					
7			☐ Pediatrician or Family Physician ☐ Specialist ☐ Nurse practitioner or physician assistant ☐ Nurse ☐ Social Worker/ counselor ☐ Other (specify): _____	☐ Doctor's office, clinic, or health center ☐ Emergency room ☐ Urgent care center ☐ Hospital ☐ Other place (specify): _____					

Bring this log to all health care visits. Use this log for all National Children's Study telephone calls and visits. Save all bottles and containers of medications and bring to National Children's Study visits and have available for telephone calls:

- Medicines (those prescribed by a health care provider and those bought "over-the-counter")
- Vitamins, minerals, herbs, and any other supplements

Please remember to fill out the Health Care Visit Log.
Inform the National Children's Study staff when more pages are needed.

THE NATIONAL CHILDREN'S STUDY

Health Care Provider Log

		Fill in ONLY if you HAVE NOT attached a business card							
1	2	3	4	5	6	7	8	9	10
Health Care Provider Number	**Attach Health Care Provider Business Card**	**Name of Health Care Provider/Clinic/Hospital**	**Type of Health Care Provider**	**Type of Place**	**Street Address**	**City or Town**	**State**	**ZIP Code**	**Telephone Number**
8			☐ Pediatrician or Family Physician ☐ Specialist ☐ Nurse practitioner or physician assistant ☐ Nurse ☐ Social Worker/ counselor ☐ Other (specify): _____	☐ Doctor's office, clinic, or health center ☐ Emergency room ☐ Urgent care center ☐ Hospital ☐ Other place (specify): _____					
9			☐ Pediatrician or Family Physician ☐ Specialist ☐ Nurse practitioner or physician assistant ☐ Nurse ☐ Social Worker/ counselor ☐ Other (specify): _____	☐ Doctor's office, clinic, or health center ☐ Emergency room ☐ Urgent care center ☐ Hospital ☐ Other place (specify): _____					
10			☐ Pediatrician or Family Physician ☐ Specialist ☐ Nurse practitioner or physician assistant ☐ Nurse ☐ Social Worker/ counselor ☐ Other (specify): _____	☐ Doctor's office, clinic, or health center ☐ Emergency room ☐ Urgent care center ☐ Hospital ☐ Other place (specify): _____					
11			☐ Pediatrician or Family Physician ☐ Specialist ☐ Nurse practitioner or physician assistant ☐ Nurse ☐ Social Worker/ counselor ☐ Other (specify): _____	☐ Doctor's office, clinic, or health center ☐ Emergency room ☐ Urgent care center ☐ Hospital ☐ Other place (specify): _____					

Bring this log to all health care visits. Use this log for all National Children's Study telephone calls and visits. Save all bottles and containers of medications and bring to National Children's Study visits and have available for telephone calls:

- Medicines (those prescribed by a health care provider and those bought "over-the-counter")
- Vitamins, minerals, herbs, and any other supplements

Please remember to fill out the Health Care Visit Log.
Inform the National Children's Study staff when more pages are needed.

THE NATIONAL CHILDREN'S STUDY

Health Care Visit Log Instructions

Office and Outpatient Visits and Overnight Hospital Stays

Each time your child goes to the doctor or any other health care provider (for example, doctor, nurse, social worker, etc.) or is hospitalized overnight, write down information about the visit on a new line in the Health Care Visit Log.

Please try to fill in columns 1-3 before the visit. If possible, ask your health care provider or the office staff to fill out columns 4-10. If that is not possible, please fill out columns 4-10 at the visit or as soon as possible.

Column 1	Health care visit date (month/day/year).
Column 2	Write the Health Care Provider number from Column 1 in the Health Care Provider Log.
Column 3	Check (√) the reason(s) for the visit and explain if needed. Include office/outpatient visits and overnight hospital stays. *For example:* If your child got a well-baby check up, put a check (√) in the "check-up/well child visit" box.
Column 4-6	Write in your child's weight, and length or height at the visit. Write in the head circumference through age 2. If these measurements were not done, check (√) "Not Done." *For example:* If your child is 22 inches long at his visit, write in "22" inches.
Column 7	If your child got an immunization/vaccination/shot during the visit, put a check (√) in the "YES" box and **Go to the Immunization/ Vaccination/Shot Log**.
Column 8	If your child gets any test, medication, or treatment during his/her visit, put a check (√) next to the medication/treatment and list each.
Column 9	Write what the health care provider told you (the diagnosis) at the visit. Include a few key words to describe the event or diagnosis. *For example:* For a check-up or well child visit, the doctor may have told you that your child is 'growing normally and is healthy' or 'has an ear infection.' Write this down in the 'Diagnosis' column.
Column 10	Check the box to show if the office staff filled out the log or if you did. After you report the visit to the NCS study staff, please write in the date you told us about that visit.

