DISC Form 68
Rev. 3 2/01/95
7 Pages

DIETARY INTERVENTION STUDY IN CHILDREN
PARTICIPANT MEDICAL INFORMATION FOLLOW-UP FORM

Office Use Only

ID ___-___ ___ ___ ___-___

NC ___ ___ ___ ___ ___ ___

VN ___ ___ ___ ___

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1. What is today's date? ..... _____ - _____ - _____
   Month Day Year

2. What is your relationship to the DISC participant? (Mark one answer)

   Mother or father ..... ☐ 1
   Step-mother or step-father ..... ☐ 2
   Legal guardian other than parent ..... ☐ 3
   Other relationship ..... ☐ 4
   (What is this relationship?)

   _____
   Relationship

3. Has a doctor told you in the LAST 12 MONTHS that the DISC participant has any of the following medical conditions?

		1 Yes	2 No
A.	Hypothyroidism (or underactive thyroid)	☐	☐
B.	Liver disease (such as jaundice or hepatitis)	☐	☐
C.	Diabetes	☐	☐
D.	Severe long-term intestinal disease (such as colitis requiring long-term medication)	☐	☐
E.	Kidney disease (such as nephrotic syndrome, nephritis or kidney failure)	☐	☐
F.	Hemophilia	☐	☐
G.	Anorexia (extreme undereating leading to weight loss)	☐	☐
H.	Bulimia (binge eating, self-inducted vomiting)	☐	☐
I.	Cancer or other serious disease (describe below)	☐	☐

_____

_____

4. Has the DISC participant ever intentionally gained or lost seven pounds or more over a period of two weeks or less in the PAST YEAR? .....

	Yes 1	No 2
	☐	☐

5. Has the DISC participant been admitted to a hospital in the LAST 12 MONTHS? ..... ☐ Yes 1 ☐ No 2

IF NO, SKIP TO ITEM 6. If YES, answer Items 5A and 5B.

A. List dates and reasons for hospitalization(s):

_____

_____

B. Has the DISC participant had any operations in in the LAST 12 MONTHS? ..... ☐ Yes 1 ☐ No 2

IF NO, SKIP TO ITEM 6. If YES, answer Item C.

C. List dates and names of operations:

_____

_____

6. Is the DISC participant CURRENTLY taking medications prescribed by a doctor? ..... ☐ Yes 1 ☐ No 2

IF NO, SKIP TO ITEM 7.

If YES, answer Items 6A-K.

Does the DISC participant take:

		1 Yes	2 No
A.	Ritalin	☐	☐
B.	Phenobarbital	☐	☐
C.	Dilantin	☐	☐
D.	Other seizure medications (such as Tegretol or Depakene)	☐	☐
E.	Diuretics (such as Lasix, Diuril or Hydrodiuril)	☐	☐
F.	Retinoids (such as Acutane)	☐	☐
G.	Steroids (such as cortisone, cortisol, prednisone, steroids for asthma or steroids for athletics)	☐	☐
H.	Lipid lowering medications (such as Questran, Colestid or nicotinic acid)	☐	☐
I.	Thyroid (such as Synthroid)	☐	☐
J.	Therapeutic iron (such as Fer-in-sol)	☐	☐
K.	Other medications prescribed by a doctor	☐	☐

If YES, list other medications:

_____

_____

_____

Please being all the participant's current medications/prescriptions to the clinic visit.

7. Has the DISC participant taken any medications prescribed by a doctor in the LAST 12 MONTHS? ..... ☐ Yes 1 ☐ No 2

IF NO, SKIP TO ITEM 8.

If YES, answer Items 7A-K.

Does the participant take:

		1 Yes	2 No
A.	Ritalin	☐	☐
B.	Phenobarbital	☐	☐
C.	Dilantin	☐	☐
D.	Other seizure medications (such as Tegretol or Depakene)	☐	☐
E.	Diuretics (such as Lasix, Diuril or Hydrodiuril)	☐	☐
F.	Retinoids (such as Acutane)	☐	☐
G.	Steroids (such as cortisone, cortisol, prednisone, steroids for asthma or steroids for athletics)	☐	☐
H.	Lipid lowering medications (such as Questran, Colestid or nicotinic acid)	☐	☐
I.	Thyroid (such as Synthroid)	☐	☐
J.	Therapeutic iron (such as Fer-in-sol)	☐	☐
K.	Other medications prescribed by a doctor	☐	☐

If YES, list other medications:

_____

_____

_____

8. Does the DISC participant take any medications prescribed by a doctor OCCASIONALLY which he/she is currently not taking (such as inhalers for asthma or allergies)? ..... ☐ Yes 1 ☐ No 2

If YES, list these medications:

_____

_____

_____

9. Does the DISC participant usually take vitamins, minerals or diet supplements? ..... ☐ Yes 1 ☐ No 2

IF NO, AND THE PARTICIPANT IS MALE, SKIP TO END.
IF NO, AND THE PARTICIPANT IS FEMALE, SKIP TO ITEM 11.
If YES, answer Item 10.

10. What kinds does he/she usually take and how many does he/she usually take each day?

	A. Type/Brand Name of Vitamin, Mineral or Diet Supplement	B. No. Each Day
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

If the DISC participant is MALE, skip to END.

11. A. We ask all girls in the DISC study about their periods because menstruation causes changes in the amount of cholesterol in a girl's blood. Has your daughter EVER had a period or any menstrual bleeding? ..... ☐ Yes 1 ☐ No 2

If NO, skip to Item 12.

B. When did she have her FIRST period or menstrual bleeding? ..... ____ Month – ____ Year

12. Now we are going to ask you about some other things that can cause changes in a girl's blood cholesterol. They may not all apply to your daughter. Is she practicing birth control or contraception with pills, Norplant, or injections now or has she taken any of these medications in the PAST MONTH? ..... ***BCMNLMO*** ☐ Yes 1 ☐ No 2

13. A. Some girls in this age group become pregnant. Is your daughter pregnant now? ..... ☐ Yes 1 ☐ No 2

If NO, skip to item 14.

B. If YES, what is her due date? ..... ____ Month – ____ Day – ____ Year

Skip to END.

14. A. Has she been pregnant in the last **4 months**? ..... ☐ Yes 1 ☐ No 2

If NO, skip to Item 15.

B. When did the pregnancy end? ..... ____ Month – ____ Day – ____ Year

15. If she has been pregnant in the recent past, is she currently breast feeding? ..... ☐ Yes 1 ☐ No 2 ☐ N/A 3

END

Thank you very much for taking the time to complete this questionnaire. Please bring it with you when you bring the DISC participant to the DISC Clinical Center.