



**NIP DIABETES PILOT TRIAL
INFANT FOOD INTRODUCTION HISTORY FORM**

Form NPP21
15Nov2007(v.1.3)
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Site Number: _____ Screening ID: _____ - ____ Participant Letters: _____

The Study Coordinator completes this form at the Infant Enrollment Visit and at all scheduled visits (3, 6, 9, and every 3 months old visit, thereafter).

A. VISIT INFORMATION

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

____ / ____ / ____
DAY MONTH YEAR

2. Visit (check one):

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> 2 Infant Enrollment | <input type="checkbox"/> 3 3 Months old | <input type="checkbox"/> 15 15 Months old | <input type="checkbox"/> 30 30 Months old |
| <input type="checkbox"/> 93 Infant Enrollment combined with 3 Months Old | <input type="checkbox"/> 6 6 Months old | <input type="checkbox"/> 18 18 Months old | <input type="checkbox"/> 36 36 Months old |
| <input type="checkbox"/> 94 Infant Enrollment combined with 6 Months Old | <input type="checkbox"/> 9 9 Months old | <input type="checkbox"/> 21 21 Months old | <input type="checkbox"/> 42 42 Months old |
| <input type="checkbox"/> 95 Entry A Infant Screening combined with Infant Enrollment | <input type="checkbox"/> 12 12 Months old | <input type="checkbox"/> 24 24 Months old | <input type="checkbox"/> 48 48 Months old |

B. INFANT FOOD INTRODUCTION HISTORY

1. Has the infant been given any food or drinks other than breast-milk since the last visit attended? Include small tastings such as cereal added to formula.

Y N

If YES, which foods or drinks? (check all that apply)

Food Item

a. Milk Products (Examples: cheese, sour cream, yogurt, cottage cheese, ice cream)

a) Start Age

- | | |
|---|-------------|
| <input type="checkbox"/> 1 1) Cow's milk/products | ____ months |
| <input type="checkbox"/> 1 2) Soy milk/products | ____ months |
| <input type="checkbox"/> 1 3) Rice milk/products | ____ months |
| <input type="checkbox"/> 1 4) Goat's milk/products | ____ months |
| <input type="checkbox"/> 1 5) Other milk (e.g. filtered milk, not pasteurized, lactose free milk) | ____ months |

b. Cereals/Grains (Examples: cereals, porridge, bread, teething biscuits, crackers, tortillas, cookies, and pasta made with flour)

a) Start Age

- | | |
|--------------------------------------|-------------|
| <input type="checkbox"/> 1 1) Rice | ____ months |
| <input type="checkbox"/> 1 2) Wheat | ____ months |
| <input type="checkbox"/> 1 3) Barley | ____ months |

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).

Site: _____ Screening ID: _____ - _____ Letters: _____ Visit Date: ____/____/____

B. INFANT FOOD INTRODUCTION HISTORY (CONTINUED)

Food Item

b. Cereals/Grains *(Examples: cereals, porridge, bread, teething biscuits, crackers, tortillas, cookies, and pasta made with flour)*

a) Start Age

- | | | |
|----------------------------|-------------------------|------------|
| <input type="checkbox"/> 1 | 4) Buckwheat and millet | ___ months |
| <input type="checkbox"/> 1 | 5) Oat | ___ months |
| <input type="checkbox"/> 1 | 6) Rye | ___ months |
| <input type="checkbox"/> 1 | 7) Corn | ___ months |
| <input type="checkbox"/> 1 | 8) Other cereals/grains | ___ months |

c. Fruits/Vegetables

- | | | |
|----------------------------|--|------------|
| <input type="checkbox"/> 1 | 1) Fruit or berries <i>(includes purees and juices)</i> | ___ months |
| <input type="checkbox"/> 1 | 2) Potatoes | ___ months |
| <input type="checkbox"/> 1 | 3) Sweet potatoes or yams | ___ months |
| <input type="checkbox"/> 1 | 4) Carrots | ___ months |
| <input type="checkbox"/> 1 | 5) Spinach | ___ months |
| <input type="checkbox"/> 1 | 6) Beets | ___ months |
| <input type="checkbox"/> 1 | 7) Peas/green beans | ___ months |
| <input type="checkbox"/> 1 | 8) Turnips/ parsnip/ artichoke/ rutabaga / Jerusalem artichoke | ___ months |
| <input type="checkbox"/> 1 | 9) Cabbages <i>(e.g. Chinese cabbage, red cabbage, cauliflower, broccoli, kale, cabbage turnip, collard, mustard or turnip greens)</i> | ___ months |
| <input type="checkbox"/> 1 | 10) Tomato and tomato sauce | ___ months |
| <input type="checkbox"/> 1 | 11) Corn | ___ months |
| <input type="checkbox"/> 1 | 12) Squash/pumpkin | ___ months |
| <input type="checkbox"/> 1 | 13) Other vegetable | ___ months |

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B. INFANT FOOD INTRODUCTION HISTORY (CONTINUED)

Food Item

d. Legumes

a) Start Age

1) Legumes (e.g. lentils, pinto beans, chickpeas)

___ months

e. Meat

1) Pork, beef

___ months

1) 2) Poultry

___ months

1) 3) Sausage/ hot dogs

___ months

1) 4) Fish and other seafood

___ months

1) 5) Egg

___ months

1) 6) Other kinds of meat (e.g. lamb, venison, buffalo)

___ months

f. Other Type of Food

1) 1) Other 1: _____

___ months

1) 2) Other 2: _____

___ months

Initials (first, middle, last) of person completing this form:

___ ___ ___
F M L

Date form completed:

___/___/___
DAY MONTH YEAR

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