

BREAST MILK AND FORMULA STUDY  
NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

Record Review of Child - 1 Year and Older

Mother's Name \_\_\_\_\_

CODE # 

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Child's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

R.R. \_\_\_\_\_ yrs.



CODE #      
 1 2 3 4  
 CARD #    
 8 5  
 VISIT    
 6

Were any drugs given?

1=yes  
2=no

VISIT 1  7  
 VISIT 2  8  
 VISIT 3  9  
 VISIT 4  10  
 VISIT 5  11

If yes, record using code (immunizations are coded separately below).

VISIT 1 <input type="text"/> 12 13	VISIT 2 <input type="text"/> 14 15	VISIT 3 <input type="text"/> 16 17	VISIT 4 <input type="text"/> 18 19	VISIT 5 <input type="text"/> 20 21
<input type="text"/> 22 23	<input type="text"/> 24 25	<input type="text"/> 26 27	<input type="text"/> 28 29	<input type="text"/> 30 31
<input type="text"/> 32 33	<input type="text"/> 34 35	<input type="text"/> 36 37	<input type="text"/> 38 39	<input type="text"/> 40 41

Other \_\_\_\_\_

Immunizations (Record by month/year)

DPT

First      
 42 43 44 45  
 Second      
 46 47 48 49  
 Third      
 50 51 52 53  
 Booster      
 54 55 56 57

OPV

First      
 58 59 60 61  
 Second      
 62 63 64 65  
 Third      
 66 67 68 69  
 Booster      
 70 71 72 73

MMR

74 75 76 77

Other \_\_\_\_\_

Additional Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CODE #

1 2 3 4

CARD #

5

VISIT

6

4. Are any congenital anomalies noted in this child? 1=yes   
2=no

If yes, code from sheet, with approximate date of diagnosis.

Anomaly Month Year  
8 9 10 11 12 13

Anomaly Month Year  
14 15 16 17 18 19

Anomaly Month Year  
20 21 22 23 24 25

If more than three, specify others below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Has this child had any chronic or special problems not already noted (chronic illness, behavior problem, handicaps, etc.)? 1=yes   
2=no

If yes, specify here.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Have the parents reported any hospitalizations since the child's records were last reviewed? 1=yes   
2=no

IF NO STOP HERE.

Is the record for the hospitalization available?

1=yes   
2=no

IF NO STOP HERE.

If yes, how many times has the child been hospitalized since the last record review?

29 30

For each hospitalization, note

Date of Admission	<input type="text"/> <input type="text"/> Day	<input type="text"/> <input type="text"/> Month	<input type="text"/> <input type="text"/> Year	<input type="text"/> <input type="text"/> Day	<input type="text"/> <input type="text"/> Month	<input type="text"/> <input type="text"/> Year	<input type="text"/> <input type="text"/> Day	<input type="text"/> <input type="text"/> Month	<input type="text"/> <input type="text"/> Year
	31 32	33 34	35 36	37 38	39 40	41 42	43 44	45 46	47 48
Date of Discharge	<input type="text"/> <input type="text"/> Day	<input type="text"/> <input type="text"/> Month	<input type="text"/> <input type="text"/> Year	<input type="text"/> <input type="text"/> Day	<input type="text"/> <input type="text"/> Month	<input type="text"/> <input type="text"/> Year	<input type="text"/> <input type="text"/> Day	<input type="text"/> <input type="text"/> Month	<input type="text"/> <input type="text"/> Year
	49 50	51 52	53 54	55 56	57 58	59 60	61 62	63 64	65 66
Admitting Diagnosis (From Code Sheet)	VISIT 1 <input type="text"/> <input type="text"/> 67 68			VISIT 2 <input type="text"/> <input type="text"/> 69 70			VISIT 3 <input type="text"/> <input type="text"/> 71 72		
Discharge Diagnosis	VISIT 1 <input type="text"/> <input type="text"/> 73 74			VISIT 2 <input type="text"/> <input type="text"/> 75 76			VISIT 3 <input type="text"/> <input type="text"/> 77 78		

Specify additional diagnoses, complications, and further hospitalizations here.

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DRUG CODE

- 01 = antibiotics (oral or injection)
- 02 = decongestants
- 03 = anti-diarrheals
- 04 = antispasmodics (any form)
- 05 = epinephrine (injection)
- 06 = any asthma preparation
- 07 = skin preparation (any topical)
- 08 = immunizations
- 09 = cough syrup
- 10 = vitamins
- 11 = iron
- 99 = other (specify drugs by name and route of administration)