☐ **Data Entry Done**

Participant ID

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HAPO FOLLOW-UP STUDY
RECONTACT SCREENING FORM

NOTE TO INTERVIEWER: Confirm questions 1-7 on PHONE CALL INFORMATION prior to attempting the screening phone call with the participant and have this available during the phone call. Also, fill out Question 1 on this form prior to attempting the phone call. Have the RECONTACT VISIT PLANNING FORM ready to fill out during the interview.

IF QUESTION 1 IS YES (HAPO child already completed the visit), read Introduction A at the start of the phone call.

IF QUESTION 1 IS NO (HAPO child did not already complete the visit), read Introduction B at the start of the phone call.

Introduction A: This is _____ from the Hyperglycemia and Adverse Pregnancy Outcome (HAPO) Study. First, I want to thank you again for your participation in HAPO. The results of the study have helped us understand the effects of a mother's blood sugar during pregnancy on the development of her baby. As you know, now we are trying to determine if there is a link between your blood sugar when you were pregnant and your HAPO child's growth and blood sugar levels. Thank you for bringing your child to their study visit. Now we would like to know about your health. It will take about 10 minutes to determine if you are eligible to participate in a HAPO Follow-Up Study. Let me assure you that all information you provide will be kept confidential.

Introduction B: This is _____ from the Hyperglycemia and Adverse Pregnancy Outcome (HAPO) Study. First, I want to thank you again for your participation in HAPO. The results of the study have helped us understand the effects of a mother's blood sugar during pregnancy on the development of her baby. Now we are trying to determine if there is a link between your blood sugar when you were pregnant and your HAPO child's growth and blood sugar levels. We would also like to know about your health. It will take about 10 minutes to determine if you are eligible to participate in a HAPO Follow-Up Study. Let me assure you that all information you provide will be kept confidential.

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Participant ID

Preliminary Information

1. Did HAPO child already complete the Follow-Up Study Visit? ☐ Yes ☐ No

Contact

2. Able to recontact HAPO participant?

(If Yes, SKIP to Question 5.) ☐ Yes ☐ No

3. Reason for not recontacting HAPO participant:

_____

4. Date recontact attempts stopped: **2 0 1** __ **/** __ __ **/** __ __
Year   Mo   Day

SKIP to Question 21.

5. Date of recontact phone call: **2 0 1** __ **/** __ __ **/** __ __
Year   Mo   Day

Willingness

6. Would you be willing to answer some questions to determine eligibility to participate in a follow-up study of HAPO participants?
CHECK ONLY ONE BOX

(If Yes, SKIP to Question 8.) ☐ Yes ☐ No

7. If given, reason for not participating. DO NOT ASK for a reason, only record those that are offered. CHECK ALL THAT APPLY
☐ No reason given
☐ Not interested
☐ Babysitter issue
☐ Time off work
☐ Other

(If "Other", please specify: _____)

SKIP to Question 21.

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Participant ID

Pregnancy and Breastfeeding

8. Are you currently pregnant? CHECK ONLY ONE BOX

(If Yes and more than 6 months of recruitment remain,
Check 'Pregnancy – Recontact' for Question 2 on
RECONTACT VISIT PLANNING FORM.
Then PROCEED to Question 9.
If Yes and fewer than 6 months of recruitment remain,
Check 'Pregnancy – do not recontact' for Question 2 on
RECONTACT VISIT PLANNING FORM.
Then SKIP to Question 21.) ☐ Yes

(If No, SKIP to Question 10.) ☐ No

9. We cannot invite you to participate right now, but we would like
to call you back six months after your baby is born. What is
your baby's due date?

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

SKIP to Question 21.

10. Are you currently breastfeeding? CHECK ONLY ONE BOX

(If Yes and more than 6 months of recruitment remain,
Check 'Pregnancy – Recontact' for Question 2 on
RECONTACT VISIT PLANNING FORM.
Then SKIP to Question 21.
If Yes and fewer than 6 months of recruitment remain,
Check 'Pregnancy – do not recontact' for Question 2 on
RECONTACT VISIT PLANNING FORM.
Then SKIP to Question 21.) ☐ Yes

☐ No

NOTE: If Question 1 (Did HAPO child already complete study visit?) is Yes, check 'Study visit
complete' for Question 1 on RECONTACT VISIT PLANNING FORM. Then SKIP to Question 16.

