



NIP DIABETES PILOT TRIAL
GENERAL SCREENING FORM

Form NPP01
22May2007 (v1.3)
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Site Number: _____ Screening ID: _____ - ____ Participant Letters: _____

Study Coordinator completes this form at the Entry A Pregnant Woman Screening and Entry B Infant Screening visits.

A. VISIT INFORMATION

1. Date of visit (e.g. 05/Sep/2005): _____ / _____ / _____
DAY MONTH YEAR

2. Visit (check one): 91 Pregnant Woman Screening (Entry A) 1 Infant Screening (Entry B)

3. How did the mother hear about this study? (check all that apply)
 1 a. Physician/Healthcare Provider 1 d. Family/Friend 1 g. Other, specify: _____

1 b. Meeting/Presentation 1 e. Poster

1 c. Internet 1 f. Radio/TV

4. Have any first degree siblings (full or half) of this (prenatal) infant been a part of this study? Y N

If YES, list all Screening ID(s) and Participant Letters:

a. Child 1: Screening ID _____ 1) Participant Letters _____
c. Child 3: Screening ID _____ 1) Participant Letters _____
b. Child 2: Screening ID _____ d. Child 4: Screening ID _____ 1) Participant Letters _____

5. Is there more than one child from the same family currently screening for this study (e.g. twins)? Y N

If YES, list all Screening ID(s) and Participant Letters:

a. Child 1: Screening ID _____ 1) Participant Letters _____
c. Child 3: Screening ID _____ 1) Participant Letters _____
b. Child 2: Screening ID _____ d. Child 4: Screening ID _____ 1) Participant Letters _____

B. BIRTH MOTHER DEMOGRAPHIC INFORMATION

1. Date of birth: _____ / _____ / _____
DAY MONTH YEAR

2. Age: _____ years

3. Ethnicity (check one): 1 Hispanic or Latino 2 Not Hispanic or Latino

Site: _____ Screening ID: _____ - _____ Letters: _____ Visit Date: ____/____/____

B. BIRTH MOTHER DEMOGRAPHIC INFORMATION (CONTINUED)

4. Race (*check all that apply*):

- | | |
|--|---|
| <input type="checkbox"/> ₁ a. American Indian or Alaskan Native | <input type="checkbox"/> ₁ f. Other |
| <input type="checkbox"/> ₁ b. Asian | 1) Specify: _____ |
| <input type="checkbox"/> ₁ c. Black or African American | 2) Record the 3-digit a) _____
code for |
| <input type="checkbox"/> ₁ d. Native Hawaiian or Other Pacific Islander | race/ethnicity b) _____
(<i>International sites</i> |
| <input type="checkbox"/> ₁ e. White | only): c) _____ |

5. What is the highest level of education she has completed? (*check one*):

- | | |
|---|--|
| <input type="checkbox"/> ₁ a. Pre-elementary | <input type="checkbox"/> ₄ d. College/Trade |
| <input type="checkbox"/> ₂ b. Elementary | <input type="checkbox"/> ₅ e. Graduate/Professional |
| <input type="checkbox"/> ₃ c. Secondary education (includes high school) | |

6. Marital Status (*check one*):

- | | |
|--|---|
| <input type="checkbox"/> ₁ a. Single | <input type="checkbox"/> ₃ c. Divorced |
| <input type="checkbox"/> ₂ b. Married | <input type="checkbox"/> ₄ d. Widowed |

*On all questions write “?” if the desired information is currently unavailable, but is being checked and will be known in future updates.
Write “*” if the desired information is permanently unavailable (i.e. will not be known in any future updates).*

Site: _____ Screening ID: _____ - _____ Letters: _____ Visit Date: ____/____/____

C. INFANT DIABETES HISTORY

1. Who in the infant's biological family has type 1 diabetes? (*check all that apply*)

Family relationship to infant:

1) Age at time of diagnosis:

- | | | | | |
|---------------------------------------|---------------------------|-----------|----|-------------|
| <input type="checkbox"/> ₁ | a. Mother | __ __ mos | or | __ __ years |
| <input type="checkbox"/> ₁ | b. Father | __ __ mos | or | __ __ years |
| <input type="checkbox"/> ₁ | c. Full sibling | __ __ mos | or | __ __ years |
| <input type="checkbox"/> ₁ | d. Full sibling | __ __ mos | or | __ __ years |
| <input type="checkbox"/> ₁ | e. Half sibling | __ __ mos | or | __ __ years |

3) If half sibling, infant shares biological (*check one*): ₁ Mother ₂ Father

- | | | | | |
|---------------------------------------|---|-----------|----|-------------|
| <input type="checkbox"/> ₁ | f. 1 st degree relative of mother
(her parent or sibling) | __ __ mos | or | __ __ years |
| <input type="checkbox"/> ₁ | g. 1 st degree relative of father
(her parent or sibling) | __ __ mos | or | __ __ years |

Initials (first, middle, last) of person completing this form: _____
F M L

Date form completed: ____/____/____
DAY MONTH YEAR

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