☐ **Data Entry Done** ☐ **Re-Entered**

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Participant ID

HAPO FOLLOW-UP STUDY QUESTIONNAIRE

NOTE TO INTERVIEWER: Questions 1 and 2 will not be asked directly of the participant, but should filled out prior to starting the interview. The answers for Question 2 can be taken directly from the consent forms signed by the mother.

Introduction: Now I am going to ask you several questions about you and your child. For many of the questions, I will read several choices for the answer. Please choose the one answer that best describes you. Let me assure you that all of the information you provide will be kept confidential.

1. Date today: **2 0 1** __ / __ __ / __ __
Year Mo Day

2. Did the participant consent to being recontacted for future studies? (Copy from consent form.)

a. for herself
☐ Yes
☐ No

b. for her child
☐ Yes
☐ No

Sociodemographics – Mother

3. What is your date of birth?

1 9 __ __ / __ __
Year Mo

4. What is your current marital status or living arrangement? CHECK ONLY ONE BOX

☐ Now married
☐ Living together in a marriage-like relationship
☐ Separated
☐ Divorced
☐ Widowed
☐ Never married

5. Which one of the following best describes your current employment status? CHECK ONLY ONE BOX

☐ Employed full-time
☐ Employed part-time
☐ Full-time homemaker
☐ Student
☐ Not employed
☐ Never worked

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6. Which one of the following best describes your ethnic origin? (Read categories from the list for your Field Center and enter only one.)	__ __
7. How many years of school have you completed?	__ __
Family History of Diabetes - Mother	
8. Has your mother ever been told by a medical person that she has diabetes? CHECK ONLY ONE BOX	☐ Yes ☐ No ☐ Don't know
9. Has your father ever been told by a medical person that he has diabetes? CHECK ONLY ONE BOX	☐ Yes ☐ No ☐ Don't know
10. Has a brother or sister ever been told by a medical person that he or she has diabetes? CHECK ONLY ONE BOX	☐ Yes ☐ No ☐ Don't know ☐ Not applicable
11. Have any of your children, other than your HAPO child, ever been told by a medical person that he or she has diabetes? CHECK ONLY ONE BOX	☐ Yes ☐ No ☐ Don't know ☐ Not applicable
Family History of Hypertension - Mother	
12. Has your mother ever been told by a medical person that she has hypertension or high blood pressure? CHECK ONLY ONE BOX	☐ Yes ☐ No ☐ Don't know
13. Has your father ever been told by a medical person that he has hypertension or high blood pressure? CHECK ONLY ONE BOX	☐ Yes ☐ No ☐ Don't know
14. Has a brother or sister ever been told by a medical person that he or she has hypertension or high blood pressure? CHECK ONLY ONE BOX	☐ Yes ☐ No ☐ Don't know ☐ Not applicable

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15. Have any of your children, other than your HAPO child, ever been told by a medical person that he or she has hypertension or high blood pressure? CHECK ONLY ONE BOX	☐ Yes ☐ No ☐ Don't know ☐ Not applicable
Smoking - Mother	
16. How many cigarettes do you smoke in a typical day? CHECK ONLY ONE BOX	☐ None ☐ 1-10 (half a pack or less) ☐ >10 (more than half a pack) ☐ Don't know ☐ Refused
17. Do you regularly use any other form of tobacco (e.g. cigarillos)? CHECK ONLY ONE BOX	☐ Yes ☐ No
18. Does your HAPO child smoke? CHECK ONLY ONE BOX	☐ Yes ☐ No
19. Does anyone else in your household smoke? CHECK ONLY ONE BOX	☐ Yes ☐ No
Alcohol - Mother	
20. How many drinks of alcohol do you consume in a typical day? CHECK ONLY ONE BOX	☐ None ☐ Less than 1 drink per day ☐ 1 to 2 drinks per day ☐ More than 2 drinks per day ☐ Don't know ☐ Refused

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Participant ID

Medical History and Medication Use – Mother

21. Do you still have periods?
CHECK ONLY ONE BOX

☐ Yes
☐ No

(If No, SKIP to Question 25.)

22. Are your periods regular or irregular?
CHECK ONLY ONE BOX

☐ Regular
☐ Irregular

23. What was the first day of your last period?

2 0 1 __ / __ __ / __ __
Year Mo Day

24. Do you currently use birth control pills or other hormonal contraceptives? CHECK ONLY ONE BOX

☐ Yes
☐ No

SKIP to Question 31.

25. Have you had a hysterectomy? CHECK ONLY ONE BOX

☐ Yes
☐ No

(If No, Skip to Question 28.)

26. Were your ovaries removed?
CHECK ONLY ONE BOX

☐ Yes
☐ No
☐ Don't know

27. Are you on hormonal replacement therapy?
CHECK ONLY ONE BOX

☐ Yes
☐ No

SKIP to Question 31.

28. Do you currently use any contraceptives (e.g., IUD, pills, shots, patches) that stop your periods?
CHECK ONLY ONE BOX

☐ Yes
☐ No

(If Yes, SKIP to Question 31.)

