

# TODAY Form PAT, Participant Survey and Medical History

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RELEASEID

Release Participant ID

1. Days since randomization:

   

DAYS

*Instructions: This form is completed at the baseline visit through interview with the participant and the parent, family support person, or other knowledgeable family member.*

## Child's Perinatal History

2. Sex?

☐ <sub>1</sub>

Female

☐ <sub>2</sub>

Male

SEX

3. Age:

☐ <sub>1</sub>

≤ 13 years

 

years

☐ <sub>3</sub>

>15 years

AGE

4. What is the time since diabetes diagnosis?

☐ <sub>1</sub>

≤ 5 months

☐ <sub>2</sub>

> 5 months

DXTIME

5. What was the participant's weight at birth?

☐ <sub>1</sub>

Small (<2500g)

☐ <sub>2</sub>

Normal (2500-4000g)

☐ <sub>3</sub>

Large (>4000g)

BIRTHWT

6. When was the participant born?

☐ <sub>1</sub>

On time (± 2 weeks)

☐ <sub>2</sub>

Not born on time

BORN

7. Was the participant ever breastfed?

☐ <sub>1</sub>

Yes

☐ <sub>0</sub>

No

BF

**If YES,**

a. How many months was the participant breastfed exclusively (i.e., only breast milk)?

☐ <sub>1</sub>

Never breastfed exclusively

☐ <sub>3</sub>

1-3 months

☐ <sub>5</sub>

7-9 months

☐ <sub>2</sub>

Less than 1 month

☐ <sub>4</sub>

4-6 months

☐ <sub>6</sub>

Over 9 months

BFTIME

b. How old was he/she when breastfeeding was discontinued?

☐ <sub>1</sub>

Less than 1 month

☐ <sub>3</sub>

4-6 months

☐ <sub>5</sub>

Over 9 months

☐ <sub>2</sub>

1-3 months

☐ <sub>4</sub>

7-9 months

BFSTOP

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## Child's Perinatal History Continued

8. Was the participant ever fed infant formula? ☐<sub>1</sub> Yes ☐<sub>0</sub> No

FORMULA

**If YES,**

a. When did the participant begin drinking infant formula? (**check one**)

FORMST

☐<sub>1</sub> Less than 1 month ☐<sub>3</sub> 4-6 months ☐<sub>5</sub> Over 9 months  
☐<sub>2</sub> 1-3 months ☐<sub>4</sub> 7-9 months

9. At what age did the participant start drinking cow's milk (i.e., not in formula)? (**check one**)

MILKST

☐<sub>1</sub> Less than 1 month ☐<sub>4</sub> 7-9 months ☐<sub>6</sub> Over 12 months  
☐<sub>2</sub> 1-3 months ☐<sub>5</sub> 10-12 months ☐<sub>7</sub> Never fed cow's milk  
☐<sub>3</sub> 4-6 months

10. At what age did the participant start eating solid food (e.g., cereal, fruits, vegetables) on a daily basis? (**check one**)

FOODST

☐<sub>1</sub> Less than 1 month ☐<sub>3</sub> 4-6 months ☐<sub>5</sub> 10-12 months  
☐<sub>2</sub> 1-3 months ☐<sub>4</sub> 7-9 months ☐<sub>6</sub> Over 12 months

## Routine Medical Care

11. Outside the TODAY study, during the past 6 months, how many times has the participant:

- a. Called a health care provider (for a specific medical issue/concern)?   time(s)
- b. Had a regularly scheduled outpatient visit(s)?   time(s)
- c. Had urgent care visit(s) (i.e. doctor's office, clinic, not to emergency room)?   time(s)
- d. Had an emergency room visit?   time(s)
- e. Had an overnight hospital stay?   time(s)

CALLHCP

OUTPT

UC

ER

OVERNT

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## Routine Medical Care (continued)

12. During the past 6 months, how many days has the participant missed from school, work, or household activities, due to illness, injury, or medical care? Include visits related to his/her diabetes. Round to nearest half day.

a. School

   .  day (s)

LOSTS

b. Work

   .  day (s)

LOSTW

c. Household activities

   .  day (s)

LOSTH

13. Is the participant in school?

☐ <sub>1</sub> Yes ☐ <sub>0</sub> No

SCHOOL

**If YES,**

a. What grade?

  grade

GRADE

14. Is the participant employed outside the home?

☐ <sub>1</sub> Yes ☐ <sub>0</sub> No

WORK

**If YES,**

a. How many hours per week?

  hours/week

HRSWK

15. Is the participant covered by a health insurance plan?

Yes	No
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>

HEALTH

**If YES,**

a. Medicaid, Medicare, CHIP, state funded, or other federally funded

☐ <sub>1</sub> ☐ <sub>0</sub>

MEDICARE

b. Private – through work or purchased individually

☐ <sub>1</sub> ☐ <sub>0</sub>

PRIVATE

c. Does health insurance pay for all or some of the participant's:

i. Diabetes medications?

☐ <sub>1</sub> ☐ <sub>0</sub>

DIABMED

ii. Syringes, pens, needles?

☐ <sub>1</sub> ☐ <sub>0</sub>

SYRINGE

iii. Monitor strips and related supplies?

