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Zika Outcomes and Development in Infants and Children (ZODIAC)
Medical Record Abstraction Form

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Please refer to your Standard Operating Procedures #X for abstraction instructions.

Completed abstraction forms are to be sent to XXX.

Section 1: Introduction and Demographics

Child Identification Number: _____

Name of Abstractor: _____
Date of Abstraction: _____

Child Date of Birth: ____/_____/_____ **Child Place of Birth:** _____
Child Death: ☐ No ☐ Yes, date: _____/_____/____ **Cause of Death:** _____
Child Sex: ☐ Male ☐ Female ☐ Ambiguous
Child Race: ☐ White ☐ Black ☐ Mulatto ☐ Asian ☐ Indigenous ☐ Other, specify _____
Child State of Residence: ☐ Paraíba ☐ Ceará

Section 2: Growth

ENTRY 1, SECTION 2

2.1. Date assessed Date: ____/_____/_____
2.2. Information source ☐ Medical record ☐ Baby book ☐ Other
2.3. Head Circumference _____centimeters
2.4. ☐ Normal ☐ Abnormal (*by physician report*)
2.5. Microcephaly (head circumference <3%ile) ☐ No ☐ Yes
2.6. Length _____centimeters **2.7. Weight** _____ kilograms
2.8. Notes:

ENTRY 2, SECTION 2

2.9. Date assessed Date: ____/_____/_____
2.10. Information source ☐ Medical record ☐ Baby book ☐ Other
2.11. Head Circumference _____centimeters
2.12. ☐ Normal ☐ Abnormal (*by physician report*)
2.13. Microcephaly (head circumference <3%ile) ☐ No ☐ Yes
2.14. Length _____centimeters **2.15. Weight** _____ kilograms
2.16. Notes:

Section 3: Immunizations

ENTRY 1, SECTION 3

3.1. Hepatitis B (HB) ☐ Yes ☐ No ☐ Unknown
3.2 Information source ☐ Medical record ☐ Baby book ☐ Other
3.3. Dates received *Date 1:* ____/_____/_____

ENTRY 2, SECTION 3

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3.4. Intradermal tuberculosis vaccine (BCGid) ☐ Yes ☐ No ☐ Unknown
3.5 Information source ☐ Medical record ☐ Baby book ☐ Other
3.6. Date received *Date 1:* ____/_____/_____

ENTRY 3, SECTION 3
3.7. Pentavalent (DTP+HB+Hib) ☐ Yes ☐ No ☐ Unknown
3.8. Information source ☐ Medical record ☐ Baby book ☐ Other
3.9. Dates received *Date 1:* ____/_____/_____ *Date 2:* ____/_____/_____
Date 3: ____/_____/_____ *Date 4:* ____/_____/_____

ENTRY 4, SECTION 3
3.10. Inactivated injectable polio vaccine (IPV) ☐ Yes ☐ No ☐ Unknown
3.11. Information source ☐ Medical record ☐ Baby book ☐ Other
3.12. Dates received *Date 1:* ____/_____/_____ *Date 2:* ____/_____/_____
Date 3: ____/_____/_____ *Date 4:* ____/_____/_____

ENTRY 5, SECTION 3
3.13. Pneumococcal conjugate vaccine with 7 serotypes (PnC7V) ☐ Yes ☐ No ☐ Unknown
3.14. Information source ☐ Medical record ☐ Baby book ☐ Other
3.15. Dates received *Date 1:* ____/_____/_____ *Date 2:* ____/_____/_____
Date 3: ____/_____/_____ *Date 4:* ____/_____/_____

ENTRY 6, SECTION 3
3.16. Rotavirus ☐ Yes ☐ No ☐ Unknown
3.17. Information source ☐ Medical record ☐ Baby book ☐ Other
3.18. Dates received *Date 1:* ____/_____/_____ *Date 2:* ____/_____/_____

ENTRY 7, SECTION 3
3.19. Meningococcal group C (MnCC) ☐ Yes ☐ No ☐ Unknown
3.20. Information source ☐ Medical record ☐ Baby book ☐ Other
3.21. Dates received *Date 1:* ____/_____/_____ *Date 2:* ____/_____/_____
Date 3: ____/_____/_____ *Date 4:* ____/_____/_____

ENTRY 8, SECTION 3
3.22. Influenza (flu) ☐ Yes ☐ No ☐ Unknown
3.23. Information source ☐ Medical record ☐ Baby book ☐ Other
3.24. Dates received *Date 1:* ____/_____/_____ *Date 2:* ____/_____/_____

ENTRY 9, SECTION 3
3.25. Yellow fever ☐ Yes ☐ No ☐ Unknown
3.26. Information source ☐ Medical record ☐ Baby book ☐ Other
3.27. Dates received *Date 1:* ____/_____/_____

ENTRY 10, SECTION 3
3.28. Measles, mumps, rubella (MMR) ☐ Yes ☐ No ☐ Unknown
3.29. Information source ☐ Medical record ☐ Baby book ☐ Other
3.30. Dates received *Date 1:* ____/_____/_____

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ENTRY 11, SECTION 3

3.31. Hepatitis A (HAV) ☐ Yes ☐ No ☐ Unknown
3.32. Information source ☐ Medical record ☐ Baby book ☐ Other
3.33. Dates received *Date 1:* ____/_____/_____ *Date 2:* ____/_____/_____

ENTRY 12, SECTION 3

3.34. Varicella ☐ Yes ☐ No ☐ Unknown
3.35. Information source ☐ Medical record ☐ Baby book ☐ Other
3.36. Dates received *Date 1:* ____/_____/_____ *Date 2:* ____/_____/_____

Section 4: Imaging and Diagnostics

Section 4-1: Hearing and Vision

4.1. Diagnostic hearing evaluation ☐ Not performed ☐ Performed ☐ Unknown
4.2. *If performed*, date at time of evaluation Date: _____/_____/_____
4.3. Information source ☐ Medical record ☐ Baby book ☐ Other
4.4. Method of Evaluation ☐ Otoacoustic emission testing ☐ Automated auditory brainstem response
☐ Auditory brainstem response ☐ Tympanometry ☐ Behavioral audiometry
4.5. Audiologic Results
4.5a. Type ☐ Sensorineural ☐ Conductive ☐ Mixed ☐ Unknown
4.5b. Severity ☐ Slight ☐ Mild ☐ Moderate ☐ Moderately severe ☐ Severe ☐ Profound ☐ Unknown severity
4.5c. Laterality ☐ Bilateral ☐ Unilateral ☐ Laterality unknown

4.6. Vision evaluation ☐ Not Performed ☐ Performed ☐ Unknown
4.7. *If performed*, date at time of exam Date: _____/_____/_____
4.8. Information source ☐ Medical record ☐ Baby book ☐ Other
4.9. External exam ☐ Normal ☐ Abnormal ☐ Unknown
4.10. Assessment of fixation and following ☐ Normal ☐ Abnormal ☐ Unknown
4.11. Ocular motility ☐ Normal ☐ Abnormal ☐ Unknown
4.12. Visual fields ☐ Normal ☐ Abnormal ☐ Unknown
4.13. Pupil exam ☐ Normal ☐ Abnormal ☐ Unknown
4.14. Refraction ☐ Normal ☐ Abnormal ☐ Unknown
4.15. Fundus exam (indirect ophthalmoscopy of retina and optic nerve) ☐ Normal ☐ Abnormal ☐ Unknown
4.16. Retcam photographs ☐ Normal ☐ Abnormal ☐ Unknown
4.17. *Findings*
Microphthalmia ☐ Yes ☐ No ☐ Unknown
Chorioretinitis ☐ Yes ☐ No ☐ Unknown
Macular pallor ☐ Yes ☐ No ☐ Unknown
Optic nerve abnormalities ☐ Yes ☐ No ☐ Unknown
Neurologic visual impairment ☐ Yes ☐ No ☐ Unknown
Delayed visual developmental milestones ☐ Yes ☐ No ☐ Unknown
Other retinal abnormalities ☐ Yes ☐ No ☐ Unknown
4.18. *Please describe findings below:*

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Section 4-2: Laboratory Testing

