

Diabetes Prevention Trial - Type 1 OFF-THERAPY FOLLOW-UP FORM

Complete this form every 6 months (if the subject is unwilling or unable to comply with scheduled visits or treatment) until the subject reaches study outcome (IDDM) or until the study ends. When contacting the subject, every effort should be made to schedule follow-up tests (prior to IDDM) or study endpoint tests (if IDDM has developed).

Subject ID #: Subject Initials: Date: / /
F M L M M D D Y Y

Name of person completing form (please print): _____

Date of last contact with subject: / /
M M D D Y Y

Subject Status:	1=No 2=Yes 3=Unknown	If Yes, date MM / DD / YY
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Subject has developed IDDM. (If 'Yes', submit DM Form.)	<input type="checkbox"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
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Subject has begun IDDM prevention therapy other than that assigned by DPT-1.	<input type="checkbox"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
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Subject refuses to participate in DPT-1. (Check appropriate box below.)	<input type="checkbox"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
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(Check)

- Oral Antigen subject refuses oral medication and scheduled visits.
- Parenteral Antigen/Closely Monitored Group subject refuses scheduled visits.
- Parenteral Antigen/Experimental Group subject refuses insulin infusions, subcutaneous insulin, and scheduled visits.

Expected Future Status:	1=No 2=Yes 3=Unknown
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Subject intends to comply with future scheduled visits/treatment.	<input type="checkbox"/>	If 'No' or 'Unknown', continue completing this form every 6 months until study outcome is reached or until the study ends.
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Reason for Non-compliance (please check):

- Family situation
- Inconvenience to travel
- Cost/expense to subject
- Lacks time required of study
- Other

specify reason: _____

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DMU Use Only
Date rcvd: _____