See the example in the first line of the log on the next page.

Inform the National Children's Study staff when more Log pages are needed.

Log for Outpatient Health Care Visits and Overnight Hospital Stays

1	2	3	4	5	6	7	8	9	10
Date of visit	**Health Care Provider # from Health Care Provider Log**	**Reason for visit (check all that apply)**	**Weight**	**Length/ Height**	**Head circumference (0-2 yrs.)**	**Immunization/ Vaccination/ Shot**	**Tests/ Medications/ Treatments** e.g., lab tests (blood, urine…), medicines, vitamins, minerals, herbs, supplements, procedures	**Diagnosis or Problem**	**Completed by Office or Self** **Date Reported to National Children's Study**
March 3, 2011	0	☑ Routine well visit ☐ Sick visit ☐ Specialist doctor visit ☐ Emergency visit ☐ Immunization/ vaccination/ shot ☐ Follow-up visit ☐ **Overnight hospital stay** How many nights? ☐ Some other reason (explain):	10 lb pounds 4 oz. ounces OR kg kilograms ☐ Not Done/ Don't Know	23 in inches OR cm centimeters ☐ Not Done/ Don't Know	37 in inches OR cm centimeters ☐ Not Done/ Don't Know	☐ No ☑ Yes **If 'YES' then go to Immunization/ Vaccination/ Shot Log** EXAMPLE	Lab test (blood)	Well infant, good growth and development	☑ Office ☐ Self Date: March 4, 2011
		☐ Routine well visit ☐ Sick visit ☐ Specialist doctor visit ☐ Emergency visit ☐ Immunization/ vaccination/ shot ☐ Follow-up visit ☐ **Overnight hospital stay** How many nights? ☐ Some other reason (explain):	lb pounds oz. ounces OR kg kilograms ☐ Not Done/ Don't Know	in inches OR cm centimeters ☐ Not Done/ Don't Know	in inches OR cm centimeters ☐ Not Done/ Don't Know	☐ No ☐ Yes **If 'YES' then go to Immunization/ Vaccination/ Shot Log**			☐ Office ☐ Self Date:
		☐ Routine well visit ☐ Sick visit ☐ Specialist doctor visit ☐ Emergency visit ☐ Immunization/ vaccination/ shot ☐ Follow-up visit ☐ **Overnight hospital stay** How many nights? ☐ Some other reason (explain):	lb pounds oz. ounces OR kg kilograms ☐ Not Done/ Don't Know	in inches OR cm centimeters ☐ Not Done/ Don't Know	in inches OR cm centimeters ☐ Not Done/ Don't Know	☐ No ☐ Yes **If 'YES' then go to Immunization/ Vaccination/ Shot Log**			☐ Office ☐ Self Date:

Bring this log to all health care visits. Use this log for all National Children's Study telephone calls and visits. Save all bottles and containers of medications and bring to National Children's Study visits and have available for telephone calls:

- Medicines (those prescribed by a health care provider and those bought "over-the-counter")
- Vitamins, minerals, herbs, and any other supplements

Inform the National Children's Study staff when more pages are needed.

