



**NIP DIABETES PILOT TRIAL  
INFANT VITAMIN AND DIETARY SUPPLEMENT FORM**

**Form NPP20**  
15Nov2007 (v1.2)  
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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 <u>last 3 months</u> (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).*