DAISY Form: NEC_Screen ID: _____

DATE: _____

SCREENING INTERVIEW

Refusal Reason: _____

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 ---------> (check one)
[ ] insulin-dependent diabetes (Type I)
[ ] 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:

Name	Relation to Baby	Age at Diagnosis	Type of Treatment
			[ ] insulin [ ] diet [ ] pills [ ] none
			[ ] insulin [ ] diet [ ] pills [ ] 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:

Name	Relation to Baby	Disease	Age at Diagnosis