

Screening

Participant ID

Contact

1. Able to contact HAPO participant? Yes (If Yes, SKIP to Question 4.)
 No

2. Reason for not contacting HAPO participant: CHECK ONLY ONE BOX Unable to locate correct contact information
 Correct contact information but no contact made
 Other

If "Other", please specify:

3. Date contact attempts stopped: SKIP to Question 24.
(yyyy-mm-dd)

4. Date of screening:
(yyyy-mm-dd)

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 Yes (If Yes, SKIP to Question 7.)
 No

6. If given, list 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

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

- Yes
 No (If No, SKIP to Question 24.)

Diabetes - Child

10. Has a medical person ever told you that your child has diabetes? CHECK ONLY ONE BOX

- Yes
 No (If No, SKIP to Question 13.)

11. Is your child taking oral medication or insulin for treatment of diabetes? CHECK ONLY ONE BOX

- Yes
 No (If No, SKIP to Question 13.)

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 single blood draw? CHECK ONLY ONE BOX

- Yes (If Yes, check 'Single blood draw' for Question 1 on the VISIT PLANNING FORM. Then SKIP to Question 14.)
 No (If No, SKIP to Question 24.)

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

- Yes (If Yes, check 'OGTT' for Question 1 on the VISIT PLANNING FORM.)
 No (If No, SKIP to Question 24.)

Pregnancy and Breastfeeding

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

- Yes (If Yes and there are more than 6 months of recruitment remaining, PROCEED to Question 15. If Yes and there are fewer than 6 months of recruitment remaining, SKIP to Question 16.)
 No (If No, SKIP to Question 17.)

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?

_____ (yyyy-mm-dd)

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

- Yes (If Yes and more than 6 months of recruitment remain, 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.)
- No (If No, SKIP to Question 24.)

17. Are you currently breastfeeding? CHECK ONLY ONE BOX

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

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

- Yes (If Yes and more than 6 months of recruitment remain, 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.)
- No (If No, SKIP to Question 24.)

Physical Measurements - Mother

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

- Yes
- No

Diabetes - Mother

20. Has a medical person ever told you that you have diabetes? CHECK ONLY ONE BOX

- Yes
- No (If No, SKIP to Question 23.)

21. Are you taking oral medication or insulin for treatment of diabetes? CHECK ONLY ONE BOX

- Yes
- No (If No, SKIP to Question 23.)

Single Blood Draw - Mother

22. For you, the study will require a single blood draw. Are you willing to have a blood draw? CHECK ONLY ONE BOX

- Yes (If Yes, check 'Single blood draw' for Question 2 on the VISIT PLANNING FORM. Then SKIP to Question 24.)
- No (If No, SKIP to Question 24.)

OGTT - Mother

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

- Yes (If Yes, check 'OGTT' for Question 2 on the VISIT PLANNING FORM.)
- No

Form Completion

24. HAPO staff ID of person completing this form:

25. HAPO staff ID of person entering data into Data Entry System:

Visit Planning

Planned Study Components

1. Which set of blood samples will be collected for the HAPO child?

- OGTT
 Single blood draw

2. Which set of blood samples will be collected for the mother?

- OGTT
 Single blood draw
 Pregnancy - recontact
 Pregnancy - do not recontact

Scheduled Visit

3. What is the scheduled date of the visit?

(yyyy-mm-dd)

4. What is the scheduled time of the visit (24-hour clock)?

(hh:mm)

Form Completion

5. HAPO staff ID of person completing this form:

6. HAPO staff ID of person entering data into Data Entry System:

Recontact Screening

Preliminary Information

1. Did HAPO child already complete the Follow-Up Study Visit? Yes
 No

Contact

2. Able to recontact HAPO participant? Yes (If Yes, SKIP to Question 5.)
 No

3. Reason for not recontacting HAPO participant:

4. Date recontact attempts stopped: SKIP to Question 21.

_____ (yyyy-mm-dd)

5. Date of recontact phone call:

_____ (yyyy-mm-dd)

Willingness

6. Would you be willing to answer some questions to determine eligibility to participate in a follow-up study of HAPO participants? CHECK ONLY ONE BOX Yes (If Yes, SKIP to Question 8.)
 No

7. If given, list 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 21.

Pregnancy and Breastfeeding

8. Are you currently pregnant? CHECK ONLY ONE BOX Yes (If Yes and more than 6 months of recruitment remain, Check 'Pregnancy - Recontact' for Question 2 on RECONTACT VISIT PLANNING FORM. Then PROCEED to Question 9. If Yes and fewer than 6 months of recruitment remain Check 'Pregnancy - do not recontact' for Question 2 on RECONTACT VISIT PLANNING FORM. Then SKIP to Question 21.)
 No (If No, SKIP to Question 10.)

9. 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? SKIP to Question 21.

_____ (yyyy-mm-dd)

10. Are you currently breastfeeding? CHECK ONLY ONE BOX

- Yes (If Yes and more than 6 months of recruitment remain, Check 'Pregnancy - Recontact' for Question 2 on RECONTACT VISIT PLANNING FORM. Then SKIP to Question 21. If Yes and fewer than 6 months of recruitment remain Check 'Pregnancy - do not recontact' for Question 2 on RECONTACT VISIT PLANNING FORM. Then SKIP to Question 21.)
- No

Physical Measurements - Child

11. 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

- Yes
- No (If No, SKIP to Question 21.)

Diabetes - Child

12. Has a medical person ever told you that your child has diabetes? CHECK ONLY ONE BOX

- Yes
- No (If No, SKIP to Question 15.)

13. Is your child taking oral medication or insulin for treatment of diabetes? CHECK ONLY ONE BOX

- Yes
- No (If No, SKIP to Question 15.)

Single Blood Draw - Child

14. 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 single blood draw? CHECK ONLY ONE BOX

- Yes (If Yes, check 'Single blood draw' for Question 1 on the RECONTACT VISIT PLANNING FORM. Then SKIP to Question 16.)
- No (If No, SKIP to Question 21.)

OGTT - Child

15. 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

- Yes (If Yes, check 'OGTT' for Question 1 on the RECONTACT VISIT PLANNING FORM.)
- No (If No, SKIP to Question 21.)

Physical Measurements - Mother

16. 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
- Yes
 No

Diabetes - Mother

17. Has a medical person ever told you that you have diabetes? CHECK ONLY ONE BOX
- Yes
 No (If No, SKIP to Question 20.)
18. Are you taking oral medication or insulin for treatment of diabetes? CHECK ONLY ONE BOX
- Yes
 No (If No, SKIP to Question 20.)

Single Blood Draw - Mother

19. For you, the study will require a single blood draw. Are you willing to have a blood draw? CHECK ONLY ONE BOX
- Yes (If Yes, check 'Single blood draw' for Question 2 on the RECONTACT VISIT PLANNING FORM. Then SKIP to Question 21.)
 No (If No, SKIP to Question 21.)

OGTT - Mother

20. 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
- Yes (If Yes, check 'OGTT' for Question 2 on the RECONTACT VISIT PLANNING FORM.)
 No

Form Completion

21. HAPO staff ID of person completing this form:

22. HAPO staff ID of person entering data into Data Entry System:

Recontact Visit Planning

Planned Study Components

1. Which set of blood samples will be collected for the HAPO child?

- OGTT
 Single blood draw
 Study visit complete

2. Which set of blood samples will be collected for the mother?

- OGTT
 Single blood draw
 Pregnancy - recontact
 Pregnancy - do not recontact

Scheduled Visit

3. What is the scheduled date of the visit?

(yyyy-mm-dd)

4. What is the scheduled time of the visit (24-hour clock)?

(hh:mm)

Form Completion

5. HAPO staff ID of person completing this form:

6. HAPO staff ID of person entering data into Data Entry System:

Test Qualification Mother

Scheduled Visit

1. Visit date

(yyyy-mm-dd)

2. Time questioning began (24-hour clock):

(hh:mm)

3. Is the mother scheduled for OGTT or Single blood draw? CHECK ONLY ONE BOX

- OGTT
- Single blood draw

Diabetes

4. Has a medical person ever told you that you have diabetes? CHECK ONLY ONE BOX

- Yes
- No (If No, confirm participant will do OGTT. Then SKIP to Question 6.)

5. Are you taking oral medication or insulin for treatment of diabetes? CHECK ONLY ONE BOX

- Yes (If Yes, confirm participant will do Single blood draw.)
- No (If No, confirm participant will do OGTT.)

Pregnancy

6. Are you currently pregnant or breastfeeding? CHECK ONLY ONE BOX

- Yes (If Yes, STOP, CANCEL OGTT or Single blood draw. Record an anticipated call back date on Phone Call Information and SKIP to Question 27. Then go to QUESTIONNAIRE.)
- No

HIV, Hepatitis B or Hepatitis C

7. Has a medical person ever told you that you have HIV, hepatitis B or hepatitis C? CHECK ONLY ONE BOX

- Yes
- No (If No, SKIP to Question 10.)

8. What time did you last have something to eat or drink other than water? (24-hour clock)

(hh:mm)

9. What time did you last have a drink of water? (24-hour clock) NOTE: If necessary, wait until 2 hours have elapsed since time of last eating or drinking recorded in Questions 8 and 9. Then STOP, CANCEL OGTT or Single blood draw. SKIP to Question 27 and then go to PHYSICAL MEASUREMENTS - MOTHER and QUESTIONNAIRE.

(hh:mm)

Bariatric Surgery

10. Have you ever had bariatric or weight loss surgery? CHECK ONLY ONE BOX

- Yes (If Yes, participant will do Single blood draw. SKIP to Question 25.)
 No

Medications

11. Are you regularly taking any medications? CHECK ONLY ONE BOX

- Yes
 No (If No, SKIP to directions preceding Question 13.)

12. I am going to see if any of these are medications that would affect your blood sugar levels. 12a. Check to see if any of the medication are oral anticonvulsants, oral glucocorticoids/corticosteroids or atypical antipsychotics (see the list provided).

- Yes (If Yes, participant will do Single blood draw. SKIP to Question 25.)
 No
 Forgot medications (If Forgot medications, proceed with all parts of study visit. Complete Call Back Register and after the call, correct the form so answer is Yes or No.)

12b. Check to see if Metformin is one of the medications.

- Metformin for diabetes (If Yes and answers to Questions 4 and 5 are Yes (diabetic and on medication) then check 'Metformin for diabetes'. Participant will do Single blood draw. SKIP to Question 25.)
 Metformin, confirm reason for use (If Yes and either answer to Questions 4 and 5 are No, check 'Metformin, confirm reason for use. Proceed with all parts of visit. Complete Call Back Register and give participant METFORMIN USE-MOTHER Form making sure to affix Participant ID label.)
 No
 Forgot medications (If Forgot medications, proceed with all parts of study visit. Complete Call Back Register and after the call, send METFORMIN USE-MOTHER Form if necessary.)

NOTE: If the participant is schedule for an OGTT, PROCEED to Question 13. If the participant is schedule for Single blood draw, SKIP to Question 25.

- OGTT
 Single blood draw

Illnesses in the Past 3 Days

13. Have you been ill in the past 3 days (chills, fever, vomiting > 1x, or diarrhea >= 3x)? CHECK ONLY ONE BOX

- Yes
 No

Diet for Last 3 Days

14. Have you eaten your typical or usual diet for the past 3 days? CHECK ONLY ONE BOX

- Yes
 No

Time of Last Vigorous Physical Activity

15. Did you exercise vigorously after 11:00 pm (2300 hours) last night? CHECK ONLY ONE BOX

- Yes
 No (If No, SKIP to Question 17.)

16. When did you finish exercising vigorously?
(24-hour clock)

_____ (hh:mm)

Inhaler Use

17. Did you use an inhaler for asthma or other breathing problems after 11:00 pm (2300 hours) last night? CHECK ONLY ONE BOX

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

18. What time did you last use an inhaler? (24-hour clock)

_____ (hh:mm)

Time Last Smoked

19. Have you smoked in the past 2 hours? CHECK ONLY ONE BOX

- Yes
 No (If No, SKIP to Question 21.)