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29. Did your periods stop naturally? CHECK ONLY ONE BOX	☐ Yes ☐ No
30. Are you on hormonal replacement therapy? CHECK ONLY ONE BOX	☐ Yes ☐ No
31. Are you taking medication for treatment of hypertension, high blood pressure, or protein in your urine? CHECK ONLY ONE BOX	☐ Yes ☐ No
32. Are you taking medication for treatment of high cholesterol? CHECK ONLY ONE BOX	☐ Yes ☐ No
33. Have you ever had a heart attack or stroke? CHECK ONLY ONE BOX	☐ Yes ☐ No
34. In the past year, have you intentionally lost 10 pounds (4.5 kg) or more? CHECK ONLY ONE BOX	☐ Yes ☐ No

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Participant ID

Medical History and Medication Use – HAPO Child's Father

35. Do you know how much the biological father of your HAPO child currently weighs?

☐ Yes
(If No, SKIP to Question 38.) ☐ No

36. Do you know his weight in pounds or kilograms?

☐ lbs
☐ kg

37. How much does he currently weigh? __ __ __

38. Do you know his height?

☐ Yes
☐ No
(If No, SKIP to Question 42.)

39. Do you know his height in feet and inches or centimeters?

☐ ft/in
(If cm, SKIP to Question 41.) ☐ cm

40. How tall is he?

SKIP to Question 42. __ ft __ __ in

41. How tall is he?

__ __ __ cm

42. Is he taking medication for treatment of diabetes?
CHECK ONLY ONE BOX

☐ Yes
☐ No
☐ Don't know

43. Is he taking medication for treatment of hypertension or high blood pressure? CHECK ONLY ONE BOX

☐ Yes
☐ No
☐ Don't know

44. Is he taking medication for treatment of high cholesterol?
CHECK ONLY ONE BOX

☐ Yes
☐ No
☐ Don't know

45. Has he ever had a stroke or heart attack?
CHECK ONLY ONE BOX

☐ Yes
☐ No
☐ Don't know

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Participant ID

Pregnancy and Breastfeeding - Mother

46. Following the birth of your HAPO child, how many subsequent pregnancies did you have that lasted 20 weeks or longer? __ __

47. Did you ever breastfeed your HAPO baby?

☐ Yes
☐ No

(If No, SKIP to Question 51.)

48. How old was your baby (in months) when you stopped breastfeeding? __ __ . __ __

49. Did you use formula while breastfeeding?

☐ Yes
☐ No

(If No, SKIP to Question 51.)

50. How old was your baby (in months) when you started to use formula? __ __ . __ __

51. How old was your baby (in months) when you started to give him/her food other than milk? __ __ . __ __

52. Did any major life stressors occur during your pregnancy with your HAPO child?

☐ Yes
☐ No

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Participant ID

Physical Activity and Sleep - Mother	
53. Do you exercise or do vigorous physical activity (that makes you sweat) for 30 minutes or more at least 3 days a week?	☐ Yes ☐ No
54. On a typical week night, what time do you go to sleep? (24-hour clock)	__ __ : __ __
55. On a typical week day, what time do you wake up in the morning? (24-hour clock)	__ __ : __ __
56. On a typical weekend night, what time do you go to sleep? (24-hour clock)	__ __ : __ __
57. On a typical weekend day, what time do you wake up in the morning? (24-hour clock)	__ __ : __ __

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Participant ID

Medical History and Medication Use - Child

58. What is your HAPO child's date of birth? **2 0** __ __ **/** __ __
Year Mo

59. What is your HAPO child's gender?

(If Male, SKIP to Question 63.)

☐ Male
☐ Female

60. Has she started menstruating?

(If No, SKIP to Question 63.)

☐ Yes
☐ No

61. What year and month did she first start menstruating? **2 0** __ __ **/** __ __
Year Mo

62. Are her periods regular?

☐ Yes
☐ No

63. Has a medical person told you that your child has any of these specific health problems? CHECK ALL THAT APPLY

☐ Down's syndrome or other chromosomal abnormality
☐ Thyroid problem (either under or overactive)
☐ Adrenal problem
☐ Pituitary problem
☐ Puberty that was too early
☐ Heart problem
☐ Arthritis
☐ Problems absorbing food
☐ Stomach problem
☐ Intestinal problem
☐ Liver problem
☐ Kidney problem
☐ Skeletal or bone problem
☐ Cancer
☐ Other
☐ None

(If "Other", please specify: _____)

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64. Has your HAPO child taken steroid pills for treatment of asthma or another medical condition for a total of three months or more? CHECK ONLY ONE BOX	☐ Yes ☐ No
65. Has your HAPO child had his or her tonsils taken out? CHECK ONLY ONE BOX	☐ Yes ☐ No
Physical Activity and Sleep - Child	
66. On a typical school day, on average, over the past 6 months, how many hours per day has your child spent watching TV or playing computer games not requiring physical activity?	__ __
67. On a typical non-school day, on average, over the past 6 months, how many hours per day has your child spent watching TV or playing computer games not requiring physical activity?	__ __
68. On a typical school day, what time does your child go sleep? (24-hour clock)	__ __ **:** __ __
69. On a typical school day, what time does your child wake up in the morning? (24-hour clock)	__ __ **:** __ __
70. On a typical non-school day, what time does your child go to sleep? (24-hour clock)	__ __ **:** __ __
71. On a typical non-school day, what time does your child wake up in the morning? (24-hour clock)	__ __ **:** __ __
NOTE TO INTERVIEWER: *Check the answer to question 2a and 2b on the first page of this form. If the answer to question 2a or 2b on the first page of this form is "yes" ask the participant to complete the Future Contact Form.*	
Form Completion	
72. HAPO staff ID of person completing this form:	__ __ __ __ __ __
73. HAPO staff ID of person entering data into Data Entry System	__ __ __ __ __ __