LIFE-Moms LM02A: Medical History Form

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Release Participant ID

Complete this form for all randomized participants at the 9-15 study visit (9 weeks 0 days – 15 weeks 6 days). Please indicate whether the participant has been diagnosed with any of the following medical conditions.

	a. Condition present?	If Yes, b. Medication use?
1. High blood pressure (hypertension), NOT including gestational hypertension or preeclampsia	☐$_1$ Yes, diagnosed prior to this pregnancy ☐$_2$ Yes, diagnosed during this pregnancy ☐$_0$ No **[CBP]**	☐$_1$ Yes ☐$_0$ No **[CBPMED]**
2. Hypothyroidism (underactive thyroid)	☐$_1$ Yes, diagnosed prior to this pregnancy ☐$_2$ Yes, diagnosed during this pregnancy ☐$_0$ No **[CUTHY]**	☐$_1$ Yes ☐$_0$ No **[CUTHYMED]**
3. Depression	☐$_1$ Yes, diagnosed prior to this pregnancy ☐$_2$ Yes, diagnosed during this pregnancy ☐$_0$ No **[CDEP]**	☐$_1$ Yes ☐$_0$ No **[CDEPMED]**
4. Anxiety disorder	☐$_1$ Yes, diagnosed prior to this pregnancy ☐$_2$ Yes, diagnosed during this pregnancy ☐$_0$ No **[CANX]**	☐$_1$ Yes ☐$_0$ No **[CANXMED]**
5. Polycystic ovary syndrome (PCOS)	☐$_1$ Yes, diagnosed prior to this pregnancy ☐$_2$ Yes, diagnosed during this pregnancy ☐$_0$ No **[CPCOS]**	☐$_1$ Yes ☐$_0$ No **[CPCOSMED]**
6. Asthma	☐$_1$ Yes, diagnosed prior to this pregnancy ☐$_2$ Yes, diagnosed during this pregnancy ☐$_0$ No **[CASTH]**	☐$_1$ Yes ☐$_0$ No **[CASTHMED]**