Participant ID | Nickname | Date of report (month / day / year)

Diabetes Prevention Program - Outcomes Study

E05 PREGNANCY OUTCOME REPORT

This form is to be completed when the participant's pregnancy has ended. All sections of this form must be completed.

A. Participant Identification

1. Clinic number
2. Participant number
3. Nickname
4. Date of randomization (month / day / year)
5. Date of report (month / day / year) DURPTDT 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) DUTSTDT replaced with DAYSPREG

B. Pregnancy Outcome

1. Date of pregnancy outcome (month / day / year) DUPRGDT replaced with DAYSOUT
2. Type of pregnancy outcome

CHECK ONLY ONE

Voluntary termination	1	DUPRGOUT
Miscarriage	2	
Full-term or pre-term delivery	3	

Identification code of person reviewing completed form | Form entered in computer?

If type of pregnancy outcome was Full-term or pre-term delivery **(option 3)**, provide:

a. Infant's sex — Male [1] Female [2] DUINSEX

b. Infant's weight percentile — [ ][ ][ ] % DUWGHT

c. Were there any congenital anomalies? — Yes [1] No [2] DUANOM

IF answered YES for congenital anomaly, complete an Event form E08.

d. Did the participant have GDM? — Yes [1] No [2] DUGDM

e. Did the participant receive insulin during gestation? — Yes [1] No [2] DUINSGT

C. Post-pregnancy instructions for MLS participants

This section provides instructions for a MLS participant who intends to resume study metformin.

METFORMIN MAY BE RESUMED IF PARTICIPANT HAS:

- **Discontinued breast feeding**
- **Stopped using insulin or other oral agents**
- **Resumed birth control**