20. What time did you last smoke? (24-hour clock)
(Wait until 30 minutes have elapsed since last smoked before proceeding with the visit.)

_____ (hh:mm)

Time of Last Eating or Drinking for OGTT

21. Did you have a drink of water in the past 2 hours? CHECK ONLY ONE BOX

- Yes
 No (If No, SKIP to Question 23.)

22. What time did you have a drink of water? (24-hour clock)
(Wait until 2 hours have elapsed since last drink of water before proceeding with the visit.)

_____ (hh:mm)

23. Did you eat or drink anything other than water after 11:00 pm (2300 hours) last night? CHECK ONLY ONE BOX

- Yes
 No (If No, SKIP to Question 27.)

24. What time did you last eat or drink anything other than water? (24-hour clock)

_____ (hh:mm)

Time of Last Eating or Drinking for Single Blood Draw

25. What time did you have something to eat or drink other than water? (24-hour clock)

_____ (hh:mm)

26. What time did you last have a drink of water? (24-hour clock) NOTE: If necessary, wait until 2 hours have elapsed since time of last eating or drinking before proceeding with the visit.

_____ (hh:mm)

Form Completion

27. HAPO staff ID of person completing this form:
NOTE: For mothers doing OGTT, go to PHYSICAL MEASUREMENTS - MOTHER, OGTT FORM - MOTHER and QUESTIONNAIRE. For mothers doing Single blood draw, go to PHYSICAL MEASUREMENTS - MOTHER, SINGLE BLOOD DRAW - MOTHER and QUESTIONNAIRE. This will include mothers originally scheduled for Single blood draw (Question 3). It may also include mothers originally scheduled for OGTT (Question 3), but changed to a Single blood draw due to bariatric surgery (Question 10), interfering medications (Question 12) or unacceptable fasting status (Question 24).

Complete AFTER OGTT Form or Single Blood Draw Form- Mother (Note: Complete this section only if the exam was not completed. Skip this section if the exam was completed without a problem.)

28. Why was the blood drawing not completed? CHECK ONLY ONE BOX

- Refused blood samples
- Fasting glucose sample not obtained
- Vomited after glucose load
- Fainted or fell ill after the glucose load
- Other

If "Other", please specify:

Data Entry Completion

29. HAPO staff ID of person entering data into Data Entry System

Test Qualification Child

Scheduled Visit

1. Visit date

_____ (yyyy-mm-dd)

2. Time questioning began (24-hour clock):

_____ (hh:mm)

3. Is the child scheduled for OGTT or Single blood draw? CHECK ONLY ONE BOX

- OGTT
 Single blood draw

Diabetes

4. Has a medical person ever told you that your child has diabetes? CHECK ONLY ONE BOX

- Yes
 No (If No, confirm child will do OGTT. Then SKIP to Question 6.)

5. Is your child taking oral medication or insulin for treatment of diabetes? CHECK ONLY ONE BOX

- Yes (If Yes, confirm child will do Single blood draw.)
 No (If No, confirm child will do OGTT.)

HIV, Hepatitis B or Hepatitis C

6. Has a medical person ever told you that your child has HIV, hepatitis B or hepatitis C? CHECK ONLY ONE BOX

- Yes
 No (If No, SKIP to Question 9.)

7. What time did your child last have something to eat or drink other than water? (24-hour clock)

_____ (hh:mm)

8. What time did your child last have a drink of water? (24-hour clock)

_____ (hh:mm)

Medications

9. Is your child regularly taking any medications? CHECK ONLY ONE BOX

- Yes
 No (If No, SKIP to directions preceding Question 11.)

10. I am going to see if any of these are medications that would affect your child's blood sugar levels.

10a. Check to see if any of the medications are oral anticonvulsants, oral glucocorticoids/corticosteroids or atypical antipsychotics (see the list provided).

- Yes (If Yes, participant will do Single blood draw. SKIP to Question 23.)
 No
 Forgot medications (If Forgot medications, proceed with all parts of study visit. Complete Call Back Register and after the call, correct the form so answer is Yes or No.)

10b. Check to see if Metformin is one of the medications.

- Metformin for diabetes (If Yes and answers to Questions 4 and 5 are Yes (diabetic and on medication) then check 'Metformin for diabetes'. Participant will do Single blood draw. SKIP to Question 23.
- Metformin, confirm reason for use (If Yes and either answer to Questions 4 and 5 are No, check 'Metformin, confirm reason for use. Proceed with all parts of visit. Complete Call Back Register and give participant METFORMIN USE-CHILD Form making sure to affix Participant ID label.
- No
- Forgot medications (If Forgot medications, proceed with all parts of study visit. Complete Call Back Register and after the call, send METFORMIN USE-CHILD Form if necessary.)

NOTE: If the child is scheduled for an OGTT, PROCEED to Question 11. If the child is scheduled for Single blood draw, SKIP to Question 23.

- OGTT
- Single blood draw

Illnesses in the Past 3 Days

11. Has your child been ill in the past 3 days (chills, fever, vomiting > 1x, or diarrhea >= 3x)?
CHECK ONLY ONE BOX

- Yes
- No

Diet for Last 3 Days

12. Has your child eaten his or her typical or usual diet for the past 3 days? CHECK ONLY ONE BOX

- Yes
- No

Time of Last Vigorous Physical Activity

13. Did your child exercise vigorously after 11:00 pm (2300 hours) last night? CHECK ONLY ONE BOX

- Yes
- No (If No, SKIP to Question 15.)

14. When did your child finish exercising vigorously?
(24-hour clock)

(hh:mm)

Inhaler Use

15. Did your child use an inhaler for asthma or other breathing problems after 11:00 pm (2300 hours) last night? CHECK ONLY ONE BOX

- Yes
- No (If No, SKIP to Question 17.)

16. What time did your child last use an inhaler?
(24-hour clock)

(hh:mm)

Time Last Smoked

17. Has your child smoked in the past 2 hours? CHECK ONLY ONE BOX

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

18. What time did your child last smoke? (24-hour clock) (Wait until 30 minutes have elapsed since last smoked before proceeding with the visit.)

_____ (hh:mm)

Time of Last Eating or Drinking for OGTT

19. Did your child have a drink of water in the past 2 hours? CHECK ONLY ONE BOX

- Yes
 No (If No, SKIP to Question 21.)

20. What time did your child have a drink of water? (24-hour clock) (Wait until 2 hours have elapsed since last drink of water before proceeding with the visit.)

_____ (hh:mm)

21. Did your child eat or drink anything other than water after 11:00 pm (2300 hours) last night? CHECK ONLY ONE BOX

- Yes
 No (If No, SKIP to Question 25.)

22. What time did your child last eat or drink anything other than water? (24-hour clock)

_____ (hh:mm)

Time of Last Eating or Drinking for Single Blood Draw

23. What time did your child last have something to eat or drink other than water? (24-hour clock)

_____ (hh:mm)

24. What time did your child last have a drink of water? (24-hour clock) NOTE: If necessary, wait until 2 hours have elapsed since time of last eating or drinking before proceeding with the visit.

_____ (hh:mm)

Form Completion

25. HAPO staff ID of person completing this form:
 NOTE: For children doing the OGTT, go to PHYSICAL MEASUREMENTS - CHILD and OGTT FORM - CHILD. For children doing Single blood draw, go to PHYSICAL MEASUREMENTS - CHILD and SINGLE BLOOD DRAW FORM - CHILD. This will include children originally scheduled for Single blood draw (Question 3). It may also include children originally scheduled for OGTT (Question 3), but changed to a Single blood draw due to interfering medications (Question 10) or unacceptable fasting status (Question 22).

Complete AFTER OGTT Form- Child or Single Blood Draw Form- Child (Note: Complete this section only if the exam was not completed. Skip this section if the exam was completed without a problem.)

26. Why was the blood drawing not completed? CHECK ONLY ONE BOX

- Refused blood samples
- Fasting glucose sample not obtained
- Vomited after glucose load
- Fainted or fell ill after the glucose load
- Other

If "Other", please specify:

Data Entry Completion

27. HAPO staff ID of person entering data into Data Entry System

Oggt Mother

1. Visit date:

_____ (yyyy-mm-dd)

Weight from BOD POD

2. Body mass (weight) measurement from BOD POD in kg:
NOTE: The mother's weight should be copied from
Question 19 on the Physical Measurements- Mother Form.

_____ (kg)

Consent

3. Did the participant consent to having their blood
and urine samples stored at the United States
National Institutes of Health for future use by
non-HAPO Follow-Up Study investigators? CHECK ONLY
ONE BOX

Yes
 No

4. Did the participant consent to having a sample for
DNA drawn? CHECK ONLY ONE BOX

Yes
 No (If No, do not draw the sample for DNA)

OGTT Test Progression- Fasting Samples

5. Was the fasting sample for glucose drawn? CHECK
ONLY ONE BOX [4 ml Grey top tube, Bar-code label
700, invert 6 times, place on ice]

Yes
 No (If No, STOP, CANCEL OGTT, reschedule, answer
Question 28 on TEST QUALIFICATION FORM- MOTHER.
Then SKIP to Question 20.)

6. Was the fasting sample for insulin/C-peptide
drawn? CHECK ONLY ONE BOX [6 ml Red top tube,
Bar-code label 701, do NOT mix, stand at room
temperature]

Yes
 No

7. Was the fasting sample for lipids drawn? CHECK
ONLY ONE BOX [6 ml Red top tube, Bar-code label 702,
do NOT mix, stand at room temperature]

Yes
 No

8. Was the fasting sample for storage drawn? CHECK
ONLY ONE BOX [6 ml Red top tube, Bar-code label 703,
do NOT mix, stand at room temperature]

Yes
 No

9. Was the fasting sample for DNA drawn? CHECK ONLY
ONE BOX [4 ml Purple top tube, Bar-code label 704,
invert 6 times, place on ice]

Yes
 No

10. Was the fasting sample for A1c drawn? CHECK ONLY
ONE BOX [4 ml Purple top tube, Bar-code label 705,
invert 6 times, place on ice]

Yes
 No

11. Time fasting samples drawn (24-hour clock):

_____ (hh:mm)

OGTT Test Progression- Glucose Consumption

12. Determine volume of Trutol for mother's OGTT (If weight for Question 2 < 42.6 kg, refer to Trutol Volume by Weight Chart.)

_____ (ml)

13. Time glucose consumption started (24-hour clock):

_____ (hh:mm)

14. Time glucose consumption completed (24-hour clock):

_____ (hh:mm)

OGTT Test Progression- 2 Hour Samples

15. Was the 2-hour sample for glucose drawn? CHECK ONLY ONE BOX [4 ml Grey top tube, Bar-code label 720, invert 6 times, place on ice] [Note: The 2-hour sample should be drawn as close to 120 minutes as possible but within 10 minutes of the 2-hour interval.]

Yes
 No

16. Was the 2-hour sample for storage drawn? CHECK ONLY ONE BOX [6 ml Red top tube, Bar-code label 723, do not mix, stand at room temperature]

Yes
 No

17. Time 2-hour samples drawn (24-hour clock):

_____ (hh:mm)

Blood Draw Side Effects

18. Were any of the following observed or reported to you subsequent to the blood draw? CHECK ALL THAT APPLY

None
 Injury to the vein
 Bruising at the site
 Infection at the site
 Other

If "Other", please specify:

Sample Handling

19. Were all samples sent for processing? CHECK ONLY ONE BOX

Yes
 No

20. HAPO staff ID of person completing OGTT test progression:

Form Completion

21. HAPO staff ID of person entering data into Data Entry System:

Oggt Sample Processing Mother

Processing

1. HAPO staff ID of person processing these specimens: _____

2. Were glucose, A1c and any DNA samples received on ice? CHECK ONLY ONE BOX Yes
 No

3. Were all samples processed according to HAPO protocol? CHECK ONLY ONE BOX Yes (If Yes, SKIP to Question 6.)
 No

Glucose

4. Were the fasting and 2-hour glucose samples processed according to HAPO protocol? CHECK ONLY ONE BOX Yes (If Yes, SKIP to Question 5.)
 No

a. How many aliquots (yellow top cryovials, Bar-code label 700) were made from the glucose sample (Grey top, Bar-code label 700)? CHECK ONLY ONE BOX 0
 1
 2

b. How many aliquots (yellow top cryovials, Bar-code label 720) were made from the 2-hour glucose sample (Grey top, Bar-code label 720)? CHECK ONLY ONE BOX 0
 1
 2

