

Center ID: _____
Screening ID: S _____



T L C
Treatment of Lead-Exposed Children

Vitamin Diary

Form VITDIARY.00

Child's name _____

Clinic _____

Interviewer _____

Physician _____

Please bring this diary and the vitamin bottle with you when you come to the TLC office for your next visit.

Center ID: _____ - _____
 Screening ID: S _____ - _____

For 5 or 6 weeks . . .
 Give your child one vitamin a day.

Center ID: _____ - _____
 Screening ID: S _____ - _____

TLC Trial Form VITDIARY.00 Vitamin Diary

INSTRUCTIONS: TLC personnel will fill in date of visit, date and day of week on calendar.



This study will test a new medicine for the treatment of lead exposure in children. Before the trials begin, each child will be asked to take a special chewable multi-vitamin once a day for five weeks.



Please mark a ✓ on this form each day that your child takes a vitamin.



If your child is unable to chew or swallow a pill, ask the coordinator for a free pill crusher so that the vitamin can be mixed into food or drink.

Week #1		✓ If vitamin was taken today	Was your child sick today?		Did your child take any other medicine today?	
Day of Week	Date (Month/Day)		Circle: Y - Yes N - No	What was wrong?	Circle: Y - Yes N - No	What medicine did she/he take?
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	

Week #2		✓ If vitamin was taken today	Was your child sick today?		Did your child take any other medicine today?	
Day of Week	Date (Month/Day)		Circle: Y - Yes N - No	What was wrong?	Circle: Y - Yes N - No	What medicine did she/he take?
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	
	/		Y N		Y N	

