

A study of prenatal factors for ASD

Please fill out the following information.

About the children

About parents

Your birthdate
Your place of birth (city, state)
Marital status - married, single, divorced, other
Maternal height (inches)
Number of children
Highest level of education (circle one) High school, college, graduate or total years ____
Do you own your own home? (circle one or fill in) Yes no rent other _____

Father's birthdate
Father's place of birth (city, state)

If emailed: ruthann.hendrix@waldenu.edu

If mailed:

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- 1. Consent form.
- 2. Copies of prenatal records.
- 3. Child's record of ASD.
- 4. This form.

Note: If all information is received by the researcher, implied consent is understood, the participant will be included in the study.

	With autism	Not diagnosed
Name		
Birthdate		
Circle one	Boy Girl	Boy Girl
Date of first prenatal visit		
Date of first ultrasound		
Date gender known		
Total number of prenatal visits		
Move during pregnancy	Yes No	Yes No
Maternal weight at 12-weeks of pregnancy		
Maximum weight during pregnancy		
Anemia		
High blood pressure		
Note on chart prior to 14 weeks, mental health or stress		
Family history of ASD		
Family history of any mental health disorder		
Other information:		