## NIP DIABETES PILOT STUDY Form NPP10 Diabetes INFANT FOLLOW-UP VISIT FORM 08Mar2007 (v1.3) TrialNet Page 1 of 4 Site Number: Screening ID: Participant Letters: The Study Coordinator completes this form at all study follow-up visits except when there is an Infant Enrollment Visit combined with 3 Months old or Infant Enrollment Visit combined with 6 Months old visit. A. VISIT INFORMATION 1. Date of visit (e.g. 05/Sep/2006): 2. Visit: (check one): $\square$ 3 3 Months old $\square$ 12 12 Months old $\square$ 21 21 Months old □ 36 36 Months old $\square_6$ 6 Months old □ 15 15 Months old □ 24 24 Months old □ 42 42 Months old □ 30 $\square$ 9 9 Months old □ 18 18 Months old 30 Months old 48 Months old $\square_{48}$ 3. The participant completed visit activities (check one): By phone $\square_2$ At clinic 4. Is the mother <u>currently</u> nursing the eligible infant? Y N If YES, also complete Nursing Mother Visit Form (NPP09). Y If NO, did the mother nurse the infant previous to this visit? N 1) If YES, when did the mother discontinue nursing the infant?

## B

h. Bronchitis/ Bronchiolitis

NT MEDICAL HISTORY									
1. Has the infant had any illnesses <u>since the last visit</u> ?									
NO, skip to <b>Section C</b> . YES, complete the below:									
<u>ness</u>									
ENT									
Eye discharge/pinkeye (not blocked tear ducts)	Y	N		1	2	3	4	5	_
Mouth sores (includes ulcers, thrush, cold sores)	Y	N		1	2	3	4	5	_
Ear infection	Y	N		1	2	3	4	5	_
piratory									
Respiration (breathing) problems	Y	N		1	2	3	4	5	_
Cold or runny nose	Y	N		1	2	3	4	5	_
Cough	Y	N		1	2	3	4	5	_
Croup (e.g. barking cough)	Y	N		1	2	3	4	5	_
	the infant had any illnesses since the last visit?  NO, skip to Section C.  YES, complete the below:  NOTES.  NOTES.  YES, complete the below:  NOTES.  NOTES.  Eye discharge/pinkeye (not blocked tear ducts)  Mouth sores (includes ulcers, thrush, cold sores)  Ear infection  Note Total Cold or runny nose  Cold or runny nose  Cough	the infant had any illnesses since the last visit?  NO, skip to Section C.  YES, complete the below:  NO, skip to Section C.  YES, complete the below:  NO, skip to Section C.  YES, complete the below:  NO, skip to Section C.  YES, complete the below:  NO, skip to Section C.  YES, complete the below:  NO, skip to Section C.  YES, complete the below:  YES,	the infant had any illnesses since the last visit?  NO, skip to Section C.  YES, complete the below:  NO, skip to Section C.  YES, complete the below:  NOTE  Eye discharge/pinkeye (not blocked tear ducts)  Mouth sores (includes ulcers, thrush, cold sores)  Ear infection  Y  N  Oiratory  Respiration (breathing) problems  Y  N  Cold or runny nose  Y  N  Cough  Y  N	the infant had any illnesses since the last visit?  NO, skip to Section C.  (ES, complete the below:  ness  1) 1  Eve discharge/pinkeye (not blocked tear ducts)  Mouth sores (includes ulcers, thrush, cold sores)  Ear infection  Piratory  Respiration (breathing) problems  Cold or runny nose  Cough  Coug	the infant had any illnesses since the last visit?  NO, skip to Section C.  (ES, complete the below:  NOSES  1) If YES  (Circle  CNT  Eye discharge/pinkeye (not blocked tear ducts)  Mouth sores (includes ulcers, thrush, cold sores)  Ear infection  Y N 1  Moiratory  Respiration (breathing) problems  Y N 1  Cold or runny nose  Cough  Y N 1	the infant had any illnesses since the last visit?  NO, skip to Section C.  (ES, complete the below:  NOSES  1) If YES, num (Circle num (C	the infant had any illnesses since the last visit?  NO, skip to Section C.  (ES, complete the below:  NOSE SECTION SEC	the infant had any illnesses since the last visit?  NO, skip to Section C.  TES, complete the below:  NOS ress  1) If YES, number of tire (Circle number or entered)  ENT  Eye discharge/pinkeye (not blocked tear ducts)  Mouth sores (includes ulcers, thrush, cold sores)  Ear infection  Y N 1 2 3 4  Diratory  Respiration (breathing) problems  Y N 1 2 3 4  Cold or runny nose  Y N 1 2 3 4  Cough  Y N 1 2 3 4	the infant had any illnesses since the last visit?  NO, skip to Section C.  NES, complete the below:  NESS  1) If YES, number of times? (Circle number or enter # of the state

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).

