ROUTINE / WELL VISITS										
Reported to study staff	Date of visit	Name of medical provider	Weight	Blood pressure	Protein in urine?	PROCEDURES				
						Ultrasound?	Amniocentesis?	Chorionic Villus Sampling (CVS)?	Vaccinations?	Any other treatments or procedures?

SICK VISITS

Reported to study staff	Date of visit (include entire length of stay)	LOCATION OF SICK VISIT			Diagnosis?	Treatments?
		Drs. office or clinic?	Emergency Room (outpatient)?	Hospital (inpatient)?		