BREAST MILK AND FORMULA STUDY

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

RECORD REVIEW - ONE YEAR OLD AND OLDER

CHILD # _____

MOTHER'S NAME _____

CHILD'S NAME _____ _____

ADDRESS _____

_____

RECORD REVIEW - PAGE 1 CHILD # [__]__]__]__] 1-4

CARD # [7] 5

VISIT #
4=1 YEAR 7=3 YEARS
5=18 MONTHS 8=4 YEARS
6=2 YEARS 9=5 YEARS [__] 6

TODAY'S DATE [__]__] [__]__] [__]__] 7-12

REVIEWER (SEE LIST) [__]__] 13-14

1. HAVE PARENTS REPORTED ANY VISITS TO DOCTOR/CLINIC/HOSPITAL? 1=YES 2=NO [__] 15

2. IS RECORD AVAILABLE? 1=YES 2=NO [__] 16

3. IMMUNIZATIONS

DPT - FIRST	MO YR	[__]__] [__]__]	17-20
SECOND	MO,YR	[__]__] [__]__]	21-24
THIRD	MO,YR	[__]__] [__]__]	25-28
BOOSTER	MO,YR	[__]__] [__]__]	29-32
OPV - FIRST	MO,YR	[__]__] [__]__]	33-36
SECOND	MO,YR	[__]__] [__]__]	37-40
THIRD	MO,YR	[__]__] [__]__]	41-44
BOOSTER	MO,YR	[__]__] [__]__]	45-48
MMR	MO,YR	[__]__] [__]__]	49-52

OTHER _____

_____ _____

4. ANY CONGENITAL ANOMALIES? 1=YES 2=NO [__] 53

	KIND	MONTH	YEAR	
IF YES, CODE ANOMALY AND	[__]__]	[__]__]	[__]__]	54-59
MONTH AND YEAR OF DIAGNOSIS	[__]__]	[__]__]	[__]__]	60-65
___ _____	[__]__]	[__]__]	[__]__]	66-71

_____ _____

5. ANY CHRONIC OR SPECIAL PROBLEMS? (E.G. CHRONIC ILLNESS, BEHAVIOR PROBLEM, HANDICAPS) 1=YES 2=NO [__] 72

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RECORD REVIEW - ILLNESSES - PAGE 2 CHILD # [_]__]__]__] 1-4

CARD # [8] 5

VISIT #
4=1 YEAR [__] 6
5=18 MONTHS
6=2 YEARS
7=3 YEARS
8=4 YEARS PAGE # [1] 7
9=5 YEARS

SINCE LAST VISIT, HOW MANY WELL-CHILD VISITS? [__]__] 8-9

HOW MANY VISIT FOR ILLNESSES ETC.? [__]__] 10-11

FOR EACH ILLNESS VISIT

	DATE MONTH	DATE YEAR	REASONS	MED? Y/N	MED KIND	NUMBER RECHECKS	
FIRST	[__]__]	[__]__]	[__]__]	[_]	[__]__]	[__]	12-21
			[_]__]		[_]__]		22-25

COMMENTS_____

_____

SECOND:	[__]__]	[__] _]	[__]__]	[_]	[__]__]	[__]	26-35
			[__]__]		[_]__]		36-39

COMMENTS_____

_____

THIRD:	[__]__]	[__]__]	[_]__]	[__]	[__]_]	[__]	40-49
			[__]__]		[__]__]		50-53

COMMENTS_____

_____

FOURTH:	[_]__]	[__]__]	[__]__]	[__]	[__]__]	[__]	54-63
			[__] _]		[__]__]		64-67

COMMENTS_____

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SEE LISTS FOR CODING REASONS, MEDICATIONS

RECORD REVIEW - ILLNESSES - PAGE 3 CHILD # [__]__]__]__] 1-4

CARD # [8] 5

VISIT #
4=1 YEAR [__] 6
5=18 MONTHS
6=2 YEARS
7=3 YEARS
8=4 YEARS PAGE # [2] 7
9=5 YEARS

	DATE MONTH	DATE YEAR	REASONS	MED? Y/N	MED KIND	NUMBER RECHECKS	
FIFTH:	[__]__]	[__]__]	[__]__]	[__]	[__]__]	[__]	8-17
			[_]__]		[__] _]		18-21
COMMENTS							
SIXTH	[_]__]	[__] _]	[_ _]__]	[__]	[__]_]	[__]	22-31
			[__]__]		[_]__]		32-35
COMMENTS							
SEVENTH:	[_] _]	[__]__]	[__]__]	[_]	[__]_]	[_]	36-45
			[__] _]		[__]__]		46-49
COMMENTS							
EIGHTH:	[__]__]	[__]__]	[__] _]	[__]	[__]__]	[__]	50-59
			[__]__]		[__]__]		60-63
COMMENTS							
NINTH:	[__]__]	[__]__]	[__]_]	[__]	[__]__]	[__]	64-73
			[__]__]		[__]__]		74-77
COMMENTS							

SEE LISTS FOR CODING REASONS, MEDICATIONS

RECORD REVIEW-HOSPITALIZATIONS-PAGE 4 CHILD # [__]__]__]__] 1-4

CARD # [9] 5

VISIT #
4=1 YEAR [_] 6
5=18 MONTHS
6=2 YEARS
7=3 YEARS
8=4 YEARS
9=5 YEARS

ANY HOSPITALIZATIONS REPORTED? 1=YES [__] 7
2=NO

IS RECORD AVAILABLE? 1=YES [__] 8
2=NO

HOW MANY TIMES HOSPITALIZED? [__]__] 9-10

FOR EACH:

ADMISSION			DISCHARGE			ADMIT	DISCH	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	DIAGNOSIS	DIAGNOSIS	
[__]__]	[__]__]	[__]__]	[__]__]	[__]__]	[_]__]	[_]__]	[_ _]__]	11-26

COMMENTS_____

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[_ _]__]	[__]__]	[__]__]	[__] _]	[_ _]_ _]	[__] _]	[__]__]	[__]__]	27-42

COMMENTS_____

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[_]__]	[__]__]	[__]__]	[__]__]	[__]__]	[__]__]	[__]__]	[__]__]	43-58

COMMENTS_____

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SEE LISTS FOR DIAGNOSIS CODING