

-
Participant ID

Nickname

RISE **HISTORY.1**
August 6, 2013
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Restoring Insulin Secretion Study
HISTORY: Participant Survey and Medical History

1. Study Visit Number VISIT	<table border="1"><tr><td>BAS</td><td>M12</td></tr></table>	BAS	M12								
BAS	M12										
2. Visit date (mm/dd/yyyy) Replaced with DAYSRAND	<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td>/</td><td><input type="text"/></td><td><input type="text"/></td><td>/</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
3. Staff ID	<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
<input type="text"/>	<input type="text"/>	<input type="text"/>									

Instructions: This form is completed at the Baseline and M12 visit through interview with the participant (and the parent or other knowledgeable family member for children).

Medical History

4. Medical History
- **Baseline:** Has a health care provider ever diagnosed the participant with the following?
 - **M12:** Has a health care provider diagnosed the participant with the following since the baseline visit?

	Yes	No		
a. High blood pressure HIHIGHBP	<table border="1"><tr><td>1</td></tr></table>	1	<table border="1"><tr><td>2</td></tr></table>	2
1				
2				
b. Any lipid abnormality (high cholesterol, high triglycerides, etc) HIFATS	<table border="1"><tr><td>1</td></tr></table>	1	<table border="1"><tr><td>2</td></tr></table>	2
1				
2				
c. Heart disease HIHEART	<table border="1"><tr><td>1</td></tr></table>	1	<table border="1"><tr><td>2</td></tr></table>	2
1				
2				
d. Depression HIDEPRESS	<table border="1"><tr><td>1</td></tr></table>	1	<table border="1"><tr><td>2</td></tr></table>	2
1				
2				
e. Sleep apnea HISLEEP	<table border="1"><tr><td>1</td></tr></table>	1	<table border="1"><tr><td>2</td></tr></table>	2
1				
2				

Menstrual History – Females only

5. Has the participant had her first period? **HIPERIOD**

1

 Yes

2

 No

3

 Don't Know
- If YES,**
- a. How old was she when her periods began?

<input type="text"/>	<input type="text"/>
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 years **HIPERAGE**
- b. Number of periods in the past 12 months

<input type="text"/>	<input type="text"/>
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 periods **HIPERNUM**
- c. Is the participant still menstruating? **HIMENST**

1

 Yes

2

 No

3

 Don't Know

-
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If NO,

- i. How old was she at her last period? years
HIAGELAST

6. Has a doctor told the participant that she has polycystic ovaries (PCO, PCOS) 1 Yes 2 No
(Baseline: ever; M12, since baseline)? **HIPCOS**

Socioeconomic Information (Complete at Baseline Visit ONLY)

7. Highest degree or level of school (**check only one**): **HISCHOOL**

- For Adult study:** What is the highest degree or level of school you have completed?
- For Pediatric study:** What is the highest degree or level of school completed by your parent or guardian?

- | | |
|--------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="text"/> 1 No schooling completed | <input type="text"/> 9 High school graduate (diploma) or equivalent (GED) |
| <input type="text"/> 2 Nursery school to 4th grade | <input type="text"/> 10 Business or technical school |
| <input type="text"/> 3 5th or 6th grade | <input type="text"/> 11 Some college |
| <input type="text"/> 4 7th or 8th grade | <input type="text"/> 12 Two-year associate degree |
| <input type="text"/> 5 9th grade | <input type="text"/> 13 Bachelor's degree |
| <input type="text"/> 6 10th grade | <input type="text"/> 14 Master's degree |
| <input type="text"/> 7 11th grade | <input type="text"/> 15 Professional or doctorate degree |
| <input type="text"/> 8 12th grade but no high school diploma | |

8. Number of people in the household:

- For Adult study:** Include children living at college. Do not include adult children living out of the home.
- For Pediatric study:** Respond for parents' home. For older children living independently, respond for current living situation.

- a. Total (Adults plus children)
HIHOUSE
- b. Children (<18 years) **HIKIDS**
- c. Adults 18 and older **HIADULTS**

9. Select the category that best describes total income of all persons living in the household over the past 12 months. (**Show card**) **HIINCOME**

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☐ 1 < \$5,000

☐ 2 \$5,000-11,999

☐ 3 \$12,000-15,999

☐ 4 \$16,000-24,999

☐ 5 \$25,000-34,999

☐ 6 \$35,000-49,999

☐ 7 \$50,000-74,999

☐ 8 \$75,000-99,999

☐ 9 \$100,000 or greater

☐ 10 Refused

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Pediatric Study Only: Child's Perinatal History (Complete at Baseline Visit ONLY)

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

Pounds **HIBIRTHLBS**
Ounces **HIBIRTHOZ**

- OR - Grams
HIBIRTHGRM

- OR - ¹ Don't know **HIBIRTHDK**

Pediatric Study Only: Biological Mother's History (Complete at Baseline Visit ONLY)

	Yes	No	Don't know
11. Was the participant's mother ever diagnosed with diabetes? HIMOMDIA	<input type="text"/> ¹	<input type="text"/> ²	<input type="text"/> ³
12. While the participant's mother was pregnant with the participant, did a health care provider ever tell her that she had diabetes? HIPRGDIAPPT	<input type="text"/> ¹	<input type="text"/> ²	<input type="text"/> ³
If YES,			
a. Did the diabetes go away after the participant was born? HIPRGDIAAWAY	<input type="text"/> ¹	<input type="text"/> ²	<input type="text"/> ³
13. Did the participant's mother have diabetes with any other pregnancy? HIPRGDIAOTH	<input type="text"/> ¹	<input type="text"/> ²	<input type="text"/> ³