

Participant ID

Nickname

Date of report

month day year

E08 hospital admission date

month day year

Diabetes Prevention Program Outcomes Study E14 Infection Event Report

This form is completed at any follow-up or interim visit if the participant reports having a hospitalization caused by an infection, or an infection occurred during the hospitalization.

A. Participant Identification

1. Clinic number

2. Participant number

3. Nickname

4. Date of randomization

month day year

5. Sex

Male Female

6. Outcome visit

VISIT

7. Date of report

E14RPTDT
Replaced by
DAYSRAND

month day year

8. E08 hospital admission date (E08 question B.1.a.)

E14E8ADMDT
Replaced by
DAYSRAND_ADM

month day year

Identification code of person reviewing completed form

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 | | | |

E08 hospital admission date

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| month | day | year | | | |

B. Infection Classification

Mark all infections in the table below that led to or occurred during the hospitalization. If there was no infection for the location, leave the row blank.
*Infection classification refers to the timing of onset relative to hospital admission (community acquired is defined as before or within 48 hours of admission; hospital acquired is defined as greater than 48 hours from admission).

| | Location of infection | a. Primary type of infection? | | | | | | b. Infection classification* | | | c. Date | | |
|-----|--------------------------------------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------|------------------------------|--------------------------|--------------------------|----------------------|----------------------|----------------------|
| | | Bacterial | Fungal | Viral | Unknown | Other | 1. If OTHER, specify: | Hospital (>48hrs) | Community (≤48 hrs) | Unknown | Month | Day | Year |
| 1. | Eyes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. | Gastrointestinal E14GAST | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. | Biliary (ex: gall bladder) E14BLRY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4. | Urinary E14URN | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5. | Upper respiratory E14URTY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6. | Lower respiratory(ex: pneumonia or bronchitis) E14LRTY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 7. | Skin or soft tissue (includes wound infection) E14TSUE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 8. | Sepsis (bacteremia) E14SEP | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 9. | Musculoskeletal E14MSKL | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 10. | Unknown E14UKWN | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 11. | Other, specify: E14OTH | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |