

# Study to Explore Early Development

Interviewer \_\_\_\_\_

Study ID# \_\_\_\_\_

Date of Completion \_\_\_\_\_

Time of Completion \_\_\_\_\_

## Blood Draw Information Form

1. Please tell me all vaccinations, medications, vitamins, and supplements, both prescription and over the counter, <you have> taken in the last month.

*[Interviewer: Check box for MOST RECENT time frame when medication was last taken.]*

If no medications, vitamins, or supplements given in last month, check here: \_\_\_\_\_

| Type of substance _____ | Last 7 days              | Last month               |
|-------------------------|--------------------------|--------------------------|
| 1) _____                | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) _____                | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) _____                | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) _____                | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) _____                | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) _____                | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) _____                | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) _____                | <input type="checkbox"/> | <input type="checkbox"/> |

2. List any cold, flu, fever, or other illness <you have> had in the last 2 weeks. *[Interviewer: Check box for MOST RECENT time frame when illness occurred.]*

If no illness in last 2 weeks, check here: \_\_\_\_\_

| Illness _____ | Last 2 days              | Last 2 weeks             |
|---------------|--------------------------|--------------------------|
| 1) _____      | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) _____      | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) _____      | <input type="checkbox"/> | <input type="checkbox"/> |

4) \_\_\_\_\_

3. Have you or anyone else smoked cigarettes, cigars,  No

or pipes anywhere inside your home in the past week?  Yes, person giving blood smoked

Yes, someone else in home smoked