Mother Initials:		**Visit Date (mm, dd, yyyy):**
Baby Initials:		
Subject #:	__	**Baby #:** **Visit** 1

MEDICATION & DRUG ASSESSMENT - SINCE BECOMING PREGNANT

1. **Antipsychotics**   0=No/Unknown   1=Yes   Trimester
   Specify: _____   begin? __1st   __2nd   __3rd
                                              stop? __1st   __2nd   __3rd

2. **Antidepressants**   0=No/Unknown   1=Yes
   Specify: _____   begin? __1st   __2nd   __3rd
                                              stop? __1st   __2nd   __3rd

3. **Benzodiazepines**   0=No/Unknown   1=Yes
   Specify: _____   begin? __1st   __2nd   __3rd
                                              stop? __1st   __2nd   __3rd

4. **Antiparkinsonian**   0=No/Unknown   1=Yes
   Specify: _____   begin? __1st   __2nd   __3rd
                                              stop? __1st   __2nd   __3rd

5. **Antiseizure Medications** 0=No/Unknown   1=Yes
   Specify: _____   begin? __1st   __2nd   __3rd
                                              Stop? __1st   __2nd   __3rd

6. **Steroidal AI Drugs**   0=No/Unknown   1=Yes
   Specify: _____   begin? __1st   __2nd   __3rd
                                              stop? __1st   __2nd   __3rd

7. **Cold Remedy/Antihist/Decong** 0=No/Unknown   1=Yes
   Specify: _____   begin? __1st   __2nd   __3rd
                                              stop? __1st   __2nd   __3rd

8. **Herbals**   0=No/Unknown   1=Yes
   Specify: _____   begin? __1st   __2nd   __3rd
                                              stop? __1st   __2nd   __3rd

9. **Alcohol Drinks Per Week**   0=None/Unknown   1=Yes
   Specify Number (drinks/week) __ __   begin? __1st   __2nd   __3rd
                                              stop? __1st   __2nd   __3rd

10. **Drug Use**   0=No/Unknown   1=Yes
    Specify: _____   begin? __1st   __2nd   __3rd
                                              stop? __1st   __2nd   __3rd

11. **Smoking (cig/day)**   0=None/Unknown   1=Yes
    Specify Number Cigarettes/Day __ __   begin? __1st   __2nd   __3rd
                                              stop? __1st   __2nd   __3rd

12. **Other Medications**   0=No/Unknown   1=Yes
    Specify: _____   begin? __1st   __2nd   __3rd
                                              stop? __1st   __2nd   __3rd

    Specify: _____   begin? __1st   __2nd   __3rd
                                              stop? __1st   __2nd   __3rd

    Specify: _____   begin? __1st   __2nd   __3rd