

# Diabetes Prevention Program

## PREGNANCY OUTCOME REPORT

This form is to be completed when the participant's pregnancy has ended.

### Part I / IDENTIFICATION

#### A. Participant Identification

1. Clinic number  CLINIC
2. Participant number  PATID
3. Participant's initials  INITIS  
first last
4. Participant's date of birth  DOB  
month day year
5. Participant's sex Male  SEX  
Female

#### B. Report Identification

1. Date of report  DURPTDT  
month day year replaced with DAYSRAND
2. Date of positive pregnancy test  DPOSDT  
month day year replaced with DAYSPREG

#### C. Instructions for Form E05 Completion

Complete all sections of Form E05.

Initials of person reviewing completed form

  
first last

Form entered in computer?

Participant's initials

first		last	

Date of birth

month	day	year

Date of report

month	day	year

D. Pregnancy Outcome

1. Voluntary termination

month	day	year

DUTRMDT replaced with  
DAYSVOLUNTARY

2. Miscarriage

month	day	year

DUMSCDT replaced with  
DAYSMISCARRIAGE

3. Delivery date

month	day	year

DUDELDT replaced with  
DAYSDELIVERY

a. Infant's sex

Male

DUINSEX

Female

b. Infant's weight percentile

--	--	--

 %

DUWGHT

c. Were there any anomalies?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

DUANOM

If YES, complete Adverse Event Forms E01 & E02

d. Did the participant have GDM during gestation?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

DUGDM

e. Did the participant receive insulin during gestation?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

DUINSGT

E. Post-pregnancy

1. Is the participant breast feeding?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

DUFEED

a. Date resumed intervention after breast feeding

month	day	year

DUINTV replaced with  
DAYSRESUME\_BREAST

2. Is the participant on insulin or oral agents?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

DUINSUL

a. Date resumed intervention within 1 month off insulin

month	day	year

DUINSDT replaced with  
DAYSRESUME\_INS

3. Resumed birth control use?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

DUBC

If YES,  
What type is used

*check all that apply*

a. Oral hormone therapy

DUOHT

b. Non-oral hormone therapy

DUNOHT

c. Intrauterine devices

DUIUD

d. Barrier methods

DUBARR

e. Surgical methods

DUSURG