

Study to Explore Early Development

PREGNANCY REFERENCE FORM

This form was completed using the interview you provided to us during your brief interview about the timing of your pregnancy and breast-feeding.

Version 9-16

Public reporting burden of this collection of information is estimated to average 5 minutes, 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 CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0010).

MOTHER'S NAME

CHILD'S NAME:

LINE		START DATE			to	END DATE		
		Month	Day	Year		Month	Day	Year
PRE-PREGNANCY	-3	3 Months PRE-pregnancy (-3)			to			
	-2	2 Months PRE-pregnancy (-2)			to			
	-1	1 Month PRE-pregnancy (-1)			to			
		Total time period before pregnancy			to			
1 ST TRIMESTER	1	MONTH 1 of pregnancy			to			
	2	MONTH 2 of pregnancy			to			
	3	MONTH 3 of pregnancy			to			
		Total 1 st Trimester			to			
2 ND TRIMESTER	4	MONTH 4 of pregnancy			to			
	5	MONTH 5 of pregnancy			to			
	6	MONTH 6 of pregnancy			to			
		Total 2nd Trimester			to			
	7	MONTH 7 of pregnancy			to			
	8	MONTH 8 of pregnancy			to			
	9	MONTH 9 of pregnancy			to			
	10	MONTH 10 of pregnancy			to			
	Total 3rd Trimester			to				
DOB	Date of BIRTH							
BF	# of days/ weeks/months breastfed							

