

TODAY Form PAT, Participant Survey and Medical History

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Release Participant ID

1. Days since randomization:

Instructions: This form is completed at the baseline visit through interview with the participant and the parent, family support person, or other knowledgeable family member.

Child's Perinatal History

2. Sex? ₁ Female ₂ Male

3. Age: ₁ ≤ 13 years years ₃ >15 years

4. What is the time since diabetes diagnosis? ₁ ≤ 5 months ₂ > 5 months

5. What was the participant's weight at birth?
₁ Small (<2500g) ₂ Normal (2500-4000g) ₃ Large (>4000g)

6. When was the participant born?
₁ On time (± 2 weeks) ₂ Not born on time

7. Was the participant ever breastfed? ₁ Yes ₀ No

If YES,

a. How many months was the participant breastfed exclusively (i.e., only breast milk)?
₁ Never breastfed exclusively ₃ 1-3 months ₅ 7-9 months
₂ Less than 1 month ₄ 4-6 months ₆ Over 9 months

b. How old was he/she when breastfeeding was discontinued?
₁ Less than 1 month ₃ 4-6 months ₅ Over 9 months
₂ 1-3 months ₄ 7-9 months



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Child's Perinatal History Continued

8. Was the participant ever fed infant formula? ₁ Yes ₀ No

If YES,

a. When did the participant begin drinking infant formula? (**check one**)

₁ Less than 1 month ₃ 4-6 months ₅ Over 9 months
₂ 1-3 months ₄ 7-9 months

9. At what age did the participant start drinking cow's milk (i.e., not in formula)? (**check one**)

₁ Less than 1 month ₄ 7-9 months ₆ Over 12 months
₂ 1-3 months ₅ 10-12 months ₇ Never fed cow's milk
₃ 4-6 months

10. At what age did the participant start eating solid food (e.g., cereal, fruits, vegetables) on a daily basis? (**check one**)

₁ Less than 1 month ₃ 4-6 months ₅ 10-12 months
₂ 1-3 months ₄ 7-9 months ₆ Over 12 months

Routine Medical Care

11. Outside the TODAY study, during the past 6 months, how many times has the participant:

- a. Called a health care provider (for a specific medical issue/concern)? time(s)
- b. Had a regularly scheduled outpatient visit(s)? time(s)
- c. Had urgent care visit(s) (i.e. doctor's office, clinic, not to emergency room)? time(s)
- d. Had an emergency room visit? time(s)
- e. Had an overnight hospital stay? time(s)



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Routine Medical Care (continued)

12. During the past 6 months, how many days has the participant missed from school, work, or household activities, due to illness, injury, or medical care? Include visits related to his/her diabetes. Round to nearest half day.

- a. School . day (s)
- b. Work . day (s)
- c. Household activities . day (s)

LOSTS

LOSTW

LOSTH

13. Is the participant in school? ₁ Yes ₀ No

SCHOOL

If YES,

a. What grade?

 grade

GRADE

14. Is the participant employed outside the home? ₁ Yes ₀ No

WORK

If YES,

a. How many hours per week?

 hours/week

HRSWK

15. Is the participant covered by a health insurance plan? ₁ Yes ₀ No

HEALTH

If YES,

a. Medicaid, Medicare, CHIP, state funded, or other federally funded

₁ Yes ₀ No

MEDICARE

b. Private – through work or purchased individually

₁ Yes ₀ No

PRIVATE

c. Does health insurance pay for all or some of the participant's:

i. Diabetes medications?

₁ Yes ₀ No

DIABMED

ii. Syringes, pens, needles?

₁ Yes ₀ No

SYRINGE

iii. Monitor strips and related supplies?

₁ Yes ₀ No

MONITOR



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Sexual Maturity (Menstrual History) – Females only

16. Has the participant had her first period? ₁ Yes ₀ No

PERIOD

If YES,

a. How old was she when her periods began? years

PERAGE

b. Number of periods in the past 6 months periods

PERIOD6

Socioeconomic Information

17. What is the highest degree or level of school completed for the household: (**check one**)

HOUSEEDU

₁ Less than HS degree

₃ Some college but no degree

₂ HS, GED, business or technical school

₄ At least a college degree

18. Number of people in the household:

Total: ₁ ≤ 3 people people ₉ ≥ 5 people

HOUSETOT

19. Is the place where the child usually lives:

LIVES

₁ Owned by parent/guardian or someone in the household with mortgage or loan

₂ Owned by parent/guardian or someone in household free and clear (no mortgage or loan)

₃ Rented

₄ Occupied without payment

20. Select the category that best describes total income of all persons living in the household over the past 12 months.

HOUSEINC

₁ < \$24,999 ₂ \$25,000 - \$49,999 ₃ > \$50,000

Mother's History – biologic mother only

21. Is biologic mother's medical history available? ₁ Yes ₀ No

MOMHIST

If NO, skip to question 31. If YES, continue.

22. Mother's age ₁ ≤ 39 years years ₃ ≥ 46 years

MOMAGE



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Mother's History – biologic mother only (continued)

23. Mother's weight without shoes (*self report*)

 ₁ ≤ 172 pounds

 pounds

 ₃ ≥ 210 pounds

24. Mother's height without shoes (*self report*)

 ₁ ≤ 62 inches

 inches

 ₃ ≥ 65 inches

25. Did the participant's mother receive care from a health care provider while pregnant with the participant?

 ₁ Yes

 ₀ No

If YES,

a. At what point during the pregnancy did care begin? (*check one*)

 ₁ During the 1st trimester

 ₂ After the 1st trimester

Yes No

26. While the participant's mother was pregnant with the participant, did a health care provider ever tell her that she had diabetes?

 ₁
 ₀

If YES,

a. Did the diabetes go away after the participant was born?

 ₁
 ₀

27. Did the participant's mother have diabetes with any other pregnancy?

 ₁
 ₀

28. Was the participant's mother ever diagnosed with diabetes?

 ₁
 ₀

29. Has the participant's mother's health care provider ever told her she has high cholesterol or an abnormal amount of fat in the blood?

 ₁
 ₀

30. Has the participant's mother's health care provider ever told her she has high blood pressure?

 ₁
 ₀

Father's History – biologic father only

31. Is biologic father's medical history available?

 ₁ Yes

 ₀ No

If NO, skip to question 38. If YES, continue.

32. Father's age ₁ ≤ 42 years

 years

 ₃ ≥ 48 years

33. Father's weight without shoes (*self report*)



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Father's History – biologic father only (continued)

₁ ≤ 205 pounds ₂ ≥ 206 pounds

DADWGHT

34. Father's height without shoes (*self report*)

₁ ≤ 68 inches ₂ ≥ 69 inches

DADHGHT

35. Was the participant's father ever diagnosed with diabetes?

₁ ₀

DADDBNOW

36. Has the participant's father's health care provider ever told him he has high cholesterol or an abnormal amount of fat in the blood?

₁ ₀

DADHFAT

37. Has the participant's father's health care provider ever told him he has high blood pressure?

₁ ₀

DADHBP

Siblings' History (biologically related) – includes 12 oldest siblings

38. Has a full sibling with history of diabetes?

₁ Yes ₀ No

FULLDIAB

39. Has a half sibling with history of diabetes?

₁ Yes ₀ No

HALFDIAB

Grandparents' History (biologically related)

40. Did biologic grandparent ever have diabetes?

₁ Yes ₀ No

GRANDIAB

Participant's Ethnicity and Race

41. Which of the following classifies your race/ethnicity?

₁ Black, Non-Hispanic

₃ White, Non-Hispanic

₂ Hispanic

₄ Other

RACE

