Site Number: __ __ __ __ Screening ID: __ __ __ __ __ - __ Participant Letters: __ __ __

Study Coordinator completes this form at the Pregnant Woman Screening Visit to assess study eligibility.

A. VISIT INFORMATON

1. Date of visit (*e.g. 05/Sep/2006*): __ __ / __ __ __ / __ __ __ __ (DAY MONTH YEAR)

B. INFORMED CONSENT

1. Informed consent signed for pregnant mother and newborn by all required parties? Y N
   a. If YES, date of written informed consent obtained: __ __ / __ __ __ / __ __ __ __ (DAY MONTH YEAR)
2. Permission given to store mother's samples? Y N
   a. If YES, permission to store mother's genetic samples? Y N
3. Permission given to store infant's samples? Y N
   a. If YES, permission to store infant's genetic samples? Y N

C. PREGNANCY HISTORY

1. Week of pregnancy: __ __ weeks
2. When was the pregnancy confirmed? __ __ weeks
3. Number of times pregnant, including this pregnancy (*e.g. 2 times*): __ __ times
4. Number of preterm births (< *36 weeks of gestational age*): __ __ births
5. Number of full term births (≥ *36 weeks of gestational age*): __ __ births
6. Number of living children: __ __ children
7. Has she experienced any of the following complications during previous pregnancies? *(check all that apply)*

☐ 1	a. Spontaneous miscarriage	☐ 1	e. Gestational diabetes
☐ 1	b. Stillbirth	☐ 1	f. Infants with birth weight < 5 lbs
☐ 1	c. Neonatal death	☐ 1	g. Infants with birth weight > 9 lbs
☐ 1	d. Eclampsia or pre-eclampsia	☐ 1	h. Other, 1) Specify ________________

Site: __ __ __ __ Screening ID: __ __ __ __ __ __ - __ Letters: __ __ __ Visit Date: __ __/__ __ __/__ __ __ __

PREGNANCY HISTORY (CONTINUED)

8. During her current pregnancy has she had any illnesses (other than autoimmune diseases)? Y N
   a. If YES, specify: ____________________

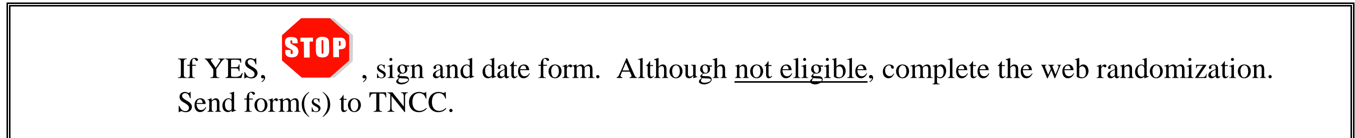
9. Does she have diabetes? Y N

   If YES, answer the following questions:

   a. Specify type of diabetes *(check only one)*:

   ☐ 1 Pre-existing Type 1 diabetes
   ☐ 2 Pre-existing Type 2 diabetes
   ☐ 3 Both pre-existing Type I and Type II diabetes
   ☐ 4 Gestational diabetes:
   1) Week of pregnancy diagnosed: __ __ wks
   ☐ 5 Do not know type of diabetes

   b. Has she had an HbA1c test result greater than 9% at any time during this pregnancy? Y N



If YES, STOP, sign and date form. Although not eligible, complete the web randomization. Send form(s) to TNCC.

10. Was blood collected for this visit for a local HbA1c test? Y N

    If YES,

    1) Date blood drawn: __ __ / __ __ __ / __ __ __ __ (DAY MONTH YEAR)

    2) HbA1c: __ __ • __%

    3) Record the normal local lab reference range for HbA1c: __ __ • __% to __ __ • __%

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).*

D. PREGNANT WOMAN RECENT EVENTS

1. Has the pregnant mother had an immunization within the last 14 days? Y N
2. Has the pregnant mother had any febrile infectious illness in the last 14 days? Y N
3. Has the pregnant mother had any non-febrile infectious illness in the last 14 days? Y N
4. Has the pregnant mother taken any antibiotics within the last 14 days? Y N
5. Has the pregnant mother taken steroids (oral or inhaled) or other immunosuppressive medications in the last 30 days? Y N
6. Has the pregnant mother received any immunoglobulin treatments or blood products in the last 30 days? Y N

E. OMEGA- 3 FATTY ACID SUPPLEMENTATION

1. During this pregnancy has the pregnant mother taken vitamins, minerals, dietary supplements or special food products with DHA or omega-3 fatty acids? Y N

   If YES,

   a. Is she willing to discontinue while participating in the study? **STP** Y N

   b. Record all available information on DHA or omega-3 fatty acids taken:

	Brand	a) Dose	b) Unit	c) Frequency	d) Start Date	e) Stop Date	f) Currently taking?
1)	_________	__ __ __ __	☐ 1 µg ☐ 2 mg	☐ 1 Day ☐ 2 Week	__ __ __ / __ __ __ __ MONTH YEAR	__ __ __ / __ __ __ __ MONTH YEAR	Y N
2)	_________	__ __ __ __	☐ 1 µg ☐ 2 mg	☐ 1 Day ☐ 2 Week	__ __ __ / __ __ __ __ MONTH YEAR	__ __ __ / __ __ __ __ MONTH YEAR	Y N
3)	_________	__ __ __ __	☐ 1 µg ☐ 2 mg	☐ 1 Day ☐ 2 Week	__ __ __ / __ __ __ __ MONTH YEAR	__ __ __ / __ __ __ __ MONTH YEAR	Y N
4)	_________	__ __ __ __	☐ 1 µg ☐ 2 mg	☐ 1 Day ☐ 2 Week	__ __ __ / __ __ __ __ MONTH YEAR	__ __ __ / __ __ __ __ MONTH YEAR	Y N
5)	_________	__ __ __ __	☐ 1 µg ☐ 2 mg	☐ 1 Day ☐ 2 Week	__ __ __ / __ __ __ __ MONTH YEAR	__ __ __ / __ __ __ __ MONTH YEAR	Y N

Site:	__ __ __ __	Screening ID:	__ __ __ __ __ - __	Letters:	__ __ __	Visit Date:	__ __/__ __ __/ __ __ __ __

F. MEDICATIONS TAKEN DURING PREGNANCY

1. During this pregnancy has she taken any medications (consider prescription and non-prescription not including omega-3 fatty acids or DHA)? (*Refer to NWK02 Concomitant Medication Worksheet.*) *Record all vitamins and/or dietary supplements on NPP20M.* Y N

   If YES, fill in the following table. List all medications taken during pregnancy.
   (*Use the Medication Category Codes below to complete Category Code*):

	Trade Name	1) Category Code	2) Currently taking?
a.		__ __ __	Y N
b.		__ __ __	Y N
c.		__ __ __	Y N
d.		__ __ __	Y N
e.		__ __ __	Y N

Medication Category Codes:

Use the Number Codes below to indicate the type of medication used:

Code	Type	Code	Type
001	Antibiotic	**006**	NSAID
002	Aspirin	**007**	Steroid Preparation
003	Immunization	**008**	Thyroid Medication
004	Immunosuppressive	**999**	Other
005	Non-Insulin Diabetes Medication		

See Manual of Operations for example of medications that fall under the Medications Category code table.

Use the NIP Diabetes Pilot Entry A Web Randomization System to assess the participant's eligibility. Complete the questions on the web eligibility screen for ALL screened participants (eligible and not eligible). If eligible, randomize the participant once baseline data and samples are collected.

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

Date form completed: __ __ / __ __ __ / __ __ __ __ (DAY MONTH YEAR)

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).*