Insulin/C-peptide, Lipids, Storage, A1c, Urine

5. Were the insulin/C-peptide, lipids, storage, A1c and urine samples processed according to HAPO protocol? CHECK ONLY ONE BOX Yes (If Yes, SKIP to Question 6.)
 No

a. How many aliquots (green top cryovials, Bar-code label 701) were made from the fasting insulin/C-peptide sample (Red top, Bar-code label 701)? CHECK ONLY ONE BOX 0
 1
 2

b. How many aliquots (clear top cryovials, Bar-code label 702) were made from the fasting lipids sample (Red top, Bar-code label 702)? CHECK ONLY ONE BOX 0
 1
 2

c. How many aliquots (blue top cryovials, Bar-code label 703) were made from the fasting storage sample (Red top, Bar-code label 703)? CHECK ONLY ONE BOX 0
 1
 2

d. How many aliquots (red top cryovials, Bar-code label 705) were made from the fasting A1c sample (Purple top, Bar-code label 705)? CHECK ONLY ONE BOX 0
 1
 2

e. How many aliquots (orange top cryovials, Bar-code label 706) were made from the urine sample (Specimen cup, Bar-code label 706)? CHECK ONLY ONE BOX 0
 1
 2

f. How many aliquots (blue top cryovials, Bar-code label 723) were made from the 2-hour storage sample (Red top, Bar-code label 723)? CHECK ONLY ONE BOX

0
 1
 2

6. Time samples were separated or aliquotted (use 24-hour clock):

(hh:mm)

7. Date samples were separated or aliquotted: ENTER YEAR, MONTH, AND DAY

(yyyy-mm-dd)

Form Completion

8. HAPO staff ID of person completing form:

9. HAPO staff ID of person entering data into Data Entry System:

Oggt Child

1. Visit date:

_____ (yyyy-mm-dd)

Weight from BOD POD

2. Body mass (weight) measurement from BOD POD in kg:

NOTE: The child's weight should be copied from Question 19 on the Physical Measurements- Child Form.

_____ (kg)

Consent

3. Did the participant's mother consent to having her child's blood and urine samples stored at the United States National Institutes of Health for future use by non-HAPO Follow-Up Study investigators? CHECK ONLY ONE BOX

Yes
 No

4. Did the participant's mother consent to having a sample for DNA drawn for her child? CHECK ONLY ONE BOX

Yes
 No (If No, do not draw the sample for DNA)

OGTT Test Progression- Fasting Samples

5. Was the fasting sample for glucose drawn? CHECK ONLY ONE BOX [2 ml Grey top tube, Bar-code label 600, invert 6 times, place on ice]

Yes
 No (If No, STOP, CANCEL OGTT, reschedule, answer Question 26 on TEST QUALIFICATION FORM- CHILD. Then SKIP to Question 26.)

6. Was the fasting sample for insulin/C-peptide drawn? CHECK ONLY ONE BOX [2 ml Red top tube, Bar-code label 601, do NOT mix, stand at room temperature]

Yes
 No

7. Was the fasting sample for hsCRP and lipids drawn? CHECK ONLY ONE BOX [4 ml Red top tube, Bar-code label 602, do NOT mix, stand at room temperature]

Yes
 No

8. Was the fasting sample for storage drawn? CHECK ONLY ONE BOX [4 ml Red top tube, Bar-code label 603, do NOT mix, stand at room temperature]

Yes
 No

9. Was the fasting sample for DNA drawn? CHECK ONLY ONE BOX [3 ml Purple top tube, Bar-code label 604, invert 6 times, place on ice]

Yes
 No

10. Was the fasting sample for A1c drawn? CHECK ONLY ONE BOX [3 ml Purple top tube, Bar-code label 605, invert 6 times, place on ice]

Yes
 No

11. Time fasting samples drawn (24-hour clock):

_____ (hh:mm)

OGTT Test Progression- Glucose Consumption

12. Determine volume of Trutol for child's OGTT (If weight for Question 2 < 42.6 kg, refer to Trutol Volume by Weight Chart.)

_____ (ml)

13. Time glucose consumption started (24-hour clock):

_____ (hh:mm)

14. Time glucose consumption completed (24-hour clock):

_____ (hh:mm)

OGTT Test Progression- 30 Minute Samples

15. Was the 30-minute sample for glucose drawn? CHECK ONLY ONE BOX [2 ml Grey top tube, Bar-code label 650, invert 6 times, place on ice] [Note: The 30-minute sample should be drawn as close to 30 minutes as possible but within 10 minutes of the 30-minute interval.]

Yes
 No

16. Was the 30-minute sample for insulin/C-peptide drawn? CHECK ONLY ONE BOX [2 ml Red top tube, Bar-code label 651, do NOT mix, stand at room temperature]

Yes
 No

17. Time 30-minute samples were drawn (24-hour clock):

_____ (hh:mm)

OGTT Test Progression- 1 Hour Samples

18. Was the 1-hour sample for glucose drawn? CHECK ONLY ONE BOX [2 ml Grey top tube, Bar-code label 610, invert 6 times, place on ice] [Note: The 1-hour sample should be drawn as close to 60 minutes as possible but within 10 minutes of the 1-hour interval.]

Yes
 No

19. Was the 1-hour sample for insulin/C-peptide drawn? CHECK ONLY ONE BOX [2 ml Red top tube, Bar-code label 611, do NOT mix, stand at room temperature]

Yes
 No

20. Time 1-hour samples were drawn (24-hour clock):

_____ (hh:mm)

OGTT Test Progression- 2 Hour Samples

21. Was the 2-hour sample for glucose drawn? CHECK ONLY ONE BOX [2 ml Grey top tube, Bar-code label 620, invert 6 times, place on ice] [Note: The 2-hour sample should be drawn as close to 120 minutes as possible but within 10 minutes of the 2-hour interval.]

