



NIP DIABETES PILOT TRIAL
PREGNANCY HISTORY FORM

Form NPP05

22May2007 (v1.2)

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Site Number: _____

Screening ID: _____ - ____

Participant Letters: _____

Study Coordinator completes this form at the Infant Enrollment Visit. In cases of multiple births, complete for first born infant and use first born infant's screening ID in the form banner.

A. VISIT INFORMATION

1. Date of visit (e.g. 05/Sep/2006):

Form for date entry: ___/___/___
DAY MONTH YEAR

B. BIRTH MOTHER PREGNANCY HISTORY

1. Type of delivery (check only one): [] 1 Vaginal [] 2 Cesarean section

If Cesarean section, answer the following questions:

a. Was this a repeat cesarean section?

Form for 'a' question: Y N

b. Describe the circumstances:

Form for 'b' question: Multiple horizontal lines for text entry

2. Were there multiple live births at delivery?

Form for '2' question: Y N

If YES,

a. How many?

Form for 'a' question: _____

Enter all infant Screening IDs counted in B2a. below and remember to fill out a separate Infant Enrollment Medical History Form (NPP06) for the other child(ren) if eligible:

Table with 3 columns: Screening ID, 1) Participant Letters, 2) Eligible?. Rows for Child 1, 2, 3.

If NO, Enter the infant Screening ID corresponding to this Pregnancy History:

Form for 'e' question: _____ - ____ Y N

3. Did the mother enter this study during pregnancy (Entry A)?

Form for '3' question: Y N

If YES, skip to QUESTION B. 4.

If NO, answer the following questions:

a. When was the pregnancy confirmed?

Form for 'a' question: ___ weeks

b. Number of times pregnant, including this pregnancy (e.g. 2 times):

Form for 'b' question: ___ times

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: ____/____/_____

B. BIRTH MOTHER PREGNANCY HISTORY (CONTINUED)

- c. Number of preterm births (< 36 weeks of gestational age): _____ births
- d. Number of full term births (≥ 36 weeks of gestational age): _____ births
- e. Number of living children: _____ children
- f. Does she have diabetes? Y N

If YES, answer the following questions:

1) Specify type of diabetes (*check only one*):

- ₁ Pre-existing Type 1 diabetes
- ₂ Pre-existing Type 2 diabetes
- ₃ Both pre-existing Type 1 and Type 2 diabetes
- ₄ Gestational diabetes
 - a. If gestational diabetes, week of pregnancy diagnosed? _____ weeks
 - b. Has she had an HbA1c score greater than 9% at any time during this pregnancy? Y N
- ₅ Do not know type of diabetes

4. During this pregnancy, did she have any of the conditions below?

Infection

- | | | | |
|---|--------|---|--------|
| a. Cold or influenza | Y N | f. Ear infection | Y N |
| b. Sore throat, tonsillitis, strep throat | Y N | g. Diarrhea or gastroenteritis | Y N |
| c. Bronchitis | Y N | h. Skin infection/ rash | Y N |
| d. Pneumonia | Y N | i. Kidney, bladder or urinary tract infection | Y N |
| e. Sinus infection | Y N | j. Other infection | Y N |

If YES, specify 1): _____

*On all questions write “?” if the desired information is currently unavailable, but is being checked and will be known in future updates.
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B. BIRTH MOTHER PREGNANCY HISTORY (CONTINUED)

4. During this pregnancy, did she have any of the conditions below?

Hypertensive Disorder of Pregnancy

k. High blood pressure

Y N

m. Pre-eclampsia or toxemia

Y N

l. Proteinuria

Y N

Obstetric Complications

n. Incompetent cervix

Y N

q. Premature rupture of membranes (>24 hours)

Y N

o. Placenta previa (placenta covering cervix)

Y N

r. Prolonged labor (labor for more than 24 hours)

Y N

p. Abruptio placenta (separated)

Y N

s. Premature labor (labor started before 36 weeks gestation)

Y N

Other

t. Anemia

Y N

v. Other

Y N

u. Hyperemesis gravidarum

Y N

If YES, specify 1):

2):

Initials (first, middle, last) of person completing this form:

F M L

Date form completed:

____/____/____
DAY MONTH YEAR

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