PROBIT III
CHILD QUESTIONNAIRE
ISRCTN37687716

Dear Young Person,

The following questionnaire asks about your eating habits. This is a very important part of the study. Completing this survey will provide us with very valuable information.

Please do not be put off once you've started. It is straightforward and quick to work your way through.

PROBIT III

Questions about eating

Please put a tick (✓) under the word which best applies to the statements below.

Tick ONE BOX ONLY in each row.

Example of how to fill it in- If you like to eat vegetables sometimes, you should put a tick (✓) in the column headed 'Sometimes' for that statement:

	Often 1	Sometimes 2	Never 3
I like to eat vegetables	☐	☑	☐

Now please answer the questions below

		Often 1	Sometimes 2	Never 3
A1	I am scared about being overweight	☐	☐	☐
A2	I stay away from eating when I am hungry	☐	☐	☐
A3	I think about food a lot of the time	☐	☐	☐
A4	I have gone on eating binges where I feel that I might not be able to stop	☐	☐	☐
A5	I cut my food into small pieces	☐	☐	☐
A6	I am aware of the energy (calorie) content in foods that I eat	☐	☐	☐
A7	I try to stay away from foods such as breads, potatoes, and rice	☐	☐	☐
A8	I feel that others would like me to eat more	☐	☐	☐
A9	I vomit after I have eaten	☐	☐	☐

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		Often	Sometimes	Never
		1	2	3
A10	I feel very guilty after eating	☐	☐	☐
A11	I think a lot about wanting to be thinner	☐	☐	☐
A12	I think about burning up energy (calories) when I exercise	☐	☐	☐
A13	Other people think I am too thin	☐	☐	☐
A14	I think a lot about having fat on my body	☐	☐	☐
A15	I take longer than others to eat my meals	☐	☐	☐
A16	I stay away from foods with sugar in them	☐	☐	☐
A17	I eat diet foods	☐	☐	☐
A18	I think that food controls my life	☐	☐	☐
A20	I feel that others pressure me to eat	☐	☐	☐
A21	I give too much time and thought to food	☐	☐	☐
A22	I feel uncomfortable after eating sweets	☐	☐	☐
A23	I have been dieting	☐	☐	☐
A24	I like my stomach to be empty	☐	☐	☐
A25	I enjoy trying new rich foods	☐	☐	☐
A26	I have the urge to vomit after eating	☐	☐	☐

PROBIT III

To be filled in by the doctor

1 Child identifying information

1.01	*Hospital number* |___|___|	*1.02*	*Child's personal number* |___|___|___|___|
1.03	*Child's last name*_________________	*1.04*	*Child's first names*_________________
1.05	*Child's date of birth* |__|__|*dd* |__|__|*mm* |__|__|__|__|*yyyy*		

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INTERVIEW QUESTIONNAIRE
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Most questions can be answered simply by ticking the appropriate box ☑.
Some questions ask for a date. All answers will be treated as strictly confidential and will only be seen by the research team.

1 Child identifying information

1.01 Hospital number |___|___| **1.02** Subject number |___|___|___|___|

1.03 Child's last name__________________ **1.04** Child's first names__________________

1.05 Child's date of birth |__|__|*dd* |__|__|*mm* |__|__|__|__|*yyyy*

1.06	Participated in PROBIT II?	❑1 Yes	❑2 No
	Who is accompanying the child?		
1.07	Mother	❑1 Yes	❑2 No
1.08	Father	❑1 Yes	❑2 No
1.09	Other relative	❑1 Yes	❑2 No
1.10	Non-relative	❑1 Yes	❑2 No
1.11	Child is alone	❑1 Yes	❑2 No
1.12	Telephone consent given and recorded?	❑1 Yes	❑2 No
1.13	Parent/guardian consent form signed?	❑1 Yes	❑2 No
1.14	Child assent form signed?	❑1 Yes	❑2 No

2 Blood collection

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When was the last time the child ate or drank anything other than plain water?

