

Data Entry Done

Affix label here

Participant ID

METFORMIN USE INTERVIEW - CHILD

NOTE TO INTERVIEWER: This form is used to confirm the reason for Metformin use by children in the HAPO Follow-Up Study. If the mail-in form provided to the mother is not returned within two weeks, call the participant two weeks following their scheduled visit.

Introduction: This is _____ from the Hyperglycemia and Adverse Pregnancy Outcome (HAPO) Follow-Up Study. First, I want to thank you for your participation in the HAPO Follow-Up Study. During your visit, you brought Metformin to your visit as one of the medications that your child is currently taking. We asked that you please call your child's doctor's office and fill out a form about the reason your child is taking Metformin. I am calling to see if you can provide answers to those questions today. Let me assure you that all the information you provide will be kept confidential.

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

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: _____