

**SCREENING INTERVIEW**

A) To be completed from hospital chart or computer and verified with mother:

Mother's Name: \_\_\_\_\_  
Last First MI

Mother's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Baby's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY MM DD YY

Mother's Address: \_\_\_\_\_  
Street and Apt #  
\_\_\_\_\_  
City State Zip Code

Telephone: \_\_\_\_\_

Alternative Telephone: \_\_\_\_\_ (for \_\_\_\_\_)

Mother's Hospital ID#: \_\_\_\_\_

Name of Attending Physician: \_\_\_\_\_ [ ] Kaiser [ ] Private

B) To ask mother:

Baby's Name: \_\_\_\_\_  
Last First MI

Sex of Baby: [ ] 1 male [ ] 2 female

Race of Baby:

- [ ] 1 White
- [ ] 2 Black, African-American
- [ ] 3 American Indian, Native American
- [ ] 4 Eskimo, Aleut
- [ ] 5 Asian, Pacific Islander
- [ ] 6 Biracial: specify \_\_\_\_\_
- [ ] 7 Other: specify \_\_\_\_\_

Is the baby of Spanish/Hispanic origin?:

- [ ] 1 Yes, Mexican, Mexican American
- [ ] 2 Yes, Puerto Rican
- [ ] 3 Yes, Other Spanish/Hispanic: specify \_\_\_\_\_
- [ ] 4 Yes, Cuban
- [ ] 5 No

Father's Name: \_\_\_\_\_  
Last First MI

Do you have diabetes? [ ] 1 Yes -----> [ ] insulin-dependent diabetes (Type I)  
 (check one) [ ] non-insulin dependent diabetes (Type II)  
 [ ] gestational diabetes  
 This pregnancy: [ ] 1 Yes [ ] 2 No  
 [ ] 2 No

What age were you diagnosed with diabetes? \_\_\_\_\_ [ ] NA

How is / was the diabetes treated? (check one or more)

1 insulin injections       2 pills       3 diet       4 NA

Does the baby's father or the baby's brothers or sisters have Type I (insulin-dependent) diabetes?

1 Yes       2 No       3 DK

If yes, complete the following for each relative:

<u>Name</u>	<u>Relation to Baby</u>	<u>Age at Diagnosis</u>	<u>Type of Treatment</u>	
_____			<input type="checkbox"/> insulin	<input type="checkbox"/> diet
			<input type="checkbox"/> pills	<input type="checkbox"/> none
_____			<input type="checkbox"/> insulin	<input type="checkbox"/> diet
			<input type="checkbox"/> pills	<input type="checkbox"/> none

Permission Given to Store blood?     1 Yes       2 No

Permission Given to Store DNA?     1 Yes       2 No

Does the baby have a parent or brother or sister with any of the diseases listed on this card?

1 Yes       2 No       3 DK

Recruiter shows cue card of diseases.

1. Heart Attack (Myocardial Infarction) or Stroke
2. Hypertension (High Blood Pressure)
3. Celiac Disease (Gluten Allergy)
4. Rheumatoid Arthritis
5. Thyroid Disease
6. Ankylosing Spondylitis
7. Multiple Sclerosis
8. Myasthenia Gravis
9. Lupus
10. IgA / Immune Deficiency
11. Allergies
12. Asthma
13. Ulcerative Colitis
14. Crohn's Disease
15. Leukemia or Hodgkin's Disease
16. Addison's Disease

If yes, complete the following for each relative:

<u>Name</u>	<u>Relation to Baby</u>	<u>Disease</u>	<u>Age at Diagnosis</u>
_____			
_____			
_____			
_____			
_____			