2.01 Date: |__|__|*dd* |__|__|*mm* 20|__|__|*yy* **2.02** Time |__|__|:|__|__| (24 hour clock)

Date and time blood collected:

2.03 Date: |__|__|*dd* |__|__|*mm* 20|__|__|*yy* **2.04** Time |__|__|:|__|__| (24 hour clock)

Glucometry

2.05	Internal Quality Control value: Level 1:	|__|__|.|__| mmol/l	
2.06	**OK** on screen?	❑1 Yes	❑2 No
2.07	Internal Quality Control value: Level 2:	|__|__|.|__| mmol/l	
2.08	**OK** on screen?	❑1 Yes	❑2 No
2.09	Test strip lot number: **LOT**	|__| |__| |__| |__| |__| |__|	
2.10	Test strip expiry date:	|__|__|*mm* 20|__|__|*yy*	
2.11	Was a glucometer reading obtained?	❑1 Yes	❑2 No
2.12	Blood glucose reading:	|__|__|.|__| mmol/l	
2.13	Number of blood spot circles filled	|__|	
2.14	Any problems taking blood?	❑1 Yes	❑2 No
	If Yes, what was the problem?		
2.15	Poor blood flow	❑1 Yes	❑2 No
2.16	Child uncooperative	❑1 Yes	❑2 No
2.17	Whole blood diluted by tissue fluid	❑1 Yes	❑2 No
2.18	Other problem	❑1 Yes	❑2 No
2.19	Initials of blood taker	|__|__|	
2.20	Have you invited the child to return to clinic for a second blood collection attempt?	❑1 Yes	❑2 No

If Yes, you will need to complete the 'SECOND BLOOD COLLECTION' form at the time of the repeat visit.

3 Height, Weight and Bioelectrical Impedance

		Measurement:			
	Standing Height (cm)	**(a)** 1st	**(b)** 2nd	**(c)** 3rd	**(d)** 4th
3.01	Child	|__|__|__|.|__|	|__|__|__|.|__|	|__|__|__|.|__|	|__|__|__|.|__|
3.02	Mother (biological)	|__|__|__|.|__|			

3.03 Method of mother's measurement: ❑1 Measured in clinic ❑2 Reported verbally

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	Sitting Height (cm)	Measurement: (a) 1st	(b) 2nd	(c) 3rd	(d) 4th
3.04	Child	|__|__|__|.|__|	|__|__|__|.|__|	|__|__|__|.|__|	|__|__|__|.|__|

3.05 Study stool used? ❑1 Yes ❑2 No

3.06 If non-study stool used, record height of stool |__|__|__|.|__| cm

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Weight and Bioelectrical Impedance (Tanita)

Child

3.07 Was the child weighed? ❑1 Yes ❑2 No

3.08 Which scale was used? ❑1 Tanita [preferred] ❑2 Standard scale

3.09 Weight (kg) Weight (kg) |__|__|__|.|__|

3.10 Impedance (Ω) Impedance (Ω) |__|__|__|

3.11 Fat (%) Fat% (%) |__|__|__|.|__|

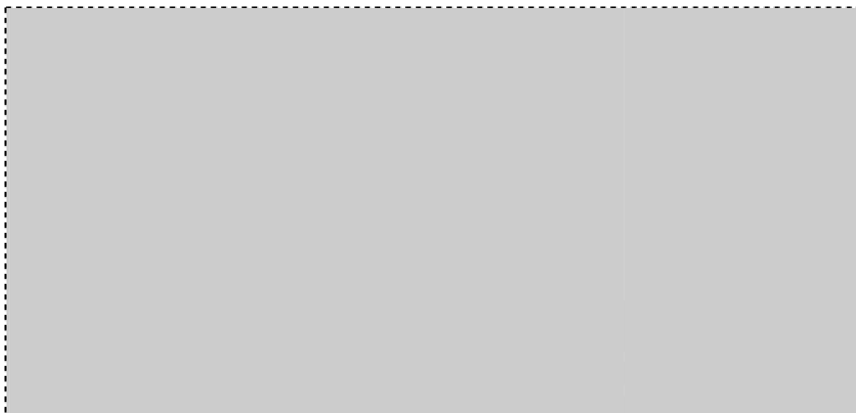
3.12 Fat mass (FM) (kg) Fat mass (kg) |__|__|__|.|__|

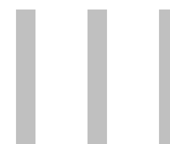
3.13 Fat free mass (FFM) (kg) FFM (kg) |__|__|__|.|__|

