



NIP DIABETES PILOT TRIAL INFANT VITAMIN AND DIETARY SUPPLEMENT FORM

Form NPP20
15Nov2007 (v1.2)
Page 1 of 1

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

INSTRUCTIONS:

- Complete this form at the following study visits: Infant Screening Visit, Infant Enrollment Visit, 3, 6, 9, 12, 15, 18, 21, 24, 30, 36, 42 and 48 Months Old Visits.
- Section A completed by Study Personnel.
- Section B completed by a Parent or Legal Guardian of the baby.
- Study Personnel will collect the completed form from you before leaving, review your responses, and initial and date the form.
- If you have any questions about this form, please ask Study Personnel.

TO BE COMPLETED BY STUDY PERSONNEL:

A. VISIT INFORMATION

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

____ / ____ / ____
DAY MONTH YEAR

2. For which visit is this form being completed (check one)?

<input type="checkbox"/> 1 Infant Screening	<input type="checkbox"/> 95 Entry A Infant Screening Infant Enrollment	<input type="checkbox"/> 15 15 Months Old	<input type="checkbox"/> 30 30 Months Old
<input type="checkbox"/> 2 Infant Enrollment	<input type="checkbox"/> 3 3 Months Old	<input type="checkbox"/> 18 18 Months Old	<input type="checkbox"/> 36 36 Months Old
<input type="checkbox"/> 93 Infant Enrollment/ 3 Month Visit	<input type="checkbox"/> 6 6 Months Old	<input type="checkbox"/> 21 21 Months Old	<input type="checkbox"/> 42 42 Months Old
<input type="checkbox"/> 94 Infant Enrollment/6 Month Visit	<input type="checkbox"/> 9 9 Months Old	<input type="checkbox"/> 24 24 Months Old	<input type="checkbox"/> 48 48 Months Old
	<input type="checkbox"/> 12 12 Months Old		

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN:

B. INFANT VITAMIN AND DIETARY SUPPLEMENTS

1. How often were the following vitamins, minerals, or dietary supplements given to your baby in the last 3 months (check one):

	Did not take	A few days per month	1-3 days per week	4-6 days per week	Every day
a. Tri-Vi-Sol (with or without Iron) Drops	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Poly-Vi-Sol (with or without Iron) Drops	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Other Multivitamin Supplement Drops	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Other Multivitamin Supplement Drops with DHA	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. DHA Drops	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Other: _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. Other: _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Initials (first, middle, last) of Study Personnel reviewing 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 update).