

LIFE-Moms LM08B: Postpartum Medication Tracking Form

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[RELEASEID]

Release Participant ID

Complete this form for all randomized participants at their 1 year postpartum study visit (48 weeks – 56 weeks). Please indicate whether the participant has taken any of the medication types below since delivery and frequency of use.

Days between delivery to date form completed: **[LM08BDAYS]**

days

	a. Taken medication?	If Yes, b. Frequency of use
1. Prenatal vitamins or other multivitamins? [MVIT] [MVITFQ]	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No	<input type="checkbox"/>
2. Thyroid medications? [MTHY] [MTHYFQ]	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No	<input type="checkbox"/>
3. Hormonal contraceptives? [MHORM] [MHORMFQ]	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No	<input type="checkbox"/>
4. Non-hormonal IUD? [MIUD] [MIUDFQ]	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No	<input type="checkbox"/>
5. Blood pressure medications? [MBP] [MBPFQ]	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No	<input type="checkbox"/>
6. Antidepressant medications? [MDEP] [MDEPFQ]	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No	<input type="checkbox"/>

FREQUENCY OF USE

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