THE NATIONAL CHILDREN'S STUDY

Log for Outpatient Health Care Visits and Overnight Hospital Stays

1	2	3	4	5	6	7	8	9	10
Date of visit	**Health Care Provider # from Health Care Provider Log**	**Reason for visit (check all that apply)**	**Weight**	**Length/ Height**	**Head circumference (0-2 yrs.)**	**Immunization/ Vaccination/ Shot**	**Tests/ Medications/ Treatments** e.g., lab tests (blood, urine…), medicines, vitamins, minerals, herbs, supplements, procedures	**Diagnosis or Problem**	**Completed by Office or Self** **Date Reported to National Children's Study**
		☐ Routine well visit ☐ Sick visit ☐ Specialist doctor visit ☐ Emergency visit ☐ Immunization/ vaccination/ shot ☐ Follow-up visit ☐ **Overnight hospital stay** How many nights? ☐ Some other reason (explain):	______ *lb* *pounds* ______ *oz.* *ounces* *OR* ______ *kg* *kilograms* ☐ Not Done/ Don't Know	______ *in* *inches* *OR* ______ *cm* *centimeters* ☐ Not Done/ Don't Know	______ *in* *inches* *OR* ______ *cm* *centimeters* ☐ Not Done/ Don't Know	☐ No ☐ Yes **If 'YES' then go to Immunization/ Vaccination/ Shot Log**			☐ Office ☐ Self Date: ______
		☐ Routine well visit ☐ Sick visit ☐ Specialist doctor visit ☐ Emergency visit ☐ Immunization/ vaccination/ shot ☐ Follow-up visit ☐ **Overnight hospital stay** How many nights? ☐ Some other reason (explain):	______ *lb* *pounds* ______ *oz.* *ounces* *OR* ______ *kg* *kilograms* ☐ Not Done/ Don't Know	______ *in* *inches* *OR* ______ *cm* *centimeters* ☐ Not Done/ Don't Know	______ *in* *inches* *OR* ______ *cm* *centimeters* ☐ Not Done/ Don't Know	☐ No ☐ Yes **If 'YES' then go to Immunization/ Vaccination/ Shot Log**			☐ Office ☐ Self Date: ______
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THE NATIONAL CHILDREN'S STUDY

Log for Outpatient Health Care Visits and Overnight Hospital Stays

1	2	3	4	5	6	7	8	9	10
Date of visit	**Health Care Provider # from Health Care Provider Log**	**Reason for visit (check all that apply)**	**Weight**	**Length/ Height**	**Head circumference (0-2 yrs.)**	**Immunization/ Vaccination/ Shot**	**Tests/ Medications/ Treatments** e.g., lab tests (blood, urine…), medicines, vitamins, minerals, herbs, supplements, procedures	**Diagnosis or Problem**	**Completed by Office or Self** **Date Reported to National Children's Study**
		☐ Routine well visit ☐ Sick visit ☐ Specialist doctor visit ☐ Emergency visit ☐ Immunization/ vaccination/ shot ☐ Follow-up visit ☐ **Overnight hospital stay** How many nights? ☐ Some other reason (explain):	______ *lb* *pounds* ______ *oz.* *ounces* *OR* ______ *kg* *kilograms* ☐ Not Done/ Don't Know	______ *in* *inches* *OR* ______ *cm* *centimeters* ☐ Not Done/ Don't Know	______ *in* *inches* *OR* ______ *cm* *centimeters* ☐ Not Done/ Don't Know	☐ No ☐ Yes **If 'YES' then go to Immunization/ Vaccination/ Shot Log**			☐ Office ☐ Self Date: ______
		☐ Routine well visit ☐ Sick visit ☐ Specialist doctor visit ☐ Emergency visit ☐ Immunization/ vaccination/ shot ☐ Follow-up visit ☐ **Overnight hospital stay** How many nights? ☐ Some other reason (explain):	______ *lb* *pounds* ______ *oz.* *ounces* *OR* ______ *kg* *kilograms* ☐ Not Done/ Don't Know	______ *in* *inches* *OR* ______ *cm* *centimeters* ☐ Not Done/ Don't Know	______ *in* *inches* *OR* ______ *cm* *centimeters* ☐ Not Done/ Don't Know	☐ No ☐ Yes **If 'YES' then go to Immunization/ Vaccination/ Shot Log**			☐ Office ☐ Self Date: ______
		☐ Routine well visit ☐ Sick visit ☐ Specialist doctor visit ☐ Emergency visit ☐ Immunization/ vaccination/ shot ☐ Follow-up visit ☐ **Overnight hospital stay** How many nights? ☐ Some other reason (explain):	______ *lb* *pounds* ______ *oz.* *ounces* *OR* ______ *kg* *kilograms* ☐ Not Done/ Don't Know	______ *in* *inches* *OR* ______ *cm* *centimeters* ☐ Not Done/ Don't Know	______ *in* *inches* *OR* ______ *cm* *centimeters* ☐ Not Done/ Don't Know	☐ No ☐ Yes **If 'YES' then go to Immunization/ Vaccination/ Shot Log**			☐ Office ☐ Self Date: ______

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- Vitamins, minerals, herbs, and any other supplements

Inform the National Children's Study staff when more pages are needed.

