

-
Participant ID

Nickname



Restoring Insulin Secretion Study
HISTORY: Participant Survey and Medical History

1. Study Visit Number VISIT	<input type="text"/> BAS <input type="text"/> M12
2. Visit date (mm/dd/yyyy) Replaced with DAYSRAND	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. Staff ID	<input type="text"/> <input type="text"/> <input type="text"/>

Instructions: This form is completed at the Baseline and M12 visit through interview with the participant (and the parent or other knowledgeable family member for children).

Medical History

4. Medical History
- **Baseline:** Has a health care provider ever diagnosed the participant with the following?
 - **M12:** Has a health care provider diagnosed the participant with the following since the baseline visit?

	Yes	No
a. High blood pressure HIHIGHBP	<input type="text"/> 1	<input type="text"/> 2
b. Any lipid abnormality (high cholesterol, high triglycerides, etc) HIFATS	<input type="text"/> 1	<input type="text"/> 2
c. Heart disease HIHEART	<input type="text"/> 1	<input type="text"/> 2
d. Depression HIDEPRESS	<input type="text"/> 1	<input type="text"/> 2
e. Sleep apnea HISLEEP	<input type="text"/> 1	<input type="text"/> 2

Menstrual History – Females only

5. Has the participant had her first period? **HIPERIOD** 1 Yes 2 No 3 Don't Know
- If YES,**
- a. How old was she when her periods began? years **HIPERAGE**
- b. Number of periods in the past 12 months periods **HIPERNUM**
- c. Is the participant still menstruating? **HIMENST** 1 Yes 2 No 3 Don't Know

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If NO,

i. How old was she at her last period? years
HIAGELAST

6. Has a doctor told the participant that she has polycystic ovaries (PCO, PCOS) Yes No
(*Baseline: ever; M12, since baseline*)? **HIPCOS**

Socioeconomic Information (Complete at Baseline Visit ONLY)

7. Highest degree or level of school (**check only one**): **HISCHOOL**

- **For Adult study:** What is the highest degree or level of school you have completed?
- **For Pediatric study:** What is the highest degree or level of school completed by your parent or guardian?

1 No schooling completed

2 Nursery school to 4th grade

3 5th or 6th grade

4 7th or 8th grade

5 9th grade

6 10th grade

7 11th grade

8 12th grade but no high school diploma

9 High school graduate (diploma) or equivalent (GED)

10 Business or technical school

11 Some college

12 Two-year associate degree

13 Bachelor's degree

14 Master's degree

15 Professional or doctorate degree

8. Number of people in the household:

- **For Adult study:** Include children living at college. Do not include adult children living out of the home.
- **For Pediatric study:** Respond for parents' home. For older children living independently, respond for current living situation.

a. Total (Adults plus children)
HIHOUSE

b. Children (<18 years) **HIKIDS**

c. Adults 18 and older **HIADULTS**

9. Select the category that best describes total income of all persons living in the household over the past 12 months. (**Show card**) **HIINCOME**

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RISE **HISTORY.1**

August 6, 2013

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1 < \$5,000

2 \$5,000-11,999

3 \$12,000-15,999

4 \$16,000-24,999

5 \$25,000-34,999

6 \$35,000-49,999

7 \$50,000-74,999

8 \$75,000-99,999

9 \$100,000 or greater

10 Refused

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Pediatric Study Only: Child's Perinatal History (Complete at Baseline Visit ONLY)

10. What was the participant's weight at birth?

Pounds **HIBIRTHLBS**
Ounces **HIBIRTHOZ**

- OR - Grams
HIBIRTHGRM

- OR - 1 Don't know **HIBIRTHDK**

Pediatric Study Only: Biological Mother's History (Complete at Baseline Visit ONLY)

	Yes	No	Don't know
11. Was the participant's mother ever diagnosed with diabetes? HIMOMDIA	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3
12. While the participant's mother was pregnant with the participant, did a health care provider ever tell her that she had diabetes? HIPRGDIAPPT	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3
If YES,			
a. Did the diabetes go away after the participant was born? HIPRGDIAAWAY	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3
13. Did the participant's mother have diabetes with any other pregnancy? HIPRGDIAOTH	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3