Yes
 No

22. Was the 2-hour sample for insulin/C-peptide drawn? CHECK ONLY ONE BOX [2 ml Red top tube, Bar-code label 621, do NOT mix, stand at room temperature]

Yes
 No

23. Time 2-hour samples drawn (24-hour clock):

(hh:mm)

Blood Draw Side Effects

24. Were any of the following observed or reported to you subsequent to the blood draw? CHECK ALL THAT APPLY

None
 Injury to the vein
 Bruising at the site
 Infection at the site
 Other

If "Other", please specify:

Sample Handling

25. Were all samples sent for processing? CHECK ONLY ONE BOX

Yes
 No

26. HAPO staff ID of person completing OGTT test progression:

Form Completion

27. HAPO staff ID of person entering data into Data Entry System:

Oggt Sample Processing Child

Processing

1. HAPO staff ID of person processing these specimens: _____

2. Were glucose, A1c and any DNA samples received on ice? CHECK ONLY ONE BOX Yes No

3. Were all samples processed according to HAPO protocol? CHECK ONLY ONE BOX Yes (If Yes, SKIP to Question 6.) No

Glucose

4. Were the fasting, 30-minute, 1-hour and 2-hour glucose samples processed according to HAPO protocol? CHECK ONLY ONE BOX Yes (If Yes, SKIP to Question 5.) No

a. How many aliquots (yellow top cryovials, Bar-code label 600) were made from the fasting glucose sample (Grey top, Bar-code label 600)? CHECK ONLY ONE BOX 0 1 2

b. How many aliquots (yellow top cryovials, Bar-code label 650) were made from the 30-minute glucose sample (Grey top, Bar-code label 650)? CHECK ONLY ONE BOX 0 1 2

c. How many aliquots (yellow top cryovials, Bar-code label 610) were made from the 1-hour glucose sample (Grey top, Bar-code label 610)? CHECK ONLY ONE BOX 0 1 2

d. How many aliquots (yellow top cryovials, Bar-code label 620) were made from the 2-hour glucose sample (Grey top, Bar-code label 620)? CHECK ONLY ONE BOX 0 1 2

Insulin/C-peptide, hsCRP and Lipids, Storage, A1c, Urine

5. Were the insulin/C-peptide, hsCRP and lipids, storage, A1c and urine samples processed according to HAPO protocol? CHECK ONLY ONE BOX Yes (If Yes, SKIP to Question 6.) No

a. How many aliquots (green top cryovials, Bar-code label 601) were made from the fasting insulin/C-peptide sample (Red top, Bar-code label 601)? CHECK ONLY ONE BOX 0 1 2

b. How many aliquots (green top cryovials, Bar-code label 651) were made from the 30-minute insulin/C-peptide sample (Red top, Bar-code label 651)? CHECK ONLY ONE BOX 0 1 2

c. How many aliquots (green top cryovials, Bar-code label 611) were made from the 1-hour insulin/C-peptide sample (Red top, Bar-code label 611)? CHECK ONLY ONE BOX

0
 1
 2

d. How many aliquots (green top cryovials, Bar-code label 621) were made from the 2-hour insulin/C-peptide sample (Red top, Bar-code label 621)? CHECK ONLY ONE BOX

0
 1
 2

e. How many aliquots (clear top cryovials, Bar-code label 602) were made from the fasting hsCRP and lipids sample (Red top, Bar-code label 602)? CHECK ONLY ONE BOX

0
 1
 2

f. How many aliquots (blue top cryovials, Bar-code label 603) were made from the fasting storage sample (Red top, Bar-code label 603)? CHECK ONLY ONE BOX

0
 1
 2

g. How many aliquots (red top cryovials, Bar-code label 605) were made from the fasting A1c sample (Purple top, Bar-code label 605)? CHECK ONLY ONE BOX

0
 1
 2

h. How many aliquots (orange top cryovials, Bar-code label 606) were made from the urine sample (Specimen cup, Bar-code label 606)? CHECK ONLY ONE BOX

0
 1
 2

6. Time samples were separated or aliquotted (use 24-hour clock):

_____ (hh:mm)

7. Date samples were separated or aliquotted: ENTER YEAR, MONTH, AND DAY

_____ (yyyy-mm-dd)

Form Completion

8. HAPO staff ID of person completing form:

9. HAPO staff ID of person entering data into Data Entry System:

Single Blood Draw Mother

1. Visit date:

_____ (yyyy-mm-dd)

Consent

2. Did the participant consent to having their blood and urine samples stored at the United States National Institutes of Health for future use by non-HAPO Follow-Up Study investigators? CHECK ONLY ONE BOX

Yes
 No

3. Did the participant consent to having a sample for DNA drawn? CHECK ONLY ONE BOX

Yes
 No (If No, do not draw the sample for DNA)

Blood Samples

4. Was the sample for glucose drawn? CHECK ONLY ONE BOX [4ml Grey top tube, Bar-code label 700, invert 6 times, place on ice]

Yes
 No

5. Was the sample for insulin/C-peptide drawn? CHECK ONLY ONE BOX [6ml Red top tube, Bar-code label 701, do NOT mix, stand at room temperature]

Yes
 No

6. Was the sample for lipids drawn? CHECK ONLY ONE BOX [6ml Red top tube, Bar-code label 702, do NOT mix, stand at room temperature]

Yes
 No

7. Was the sample for storage drawn? CHECK ONLY ONE BOX [6 ml Red top tube, Bar-code label 703, do NOT mix, stand at room temperature]

Yes
 No

8. Was the sample for DNA drawn? CHECK ONLY ONE BOX [4 ml Purple top tube, Bar-code label 704, invert 6 times, place on ice]

Yes
 No

9. Was the sample for A1c drawn? CHECK ONLY ONE BOX [4 ml Purple top tube, Bar-code label 705, invert 6 times, place on ice]

