



INSTRUCTIONS FOR THE MEDICAL HISTORY (MHXG) FORM

I. General Instructions

The Medical History Form should be completed during the interview portion of the participant's clinic visit. The interviewer must be certified.

All interviewers must be consistent in reading the questions clearly and using the exact wording on the form. It is important that there be no omissions or additions in reading the questions. Do not add any interpretations. Problems should be recorded in a note log.

The questionnaire is divided into 5 sections: Section A deals with diabetes history, section B with other health history, section C on family history, section D deals with diabetes medication use, section E heart failure symptoms and section Of neurology history.

Detailed Instructions For Each Item

Diabetes History

1. Enter the age, in years, that the participant was first told they had diabetes. Please make sure the respondent gives you the age, not the number of years ago.
2. Enter Yes if in the past 12 months, a doctor or other health professional has checked the participant's urine for protein.
3. Enter the number of times in the last month that the participant has had a low blood sugar (glucose) reaction with symptoms such as sweating, weakness, anxiety, trembling, hunger, or headache.
4. Record whether the participant ever had severe low blood sugar reactions, such as passing out or needing help to treat the reaction (i.e. needing the use of medication or calling EMS or going to the hospital).
5. Enter the number of times in the last year that the participant has had severe low blood sugar reactions such as passing out or needing help to treat the reaction.

Other Health History

6. Record the participants weight at the age of 25. If the participant does not recall their exact weight, probe for a guess or best estimate. If the participant says they were pregnant at age 25, ask them to estimate their weight prior to their pregnancy.
7. Enter Yes if a doctor has ever told the participant that their diabetes has affected their eyes or that they had retinopathy.

8. Enter Yes if a doctor or other health professional has ever told the participant that they had peripheral neuropathy or nerve damage in their lower legs, feet, or hands.

9a-g. Record whether the participant ever had any of the listed health conditions. Read each health condition. If the participant states that he or she was told that there might be a diagnosis of any of these conditions, try to establish if a doctor actually gave him or her that diagnosis, or if it was just considered while evaluating another condition, or was considered before a different diagnosis was made. To answer “yes” it should be a diagnosis that was made by a physician or health professional and was not just entertained as part of a diagnostic workup.

Family History

10a-d. Record whether the participant’s biological mother had any of the listed diseases. Read each disease. For Question 10a (maternal diabetes history), do not include prediabetes or gestational diabetes. If the participant’s biological mother did not have any of the listed diseases, skip to Question 12a.

11a-d. Record the age of the participant’s biological mother when she was diagnosed with the listed diseases.

12a-d. Record whether the participant’s biological father had any of the listed diseases. Read each disease. For Question 12a (paternal diabetes history), do not include prediabetes. If the participant’s biological father did not have any of the listed diseases, skip to Question 14.

13a-d. Record the age of the participant’s biological father when he was diagnosed with the listed diseases.

Diabetes Medication Use

14. Enter Yes if the participant is currently taking insulin.

15. Enter Yes if the participant is currently taking diabetic pills to lower blood sugar. These are sometimes called oral agents or oral hypoglycemic agents.

Heart Failure Symptoms

For questions 16-19b: Collect who they are and the relationship

16. Record whether the participant sleeps on 2 or more pillows to help breathe.

17. Record whether the participant wakes up in the night due to trouble breathing.

18. Record whether the participant has had swelling in the ankles or feet (excluding during pregnancy).

18a. Record whether the swelling tended to come on during the day and go down overnight.

Neurology

19. Record whether the participant has every had a head injury that resulted in loss of consciousness.

19a. Record whether that loss of consciousness lasted more than 5 minutes.

19b. Record whether that head injury resulted in long-term problems or dysfunction.

20. Record whether the participant ever had a seizure or convulsion.
- 20a. Record whether the participant ever took anti-seizure medication.

For questions 21-23: If the participant states that he or she was told that there might be a diagnosis of any of these conditions, try to establish if a doctor actually gave him or her that diagnosis, or if it was just considered while evaluating another condition, or was considered before a different diagnosis was made. To answer "yes" it should be a diagnosis that was made by a physician or health professional and was not just entertained as part of a diagnostic workup.

21. Record whether the participant was ever diagnosed with multiple sclerosis.
22. Record whether the participant was ever diagnosed with a brain tumor.
23. Record whether the participant was ever diagnosed with migraine headaches.