

Form Approved
OMB No. 0920-XXXX
Exp. Date: XX/XX/XXXX

Study to Explore Early Development

Interviewer	Study ID# Date of Completion Time of Completion			
	Time of C	ompietion		
В	lood Draw Information I	-orm		
1. Please tell me all vaccinations and over the counter, <child [interviewer:="" box="" check="" for="" mos<="" th=""><th><i>l first name></i> has taken in</th><th>the last month.</th><th>·</th></child>	<i>l first name></i> has taken in	the last month.	·	
If no medications, vitamins, or supplements given in last month, check here:				
Type of substance	Last 7 days	Last month		
1)	_			
2)	_			
3)				
4)				
5)				
6)				
7)	_			
8)	_ 🗆			
2. List any cold, flu, fever, or oth [Interviewer: Check box for I				
If no illness in last 2 weeks, cl	neck here:			
Illness	Last 2 days	Last 2 weeks		
1)	_			
2)				
3)	_			
4)				

Public reporting burden of this collection of information is estimated to average 10 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).

3. Have you or anyone else smoked cigarettes, cigars,	, \square No
or pipes anywhere inside your child's home in the past week?	Yes, person giving blood smoked
	Yes, someone else in home smoked