Center ID: ___ - ___

Screening ID: S ___ ___ ___ ___ - ___

TLC

Treatment of Lead-Exposed Children

Vitamin Diary

Form VITDIARY.00

Child's name _____

Clinic _____

Interviewer _____

Physician _____

Please bring this diary and the vitamin bottle with you when you come to the TLC office for your next visit.

Center ID: ___ - ___

Screening ID: S ___ ___ ___ ___ - ___

TLC Trial Form VITDIARY.00
Vitamin Diary

INSTRUCTIONS: TLC personnel will fill in date of visit, date and day of week on calendar.

This study will test a new medicine for the treatment of lead exposure in children. Before the trials begin, each child will be asked to take a special chewable multi-vitamin once a day for five weeks.

Please mark a ✓ on this form each day that your child takes a vitamin.

If your child is unable to chew or swallow a pill, ask the coordinator for a free pill crusher so that the vitamin can be mixed into food or drink.

For 5 or 6 weeks . . .
Give your child one vitamin a day.

Center ID: ___ - ___

Screening ID: S ___ ___ ___ ___ - ___

Week #1		✓if vitamin was taken today	Was your child sick today?		Did your child take any **other** medicine today?	
Day of Week	Date (Month/Day)		Circle: Y - Yes N - No	What was wrong?	Circle: Y - Yes N - No	What medicine did she/he take?
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	

Week #2		✓if vitamin was taken today	Was your child sick today?		Did your child take any **other** medicine today?	
Day of Week	Date (Month/Day)		Circle: Y - Yes N - No	What was wrong?	Circle: Y - Yes N - No	What medicine did she/he take?
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	

Center ID: ___ - ___

Screening ID: S ___ ___ ___ ___ - ___

Week #3		✓if vitamin was taken today	Was your child sick today?		Did your child take any **other** medicine today?	
Day of Week	Date (Month/Day)		Circle: Y - Yes N - No	What was wrong?	Circle: Y - Yes N - No	What medicine did she/he take?
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	

Week #4		✓if vitamin was taken today	Was your child sick today?		Did your child take any **other** medicine today?	
Day of Week	Date (Month/Day)		Circle: Y - Yes N - No	What was wrong?	Circle: Y - Yes N - No	What medicine did she/he take?
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	

You have a TLC Clinic visit (V2) on _____ (day of week), ___/___/___ (date) at _____ (time).

If you are unable to keep this appointment, please call _____ (TLC telephone).

Please bring this diary and the vitamin bottle when you come for your visit.

Center ID: ___ - ___

Screening ID: S ___ ___ ___ ___ - ___

Week #5		✓if vitamin was taken today	Was your child sick today?		Did your child take any **other** medicine today?	
Day of Week	Date (Month/Day)		Circle: Y - Yes N - No	What was wrong?	Circle: Y - Yes N - No	What medicine did she/he take?
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	

You have a TLC Clinic visit (V2) on _____ (day of week), ___/___/___ (date) at _____ (time).

If you are unable to keep this appointment, please call _____.

Week #6		✓if vitamin was taken today	Was your child sick today?		Did your child take any **other** medicine today?	
Day of Week	Date (Month/Day)		Circle: Y - Yes N - No	What was wrong?	Circle: Y - Yes N - No	What medicine did she/he take?
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	

You have a TLC Clinic visit (V2) on _____ (day of week), ___/___/___ (date) at _____ (time).

If you are unable to keep this appointment, please call _____ (TLC telephone).

Please bring this diary and the vitamin bottle when you come for your visit.