3.14 Total body water (TBW) (kg) TBW (kg) |__|__|__|.|__|

3.15 Tanita setting used: ❑1 Male standard ❑2 Female standard

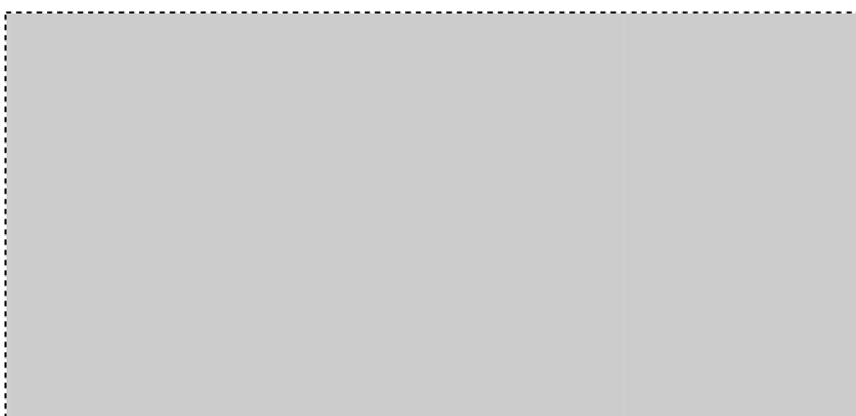
3.16 Attach Child's Print Out Here:





Mother

3.17	Was the mother weighed?	❑1 Yes	❑2 No	
3.18	Weight (kg)	Weight (kg) |__|__|__|.|__|		
3.19	Method of mother's measurement:	❑1 Measured in clinic with Tanita [preferred]	❑2 Measured in clinic with standard scale	❑3 Reported verbally
3.20	Impedance (Ω)	Impedance (Ω) |__|__|__|		
3.21	Fat (%)	Fat% (%) |__|__|__|.|__|		
3.22	Fat mass (FM) (kg)	Fat mass (kg) |__|__|__|.|__|		
3.23	Fat free mass (FFM) (kg)	FFM (kg) |__|__|__|.|__|		
3.24	Total body water (TBW) (kg)	TBW (kg) |__|__|__|.|__|		
3.25	Attach Mother's Print Out Here			



Now the child may eat the snack brought from home.

Allow the child to rest for 5 minutes, including the time taken to complete sections 4-10, so that they are prepared for having their blood pressure taken.

4 Breastfeeding history

4.01 Until what age was this child breastfed? |__| years |__|__| months

4.02 Until what age was the child exclusively breastfed (no water, juice, tea, other milk, or solid foods)? [if under one month then enter 01] |__|__| months

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	5 Child's medical history			
5.01	Has the child ever been told by his/her doctor that he/she has diabetes?	❑1 Yes	❑2 No	
	If No, go to section 6			
5.02	In what year was his/her diabetes first diagnosed?	|__||__||__||__|*yyyy*		

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	6 Maternal medical history			
	The following questions pertain to the medical history of the **child's biological mother.**			
	Has the mother of the child ever had one of the following conditions diagnosed by a doctor?			
6.01	High blood pressure (hypertension) during a time when she was **not** pregnant?	❑1 Yes	❑2 No	❑3 DK
6.02	High blood pressure (hypertension) during a time when she was pregnant?	❑1 Yes	❑2 No	❑3 DK
6.03	A cerebro-vascular accident (stroke)?	❑1 Yes	❑2 No	❑3 DK
6.04	Atherosclerosis?	❑1 Yes	❑2 No	❑3 DK
6.05	Type 1 (child-onset) diabetes?	❑1 Yes	❑2 No	❑3 DK
6.06	Year of diagnosis of Type 1 diabetes	|__||__||__||__|*yyyy*		
6.07	Type 2 (adult-onset) diabetes?	❑1 Yes	❑2 No	❑3 DK
6.08	Year of diagnosis of Type 2 diabetes	|__||__||__||__|*yyyy*		
6.09	Gestational diabetes (diabetes first diagnosed when she was pregnant)?	❑1 Yes	❑2 No	❑3 DK
6.10	Date of **first** diagnosis of gestational diabetes	|__||__|*mm* |__||__||__||__|*yyyy*		

	7 Paternal medical history			
	The following questions pertain to the medical history of the **child's biological father.**			
	Has the father of the child ever had one of the following conditions diagnosed by a doctor?			
7.01	High blood pressure (hypertension)?	❑1 Yes	❑2 No	❑3 DK
7.02	A cerebro-vascular accident (stroke)?	❑1 Yes	❑2 No	❑3 DK
7.03	Atherosclerosis?	❑1 Yes	❑2 No	❑3 DK
7.04	Type 1 (child-onset) diabetes?	❑1 Yes	❑2 No	❑3 DK
7.05	Type 2 (adult-onset) diabetes?	❑1 Yes	❑2 No	❑3 DK
7.06	Father's age at birth of child	|__|__| years		

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8 Extended family medical history

The following questions pertain to the medical history of the **child's extended family.** When you answer these questions, please think about the child's brothers, sisters, aunts, uncles, and grandparents on both sides of the family. That is, please include the brothers, sisters, and parents of the child's mother and father, as well as the child's siblings.

