

Diabetes Prevention Trial - Type 1 PREGNANCY FORM

Form PY
Page 1 of 1

Submit this form if the subject reports she is pregnant.
Please fill out a PO form at the end of the pregnancy.

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

Name of person completing form (please print): _____

Date of start of last menstrual period: / /
 Expected date of delivery: / /
M M / D D / Y Y

Prior Pregnancy History	Number of occurrences (If unknown, leave blank)
1. How many pregnancies have you had, including live births, miscarriages, abortions, and stillbirths?	<input type="text"/> <input type="text"/>
2. How many pregnancies resulted in miscarriage?	<input type="text"/> <input type="text"/>
3. How many pregnancies resulted in stillbirths?	<input type="text"/> <input type="text"/>
4. How many pregnancies resulted in live births?	<input type="text"/> <input type="text"/>
5. How many neonatal deaths occurred?	<input type="text"/> <input type="text"/>
6. How many children are still living?	<input type="text"/> <input type="text"/>
7. How many pregnancies delivered preterm (<37 weeks)?	<input type="text"/> <input type="text"/>
8. How many pregnancies delivered postterm (>42 weeks)?	<input type="text"/> <input type="text"/>

P	Y
---	---

DMU Use Only
Date rcvd: _____