Yes
 No

10. Time samples drawn (24-hour clock):

_____ (hh:mm)

Blood Draw Side Effects

11. Were any of the following observed or reported to you subsequent to the blood draw? CHECK ALL THAT APPLY

- None
- Injury to the vein
- Bruising at the site
- Infection at the site
- Other

If "Other", please specify:

12. Were all samples sent for processing? CHECK ONLY ONE BOX

- Yes
- No

13. HAPO staff ID of person drawing blood samples:

Form Completion

14. HAPO staff ID of person entering data into Data Entry System:

Single Blood Draw Sample Processing Mother

Processing

1. HAPO staff ID of person processing these specimens: _____

2. Were glucose, A1c and any DNA samples received on ice? CHECK ONLY ONE BOX Yes No

3. Were all samples processed according to HAPO protocol? CHECK ONLY ONE BOX Yes (If Yes, SKIP to Question 4.) No

a. How many aliquots (yellow top cryovials, Bar-code label 700) were made from the glucose sample (Grey top, Bar-code label 700)? CHECK ONLY ONE BOX 0 1 2

b. How many aliquots (green top cryovials, Bar-code label 701) were made from the insulin/C-peptide sample (Red top, Bar-code label 701)? CHECK ONLY ONE BOX 0 1 2

c. How many aliquots (clear top cryovials, Bar-code label 702) were made from the lipids sample (Red top, Bar-code label 702)? CHECK ONLY ONE BOX 0 1 2

d. How many aliquots (blue top cryovials, Bar-code label 703) were made from the storage sample (Red top, Bar-code label 703)? CHECK ONLY ONE BOX 0 1 2

e. How many aliquots (red top cryovials, Bar-code label 705) were made from the A1c sample (Purple top, Bar-code label 705)? CHECK ONLY ONE BOX 0 1 2

f. How many aliquots (orange top cryovials, Bar-code label 706) were made from the urine sample (Specimen cup, Bar-code label 706)? CHECK ONLY ONE BOX 0 1 2

4. Time samples were separated or aliquotted (use 24-hour clock): _____

(hh:mm)

5. Date samples were separated or aliquotted: ENTER YEAR, MONTH, AND DAY _____

(yyyy-mm-dd)

Form Completion

6. HAPO staff ID of person completing form:

7. HAPO staff ID of person entering data into Data Entry System:

Single Blood Draw Child

1. Visit date:

_____ (yyyy-mm-dd)

Consent

2. Did the participant's mother consent to having her HAPO child's blood and urine samples stored at the United States National Institutes of Health for future use by non-HAPO Follow-Up Study investigators? CHECK ONLY ONE BOX

Yes
 No

3. Did the participant's mother consent to having a sample for DNA drawn for her child? CHECK ONLY ONE BOX

Yes
 No (If No, do not draw the sample for DNA)

Blood Samples

4. Was the sample for glucose drawn? CHECK ONLY ONE BOX [2ml Grey top tube, Bar-code label 600, invert 6 times, place on ice]

Yes
 No

5. Was the sample for insulin/C-peptide drawn? CHECK ONLY ONE BOX [2ml Red top tube, Bar-code label 601, do NOT mix, stand at room temperature]

Yes
 No

6. Was the sample for hsCRP and lipids drawn? CHECK ONLY ONE BOX [4ml Red top tube, Bar-code label 602, do NOT mix, stand at room temperature]

Yes
 No

7. Was the sample for storage drawn? CHECK ONLY ONE BOX [4 ml Red top tube, Bar-code label 603, do NOT mix, stand at room temperature]

Yes
 No

8. Was the sample for DNA drawn? CHECK ONLY ONE BOX [3 ml Purple top tube, Bar-code label 604, invert 6 times, place on ice]

Yes
 No

9. Was the sample for A1c drawn? CHECK ONLY ONE BOX [3 ml Purple top tube, Bar-code label 605, invert 6 times, place on ice]

Yes
 No

10. Time samples drawn (24-hour clock):

_____ (hh:mm)

Blood Draw Side Effects

11. Were any of the following observed or reported to you subsequent to the blood draw? CHECK ALL THAT APPLY

- None
- Injury to the vein
- Bruising at the site
- Infection at the site
- Other

If "Other", please specify:

Sample Handling

12. Were all samples sent for processing? CHECK ONLY ONE BOX

- Yes
- No

13. HAPO staff ID of person drawing blood samples:

Form Completion

14. HAPO staff ID of person entering data into Data Entry System:

Single Blood Draw Sample Processing Child

Processing

1. HAPO staff ID of person processing these specimens: _____

2. Were glucose, A1c and any DNA samples received on ice? CHECK ONLY ONE BOX Yes
 No

3. Were all samples processed according to HAPO protocol? CHECK ONLY ONE BOX Yes (If Yes, SKIP to Question 4.)
 No

a. How many aliquots (yellow top cryovials, Bar-code label 600) were made from the glucose sample (Grey top, Bar-code label 600)? CHECK ONLY ONE BOX 0
 1
 2

b. How many aliquots (green top cryovials, Bar-code label 601) were made from the insulin/C-peptide sample (Red top, Bar-code label 601)? CHECK ONLY ONE BOX 0
 1
 2

c. How many aliquots (clear top cryovials, Bar-code label 602) were made from the hsCRP and lipids sample (Red top, Bar-code label 602)? CHECK ONLY ONE BOX 0
 1
 2

d. How many aliquots (blue top cryovials, Bar-code label 603) were made from the storage sample (Red top, Bar-code label 603)? CHECK ONLY ONE BOX 0
 1
 2

e. How many aliquots (red top cryovials, Bar-code label 605) were made from the A1c sample (Purple top, Bar-code label 605)? CHECK ONLY ONE BOX 0
 1
 2

f. How many aliquots (orange top cryovials, Bar-code label 606) were made from the urine sample (Specimen cup, Bar-code label 606)? CHECK ONLY ONE BOX 0
 1
 2

4. Time samples were separated or aliquotted (use 24-hour clock): _____

(hh:mm)

5. Date samples were separated or aliquotted: ENTER YEAR, MONTH, AND DAY _____

(yyyy-mm-dd)