4.19. Zika testing on infant ☐ Not performed on infant ☐ Performed on infant ☐ Unknown
4.20. *If performed on infant*, date at test Date: ____/_____/_____
4.21. Information source ☐ Medical record ☐ Baby book ☐ Other
4.22. Specimen type ☐ Cord blood ☐ Peripheral blood ☐ Placenta ☐ Fetal tissue ☐ Cerebrospinal fluid (CSF) ☐ Urine ☐ Other, specify _____
4.23. Results
4.23a. PCR-RT ☐ Positive ☐ Negative ☐ Inconclusive ☐ Unknown
4.23b. IgM ☐ Positive ☐ Negative ☐ Inconclusive ☐ Unknown
4.23c. IgG ☐ Positive ☐ Negative ☐ Inconclusive ☐ Unknown
4.23d. PRNT ☐ Positive ☐ Negative ☐ Inconclusive ☐ Unknown
4.24. *Please describe findings below:*

4.25. Zika testing on mother ☐ Not performed on mother ☐ Performed on mother ☐ Unknown
4.26. *If performed on mother*, date at test Date: ____/_____/_____
4.27. Information source ☐ Medical record ☐ Baby book ☐ Other
4.28. Specimen type ☐ Maternal serum ☐ Amniotic fluid ☐ Urine ☐ Other, specify _____
4.29. Results:
4.29a. PCR-RT ☐ Positive ☐ Negative ☐ Inconclusive ☐ Unknown
4.29b. IgM ☐ Positive ☐ Negative ☐ Inconclusive ☐ Unknown
4.29c. IgG ☐ Positive ☐ Negative ☐ Inconclusive ☐ Unknown
4.29d. PRNT ☐ Positive ☐ Negative ☐ Inconclusive ☐ Unknown
4.30. *Please describe findings below:*

4.31. Prenatal infection testing on mother ☐ Not performed on mother ☐ Performed on mother ☐ Unknown
4.32. *If performed on mother*, date of test Date: ____/_____/_____ Infant's gestational age: _____ *(weeks, days)*
4.33. Information source ☐ Medical record ☐ Baby book ☐ Other
4.34. Toxoplasmosis ☐ Positive ☐ Negative ☐ Inconclusive ☐ Unknown
4.35. Cytomegalovirus ☐ Positive ☐ Negative ☐ Inconclusive ☐ Unknown
4.36. Herpes Simplex = ☐ Negative ☐ Positive ☐ Inconclusive ☐ Unknown
4.37. Rubella ☐ Positive ☐ Negative ☐ Inconclusive ☐ Unknown
4.38. HIV ☐ Positive ☐ Negative ☐ Inconclusive ☐ Unknown
4.39. Syphilis ☐ Positive ☐ Negative ☐ Inconclusive ☐ Unknown
4.40. Dengue ☐ Positive ☐ Negative ☐ Inconclusive ☐ Unknown
4.41. Chikungunya ☐ Positive ☐ Negative ☐ Inconclusive ☐ Unknown
4.42. Other blood tests performed on mother (*include dates, source and results*):

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4.43. Prenatal infection testing on infant ☐ Not performed on infant ☐ Performed on infant ☐ Unknown
4.44. *If performed on infant*, date at test Date: _____/_____/_____ Age: _____
4.45. Information source ☐ Medical record ☐ Baby book ☐ Other
4.46. Toxoplasmosis ☐ Positive ☐ Negative ☐ Inconclusive ☐ Unknown
4.47. Cytomegalovirus ☐ Positive ☐ Negative ☐ Inconclusive ☐ Unknown
4.48. Herpes Simplex Virus ☐ Positive ☐ Negative ☐ Inconclusive ☐ Unknown
4.49. Rubella ☐ Positive ☐ Negative ☐ Inconclusive ☐ Unknown
4.50. HIV ☐ Positive ☐ Negative ☐ Inconclusive ☐ Unknown
4.51. Syphilis ☐ Positive ☐ Negative ☐ Inconclusive ☐ Unknown
4.52. Dengue ☐ Positive ☐ Negative ☐ Inconclusive ☐ Unknown
4.53. Chikungunya ☐ Positive ☐ Negative ☐ Inconclusive ☐ Unknown
4.54. Other blood tests performed on infant (*include dates, source and results*):

Section 4-3: Neurologic Exams

ENTRY 1, SECTION 4-3

4.55. Neurologic exam ☐ Not performed ☐ Performed ☐ Unknown
4.56. *If performed*, date at time of exam Date: _____/_____/_____
4.57. Information source ☐ Medical record ☐ Baby book ☐ Other
4.58. *Findings:*
Normal ☐ Yes ☐ No ☐ Unknown
Hypertonia - Spasticity ☐ Yes ☐ No ☐ Unknown
Hypertonia - Dystonia ☐ Yes ☐ No ☐ Unknown
Hyperreflexia ☐ Yes ☐ No ☐ Unknown
Irritability ☐ Yes ☐ No ☐ Unknown
Tremors ☐ Yes ☐ No ☐ Unknown
Swallowing/feeding difficulties ☐ Yes ☐ No ☐ Unknown
Seizures ☐ Yes ☐ No ☐ Unknown
Posturing ☐ Yes ☐ No ☐ Unknown
Persistence of primitive reflexes ☐ Yes ☐ No ☐ Unknown
Hypotonia ☐ Yes ☐ No ☐ Unknown
Other neurologic abnormalities ☐ Yes ☐ No ☐ Unknown
4.59. *Please describe findings below*:

ENTRY 2, SECTION 4-3

4.60. Neurologic exam ☐ Not performed ☐ Performed ☐ Unknown
4.61. *If performed*, date at time of exam Date: _____/_____/_____

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4.62. Information source ☐ Medical record ☐ Baby book ☐ Other
4.63. *Findings:*
Normal ☐ Yes ☐ No ☐ Unknown
Hypertonia - Spasticity ☐ Yes ☐ No ☐ Unknown
Hypertonia - Dystonia ☐ Yes ☐ No ☐ Unknown
Hyperreflexia ☐ Yes ☐ No ☐ Unknown
Irritability ☐ Yes ☐ No ☐ Unknown
Tremors ☐ Yes ☐ No ☐ Unknown
Swallowing/feeding difficulties ☐ Yes ☐ No ☐ Unknown
Seizures ☐ Yes ☐ No ☐ Unknown
Posturing ☐ Yes ☐ No ☐ Unknown
Persistence of primitive reflexes ☐ Yes ☐ No ☐ Unknown
Hypotonia ☐ Yes ☐ No ☐ Unknown
Other neurologic abnormalities ☐ Yes ☐ No ☐ Unknown
4.64. *Please describe findings below*:

Section 4-4: Imaging and Diagnostic Studies

ENTRY 1, SECTION 4-4

4.65. Imaging study ☐ Cranial ultrasound ☐ MRI ☐ CT ☐ Not performed
4.66. Date at time of study Date: _____/_____/_____
4.67. Information source ☐ Medical record ☐ Baby book ☐ Other
4.68. *Findings:*
Encephalocele ☐ Yes ☐ No ☐ Unknown
Microcephaly/Micrencephaly ☐ Yes ☐ No ☐ Unknown
Intracranial calcification ☐ Yes ☐ No ☐ Unknown
Cerebral (brain) atrophy ☐ Yes ☐ No ☐ Unknown
Pachygyria ☐ Yes ☐ No ☐ Unknown
Lissencephaly ☐ Yes ☐ No ☐ Unknown
Abnormality of corpus callosum ☐ Yes ☐ No ☐ Unknown
Cerebellar abnormalities ☐ Yes ☐ No ☐ Unknown
Porencephaly ☐ Yes ☐ No ☐ Unknown
Hydranencephaly ☐ Yes ☐ No ☐ Unknown
Ventriculomegaly/Hydrocephaly ☐ Yes ☐ No ☐ Unknown
Other abnormalities ☐ Yes ☐ No ☐ Unknown
4.69. *Please describe findings below*:

