

LIFE-Moms LM02B: Prenatal Medication Tracking Form

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Release Participant ID [RELEASEID]

   

Visit **[VISIT]**

Complete this form for all randomized participants at the 9-15 week study visit (9 weeks 0 days – 15 weeks 6 days) indicating whether the participant has taken any of the medication types below from the start of pregnancy up to randomization and at the 35-36 week study visit (35 weeks 0 days – 36 weeks 6 days) indicating whether the participant has taken any of the medication types since randomization up to the 35-36 week study visit.

Trimesters: 1<sup>st</sup> (0-13 weeks); 2<sup>nd</sup> (14-26 weeks); 3<sup>rd</sup> (27 or more weeks)

	a. Taken medication?	If Yes, b. Trimester of use (check all that apply)	If Yes, c. Frequency of use
1. Prenatal vitamins?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No <b>[DVIT]</b>	<input type="checkbox"/> <sub>1</sub> 1 <sup>st</sup> <input type="checkbox"/> <sub>1</sub> 2 <sup>nd</sup> <input type="checkbox"/> <sub>1</sub> 3 <sup>rd</sup> <b>[DVIT1][DVIT2][DVIT3]</b>	<input type="checkbox"/> <b>[DVITFQ]</b>
2. Thyroid medications?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No <b>[DTHY]</b>	<input type="checkbox"/> <sub>1</sub> 1 <sup>st</sup> <input type="checkbox"/> <sub>1</sub> 2 <sup>nd</sup> <input type="checkbox"/> <sub>1</sub> 3 <sup>rd</sup> <b>[DTHY1][DTHY2][DTHY3]</b>	<input type="checkbox"/> <b>[DTHYFQ]</b>
3. Diabetes medications?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No <b>[DDIAB]</b>	<input type="checkbox"/> <sub>1</sub> 1 <sup>st</sup> <input type="checkbox"/> <sub>1</sub> 2 <sup>nd</sup> <input type="checkbox"/> <sub>1</sub> 3 <sup>rd</sup> <b>[DDIAB1][DDIAB2][DDIAB3]</b>	<input type="checkbox"/> <b>[DDIABFQ]</b>
4. Blood pressure medications?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No <b>[DBP]</b>	<input type="checkbox"/> <sub>1</sub> 1 <sup>st</sup> <input type="checkbox"/> <sub>1</sub> 2 <sup>nd</sup> <input type="checkbox"/> <sub>1</sub> 3 <sup>rd</sup> <b>[DBP1][DBP2][DBP3]</b>	<input type="checkbox"/> <b>[DBPFQ]</b>
5. Antidepressant medications?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No <b>[DDEP]</b>	<input type="checkbox"/> <sub>1</sub> 1 <sup>st</sup> <input type="checkbox"/> <sub>1</sub> 2 <sup>nd</sup> <input type="checkbox"/> <sub>1</sub> 3 <sup>rd</sup> <b>[DDEP1][DDEP2][DDEP3]</b>	<input type="checkbox"/> <b>[DDEPFQ]</b>

**FREQUENCY OF USE**

- 1 = Every day
- 2 = 2-6 times/week
- 3 = 1 time/week
- 4 = <1 time/week
- 5 = Discontinued