Y

5

B. INFANT MEDICAL HISTORY (CONTINUED)  Illness  Gastrointestinal  j. Colic  k. Vomiting (≥ 3 times in 24 hours)  l. Diarrhea (≥ 3 times in 24 hours)  m. Gastrointestinal infection  n. Intestinal parasite  o. Yellow skin (jaundice)  p. Bloody stool  Neurologic  q. Seizures  r. Meningitis  Infections									Form NPP10 08Mar2007 (v1.3) Page 2 of 4				
Site	:	Screening ID:	I	etters:			Visit Date:	_	_/_		_/_		
В.			PRY (CONTINUED)	Y	Ī	N		1	2	3	4	5	_
			,					f YES cle nu					
	Gasti	rointestinal											
	j.	Colic		7	ľ	N		1	2	3	4	5	_
	k.	Vomiting ( $\geq 3$ times in	n 24 hours)		(	N		1	2	3	4	5	_
	1.	Diarrhea (≥ 3 times in	24 hours)	•	7	N		1	2	3	4	5	_
	m.	Gastrointestinal infect	ion	`	<i>(</i>	N		1	2	3	4	5	_
	n.	Intestinal parasite		<b>\</b>	7	N		1	2	3	4	5	_
	0.	Yellow skin (jaundice)	)	`	ζ .	N		1	2	3	4	5	_
	p.	Bloody stool		•	<i>(</i>	N		1	2	3	4	5	_
	Neuro	ologic											
	q.	Seizures		7	(	N		1	2	3	4	5	_
	r.	Meningitis		•	<i>(</i>	N		1	2	3	4	5	_
	Infecti	ions											
	s.	Fever (over 100°F or	37.7°C)	<b>\</b>	<i>[</i>	N		1	2	3	4	5	_
	t.	Strep infection		<b>Y</b>	<i>[</i>	N		1	2	3	4	5	_
	u.	German measles (rube	lla)	Y	7	N		1	2	3	4	5	_
	v.	Measles		•	ζ .	N		1	2	3	4	5	_
	w.	Chickenpox		`	7	N		1	2	3	4	5	_
	х.	Mumps		•	<i>(</i>	N		1	2	3	4	5	_
	y.	Rash (not diaper rash)		7	<i>(</i>	N		1	2	3	4	5	_
	Hema	tological											
	z.	Excessive bleeding		•	7	N		1	2	3	4	5	

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Di Tr	abetes //	NIP DIABETES I FANT FOLLOW-								Form NPP10 08Mar2007 (v1.3) Page 3 of 4			
Site:	Screening ID:	Le	etters: _		Visit Date:	_	/_		/ _				
B.	INFANT MEDICAL HISTORY	Y (CONTINUED)											
	<u>Illness</u>				, <u> </u>				of tin		-"		
	G				(Cire	cle nu	ımber	or er	ıter#	of tin	nes)		
	Surgery												
	aa. Surgery		Y	N		1	2	3	4	5	_		
	2) If YES, specify surger	ry:											
	Other												
	ab. Other 1:					1	2	3	4	5	_		
	ac. Other 2:					1	2	3	4	5	_		
	ad. Other 3:					1	2	3	4	5	_		
C.	INFANT RECENT EVENTS												
1.	Did the infant have an immunizat	ion within the <u>last 1</u>	4 days?							Y	N		
2.	Has the infant had any febrile infec	ctious illness in the <u>la</u>	ast 14 day	<u>ys</u> ?						Y	N		
3.	Has the infant had any non-febrile	infectious illness(es)	) in the <u>la</u>	st 14 da	<u>.ys</u> ?					Y	N		
4.	Did the infant taken any antibiotic	es within the <u>last 14</u>	days?							Y	N		
5.	Has the infant taken steroids (oral olast 30 days?	or inhaled) or other i	mmunos	uppress	ive medi	catio	ns in	the		Y	N		
6	Has the infant received any immunoglobulin treatments or blood products since the last												

visit?

-	abetes alNet		P DIABETES PILOT STUDY NT FOLLOW-UP VISIT FORM						
Site:	Screening ID:		Letters: _		Visit Date:			_/	
1. 1	INFANT MEDICATIONS Has the parent(s) or legal gua (prescription and/or non-presor dietary supplements)? (Re NPP20 Infant Vitamin and E supplements)	ardian given the incription NOT ince efer to NWK02 Continue to NWK02 Continue to NWK02 Continue to National Incidence of the National Incidence of t	luding omega-3 incomitant Mea t Form to recon	fatty a lication d vitan	ncids, DH Workshe nins and a	A, vitan et. Use lietary	nins,	Y	N
		in the following ta Medication Catego			_		last Vi	SIU.	
	Trade	Name		1)	Category	Code	2) Cu	irrently t	aking?
a.						_		Y	N
b.						_		Y	N
c.								Y	N
d.						_		Y	N
e.						_		Y	N
Med	lication Category Codes:								
Use	the Number Codes below to it	ndicate the type of	medication used	d:					
001	Antibiotic	006	NSAID						
002	Aspirin	007	Steroid Prepara	tion					
003	Immunization	008	Thyroid Medic	ation					
004	Immunosuppressive	999	Other						
005	Non-Insulin Diabetes Medica	tion	·						

Initials (first, middle, last) of person completing this form:  $\frac{}{F M L}$ Date form completed:  $\frac{}{DAY} / \frac{}{MONTH} / \frac{}{YEAR}$