

Data Entry Done

Participant ID

Affix label here

## HAPO FOLLOW-UP STUDY TEST QUALIFICATION FORM - MOTHER

**NOTE TO INTERVIEWER:** Fill out questions 1, 2 and 3 prior to interviewing the participant.

**Introduction:** During this interview I will ask you some questions to make sure that you can complete your study visit. Let me assure you that all the information you provide will be kept confidential.

Scheduled Visit	
1. Visit date:	201__ / __ / __ Year Mo Day
2. Time questioning began (24-hour clock):	__ : __
3. Is the mother scheduled for OGTT or Single blood draw? CHECK ONLY ONE BOX	<input type="checkbox"/> OGTT <input type="checkbox"/> Single blood draw
Diabetes	
4. Has a medical person ever told you that you have diabetes? CHECK ONLY ONE BOX  (If No, confirm participant will do OGTT. Then SKIP to Question 6.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you taking oral medication or insulin for treatment of diabetes? CHECK ONLY ONE BOX  (If Yes, confirm participant will do Single blood draw.)  (If No, confirm participant will do OGTT.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Continued on next page

Participant ID

**Pregnancy**

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

*(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.)*

Yes  
 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

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

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

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.*

**Bariatric Surgery**

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

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

Continued on next page

Participant ID

**Medications**

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

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

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 medications are oral anticonvulsants, oral glucocorticoids/corticosteroids or atypical antipsychotics (see the list provided).

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

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

- 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 for diabetes
- If Yes and either answer to Questions 4 and 5 are No, check 'Metformin, confirm reason for use'. Proceed with all parts of study visit. Complete Call Back Register and give participant METFORMIN USE – MOTHER Form making sure to affix Participant ID label.  Metformin, confirm reason for use
- No
- (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.)  Forgot medications

Continued on next page

Participant ID

*NOTE: If the participant is scheduled for an OGTT, PROCEED to Question 13.*

*If the participant is scheduled for Single blood draw, SKIP to Question 25.*

**Illnesses in the Past 3 Days**

13. Have you been ill in the past 3 days (chills, fever, vomiting > 1x, or diarrhea  $\geq$  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)      \_\_\_ : \_\_\_

**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)      \_\_\_ : \_\_\_

**Continued on next page**

Participant ID

**Time Last Smoked**

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

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

20. What time did you last smoke? (24-hour clock)      \_\_\_ : \_\_\_

(Wait until 30 minutes have elapsed since last smoked before proceeding with the visit.)

**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  
(If No, SKIP to Question 23.)  No

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.)

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

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

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

(If before 0200 hours, SKIP to Question 27.

If after 0200 hours, STOP, CANCEL OGTT. Try to reschedule OGTT.

If able to reschedule, SKIP to Question 27 and go to  
PHYSICAL MEASUREMENTS – MOTHER and QUESTIONNAIRE.

If unable to reschedule, participant will do Single blood draw. SKIP to  
Question 27 and go to PHYSICAL MEASUREMENTS – MOTHER,  
SINGLE BLOOD DRAW – MOTHER and QUESTIONNAIRE.)

Continued on next page

Affix label here

Participant ID

Time of Last Eating or Drinking for Single Blood Draw	
25. What time did you last have something to eat or drink other than water? (24-hour clock)	___ : ___
26. What time did you last have a drink of water? (24-hour clock)	___ : ___
<i>NOTE: If necessary, wait until 2 hours have elapsed since time of last eating or drinking before proceeding with the visit.</i>	
Form Completion	
27. HAPO staff ID of person completing this form:	_____
<i>NOTE: For mothers doing OGTT, go to PHYSICAL MEASUREMENTS – MOTHER, OGTT FORM – MOTHER and QUESTIONNAIRE.</i>	
<i>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).</i>	

Continued on next page

Affix label here

Participant ID

**Complete AFTER OGTT Form - Mother or Single Blood Draw Form - Mother**

**(Note: Complete this section only if the blood drawing was not completed. Skip this section if the blood drawing 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:**      \_\_\_\_\_