



**NIP DIABETES PILOT TRIAL**  
**ENTRY A: NON-NURSING MOTHER VISIT FORM**

**Form NPP08**

08Mar2007 (v1.0)

Page 1 of 2

Site Number: \_\_\_\_\_

Screening ID: \_\_\_\_\_ - \_\_\_\_

Participant Letters: \_\_\_\_\_

**The Study Coordinator completes this form during the Infant Enrollment visit for the NON-NURSING MOTHER ONLY who entered through pathway ENTRY A. Complete this form only if the infant is determined eligible.**

**A. VISIT INFORMATION**

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

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DAY MONTH YEAR

2. Visit (check one):

95

Entry A Infant Screening combined with Infant Enrollment

2

Infant Enrollment

**B. MEDICAL HISTORY**

1. Has the mother had any of the following conditions since the infant's birth?

<u>Conditions/ Disease</u>		<u>1) If YES, number of times?</u> <i>(Circle number or enter # of times)</i>
a. Breast inflammation/mastitis	Y N	1 2 3 4 5 ____
b. Sore throat or tonsillitis	Y N	1 2 3 4 5 ____
c. Chronic earache	Y N	1 2 3 4 5 ____
d. Cold or influenza	Y N	1 2 3 4 5 ____
e. Bronchitis	Y N	1 2 3 4 5 ____
f. Sinus infection	Y N	1 2 3 4 5 ____
g. Prolonged diarrhea (lasting greater than 1 week in duration)	Y N	1 2 3 4 5 ____
h. History of celiac disease	Y N	

**C. RECENT EVENTS**

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

*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).*



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**D. MEDICATIONS**

1. Has the Entry A non-nursing mother taken any medications (prescription and non-prescription NOT including omega-3 fatty acids, DHA, vitamins, or dietary supplements) since the infant's birth? (Refer to NWK02 Concomitant Medication Worksheet. Use NPP20E All Mothers Infant Enrollment Vitamin and Dietary Supplement Form to record vitamins and dietary supplements) Y N

If YES, fill in the following table. List all medications taken since last follow-up visit. (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

<b>Medication Category Codes:</b>			
<i>Use the Number Codes below to indicate the type of medication used:</i>			
<b>001</b>	Antibiotic	<b>006</b>	NSAID
<b>002</b>	Aspirin	<b>007</b>	Steroid Preparation
<b>003</b>	Immunization	<b>008</b>	Thyroid Medication
<b>004</b>	Immunosuppressive	<b>999</b>	Other
<b>005</b>	Non-Insulin Diabetes Medication		

**E. SPECIMEN COLLECTIONS**

	Collected?	a. Comments:
1. Fatty Acids (RBC) and Inflammatory Mediators	Y N	_____
2. Vitamin D levels and C-Reactive Protein (CRP)	Y N	_____

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

**Date form completed:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DAY MONTH YEAR

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