OMB NUMBER: 0925-XXXX EXPIRATION DATE: XX/XX/XXXX

Stress and Cortisol Measurement Substudy

Enrollment Medical Record Abstraction Form

1. Study ID #:	
Screen these items from the participant's prenatal chart:	
2.	Current gestational age: weeks days
3.	EDC or Due Date:
4.	Gestational age at first prenatal visit: weeks days
5.	Weight at first prenatal visit: pounds
6	Height: feet inches