Have any of the child's brothers, sisters, aunts, uncles, or grandparents ever had one of the following conditions diagnosed by a doctor?

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8.01	High blood pressure (hypertension)?	❑1 Yes	❑2 No	❑3 DK
8.02	Heart attack, heart bypass surgery or angioplasty (heart balloon procedure)?	❑1 Yes	❑2 No	❑3 DK
8.03	A cerebro-vascular accident (stroke)?	❑1 Yes	❑2 No	❑3 DK
8.04	Atherosclerosis?	❑1 Yes	❑2 No	❑3 DK
8.05	Type 1 (child-onset) diabetes?	❑1 Yes	❑2 No	❑3 DK
8.06	Type 2 (adult-onset) diabetes?	❑1 Yes	❑2 No	❑3 DK

Who provided the information for sections 6, 7 and 8?

8.07	Mother	❑1 Yes	❑2 No
8.08	Father	❑1 Yes	❑2 No
8.09	Other relative	❑1 Yes	❑2 No
8.10	The child	❑1 Yes	❑2 No
8.11	Another person	❑1 Yes	❑2 No

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9 Medications

When was the last time your child took any of these medications in the last week? Tick ONE BOX ONLY in each row.

		Not in the last week 1	In the last 48 hours 2	>48hours to 1 week ago 3
9.01	Inhaled bronchodilator	❑	❑	❑
9.02	Oral bronchodilators	❑	❑	❑
9.03	Oral steroids	❑	❑	❑
9.04	Antihypertensives	❑	❑	❑
9.05	Insulin injections	❑	❑	❑
9.06	Oral medications to lower blood sugar	❑	❑	❑
9.07	Antihistamines	❑	❑	❑
9.08	Decongestants	❑	❑	❑
9.09	Other cold remedies	❑	❑	❑
9.10	Any other medications	❑	❑	❑

10 Mother's blood pressure

10.01 Was the mother's blood pressure taken? ❑$_1$ Yes ❑$_2$ No

10.02 Systolic: |__|__|__| mm Hg

10.03 Diastolic: |__|__|__| mm Hg

10.04 Is the mother taking drug treatment for high blood pressure now? ❑$_1$ Yes ❑$_2$ No

Be sure child has had at least 5 minutes quiet rest.

11 Child's upper-arm length and mid upper-arm circumference [right arm]

		(a) 1st	(b) 2nd	(c) 3rd	(d) 4th
11.01	Child's upper-arm length (cm)	|__|__|.|__|	[1 only]		
11.02	Child's mid upper-arm circumference (cm)	|__|__|.|__|	|__|__|.|__|	|__|__|.|__|	|__|__|.|__|

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12 Child's sitting blood pressure (1)

12.01 Time of measurement |__|__|:|__|__| (24 hour clock)

12.02 Room temperature: |__|__|.|__|°C

12.03 Systolic: |__|__|__| mm Hg

12.04 Diastolic: |__|__|__| mm Hg

12.05 Arm: ❑1 Right [preferred] ❑2 Left

12.06 How was blood pressure measured? ❑1 Omron ❑2 Mercury sphygmomanometer

12.07 Cuff size: ❑1 Small ❑2 Medium ❑3 Large ❑4 Not Omron cuff

13 Child's sitting blood pressure (2) *Leave one minute rest between readings*

13.01 Systolic: |__|__|__| mm Hg

13.02 Diastolic: |__|__|__| mm Hg

13.03 Arm: ❑1 Right [preferred] ❑2 Left

13.04 How was blood pressure measured? ❑1 Omron ❑2 Mercury sphygmomanometer

14 Child's sitting blood pressure (3) *Leave one minute rest between readings*

14.01 Systolic: |__|__|__| mm Hg

14.02 Diastolic: |__|__|__| mm Hg

14.03 Arm: ❑1 Right [preferred] ❑2 Left

14.04 How was blood pressure measured? ❑1 Omron ❑2 Mercury sphygmomanometer

14.05 Any problems taking **any of the three** blood pressure readings? ❑1 Yes ❑2 No

If yes, please tick any problems you had taking these measurements.