ENTRY 2, SECTION 4-4

4.70. Imaging study ☐ Cranial ultrasound ☐ MRI ☐ CT ☐ Not performed
4.71. Date at time of study Date: _____/_____/_____

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4.72. Information source ☐ Medical record ☐ Baby book ☐ Other
4.73. ***Findings****:*
Encephalocele ☐ Yes ☐ No ☐ Unknown
Microcephaly/Micrencephaly ☐ Yes ☐ No ☐ Unknown
Intracranial calcification ☐ Yes ☐ No ☐ Unknown
Cerebral (brain) atrophy ☐ Yes ☐ No ☐ Unknown
Pachygyria ☐ Yes ☐ No ☐ Unknown
Lissencephaly ☐ Yes ☐ No ☐ Unknown
Abnormality of corpus callosum ☐ Yes ☐ No ☐ Unknown
Cerebellar abnormalities ☐ Yes ☐ No ☐ Unknown
Porencephaly ☐ Yes ☐ No ☐ Unknown
Hydranencephaly ☐ Yes ☐ No ☐ Unknown
Ventriculomegaly/Hydrocephaly ☐ Yes ☐ No ☐ Unknown
Other abnormalities ☐ Yes ☐ No ☐ Unknown
4.74. ***Please describe findings below:***

ENTRY 3, SECTION 4-4

4.75. Imaging study ☐ Cranial ultrasound ☐ MRI ☐ CT ☐ Not performed
4.76. Date at time of study Date: _____/_____/_____
4.77. Information source ☐ Medical record ☐ Baby book ☐ Other
4.78. ***Findings****:*
Encephalocele ☐ Yes ☐ No ☐ Unknown
Microcephaly/Micrencephaly ☐ Yes ☐ No ☐ Unknown
Intracranial calcification ☐ Yes ☐ No ☐ Unknown
Cerebral (brain) atrophy ☐ Yes ☐ No ☐ Unknown
Pachygyria ☐ Yes ☐ No ☐ Unknown
Lissencephaly ☐ Yes ☐ No ☐ Unknown
Abnormality of corpus callosum ☐ Yes ☐ No ☐ Unknown
Cerebellar abnormalities ☐ Yes ☐ No ☐ Unknown
Porencephaly ☐ Yes ☐ No ☐ Unknown
Hydranencephaly ☐ Yes ☐ No ☐ Unknown
Ventriculomegaly/Hydrocephaly ☐ Yes ☐ No ☐ Unknown
Other abnormalities ☐ Yes ☐ No ☐ Unknown
4.79. ***Please describe findings below:***

4.80. EEG ☐ Not performed ☐ Performed ☐ Unknown
4.81. ***If performed*****, date at time of exam** Date: _____/_____/_____
4.82. Information source ☐ Medical record ☐ Baby book ☐ Other

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4.83. ***Findings:***
Epileptic waveform abnormalities - focal ☐ Yes ☐ No ☐ Unknown
Epileptic waveform abnormalities – generalized ☐ Yes ☐ No ☐ Unknown
Non-epileptic waveform abnormalities - focal ☐ Yes ☐ No ☐ Unknown
Non-epileptic waveform abnormalities – generalized ☐ Yes ☐ No ☐ Unknown
4.84. ***Please describe findings below*****:**

4.85. Other neurological tests/results/diagnoses (*include dates and source of results*):

Section 5: Early Intervention Referrals

ENTRY 1
5.1. Referred to early intervention/rehabilitation ☐ Yes ☐ No ☐ Unknown
5.2. ***If referred*****, date at time of referral** Date: ____/_____/_____
5.3. Information source ☐ Medical record ☐ Baby book ☐ Other
5.4. ***Services recommended?***
Physical therapy ☐ Yes ☐ No ☐ Unknown
Occupational therapy ☐ Yes ☐ No ☐ Unknown
Speech therapy ☐ Yes ☐ No ☐ Unknown
Special Education ☐ Yes ☐ No ☐ Unknown
Developmental stimulation ☐ Yes ☐ No ☐ Unknown
Family support ☐ Yes ☐ No ☐ Unknown
Other, specify _____
5.5. Notes:

ENTRY 2
5.6. Referred to early intervention/rehabilitation ☐ Yes ☐ No ☐ Unknown
5.7. ***If referred*****, date at time of referral** Date: ____/_____/_____
5.8. Information source ☐ Medical record ☐ Baby book ☐ Other
5.9. ***Services recommended?***
Physical therapy ☐ Yes ☐ No ☐ Unknown
Occupational therapy ☐ Yes ☐ No ☐ Unknown
Speech therapy ☐ Yes ☐ No ☐ Unknown
Special Education ☐ Yes ☐ No ☐ Unknown
Developmental stimulation ☐ Yes ☐ No ☐ Unknown
Family support ☐ Yes ☐ No ☐ Unknown
Other, specify _____
5.10. Notes:

