**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.

**MOTHER’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHILD’S NAME:**

**2ND TRIMESTER**

**1ST TRIMESTER**

**PRE-PREGNANCY**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **START DATE** |  |  |  | **END DATE** |  |  |
| **LINE** |  |  | **Month** | **Day** | **Year** | **to** | **Month** | **Day** | **Year** |
| -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 |  | MONTH 1 of pregnancy |  |  |  | **to** |  |  |  |
| 2 |  | MONTH 2 of pregnancy |  |  |  | **to** |  |  |  |
| 3 |  | MONTH 3 of pregnancy |  |  |  | **to** |  |  |  |
|  |  | Total1st Trimester |  |  |  | **to** |  |  |  |
| 4 |  | MONTH 4 of pregnancy |  |  |  | **to** |  |  |  |
| 5 |  | MONTH 5 of pregnancy |  |  |  | **to** |  |  |  |
| 6 |  | MONTH 6 of pregnancy |  |  |  | **to** |  |  |  |
|  |  | Total2nd 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** |  |  |  |
|  |  | Total3rd Trimester |  |  |  | **to** |  |  |  |
| DOB |  | Date of BIRTH |  |  |  |  |  |  |  |
| BF |  | # of days/ weeks/months breastfed |  |  |  |  |  |  |  |

**BREASTFEEDING**

**3RD TRIMESTER**