	NIP DIABETES PILOT TRIAL  ALL MOTHERS INFANT ENROLLMENT  VITAMIN AND DIETARY SUPPLEMENT FORM							15Nov	NPP20E /2007 (v1.1) Page 1 of 2				
S	Site Num	nber:		Screening ID:					P	articipa	nt Le	tters:	
<ul> <li>INSTRUCTIONS:</li> <li>Complete this form at the Infant Enrollment Visit.</li> <li>Section A completed by Study Personnel.</li> <li>Section B completed by all birth mothers (Entry A and Entry B).</li> <li>Study Personnel will collect the completed form from you before leaving, review your responses, and initial and date the form.</li> <li>If you have any questions about this form, please ask Study Personnel.</li> </ul> TO BE COMPLETED BY STUDY PERSONNEL:													
A.	VISIT I	NFOR	RMATON										
1.	Date of visit (e.g. 05/Sep/2006):					-	//						
2.	Vitamin and dietary supplements for (check one)			<del>9</del> ):		<b>]</b> 1	Non-Nursing D 2			Nursing Mother			
3.	3. For which type of Infant Enrollment Visit is this form being completed ( <i>check one</i> ):												
		<b>□</b> 2	Infant Enroll	ment		□94			ollment on the old	combine	ed		
		□93	Infant Enroll Months Old	ment combined w	vith 3	95	comi		fant Scre with Infa t				
TC	BE C	ОМРІ	LETED BY	MOTHER:									
В.	МОТН	ER VI	TAMIN AND	DIETARY SU	PPLEME	ENTS							
1.	I. How often did you take the follominerals, or dietary supplemenmonths (check one):					Did n	ot	A few days per month	1-3 days per wee	5	4-6 days per week	Every day	
	a. Mult	tiple v	ritamins										
•	1) Prei	natal v	vitamin				□ 1		□ 2	□ 3		□ 4	□ 5
	<ul><li>2) Multivitamin (e.g. One-a-Day)</li><li>3) Multivitamin with antioxidant (e.g. Oncovite)</li></ul>				□ <sub>1</sub>		□ <sub>2</sub>	□ 3		□ 4	□ <sub>5</sub>		
				covite)		□ <sub>1</sub>		□ <sub>2</sub>	□ 3		□ 4	□ <sub>5</sub>	

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.).



## **NIP DIABETES PILOT TRIAL ALL MOTHERS INFANT ENROLLMENT**

1. How often did you take the following vitamins, minerals, or dietary supplements in the last 3 months (check one):    Did not	VITAMIN AND DIETARY SUPPLEMENT FORM Page 2 o								
How often did you take the following vitamins, minerals, or dietary supplements in the last 3 months (check one):    Did not take month   Did not take   Did not take month   Did not take   Did	S	ite Number:		Screening ID:		P	articipant	Letters:	
How often did you take the following vitamins, minerals, or dietary supplements in the last 3 months (check one):    Did not take month   Did not take week   Did not take   Did not take	В.	MOTHER V	TAMIN AND	DIETARY SUPPLEMEN	ITS (CONTIN	NUED)			
1) Vitamin A (not beta-carotene)  2) Beta-carotene  3) Vitamin C  4) Vitamin E  5) Folic acid, folate  6) Calcium, alone or combined with Vitamin D  7) Tums  8) Zinc, alone or combined with something else  9) Iron  10) Selenium  11) C2  13) C4  15  15  16) Calcium, alone or combined with Something else  11) C2  12) C3  13) C4  15  15  16) Calcium, alone or combined with Something else  11) C2  12) C3  13) C4  15  15  16) Calcium, alone or combined with Something else  11) C2  12) C3  13) C4  15  15  16) Calcium, alone or combined with Something else  11) C2  12) C3  13) C4  15  11) Fish oil, Omega-3 fatty acids, DHA/EPA  11) Fish oil, Omega-3 fatty acids, DHA/EPA  12) Flax seed oil  13) Other:	1.	minerals, o	or dietary supp	•		days per	days per	days per	Every day
2) Beta-carotene       \$\begin{array}{c ccccccccccccccccccccccccccccccccccc		b. Single vi	itamins ( <i>not</i>	part of a multiple vitam	in)				
3) Vitamin C 4) Vitamin E 5) Folic acid, folate 6) Calcium, alone or combined with Vitamin D 7) Tums 8) Zinc, alone or combined with something else 9) Iron 10) Selenium 110 2 3 4 5 11) Fish oil, Omega-3 fatty acids, DHA/EPA 12) Flax seed oil 110 2 3 4 5 113) Other:	-	1) Vitamin A (not beta-carotene)			□ 1	□ <sub>2</sub>	□ 3	□ 4	□ 5
4) Vitamin E 5) Folic acid, folate    1		2) Beta-care	otene		□ <sub>1</sub>		□ 3	□ 4	□ 5
5) Folic acid, folate    1		3) Vitamin (	C		□ <sub>1</sub>		□ 3	□ 4	□ 5
6) Calcium, alone or combined with Vitamin D  1		4) Vitamin E	E		□ <sub>1</sub>	□ 2	<b>□</b> 3	□ 4	<b>□</b> 5
7) Tums 8) Zinc, alone or combined with something else 9) Iron 10) Selenium 11) Fish oil, Omega-3 fatty acids, DHA/EPA 12) Flax seed oil 11		5) Folic acid	d, folate		□ <sub>1</sub>	□ 2	□ 3	□ 4	□ 5
8) Zinc, alone or combined with something else  9) Iron  10) Selenium  11) Fish oil, Omega-3 fatty acids, DHA/EPA  12) Flax seed oil  11		6) Calcium,	alone or com	bined with Vitamin D	<b>□</b> 1	□ 2	□ 3	□ 4	<b>□</b> 5
9) Iron		7) Tums			□ <sub>1</sub>		□ 3	□ 4	□ 5
10) Selenium  1		8) Zinc, alo	ne or combin	ed with something else	□ <sub>1</sub>		□ 3	□ 4	<b>□</b> <sub>5</sub>
11) Fish oil, Omega-3 fatty acids, DHA/EPA  12) Flax seed oil  13) Other:  14		9) Iron			□ <sub>1</sub>		□ 3	□ 4	<b>□</b> <sub>5</sub>
12) Flax seed oil  13) Other:  14		10) Seleniur	m		<b>□</b> 1	□ 2	Пз	<b>□</b> 4	□ 5
13) Other:		11) Fish oil,	Omega-3 fat	y acids, DHA/EPA	□ 1	□ 2	Пз	□ 4	□ 5
		12) Flax see	ed oil		□ <sub>1</sub>	□ 2	Пз	□ 4	□ 5
		13) Other:			□ 1	□ <sub>2</sub>	□ 3	□ 4	□ 5
14) Other: $\square$		14) Other:			<sub>1</sub>		□ 3	□ 4	□ 5

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Initials (first, middle, last) of Study Personnel reviewing this form:

Date form completed: