

Participant ID

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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. This form can be completed at an annual, mid-year, or interim visit. All sections of this form must be completed.

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			

DURPTDT
replaced with
DAYSRAND

6. Outcome visit

--	--	--

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
DAYSOULT

2. Type of pregnancy outcome

CHECK ONLY ONE

Voluntary termination

1

DUPRGOUT

Miscarriage.....

2

Full-term or pre-term delivery.....

3

DUFORMIN

Identification code of person reviewing completed form

--	--	--

Form entered in computer?

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Participant ID

--	--	--	--	--	--	--	--

Nickname

--	--	--	--	--	--	--	--

Date of report

--	--	--	--	--	--	--	--

month day year

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

a. Infant's sex

Male ¹ Female ² **DUISEX**

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