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Section 6: Medical Diagnoses

6.1. Diagnoses	6.2. Date diagnosed	6.3. Information Source		
		Medical record	Baby book	Other
Gastroesophageal (GE) reflux ☐ Yes ☐ No ☐ Unknown	____/_____/_____	☐	☐	☐
Seizures/epilepsy ☐ Yes ☐ No ☐ Unknown	____/_____/_____	☐	☐	☐
Pneumonia ☐ Yes ☐ No ☐ Unknown	____/_____/_____	☐	☐	☐
Other respiratory illness ☐ Yes ☐ No ☐ Unknown	____/_____/_____	☐	☐	☐
Hydrocephalus requiring shunt ☐ Yes ☐ No ☐ Unknown	____/_____/_____			
Feeding difficulties requiring nasogastric tube or gastrostomy tube ☐ Yes ☐ No ☐ Unknown	____/_____/_____	☐ ☐	☐ ☐	☐ ☐
Developmental dysplasia of hips ☐ Yes ☐ No ☐ Unknown	____/_____/_____	☐	☐	☐
List other diagnoses below:		☐	☐	☐
_____	____/_____/_____	☐	☐	☐
_____	____/_____/_____	☐	☐	☐
_____	____/_____/_____			
_____	____/_____/_____			

Section 7: Medical Procedures (Including Surgeries)

How many procedures? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ More than 6

ENTRY 1, SECTION 7

7.1. Type of procedure _____

7.2. Date at time of procedure *Date:* ____/_____/_____

7.3. Information source ☐ Medical record ☐ Baby book ☐ Other

7.4. ☐ Inpatient ☐ Outpatient

7.5. *Please describe below:*

ENTRY 2, SECTION 7

7.6. Type of procedure _____

7.7. Date at time of procedure *Date:* ____/_____/_____

7.8. Information source ☐ Medical record ☐ Baby book ☐ Other

7.9. ☐ Inpatient ☐ Outpatient

7.10. *Please describe below:*

ENTRY 3, SECTION 7

7.11. Type of procedure _____

7.12. Date at time of procedure *Date:* ____/_____/_____

7.13. Information source ☐ Medical record ☐ Baby book ☐ Other

7.14. ☐ Inpatient ☐ Outpatient

7.15. *Please describe below:*

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ENTRY 4, SECTION 7

7.16. Type of procedure _____

7.17. Date at time of procedure *Date:* ____/_____/_____

7.18. Information source ☐ Medical record ☐ Baby book ☐ Other

7.19. ☐ **Inpatient** ☐ **Outpatient**

7.20. ***Please describe below:***

ENTRY 5, SECTION 7

7.21. Type of procedure _____

7.22. Date at time of procedure *Date:* ____/_____/_____

7.23. Information source ☐ Medical record ☐ Baby book ☐ Other

7.24. ☐ **Inpatient** ☐ **Outpatient**

7.25. ***Please describe below:***

ENTRY 6, SECTION 7

7.26. Type of procedure _____

7.27. Date at time of procedure *Date:* ____/_____/_____

7.28. Information source ☐ Medical record ☐ Baby book ☐ Other

7.29. ☐ **Inpatient** ☐ **Outpatient**

7.30. ***Please describe below:***

Section 8: Hospitalizations

How many hospitalizations? ☐ 0 ☐ 1 ☐ 2 ☐3 ☐ More than 3

ENTRY 1, SECTION 8

8.1. Reason for hospitalization _____

8.2. Date of hospitalization *Date:* ____/_____/_____

8.3. Information source ☐ Medical record ☐ Baby book ☐ Other

8.4. Length of hospitalization _____ *(weeks, days)*

8.5. ***Please describe additional pertinent details below****:*

ENTRY 2, SECTION 8

8.6. Reason for hospitalization _____

8.7. Date of hospitalization *Date:* ____/_____/_____

8.8. Information source ☐ Medical record ☐ Baby book ☐ Other

8.9. Length of hospitalization _____ *(weeks, days)*

8.10. ***Please describe additional pertinent details below:***

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ENTRY 3, SECTION 8

8.11. Reason for hospitalization _____

8.12. Date of hospitalization *Date:* ____/_____/_____

8.13. Information source ☐ Medical record ☐ Baby book ☐ Other

8.14. Length of hospitalization _____ *(weeks, days)*

8.15. *Please describe additional pertinent details below:*

Section 9: Medications

How many medications? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ More than 10