☐ <sub>1</sub> ☐ <sub>0</sub>

MONITOR

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## Sexual Maturity (Menstrual History) – Females only

16. Has the participant had her first period? ☐<sub>1</sub> Yes ☐<sub>0</sub> No

PERIOD

**If YES,**

a. How old was she when her periods began?

years

PERAGE

b. Number of periods in the past 6 months

periods

PERIOD6

## Socioeconomic Information

17. What is the highest degree or level of school completed for the household: (**check one**)

HOUSEEDU

☐<sub>1</sub> Less than HS degree

☐<sub>3</sub> Some college but no degree

☐<sub>2</sub> HS, GED, business or technical school

☐<sub>4</sub> At least a college degree

18. Number of people in the household:

Total: ☐<sub>1</sub> ≤ 3 people

☐ people

☐<sub>9</sub> ≥ 5 people

HOUSETOT

19. Is the place where the child usually lives:

LIVES

☐<sub>1</sub> Owned by parent/guardian or someone in the household with mortgage or loan

☐<sub>2</sub> Owned by parent/guardian or someone in household free and clear (no mortgage or loan)

☐<sub>3</sub> Rented

☐<sub>4</sub> Occupied without payment

20. Select the category that best describes total income of all persons living in the household over the past 12 months.

HOUSEINC

☐<sub>1</sub> < \$24,999

☐<sub>2</sub> \$25,000 - \$49,999

☐<sub>3</sub> > \$50,000

## Mother's History – biologic mother only

21. Is biologic mother's medical history available? ☐<sub>1</sub> Yes ☐<sub>0</sub> No

MOMHIST

**If NO, skip to question 31. If YES, continue.**

22. Mother's age ☐<sub>1</sub> ≤ 39 years   years ☐<sub>3</sub> ≥ 46 years

MOMAGE



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## Mother's History – biologic mother only (continued)

23. Mother's weight without shoes (**self report**)

<sub>1</sub> ≤ 172 pounds

pounds

<sub>3</sub> ≥ 210 pounds

MOMWGHT

24. Mother's height without shoes (**self report**)

<sub>1</sub> ≤ 62 inches

inches

<sub>3</sub> ≥ 65 inches

MOMHGHT

25. Did the participant's mother receive care from a health care provider while pregnant with the participant?

<sub>1</sub> Yes

<sub>0</sub> No

MOMPREN

**If YES,**

a. At what point during the pregnancy did care begin? (**check one**)

<sub>1</sub> During the 1st trimester

<sub>2</sub> After the 1st trimester

CAREST

Yes

No

26. While the participant's mother was pregnant with the participant, did a health care provider ever tell her that she had diabetes?

<sub>1</sub>

<sub>0</sub>

MOMGDM

**If YES,**

a. Did the diabetes go away after the participant was born?

<sub>1</sub>

<sub>0</sub>

MOMGDMA

27. Did the participant's mother have diabetes with any other pregnancy?

<sub>1</sub>

<sub>0</sub>

MGDMOTH

28. Was the participant's mother ever diagnosed with diabetes?

<sub>1</sub>

<sub>0</sub>

MOMDBNOW

29. Has the participant's mother's health care provider ever told her she has high cholesterol or an abnormal amount of fat in the blood?

<sub>1</sub>

<sub>0</sub>

MOMHFAT

30. Has the participant's mother's health care provider ever told her she has high blood pressure?

<sub>1</sub>

<sub>0</sub>

MOMHBP

## Father's History – biologic father only

31. Is biologic father's medical history available?

<sub>1</sub> Yes

<sub>0</sub> No

DADHIST

**If NO, skip to question 38. If YES, continue.**

32. Father's age  <sub>1</sub> ≤ 42 years

years

<sub>3</sub> ≥ 48 years

DADAGE

33. Father's weight without shoes (**self report**)

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## Father's History – biologic father only (continued)

☐ <sub>1</sub> ≤ 205 pounds

☐ <sub>2</sub> ≥ 206 pounds

DADWGHT

34. Father's height without shoes (*self report*)

☐ <sub>1</sub> ≤ 68 inches

☐ <sub>2</sub> ≥ 69 inches

DADHGHT

35. Was the participant's father ever diagnosed with diabetes?

☐ <sub>1</sub> ☐ <sub>0</sub>

DADDBNOW

36. Has the participant's father's health care provider ever told him he has high cholesterol or an abnormal amount of fat in the blood?

☐ <sub>1</sub> ☐ <sub>0</sub>

DADHFAT

37. Has the participant's father's health care provider ever told him he has high blood pressure?

☐ <sub>1</sub> ☐ <sub>0</sub>

DADHBP

## Siblings' History (biologically related) – includes 12 oldest siblings

38. Has a full sibling with history of diabetes?

☐ <sub>1</sub> Yes ☐ <sub>0</sub> No

FULLDIAB

39. Has a half sibling with history of diabetes?

☐ <sub>1</sub> Yes ☐ <sub>0</sub> No

HALFDIAB

## Grandparents' History (biologically related)

40. Did biologic grandparent ever have diabetes?

☐ <sub>1</sub> Yes ☐ <sub>0</sub> No

GRANDIAB

## Participant's Ethnicity and Race

41. Which of the following classifies your race/ethnicity?

☐ <sub>1</sub> Black, Non-Hispanic

☐ <sub>3</sub> White, Non-Hispanic

☐ <sub>2</sub> Hispanic

☐ <sub>4</sub> Other

RACE