TODAY2 Form OFFSP, Offspring Questionnaire

☐☐–☐☐☐☐☐☐ **Release Participant ID** | RELEASEID | ☐☐☐☐ **Release Visit Number** | PVISIT

1. Days since randomization	☐☐☐☐	DAYS

Instructions: This questionnaire is to be interview administered once for all participants. The questionnaire may be administered at any time and is not linked to a particular visit or contact.

2. How many biological children do you have?	☐ Children	OFCHILD
If the number of biological children is at least 1, continue to number 3. Repeat questions 3 through 16 for each biological child. If the number of biological children is 0 then **STOP**.		
3. Which of your biological children are we discussing?	☐ Child number	OFCHNUM
4. Is there a PREG form for this child? (always No for males). *If 'No' complete questions 5 – 10.*	1 Yes 0 No	OFPREGC
5. Is the child a girl or a boy?	1 Girl 2 Boy	OFGENDER
6. How much did the baby weigh at birth?	☐ Pounds and ☐☐ Ounces 1 Don't know	OFWEIGHTLB OFWEIGHTOZ OFWEIGHTDK
7. When the baby was born how many weeks pregnant were you (was the mom)?	☐☐ Weeks 1 Don't know	OFWEEKS OFWEEKSDK
If 'Don't know', a. When was the baby born?	1 On time (within 2 weeks of due date) 2 More than 2 weeks late 3 More than 2 weeks late 4 Don't know	OFWHEN

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8. Was the baby born naturally or C-section (surgery)	1 Naturally 2 C-section	OFNATURAL
a. If C-section, do you know why? (Check all that apply)	1 Your (the mother's) blood pressure was too high	OFCBP
	2 Your (the mother's) diabetes	OFCDIAB
	3 The delivery/labor was not going fast enough	OFCLABOR
	4 The baby was too big	OFCBIG
	5 Had a c-section before	OFC
	6 Don't know	OFCDK
	9 Other	OFCOTH
9. Did the baby have to stay in the hospital more than 2 days? **If YES:**	1 Yes 0 No 2 Don't know	OFSTAY
a. How long did the baby stay in the hospital?	☐☐ Days 1 Don't know	OFSTAYDAYS OFSTAYDK
b. Did the baby require special treatment after birth?		
IV	1 Yes 0 No 2 Don't know	OFIV
Tube to breathe	1 Yes 0 No 2 Don't know	OFTUBE
Extra oxygen	1 Yes 0 No 2 Don't know	OFOXYGEN

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Treatment for infection	1 Yes 0 No 2 Don't know	OFTREAT
Other	1 Yes 0 No 2 Don't know	OFTRTOTH
10. Did the baby have any of the following?		
Heart problem	1 Yes 0 No 2 Don't know	OFHEART
Problem with the face	1 Yes 0 No 2 Don't know	OFFACE
Problem with the hands, feet, arms or legs	1 Yes 0 No 2 Don't know	OFLIMBS
Problems with the spine	1 Yes 0 No 2 Don't know	OFSPINE
Other	1 Yes 0 No 2 Don't know	OFBBOTH
11. How old is the child now?	☐ Years	OFAGE
12. How has the child's primary physician described their weight?	1 Normal weight 2 Underweight 3 Overweight 4 Don't know	OFPRWEIGHT

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13. Who does the child live with now? (Check all that apply)	1 Mother	OFLIVEM
	2 Father	OFLIVEF
	3 Grandmother – Paternal	OFLIVEGMP
	4 Grandmother – Maternal	OFLIVEGMM
	5 Grandfather – Paternal	OFLIVEGFP
	6 Grandfather – Maternal	OFLIVEGFM
	7 Don't know	OFLIVEDK
	8 Other	OFLIVEOTH
If not "Me" (mother for females, father for males) a. Do you have contact with the child?	1 Yes 0 No	OFCONTACT
14. Does the baby/child see a doctor other than a primary care doctor?	1 Yes 0 No 2 Don't know	OFDOC
If Yes, a. Which doctors do they see? (Check all that apply)	1 Cardiologist (heart doctor)	OFCARDIO
	2 Pulmonologist (lung doctor)	OFPULM
	3 GI (stomach doctor)	OFGI
	4 Endocrinologist (diabetes/hormone doctor)	OFENDO
	5 Nephrologist (kidney doctor)	OFNEURO
	6 Urologist	OFURO
	7 Psychologist	OFPSYCH
	8 Nutritionist	OFNUTR
	9 Other	OFDOCOTH

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15. Does the baby/child take any medications?	1 Yes 0 No 2 Don't know	OFMEDS
If Yes, a. Why do they take them? (Select all that apply)	1 Asthma	OFMEDSAST
	2 Diabetes	OFMEDSDIAB
	3 Heart problems	OFMEDSHRT
	4 Attention problems	OFMEDSATT
	5 Seizures	OFMEDSSEIZ
	6 Stomach problems such as reflux	OFMEDSREF
	7 Urinary tract problems	OFMEDSUT
	8 Don't know	OFMEDSDK
	9 Other	OFMEDSOTH
16. Does the child attend school?	1 Yes 0 No	OFSCHOOL
If Yes, a. Have they repeated a grade?	1 Yes 0 No 2 Don't know	OFGRADE
b. Are they in a special class or have an IEP (Individualized Education Plan)	1 Yes 0 No 2 Don't know	OFIEP