

Participant ID

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Nickname

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Date of report

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. This form can be completed at an annual, mid-year, or interim visit.
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

month	day	year			

5. Date of report

month	day	year			

DORPTDT
replaced with
DAYSRAND

6. Outcome visit

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VISIT

7. Date of positive pregnancy test

month	day	year			

DOTSTD
replaced with
DAYSREG

B. Prenatal

1. Estimated date of delivery

month	day	year			

DOEDD
replaced with
DAYSEDD

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

DOOBINFO

Identification code of person reviewing completed form

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DOFORMIN 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

No

DOTAKM

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

2. Was the pregnancy planned?

Yes

No

DOPLAN

3. Was the study metformin discontinued?

Yes

No

DODISA

- a. If YES, stop date of study metformin

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month day year

DODISCA
replaced with
DAYSMETS

4. Does the participant wish to continue the pregnancy?

Yes

No

DOCONT