

## C. albicans in S-ECC children and their mother – Medical history

Subject ID \_\_\_\_\_

Date \_\_\_\_\_

Name _____	Birth date _____	Sex	F	M
Race: American Indian/Alaska Native	Asian	Native Hawaiian or Pacific Islander	Black or African American	
Caucasian	More than one race	unkown or unreported		
Ethnicity: Hispanic	Non-Hispanic			
If minor, parents names _____	<i>Relation to the study subject</i> _____			
Home phone _____	Cell phone _____	Email address _____		
Mailing address _____	City _____	State _____	Zip _____	

### MEDICAL HEALTH HISTORY

Do you have or have you had any of the following?

(Please check any that apply)

- Cancer or tumor
- Heart ailment or angina
- Heart murmur, mitral valve prolapse, heart defect
- Rheumatic fever or rheumatic heart disease
- Artificial joint or valve
- High or low blood pressure
- Pacemaker
- Tuberculosis or other lung problems
- Kidney disease
- Hepatitis or other liver disease
- Alcoholism
- Blood transfusion
- Diabetes
- Neurologic condition
- Epilepsy, seizures, or fainting spells
- Emotional condition
- Arthritis
- Herpes or cold sores
- AIDS or HIV positive
- Migraine headaches or frequent headaches
- Anemia or blood disorders
- Abnormal bleeding after extractions, surgery, or trauma
- Hayfever or sinus trouble
- Allergies or hives
- Asthma

Do you smoke or use chewing tobacco?     yes     no

Are you allergic to, or have you reacted adversely to any of the following?

- Latex materials
- Penicillin or other antibiotics
- Local anesthetics ("Novocain")
- Codeine or other narcotics
- Sulfa drugs
- Barbiturates, sedatives, or sleeping pills
- Aspirin
- Other: \_\_\_\_\_

Are you taking any of the following?

- Aspirin
- Anticoagulants (blood thinners)
- Antibiotics or sulfa drugs
- High blood pressure medicine
- Antidepressants or tranquilizers
- Insulin, Orinase, or other diabetes drug
- Nitroglycerin
- Cortisone or other steroids
- Osteoporosis (bone density) medicine
- Other: \_\_\_\_\_

Women:

- May be pregnant  
Expected delivery date: \_\_\_\_\_
- Taking hormones or contraceptives

## **C. albicans in S-ECC children and their mother – Medical history**

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***Please answer the following study related questions, thank you!***

1. Do you (your child) have history of yeast infection?

- Athlete's foot
- Ringworm
- Cradle cap (children)
- Oral thrush
- Denture-related stomatitis
- Angular stomatitis
- systematic candidiasis
- other: \_\_\_\_\_

2. Have you (your child) had long term (>3month) antibiotics use?

- No
- Yes, please specify \_\_\_\_\_

3. Have you (your child) had antifungal therapy in the past 3 month?

- No
- Yes, please specify \_\_\_\_\_

4. Were you (your child) a low birth weight infant?

- No
- Yes, the birth weight was \_\_\_\_\_

5. How often you (your child) brush teeth?

- Twice/daily
- Once/daily
- Not everyday
- Neve

6. Who is your child's direct care provider at home?

- mom
- dad
- grandmother
- grandfather
- others \_\_\_\_\_

7. Does your child attend daycare center?

- Yes, part time
- Yes, full time
- No