

Diabetes Prevention Trial - Type 1

PREGNANCY OUTCOME FORM

If multiple infants, complete one form for each infant (identifying them as Infant #1, Infant #2, etc.).

Subject ID #:

Subject Initials:
F M L

Date: / /
M M D D Y Y

Name of person completing form (please print): _____

Date Pregnancy Terminated: / /
M M D D Y Y

Infant #: Gestational Age: (By date from last menstrual period): weeks

1. Reason for Pregnancy Termination:

- Live Birth (complete Question 2 below):
 - normal, no congenital malformation
 - with congenital malformation, specify * _____
 - with other complications, specify * _____

- Neonatal Death:*
 - with congenital malformation, specify * _____
 - with other complications, specify * _____
 - cause of death, specify * _____

- Stillbirth:*
 - with congenital malformation, specify * _____
 - with other complications, specify * _____

- Miscarriage (spontaneous) *

- Abortion (induced):
 - Ectopic Pregnancy *
 - Non-Medical
 - Medical, specify :* _____
 - Intrauterine Death*

2. Infant Information:

Birth Weight: lbs. ounces

Apgar Score: 1 min: 5 min:

Gender: 1=Male 2=Female

Neonatal complications: 1=No 2=Yes If yes, specify _____

Discharged alive (date): / /

* Please fill out an AE form and send it to the DMU

P	O
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DMU Use Only
Date rcvd: