

Data Entry Done

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Participant ID

HAPO FOLLOW-UP STUDY SCREENING FORM

NOTE TO INTERVIEWER: Fill out questions 1-6 on **PHONE CALL INFORMATION** prior to attempting the screening phone call with the participant and have this available during the phone call. Also have the **VISIT PLANNING FORM** ready to fill out during the interview.

Introduction: This is _____ from the Hyperglycemia and Adverse Pregnancy Outcome (HAPO) Follow-Up Study. First, I want to thank you for your participation in HAPO. The results of the study have helped us understand the effects of a mother's blood sugar during pregnancy on the development of her baby. Now we are trying to determine if there is a link between your blood sugar when you were pregnant and your HAPO child's growth and blood sugar levels. We would also like to know about your health. It will take about 10 minutes to determine if you and your child are eligible to participate in the HAPO Follow-Up Study. Let me assure you that all information you provide will be kept confidential.

Contact	
<p>1. Able to contact HAPO participant?</p> <p style="text-align: center;"><i>(If Yes, SKIP to Question 4.)</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>2. Reason for not contacting HAPO participant: CHECK ONLY ONE BOX</p> <p><i>(If "Other", please specify: _____)</i></p>	<p><input type="checkbox"/> Unable to locate correct contact information</p> <p><input type="checkbox"/> Correct contact information but no contact made</p> <p><input type="checkbox"/> Other</p>
<p>3. Date contact attempts stopped:</p> <p style="text-align: center;"><i>SKIP to Question 24.</i></p>	<p>201__ / __ / __</p> <p style="text-align: center;">Year Mo Day</p>
<p>4. Date of screening:</p>	<p>201__ / __ / __</p> <p style="text-align: center;">Year Mo Day</p>

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Willingness

5. Would you be willing to answer some questions to determine eligibility for you and your child to participate in a follow-up study of HAPO participants?

CHECK ONLY ONE BOX

(If Yes, SKIP to Question 7.)

- Yes
 No

6. If given, reason for not participating. DO NOT ASK for a reason, only record those that are offered. CHECK ALL THAT APPLY

- No reason given
 Not interested
 Babysitter issue
 Time off work
 Other

(If "Other", please specify: _____)

SKIP to Question 24.

Birthdates

7. We have the following birthdate recorded for you. (Read the 'Mother's birthdate on Recruiting Register' recorded in Question 2 on Phone Call Information.) Is this correct?

- Yes
 No

8. We have the following birthdate recorded for your HAPO child. (Read the 'HAPO child's birthdate on Recruiting Register' recorded in Question 3 on Phone Call Information.) Is this correct?

- Yes
 No

NOTE: If the answer to Question 7 and/or Question 8 is Yes, continue with remaining questions.

If the mother has more than one child and does not remember which child was part of HAPO, ask the mother if one of her children was born on the date recorded under Question 3 'HAPO child's birthdate on Recruiting Register' on Phone Call Information. If she answers yes and confirms this child participated in HAPO, then continue with remaining questions.

If answers to Questions 7 and 8 are both 'No' and the discrepancy cannot be resolved on the phone, STOP questions and resolve the discrepancy before continuing with screening.

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Physical Measurements – Child

9. Now I am going to ask you some questions about your HAPO child. The study will require 1 office visit. We will measure weight, height, blood pressure, skinfolds and will evaluate where your child is at in puberty. We will measure waist and arm size using a tape measure and we will measure body fat using a special piece of equipment called a BOD POD. The BOD POD will take 5 minutes and will require changing into a bathing suit or tight-fitting clothing. Would you be willing to have your child have these measurements?

CHECK ONLY ONE BOX

(If No, SKIP to Question 24.)

Yes
 No

Diabetes - Child

10. Has a medical person ever told you that your child has diabetes?

CHECK ONLY ONE BOX

(If No, SKIP to Question 13.)

Yes
 No

11. Is your child taking oral medication or insulin for treatment of diabetes?

CHECK ONLY ONE BOX

(If No, SKIP to Question 13.)

Yes
 No

Single Blood Draw - Child

12. At the office visit, the study will also require a single blood draw for your child. Would you be willing for your child to have a blood draw?