ENTRY 1, SECTION 9

9.1. Name of medication _____

9.2. Date prescribed *Date:* ____/_____/_____

9.3. Information source ☐ Medical record ☐ Baby book ☐ Other

9.4. Dose _____

9.5. Reason prescribed, if clearly noted: _____

9.6. Currently taking? ☐ Yes ☐ No ☐ Unknown

ENTRY 2, SECTION 9

9.7. Name of medication _____

9.8. Date prescribed *Date:* ____/_____/_____

9.9. Information source ☐ Medical record ☐ Baby book ☐ Other

9.10. Dose _____

9.11. Reason prescribed, if clearly noted: _____

9.12. Currently taking? ☐ Yes ☐ No ☐ Unknown

ENTRY 3, SECTION 9

9.13. Name of medication _____

9.14. Date prescribed *Date:* ____/_____/_____

9.15. Information source ☐ Medical record ☐ Baby book ☐ Other

9.16. Dose _____

9.17. Reason prescribed, if clearly noted: _____

9.18. Currently taking? ☐ Yes ☐ No ☐ Unknown

ENTRY 4, SECTION 9

9.19. Name of medication _____

9.20. Date prescribed *Date:* ____/_____/_____

9.21. Information source ☐ Medical record ☐ Baby book ☐ Other

9.22. Dose _____

9.23. Reason prescribed, if clearly noted: _____

9.24. Currently taking? ☐ Yes ☐ No ☐ Unknown

ENTRY 5, SECTION 9

9.25. Name of medication _____

9.26. Date prescribed *Date:* ____/_____/_____

9.27. Information source ☐ Medical record ☐ Baby book ☐ Other

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9.28. Dose _____
9.29. Reason prescribed, if clearly noted: _____
9.30. Currently taking? ☐ Yes ☐ No ☐ Unknown

ENTRY 6, SECTION 9
9.31. Name of medication _____
9.32. Date prescribed *Date:* ____/_____/_____
9.33. Information source ☐ Medical record ☐ Baby book ☐ Other, specify _____
9.34. Dose _____
9.35. Reason prescribed: _____
9.36. Currently taking? ☐ Yes ☐ No ☐ Unknown

ENTRY 7, SECTION 9
9.37. Name of medication _____
9.39. Date prescribed *Date:* ____/_____/_____
9.40. Information source ☐ Medical record ☐ Baby book ☐ Other
9.40. Dose _____
9.41. Reason prescribed: _____
9.42. Currently taking? ☐ Yes ☐ No ☐ Unknown

ENTRY 8, SECTION 9
9.43. Name of medication _____
9.44. Date prescribed *Date:* ____/_____/_____
9.45. Information source ☐ Medical record ☐ Baby book ☐ Other
9.46. Dose _____
9.47. Reason prescribed: _____
9.48. Currently taking? ☐ Yes ☐ No ☐ Unknown

ENTRY 9, SECTION 9
9.49. Name of medication _____
9.50. Date prescribed *Date:* ____/_____/_____
9.51. Information source ☐ Medical record ☐ Baby book ☐ Other
9.52. Dose _____
9.53. Reason prescribed: _____
9.54. Currently taking? ☐ Yes ☐ No ☐ Unknown

ENTRY 10, SECTION 9
9.55. Name of medication _____
9.56. Date prescribed *Date:* ____/_____/_____
9.57. Information source ☐ Medical record ☐ Baby book ☐ Other
9.58. Dose _____
9.59. Reason prescribed: _____
9.60. Currently taking? ☐ Yes ☐ No ☐ Unknown

Section 10: Additional Notes

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