Site Number: __ __ __ __ Screening ID: ___ ___ ___ ___ ___ - ___ Participant Letters: __ __ __

INSTRUCTIONS:

- Complete this form at the following study visits: Pregnant Screening/Enrollment Visit, Infant Screening Visit, 3, 6, 9, and 12 Months Old Visits.
- Section A completed by Study Personnel.
- Section B completed by the mother if she entered the study when pregnant (Entry A) or is currently breastfeeding her baby.
- Study Personnel will collect the completed form from you before leaving, review your responses, and initial and date the form.
- If you have any questions about this form, please ask Study Personnel.

TO BE COMPLETED BY STUDY PERSONNEL:

A. VISIT INFORMATON

1. Date of visit (*e.g. 05/Sep/2006*): __ __ / __ __ __ / __ __ __ __ (DAY / MONTH / YEAR)

2. Vitamin and dietary supplements for (*check one*): ☐ 1 Pregnant Woman ☐ 2 Nursing Mother

3. For which visit is this form being completed (*check one*):

☐91	Pregnancy Screening / Enrollment	☐94	Infant Enrollment/ 6 Months Old Visit	☐6	6 Months Old
☐ 1	Infant Screening	☐95	Entry A Infant Screening /Infant Enrollment	☐ 9	9 Months Old
☐ 93	Infant Enrollment combined with 3 Months Old Visit	☐3	3 Months Old	☐12	12 Months Old

TO BE COMPLETED BY MOTHER:

B. MOTHER VITAMIN AND DIETARY SUPPLEMENTS

1. How often did you take the following vitamins, minerals, or dietary supplements in the <u>last 3 months</u> (*check one*):

	Did not take	A few days per month	1-3 days per week	4-6 days per week	Every day
a. Multiple vitamins					
1) Prenatal vitamin	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2) Multivitamin (*e.g. One-a-Day*)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3) Multivitamin with antioxidant (*e.g. Oncovite*)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

On all questions write "?" if the desired information is currently unavailable, but is being checked and will be known in future updates. Write "" if the desired information is permanently unavailable (i.e., will not be known in any future updates.).*

B. MOTHER VITAMIN AND DIETARY SUPPLEMENTS (CONTINUED)

1. How often did you take the following vitamins, minerals, or dietary supplements in the last 3 months (*check one*):

b. Single vitamins (*not part of a multiple vitamin*)

	Did not take	A few days per month	1-3 days per week	4-6 days per week	Every day
1) Vitamin A (*not beta-carotene*)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2) Beta-carotene	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3) Vitamin C	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4) Vitamin E	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
5) Folic acid, folate	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
6) Calcium, alone or combined with Vitamin D	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
7) Tums	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
8) Zinc, alone or combined with something else	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
9) Iron	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
10) Selenium	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
11) Fish oil, Omega-3 fatty acids, DHA/EPA	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
12) Flax seed oil	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
13) Other: _____	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
14) Other: _____ _____	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Initials (first, middle, last) of Study Personnel reviewing this form: __ __ __ (F M L)

Date form completed: __ __ / __ __ __ / __ __ __ __ (DAY / MONTH / YEAR)

On all questions write "?" if the desired information is currently unavailable, but is being checked and will be known in future updates. Write "" if the desired information is permanently unavailable (i.e., will not be known in any future updates.).*