Form Completion

6. HAPO staff ID of person completing form:

7. HAPO staff ID of person entering data into Data Entry System:

Metformin Use Mother

1. What is the reason you are taking Metformin?
CHECK ALL THAT APPLY

- Diabetes
- Abnormal glucose but not diabetes
- Polycystic ovary syndrome (PCOS)
- Weight control
- Other

Form Completion

2. Date form received

(yyyy-mm-dd)

3. HAPO staff ID of person entering data into Data Entry System

Metformin Use Interview Mother

1. I am going to read the Participant ID number that I have for you. (Read the Participant ID in the upper right hand corner of this form.) Does this match the Participant ID in the upper right hand corner of the form we gave you to fill out? CHECK ONLY ONE BOX

- Yes
 No
 Cannot find the form

2. Did you talk to someone in your doctor's office about why you take Metformin?

- Yes
 No (If No, SKIP to Question 4.)

3. What is the reason you are taking Metformin? CHECK ALL THAT APPLY

- Diabetes
 Abnormal glucose but not diabetes
 Polycystic ovary syndrome (PCOS)
 Weight control
 Other
 Do not know

Form Completion

4. HAPO staff ID of person completing this form:

5. HAPO staff ID of person entering data into Data Entry System:

Metformin Use Child

1. What is the reason your child is taking Metformin?
CHECK ALL THAT APPLY

- Diabetes
- Abnormal glucose but not diabetes
- Polycystic ovary syndrome (PCOS)
- Weight control
- Other

Form Completion

2. Date form received

(yyyy-mm-dd)

3. HAPO staff ID of person entering data into Data Entry System

Metformin Use Interview Child

1. I am going to read the Participant ID number that I have for your child. (Read the Participant ID in the upper right hand corner of this form.) Does this match the Participant ID in the upper right hand corner of the form we gave you to fill out? CHECK ONLY ONE BOX

- Yes
 No
 Cannot find the form

2. Did you talk to someone in your child's doctor's office about why your child takes Metformin?

- Yes
 No (If No, SKIP to Question 4.)

3. What is the reason your child is taking Metformin? CHECK ALL THAT APPLY

- Diabetes
 Abnormal glucose but not diabetes
 Polycystic ovary syndrome (PCOS)
 Weight control
 Other
 Do not know

Form Completion

4. HAPO staff ID of person completing this form:

5. HAPO staff ID of person entering data into Data Entry System:

Repeat Blood Pressure Mother

NOTE: This form should only be used if blood pressure measurements are repeated for the mother at the end of the Study Visit due to Systolic value ≥ 180 and/or diastolic ≥ 110 .

1. Time at which first blood pressure was measured after completion of study visit:

2. Seated arm blood pressure reading 1:
[after sitting 5 minutes]

(Systolic BP mmHg)

(Diastolic BP mmHg)

3. Seated arm blood pressure reading 2:
[after sitting an additional 1-2 minutes]

(Systolic BP mmHg)

(Diastolic BP mmHg)

4. Seated arm blood pressure reading 3:
[after sitting an additional 1-2 minutes]

(Systolic BP mmHg)

(Diastolic BP mmHg)

5. HAPO staff ID of person measuring blood pressure:

6. Recommendation for follow-up: CHECK ONLY ONE BOX

- None
 Follow-up with primary health care provider for repeat BP within one month
 Follow-up with primary health care provider or Urgent Care Center for repeat BP within 24 hours
 Other

If "Other", please specify:

7. Notes/Comments:

8. HAPO staff ID of person entering data into Data Entry System:

Repeat Blood Pressure Child

NOTE: This form should only be used if blood pressure measurements are repeated for the child at the end of the Study Visit as directed by the HAPO-FUS Blood Pressure Alert Protocol for Children.

1. Time at which first blood pressure was measured after completion of study visit:

(hh:mm)

2. Seated arm blood pressure reading 1:
[after sitting 5 minutes]

(Systolic BP mmHg)

(Diastolic BP mmHg)

3. Seated arm blood pressure reading 2:
[after sitting an additional 1-2 minutes]

(Systolic BP mmHg)

(Diastolic BP mmHg)

4. Seated arm blood pressure reading 3:
[after sitting an additional 1-2 minutes]

(Systolic BP mmHg)

(Diastolic BP mmHg)

5. HAPO staff ID of person measuring blood pressure:

6. Recommendation for follow-up: CHECK ONLY ONE BOX

- None
 Follow-up with primary health care provider for repeat BP within one month
 Follow-up with primary health care provider or Urgent Care Center for repeat BP within 24 hours
 Other

If "Other", please specify:

7. Notes/Comments:

8. HAPO staff ID of person entering data into Data Entry System:

Special Circumstances

1. Did the mother miss a scheduled study visit and was unwilling or unable to reschedule? Yes No

2. Did the child miss a scheduled study visit and was unwilling or unable to reschedule? Yes No

3. Are there other special circumstances to exclude the mother? Yes No

If "Yes", please specify:

4. Are there other special circumstances to exclude the child? Yes No

If "Yes", please specify:

5. HAPO staff ID of person completing this form:

6. HAPO staff ID of person entering data into Data Entry System:

Study Visit Variation

1. Visit date:

2. Did the visit variation involve the mother, child, or both?

- Mother
- Child
- Both

3. Please describe the visit variation:

4. Please describe the action taken:

5. HAPO Staff ID of person completing this form:

6. HAPO Staff ID of person entering data into Data Entry System:

HAPO FUS Sample Shipment- RECEIPT FORM

1. Field Center:

2. Date of Dispatch:

3. Tracking/Way Bill Number:

4. Date and Time of Receipt:

5. a. Box ID Numbers:

b. Any discrepancies?

- Yes
- No

6. a. Condition of cryovials:

- OK
- Broken/leakage
- Thawed

b. IDs of boxes with problematic cryovials:

7. a. Cryovial barcodes cross-checked with Shipping Grids?

- Yes
- No

b. Any discrepancies?

- Yes
- No

c. Missing sample?

- Yes
- No

Details:

8. Field Center/Project Manager notified by:
