

Entry Form
[Action B: for Population B or C]

Name: _____ **Age:** _____
Marital Status: Married / Unmarried / Separated

Social / National / Passport No: _____

Test for GDM and Risk Factor:

Factor	value	RF (Y/N)
Age (Yrs).		
Height (cm)		
Weight (kg)		
BMI		
DM in family		
Previous GDM		
BOH		
FBG		
AG1H		
AG2H		
A1C		

Code element

Risk Factor	GDM +ve	GDM -ve	Population	Next Action
Positive				
Negative				

Entry made by: _____

ID: _____ **Signature (with date):** _____