CHECK ONLY ONE BOX

(If Yes, check 'Single blood draw' for Question 1 on the VISIT PLANNING FORM. Then SKIP to Question 14.)

(If No, SKIP to Question 24.)

Yes

No

OGTT - Child

13. The study will also require an overnight fast and a 2-hour oral glucose tolerance test similar to the one you did during HAPO. We will insert a little tube into a vein and collect blood from it at four time points during the test. Then we will remove the tube. Would you be willing for your child to have this test? CHECK ONLY ONE BOX

(If Yes, check 'OGTT' for Question 1 on the VISIT PLANNING FORM.)

(If No, SKIP to Question 24.)

Yes

No

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Participant ID

Pregnancy and Breastfeeding

14. Now I am going to ask you some questions about yourself. Are you currently pregnant? CHECK ONLY ONE BOX

(If Yes and there are more than six months of recruitment remaining, Yes
PROCEED to Question 15.

If Yes and there are fewer than six months of recruitment remaining,
SKIP to Question 16.)

(If No, SKIP to Question 17.) No

15. We cannot invite you to participate right now, but we would like to call you back six months after your baby is born. What is your baby's due date?

2 0 1 _ / _ / _
Year Mo Day

16. Even though we cannot invite you to participate right now, would you still be willing to bring your child in for a study visit? CHECK ONLY ONE BOX

(If Yes and more than 6 months of recruitment remain, Yes
check 'Pregnancy – recontact' for Question 2 on VISIT PLANNING FORM.

If Yes and fewer than 6 months of recruitment remain,
check 'Pregnancy – do not recontact' for Question 2 on VISIT PLANNING FORM.
Then SKIP to Question 24.)

(If No, SKIP to Question 24.) No

17. Are you currently breastfeeding? CHECK ONLY ONE BOX

Yes
(If No, SKIP to Question 19.) No

18. Even though we cannot invite you to participate right now, would you still be willing to bring your child in for a study visit? CHECK ONLY ONE BOX

(If Yes and more than 6 months of recruitment remain, Yes
check 'Pregnancy – recontact' for Question 2 on VISIT PLANNING FORM.

If Yes and fewer than 6 months of recruitment remain,
check 'Pregnancy – do not recontact' for Question 2 on VISIT PLANNING FORM.
Then SKIP to Question 24.)

(If No, SKIP to Question 24.) No

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Physical Measurements - Mother	
<p>19. For you, the study office visit will require measurement of weight, height, and blood pressure. We will measure waist and hip size using a tape measure. We will also perform the same 5-minute measurement of body fat using the BOD POD that will require changing into a bathing suit or tight-fitting clothing, just like your child. Are you willing to have these measurements? CHECK ONLY ONE BOX</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Diabetes - Mother	
<p>20. Has a medical person ever told you that you have diabetes? CHECK ONLY ONE BOX <i>(If No, SKIP to Question 23.)</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>21. Are you taking oral medication or insulin for treatment of diabetes? CHECK ONLY ONE BOX <i>(If No, SKIP to Question 23.)</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Single Blood Draw - Mother	
<p>22. For you, the study will require a single blood draw. Are you willing to have a blood draw? CHECK ONLY ONE BOX <i>(If Yes, check 'Single blood draw' for Question 2 on the VISIT PLANNING FORM. Then SKIP to Question 24.)</i> <i>(If No, SKIP to Question 24.)</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
OGTT - Mother	
<p>23. For you, the study will require an overnight fast and a 2-hour oral glucose tolerance test that includes two blood draws. Would you be willing to have this test? CHECK ONLY ONE BOX <i>(If Yes, check 'OGTT' for Question 2 on the VISIT PLANNING FORM.)</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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Form Completion	
24. HAPO staff ID of person completing this form:	_____
<p><i>NOTE: If the mother is pregnant or breastfeeding and is willing to be recontacted in the future, record the anticipated call back date in Question 7 on Phone Call Information.</i></p> <p><i>If study visit should be scheduled, PROCEED to Question 3 on Visit Planning Form.</i></p>	
25. HAPO staff ID of person entering data into Data Entry System:	_____