THE NATIONAL CHILDREN'S STUDY

Log for Outpatient Health Care Visits and Overnight Hospital Stays

1	2	3	4	5	6	7	8	9	10
Date of visit	**Health Care Provider # from Health Care Provider Log**	**Reason for visit (check all that apply)**	**Weight**	**Length/ Height**	**Head circumference (0-2 yrs.)**	**Immunization/ Vaccination/ Shot**	**Tests/ Medications/ Treatments** e.g., lab tests (blood, urine…), medicines, vitamins, minerals, herbs, supplements, procedures	**Diagnosis or Problem**	**Completed by Office or Self** **Date Reported to National Children's Study**
		☐ Routine well visit ☐ Sick visit ☐ Specialist doctor visit ☐ Emergency visit ☐ Immunization/ vaccination/ shot ☐ Follow-up visit ☐ **Overnight hospital stay** How many nights? ☐ Some other reason (explain):	______ *lb* *pounds* ______ *oz.* *ounces* *OR* ______ *kg* *kilograms* ☐ Not Done/ Don't Know	______ *in* *inches* *OR* ______ *cm* *centimeters* ☐ Not Done/ Don't Know	______ *in* *inches* *OR* ______ *cm* *centimeters* ☐ Not Done/ Don't Know	☐ No ☐ Yes **If 'YES' then go to Immunization/ Vaccination/ Shot Log**			☐ Office ☐ Self Date: ______
		☐ Routine well visit ☐ Sick visit ☐ Specialist doctor visit ☐ Emergency visit ☐ Immunization/ vaccination/ shot ☐ Follow-up visit ☐ **Overnight hospital stay** How many nights? ☐ Some other reason (explain):	______ *lb* *pounds* ______ *oz.* *ounces* *OR* ______ *kg* *kilograms* ☐ Not Done/ Don't Know	______ *in* *inches* *OR* ______ *cm* *centimeters* ☐ Not Done/ Don't Know	______ *in* *inches* *OR* ______ *cm* *centimeters* ☐ Not Done/ Don't Know	☐ No ☐ Yes **If 'YES' then go to Immunization/ Vaccination/ Shot Log**			☐ Office ☐ Self Date: ______
		☐ Routine well visit ☐ Sick visit ☐ Specialist doctor visit ☐ Emergency visit ☐ Immunization/ vaccination/ shot ☐ Follow-up visit ☐ **Overnight hospital stay** How many nights? ☐ Some other reason (explain):	______ *lb* *pounds* ______ *oz.* *ounces* *OR* ______ *kg* *kilograms* ☐ Not Done/ Don't Know	______ *in* *inches* *OR* ______ *cm* *centimeters* ☐ Not Done/ Don't Know	______ *in* *inches* *OR* ______ *cm* *centimeters* ☐ Not Done/ Don't Know	☐ No ☐ Yes **If 'YES' then go to Immunization/ Vaccination/ Shot Log**			☐ Office ☐ Self Date: ______

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Inform the National Children's Study staff when more pages are needed.

THE NATIONAL CHILDREN'S STUDY

Immunization/Vaccination/Shot Log Instructions

- Write in the date of the immunization/vaccination/shot.
- Put a √ in the box of each vaccine(s) given to your child. Ask your child's Health Care Provider to help you to check all of the right boxes.
- At the bottom of the Log, write in if your child had any problems after any of the immunizations, vaccinations or shots.

See the example in the first line of the log on the next page.

Contact your child's doctor if your child has any problems after an immunization/shot/vaccination.

Immunization/Vaccination/Shot Log

	Needles or injections									Needles or injections						By Mouth	Needle	Nasal Mist	
						Combination vaccines				Combination vaccines									
DATE OF IMMUNIZATION	Hepatitis B (Hep B)	Diphtheria, Tetanus, and Pertussis (whooping cough) (DTaP)	H. Influenza Type B (Hib)	Inactivated Polio (IPV)	Pneumococcal Conjugate (PCV7)	Measles, Mumps, and Rubella (MMR)	Measles, Mumps, Rubella, and Varicella (MMRV)	DTaP, Hep B, and IPV	Hib and Hep B	DTaP and Hib	DTaP and IPV	DTaP , IPV, and Hib	Varicella (Chickenpox)	Hepatitis A	Meningococcal	I. Palivizumab to prevent RSV (Respiratory Syncytial Virus)	Rotavirus	Influenza (Seasonal 'Flu')	Influenza (Seasonal 'Flu')	Other
March 3, 2011		✓		✓							EXAMPLE									XYZ Vaccine

ANY PROBLEMS AFTER A SHOT/IMMUNIZATION/VACCINATION?		
Date of the Immunization/Vaccination/Shot	**Date you first noticed the problem**	**Describe the problem**

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health
Centers for Disease Control and Prevention
U.S. ENVIRONMENTAL PROTECTION AGENCY

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