If Question 1 is No, PROCEED to Question 11.

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Participant ID

Physical Measurements – Child

11. Now I am going to ask you some questions about your HAPO child. The study will require 1 office visit. We will measure weight, height, blood pressure, and skinfolds, and will evaluate where your child is at in puberty. We will measure waist and arm size using a tape measure and we will measure body fat using a special piece of equipment called a BOD POD. The BOD POD will take 5 minutes and will require changing into a bathing suit or tight-fitting clothing. Would you be willing to have your child have these measurements?
    CHECK ONLY ONE BOX

☐ Yes
(If No, SKIP to Question 21.) ☐ No

Diabetes - Child

12. Has a medical person ever told you that your child has diabetes?
    CHECK ONLY ONE BOX

☐ Yes
(If No, SKIP to Question 15.) ☐ No

13. Is your child taking oral medication or insulin for treatment of diabetes?
    CHECK ONLY ONE BOX

☐ Yes
(If No, SKIP to Question 15.) ☐ No

Single Blood Draw - Child

14. At the office visit, the study will also require a single blood draw for your child. Would you be willing for your child to have a blood draw?
    CHECK ONLY ONE BOX

(If Yes, check 'Single blood draw' for Question 1 on the ☐ Yes
RECONTACT VISIT PLANNING FORM. Then SKIP to Question 16.)

(If No, SKIP to Question 21.) ☐ No

OGTT - Child

15. The study will also require an overnight fast and a 2-hour oral glucose tolerance test similar to the one you did during HAPO. We will insert a little tube into a vein and collect blood from it at four time points during the test. Then we will remove the tube. Would you be willing for your child to have this test?   CHECK ONLY ONE BOX

(If Yes, check 'OGTT' for Question 1 on the RECONTACT VISIT PLANNING FORM.) ☐ Yes

(If No, SKIP to Question 21.) ☐ No

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Participant ID

Physical Measurements - Mother

16. For you, the study office visit will require measurement of weight, height, and blood pressure. We will measure waist and hip size using a tape measure. We will also perform the same 5-minute measurement of body fat using the BOD POD that will require changing into a bathing suit or tight-fitting clothing, just like your child.
Are you willing to have these measurements? CHECK ONLY ONE BOX

☐ Yes
☐ No

Diabetes - Mother

17. Has a medical person ever told you that you have diabetes?
CHECK ONLY ONE BOX

☐ Yes
(If No, SKIP to Question 20.) ☐ No

18. Are you taking oral medication or insulin for treatment of diabetes?
CHECK ONLY ONE BOX

☐ Yes
(If No, SKIP to Question 20.) ☐ No

Single Blood Draw - Mother

19. For you, the study will require a single blood draw. Are you willing to have a blood draw? CHECK ONLY ONE BOX

(If Yes, check 'Single blood draw' for Question 2 on the RECONTACT VISIT PLANNING FORM. Then SKIP to Question 21.) ☐ Yes

(If No, SKIP to Question 21.) ☐ No

OGTT - Mother

20. For you, the study will require an overnight fast and a 2-hour oral glucose tolerance test that includes two blood draws. Would you be willing to have this test? CHECK ONLY ONE BOX

(If Yes, check 'OGTT' for Question 2 on the RECONTACT VISIT PLANNING FORM.) ☐ Yes
☐ No

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Participant ID

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Form Completion
21. HAPO staff ID of person completing this form: __ __ __ __ __ __
NOTE: If the mother is pregnant or breastfeeding and is willing to be recontacted in the future, record a new anticipated call back date in Question 7 on Phone Call Information. *If study visit should be scheduled, PROCEED to Question 3 on Recontact Visit Planning Form.*
22. HAPO staff ID of person entering data into Data Entry System: __ __ __ __ __ __