Diabetes History Core

Collection date for diabetes information:	
	(DD-MM-YYYY)
DIABETES HISTORY	
Has a doctor or healthcare worker ever told the participant that he/she has diabetes (sugar in blood)?	
(FOR Women, If Yes): Did the doctor diagnose the participant with gestational diabetes (diabetes occurring ONLY during pregnancy)?	○ Yes ○ No
(If Yes) Did the doctor diagnose the participant with type 1 diabetes?	○ Yes ○ No
(If Yes) Did the doctor diagnose the participant with type 2 diabetes?	Yes No
(If Yes) Is the participant currently taking medication for diabetes?	Yes No
(If Yes) Is the participant taking insulin?	
At what age was the participant's diabetes first treated?	(Provide age in years.)
	(Frovide age in years.)
Was insulin the participant's first diabetes medicine?	○ Yes ○ No
Has anyone in the participant's family been diagnosed with diabetes (any type)?	○ Yes ○ No

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