☐ **Data Entry Done**

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Participant ID

HAPO FOLLOW-UP STUDY
TEST QUALIFICATION FORM - CHILD

NOTE TO INTERVIEWER: Fill out questions 1, 2 and 3 prior to interviewing the participant.

Introduction: During this interview I will ask you some questions to make sure that your child can complete his or her study visit. Let me assure you that all the information you provide will be kept confidential.

Scheduled Visit

1. Visit date: **2 0 1** __ **/** __ __ **/** __ __
Year Mo Day

2. Time questioning began (24-hour clock): __ __ **:** __ __

3. Is the child scheduled for OGTT or Single blood draw?
CHECK ONLY ONE BOX
☐ OGTT
☐ Single blood draw

Diabetes

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

☐ Yes
☐ No

(If No, confirm child will do OGTT. Then SKIP to Question 6.)

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

(If Yes, confirm child will do Single blood draw.) ☐ Yes

(If No, confirm child will do OGTT.) ☐ No

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Participant ID

HIV, Hepatitis B or Hepatitis C

6. Has a medical person ever told you that your child has HIV, hepatitis B or hepatitis C? CHECK ONLY ONE BOX

☐ Yes
(If No, SKIP to Question 9.) ☐ No

7. What time did your child last have something to eat or drink other than water? (24-hour clock) __ __ **:** __ __

8. What time did your child last have a drink of water? (24-hour clock) __ __ **:** __ __

NOTE: If necessary, wait until 2 hours have elapsed since time of last eating or drinking recorded in Questions 7 and 8. Then STOP, CANCEL OGTT or Single blood draw. SKIP to Question 25 and then go to PHYSICAL MEASUREMENTS – CHILD.

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Participant ID

Medications

9. Is your child regularly taking any medications? CHECK ONLY ONE BOX

☐ Yes
(If No, SKIP to directions preceding Question 11.) ☐ No

10. I am going to see if any of these are medications that would affect your child's blood sugar levels.

***10a**. Check to see if any of the medications are oral anticonvulsants, oral glucocorticoids/corticosteroids, or atypical antipsychotics (see the list provided).*

(If Yes, participant will do Single blood draw. SKIP to Question 23.) ☐ Yes

☐ No

(If Forgot medications, proceed with all parts of study visit. Complete Call Back Register and after the call, correct the form so answer is Yes or No.) ☐ Forgot medications

***10b**. Check to see if Metformin is one of the medications.*

If Yes and answers to Questions 4 and 5 are Yes (diabetic and on medication) then check 'Metformin for diabetes'. Participant will do Single blood draw. SKIP to Question 23. ☐ Metformin for diabetes

If Yes and either answer to Questions 4 and 5 are No, check 'Metformin, confirm reason for use'. Proceed with all parts of study visit. Complete Call Back Register and give mother METFORMIN USE – CHILD Form making sure to affix Participant ID label. ☐ Metformin, confirm reason for use

☐ No

(If Forgot medications, proceed with all parts of study visit. Complete Call Back Register and after the call, send METFORMIN USE – CHILD Form if necessary.) ☐ Forgot medications

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Participant ID

NOTE: If the child is scheduled for an OGTT, PROCEED to Question 11.

If the child is scheduled for Single blood draw, SKIP to Question 23.

Illnesses in the Past 3 Days

11. Has your child been ill in the past 3 days (chills, fever, vomiting > 1x, or diarrhea ≥ 3x)? CHECK ONLY ONE BOX

☐ Yes
☐ No

Diet for Last 3 Days

12. Has your child eaten his or her typical or usual diet for the past 3 days? CHECK ONLY ONE BOX

☐ Yes
☐ No

Time of Last Vigorous Physical Activity

13. Did your child exercise vigorously after 11:00 pm (2300 hours) last night? CHECK ONLY ONE BOX

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

14. When did your child finish exercising vigorously? (24-hour clock) __ __ **:** __ __

Inhaler Use

15. Did your child use an inhaler for asthma or other breathing problems after 11:00 pm (2300 hours) last night? CHECK ONLY ONE BOX

☐ Yes
(If No, SKIP to Question 17.) ☐ No

16. What time did your child last use an inhaler? (24-hour clock) __ __ **:** __ __

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Participant ID

Time Last Smoked

17. Has your child smoked in the past 2 hours? CHECK ONLY ONE BOX

☐ Yes
(If No, SKIP to Question 19.) ☐ No

18. What time did your child last smoke? (24-hour clock) __ __ **:** __ __

(Wait until 30 minutes have elapsed since last smoked before proceeding with the visit.)

Time of Last Eating or Drinking for OGTT

19. Did your child have a drink of water in the past 2 hours?
CHECK ONLY ONE BOX

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

20. What time did your child have a drink of water? (24-hour clock) __ __ **:** __ __

(Wait until 2 hours have elapsed since last drink of water before proceeding with the visit.)

21. Did your child eat or drink anything other than water after 11:00 pm (2300 hours) last night? CHECK ONLY ONE BOX

☐ Yes
(If No, SKIP to Question 25.) ☐ No

22. What time did your child last eat or drink anything other than water? (24-hour clock) __ __ **:** __ __

(If before 0200 hours, SKIP to Question 25.

If after 0200 hours, STOP, CANCEL OGTT. Try to reschedule OGTT.

If able to reschedule, SKIP to Question 25 and go to PHYSICAL MEASUREMENTS – CHILD.

If unable to reschedule, participant will do Single blood draw. SKIP to Question 25 and go to PHYSICAL MEASUREMENTS – CHILD and SINGLE BLOOD DRAW – CHILD.)

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Participant ID

Time of Last Eating or Drinking for Single Blood Draw	
23. What time did your child last have something to eat or drink other than water? (24-hour clock)	__ __ **:** __ __
24. What time did your child last have a drink of water? (24-hour clock)	__ __ **:** __ __
NOTE: If necessary, wait until 2 hours have elapsed since time of last eating or drinking before proceeding with the visit.	
Form Completion	
25. HAPO staff ID of person completing this form:	__ __ __ __ __ __
NOTE: For children doing the OGTT, go to PHYSICAL MEASUREMENTS – CHILD and OGTT FORM – CHILD. *For children doing a Single Blood Draw, go to PHYSICAL MEASUREMENTS – CHILD and SINGLE BLOOD DRAW FORM – CHILD. This will include children originally scheduled for Single blood draw (Question 3). It may also include children originally scheduled for OGTT (Question 3), but changed to a Single blood draw due to interfering medications (Question 10) or unacceptable fasting status (Question 22).*	

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Participant ID

Complete AFTER <u>OGTT Form - Child</u> or <u>Single Blood Draw Form - Child</u>

(Note: Complete this section only if the blood drawing was not completed. Skip this section if the blood drawing was completed without a problem.)

26. Why was the blood drawing not completed?
CHECK ONLY ONE BOX

- ☐ Refused blood samples
- ☐ Fasting glucose sample not obtained
- ☐ Vomited after glucose load
- ☐ Fainted or fell ill after the glucose load
- ☐ Other

(If "Other", please specify: _____)

Data Entry Completion

27. HAPO staff ID of person entering data into Data Entry System: __ __ __ __ __ __