

Affix label here

Participant ID

METFORMIN USE - CHILD

Thank you for participating in the HAPO Follow-up Study. As a part of the study, we need to clarify the reason your child is taking Metformin. Within one week of your HAPO Follow-Up Study visit, please call your child's doctor's office so that you can learn why your child is taking Metformin and can answer the following question.

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

Please mail the completed form to the HAPO Follow-Up Study using the self-addressed, stamped envelope that you were given along with the form.

Thank you for your help!

For office use only:

FORM COMPLETION

2. Date form received

201__ / __ / __
Year Mo Day

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