

Name: \_\_\_\_\_ How did you hear about the study: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Location of recruitment (clinic, floors, etc.): \_\_\_\_\_

Are you currently pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, how far along are you in your pregnancy? \_\_\_\_\_ weeks gestation When is your due date? \_\_\_/\_\_\_/\_\_\_

If not currently pregnant, have you delivered a baby within the past 10 weeks? Yes \_\_\_\_\_ No \_\_\_\_\_ (If more than **10** weeks ago then → DNQ)

If delivered in the past 10 weeks, what date did you deliver your child? \_\_\_/\_\_\_/\_\_\_

Where did you deliver? \_\_\_\_\_

Have you been diagnosed with GDM within the past 6 months? Yes No (If NO→ DNQ)

How were you diagnosed with gestational diabetes? \_\_\_\_\_

Prompts: Did you have an abnormal value on a one hour screening test (drink glucola blood test one hour later)? Yes\_\_\_ No\_\_\_

Did you have a three hour test? Yes\_\_\_ No\_\_\_ Did you have two or more abnormal values on the three hour OGTT (baseline blood test, drink glucola, blood tests at 1,2,3 hours?) Yes\_\_\_ No\_\_\_

Were you put on a special diet? Yes\_\_\_ No\_\_\_ Were you put on insulin? Yes\_\_\_ No\_\_\_

Have you previously been diagnosed with type 1 or type 2 diabetes? Yes No (If YES→ DNQ)

Were/are you pregnant with more than two children (more than twins?)Yes \_\_\_\_\_ No \_\_\_\_\_ (If YES→DNQ)

**How old are you?** \_\_\_\_\_ (Age must be ≥ 18, if not → DNQ)

Do you have any medical conditions? \_\_\_\_\_

If patient has/had: cardiovascular disease, kidney disease, liver disease, venous or arterial thromboembolic disease, adrenal insufficiency, depression requiring hospitalization in past 6 months, non-basal cell skin cancer, HIV, AIDS, non-pregnancy-related illness requiring hospitalization in past 6 months, then → DNQ

Are you taking any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please list: \_\_\_\_\_

If taking: glucocorticoids, atypical antipsychotics, weight loss medications (prescription, OTC, or herbal) then → DNQ

Do you plan to move outside of the Boston area in the next 6 months? Yes\_\_\_ No\_\_\_(DNQ if YES)

**Self Reported Height:** \_\_\_\_\_ **Pre-pregnancy self reported weight:** \_\_\_\_\_

Calculate pre-pregnancy BMI: \_\_\_\_\_, if not between 18 and 50 then → DNQ

**Ethnicity (Hispanic or Latino/not Hispanic or Latino):** \_\_\_\_\_ **Race:** \_\_\_\_\_

(Prompts: What is your race? White, Black or African American, Hispanic or Latino, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander? One or more may be selected.)

Are you currently enrolled in any other research studies? Yes\_\_\_ No\_\_\_

**If NOT ELIGIBLE at this time, okay to keep info on file for future studies? YES \_\_\_ NO \_\_\_ (fill in bold q's above)**

\_\_\_\_Subject qualifies for booking \_\_\_\_Subject needs records reviewed before booking \_\_\_\_Subject DNQ

**If QUALIFIES - Read Study Description:**

**Are you interested in participating in this research study? YES \_\_\_ NO\_\_\_**

Public reporting of this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a current valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (XXXX-XXXX)

1/21/2021

# BABI SCREENER QUESTIONNAIRE

Form Approved  
OMB No. 0920-xxxx  
Exp. Date xx/xx/xxxx

**CONTACT INFO:** Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
(H): \_\_\_\_\_ (C/W): \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Who is your OB? (Name, Hospital) \_\_\_\_\_

Who is your PCP? (Name, Hospital) \_\_\_\_\_

What time of day is best to contact you? *Circle preferred method of contact*

Morning (8am-12pm)      Afternoon (12pm-5pm)      Evening (5pm-9pm)

If Subject mentions why NOT interested, check box:

- Unable to attend study visits
- Moving
- No time
- Distance from BWH
- Childcare
- Family obligations
- Work/School obligations
- Other \_\_\_\_\_
- Other \_\_\_\_\_

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