

# Pregnancy Registry Study

Study ID: NN304-4016

Dear Madam,

This questionnaire contains questions about the health of your child at one month of age. We kindly ask you to complete the questionnaire before your scheduled contact with your physician so that you are prepared for the questions your physician will ask you. Your answers will help us monitor and assess the health status of your child.

Thank you for taking the time to complete this questionnaire. Your answers are highly appreciated!

## QUESTIONNAIRE 1 month after you gave birth

Study doctor name: \_\_\_\_\_

Study coordinator name: \_\_\_\_\_

Clinic telephone no.: ☎ \_\_\_\_\_

Patient no.: \_\_\_\_\_

Infant no (in case of more than one child): \_\_\_\_\_

**Please record the following, so that you are ready for the contact:**

- Height and weight of your child
- Duration of breast feeding
- Any medical problems with your child during the first month

**Date of contact (1-month follow-up):**



Date: \_\_\_\_\_



Time: \_\_\_\_\_

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Body measurements of your child:																																																														
Your child's length at approximately one month of age:	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td><td> </td> </tr> </table>											d	d	m	m	m	y	y	y	y		<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																																								
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Your child's weight at approximately one month of age:	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td><td> </td> </tr> </table>											d	d	m	m	m	y	y	y	y		<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																																								
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Duration of your breast feeding period:	Start date	Stop date, if applicable																																								
Duration of <b>exclusive</b> breast feeding (your child is only fed breast milk)	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td><td> </td> </tr> </table>											d	d	m	m	m	y	y	y	y		<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td><td> </td> </tr> </table>											d	d	m	m	m	y	y	y	y	
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Duration of <b>partial</b> breast feeding (your child is still fed breast milk, but also receive other nourishment (formula and/or solid food):	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td><td> </td> </tr> </table>											d	d	m	m	m	y	y	y	y		<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td><td> </td> </tr> </table>											d	d	m	m	m	y	y	y	y	
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## Medical problems for your child

### Please record the following:

- Any medical problems your child has had since birth (examples: inflammation of the eye, sore throat, flu)
- Any medication your child has been given in connection with any of these medical problems
- Your own medication for this period in case you were breast feeding at the time of the event.

### Examples:

Medical problems with your child			Medication for your child			Your own medication (only if you are breast feeding at the time of the event)		
Medical problem	Start date	Stop date	Name of medication	Start date	Stop date	Name of medication	Start date	Stop date
<i>Inflammation of eye</i>	<i>18-Jun-2013</i>	<i>21-Jun-2013</i>	<i>Chloramphenicol</i>	<i>18-Jun-2013</i>	<i>25-Jun-2013</i>	<i>Paracetamol</i>	<i>19-Jun-2013</i>	<i>19-Jun-2013</i>
<i>Sore throat</i>	<i>20-Jul-2013</i>	<i>25-Jul-2013</i>	<i>Penicillin</i>	<i>20-Jul-2013</i>	<i>30-Jul-2013</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
<i>Flu</i>	<i>22-Aug-2013</i>	<i>27-Aug-2013</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>Simvastatin</i>	<i>30-Jul-2012</i>	<i>ongoing</i>

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Medical problems with your child			Medication for your child			Your own medication (only if you are breast feeding at the time of the event)		
Medical problem	Start date	Stop date	Name of medication	Start date	Stop date	Name of medication	Start date	Stop date



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Medical problems with your child			Medication for your child			Your own medication (only if you are breast feeding at the time of the event)		
Medical problem	Start date	Stop date	Name of medication	Start date	Stop date	Name of medication	Start date	Stop date

