

Participant ID

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Nickname

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Date of report

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|       |  |     |  |      |  |  |  |
| month |  | day |  | year |  |  |  |

Diabetes Prevention Program Outcomes Study  
**E04 PREGNANCY CONFIRMATION REPORT**

This form is to be completed for all participants who had a positive pregnancy test.  
 Complete sections A and B for all participants. For MLS participants, also complete section C.

A. Participant Identification

1. Clinic number 

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2. Participant number 

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3. Nickname 

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4. Date of randomization 

|       |  |     |  |      |  |  |  |
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| month |  | day |  | year |  |  |  |

5. Date of report 

|       |  |     |  |      |  |  |  |
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|       |  |     |  |      |  |  |  |
| month |  | day |  | year |  |  |  |

DORPTDT  
 replaced with  
 DAYSRAND

6. Outcome visit 

|     |     |     |     |     |     |     |     |     |     |     |     |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 01M | 01A | 02M | 02A | 03M | 03A | 04M | 04A | 05M | 05A | 06M | 06A |
| 07M | 07A | 08M | 08A | 09M | 09A | 10M | 10A | 11M | 11A | INT |     |

VISIT

7. Date of positive pregnancy test 

|       |  |     |  |      |  |  |  |
|-------|--|-----|--|------|--|--|--|
|       |  |     |  |      |  |  |  |
| month |  | day |  | year |  |  |  |

DOTSTD  
 replaced with  
 DAYSPREG

B. Prenatal

1. Estimated date of delivery 

|       |  |     |  |      |  |  |  |
|-------|--|-----|--|------|--|--|--|
|       |  |     |  |      |  |  |  |
| month |  | day |  | year |  |  |  |

DOEDD  
 replaced with  
 DAYSEDD

2. Name/Address/Phone of obstetric care provider.

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Identification code of person reviewing completed form 

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 Form entered in computer?

Participant ID

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Nickname

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Date of report

|       |     |      |  |  |  |
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|       |     |      |  |  |  |
| month | day | year |  |  |  |

**Complete Section C only for MLS participants.**

C. MLS Questions

1. Has the participant taken any STUDY METFORMIN since the last visit?

Yes  1

No  2

DOTAKM

**If NO, STOP, form is complete. If YES, continue.**

2. Was the pregnancy planned?

Yes  1

No  2

DOPLAN

3. Was the study metformin discontinued?

Yes  1

No  2

DODISA

- a. **IF YES**, stop date of study metformin

|       |     |      |  |  |  |
|-------|-----|------|--|--|--|
|       |     |      |  |  |  |
| month | day | year |  |  |  |

DODISCA  
replaced with  
DAYSMETS

4. Does the participant wish to continue the pregnancy?

Yes  1

No  2

DOCONT