OMB #: 0925-0593
Expiration Date: 07/31/2013
Infant and Child Health Care Log, Phase II

Infant and Child Health Care Log

(Birth to 6 years old)

CHILD'S LAST NAME:

____

CHILD'S FIRST NAME:

____

CHILD'S DATE OF BIRTH:
_ _ / _ _ / _ _ _ _

month day year

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

Save all bottles and containers of medications. 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")

Public reporting for this collection of information is estimated to average 20 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 (0925-0593). Do not return the completed form to this address.

Infant and Child Health Care Log

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.

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

1	2	Fill in ONLY if you HAVE NOT attached a business card							
		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	X Pediatrician or Family Physician ☐ Specialist ☐ Nurse practitioner or physician assistant ☐ Nurse ☐ Social Worker/counselor ☐ Other(specify): ______________	X 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): ______________					

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

			☐ Other (specify): ______________	☐ Other place (specify):					
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):					

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

HEALTH CARE PROVIDER LOG

1	2	Fill in ONLY if you HAVE NOT attached a business card							
		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**
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):					
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):					

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.

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.

Columns 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

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

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 NCS**
March 3, 2010	0	√ Routine well visit ☐ Sick visit ☐ Specialist doctor visit ☐ Emergency visit ☐ Immunization/ vaccination/shot Example ☐ 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_ cm centimeters **OR** _____ in Inches ☐ Not Done/Don't Know	☐ NO √ YES, **If 'YES' then go to Immunization / Vaccination / Shot Log**	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	________ cm centimeters **OR** ________ in Inches ☐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	_______lb pounds ______ oz. ounces **OR** _______ kg kilograms	_______ in Inches **OR** _______cm centimet	________ cm centimeters **OR** ________ in Inches	☐ NO ☐ YES, **If 'YES' then go to Immunization / Vaccination /**			☐ 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

		☐ **Overnight hospital stay** How many nights? ____ ☐ Some other reason (explain): ____________	☐Not Done/Don't Know	ers ☐Not Done/Don't Know	☐Not Done/Don't Know	**Shot Log**			

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 NCS**
		☐ 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	________ cm centimeters **OR** ________ in Inches ☐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	________ cm centimeters **OR** ________ in Inches ☐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

		☐ 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	________ cm centimeters **OR** ________ in Inches ☐ Not Done/Don’t Know	☐ NO ☐ YES, **If ‘YES’ then go to Immunization / Vaccination / Shot Log**			☐ Office ☐ Self Date: ________

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 NCS**
		☐ 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	________ cm centimeters **OR** ________ in Inches ☐ 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	_______lb pounds ______ oz. ounces **OR** _______ kg	_______ in Inches **OR**	________ cm centimeters **OR** ________ in	☐ NO ☐ YES, **If ‘YES’ then go to Immunization /**			☐ Office ☐ Self Date: ________

Bring this log to all health care visits. Use this log for all National Children’s Study telephone calls and visits.

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

		☐ Follow-up visit ☐ **Overnight hospital stay** How many nights? ____ ☐ Some other reason (explain): ________________	kilograms ☐Not Done/Don't Know	_______cm centimeters ☐Not Done/Don't Know	Inches ☐Not Done/Don't Know	**Vaccination / Shot Log**			
		☐ 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	________ cm centimeters **OR** ________ in Inches ☐Not Done/Don't Know	☐ NO ☐ YES, **If 'YES' then go to Immunization / Vaccination / Shot Log**			☐ Office ☐ Self Date: ________

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 NCS**
		☐ 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	________ cm centimeters **OR** ________ in Inches ☐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

		☐ 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	________ cm centimeters **OR** ________ in Inches ☐ 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	________ cm centimeters **OR** ________ in Inches ☐ Not Done/Don't Know	☐ NO ☐ YES, **If 'YES' then go to Immunization / Vaccination / Shot Log**			☐ Office ☐ Self Date: ________

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

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.**

CONTACT YOUR CHILD'S DOCTOR IF YOUR CHILD HAS ANY PROBLEMS AFTER AN IMMUNIZATION/ SHOT/ VACCINATION.

IMMUNIZATION / VACCINATION / SHOT LOG

	Needles or injections															By Mouth	Needle	Nasa l Mist	
						Combination vaccines													
DATE OF IMMUNIZATIO N	Hepatitis B (Hep B)	Diphtheria, Tetanus, and Pertussis (whooping cough)	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	alivizumab 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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Inform the National Children's Study staff when more pages are needed.

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