14.06 Child was talking or moving ❑1 Yes ❑2 No

14.07 2 or more attempts required to take a successful reading ❑1 Yes ❑2 No

14.08 Failed to take a successful reading after 5 total attempts (4 with Omron, 1 with mercury sphygmomanometer) ❑1 Yes ❑2 No

14.09 Other problem ❑1 Yes ❑2 No

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15 Circumferences and skinfolds

		Measurement: (a) 1st	(b) 2nd	(c) 3rd	(d) 4th
15.01	Child's waist circumference (cm)	|__|__|__|.|__|	|__|__|__|.|__|	|__|__|__|.|__|	|__|__|__|.|__|
15.02	Child's hip circumference (cm)	|__|__|__|.|__|	|__|__|__|.|__|	|__|__|__|.|__|	|__|__|__|.|__|
15.03	Child's head circumference (cm)	|__|__|__|.|__|	|__|__|__|.|__|	|__|__|__|.|__|	|__|__|__|.|__|
15.04	Child's triceps skinfold thickness (mm)	|__|__|__|.|__|	|__|__|__|.|__|	|__|__|__|.|__|	|__|__|__|.|__|
15.05	Child's subscapular skinfold thickness (mm)	|__|__|__|.|__|	|__|__|__|.|__|	|__|__|__|.|__|	|__|__|__|.|__|

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15.06 Any problems taking any of the anthropometric measurements? ❑1 Yes ❑2 No

If **No** problems are ticked, please go to Section 16 or 17.

If **Yes**, please tick if any of the following made it difficult to take anthropometric measurements.

15.07	Congenital deformity	❑1 Yes	❑2 No
15.08	Scoliosis	❑1 Yes	❑2 No
15.09	Physical injury, for example fracture of the extremity	❑1 Yes	❑2 No
15.10	Difficulty identifying the body landmark (waist/hip circumference)	❑1 Yes	❑2 No
15.11	Difficulty separating muscle from fat (skinfolds)	❑1 Yes	❑2 No
15.12	Other problem	❑1 Yes	❑2 No

If any problems were ticked, which measurements were affected?

15.13	Child's standing height	❑1 Yes	❑2 No
15.14	Child's sitting height	❑1 Yes	❑2 No
15.15	Child's waist circumference	❑1 Yes	❑2 No
15.16	Child's hip circumference	❑1 Yes	❑2 No
15.17	Child's head circumference	❑1 Yes	❑2 No
15.18	Child's triceps skinfold thickness	❑1 Yes	❑2 No
15.19	Child's subscapular skinfold thickness	❑1 Yes	❑2 No

PROBIT III

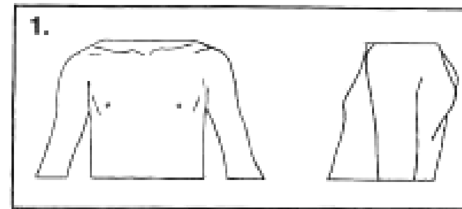
PROBIT III

16 Girls' pubertal development report

16.01

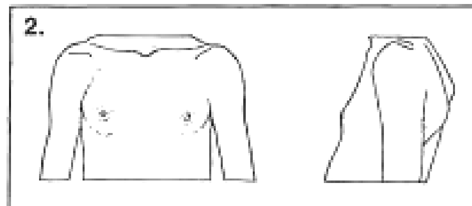
- **Please put a tick in the box that most looks like the child now**

☐ 1



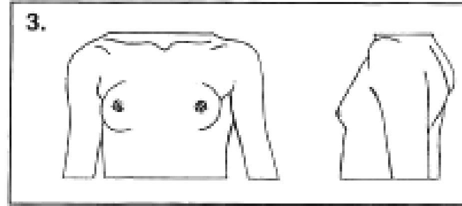
The breasts are flat

☐ 2



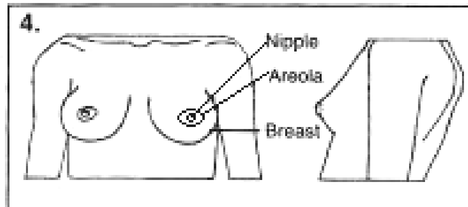
The breasts form small mounds

☐ 3



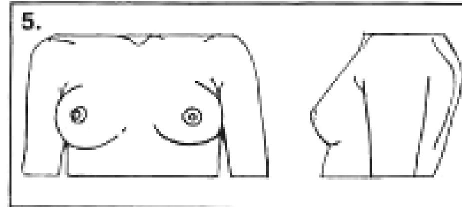
The breasts form larger mounds than in 2

☐ 4



The nipple and surrounding part (the Areola) make up a mound that sticks above the breast

☐ 5



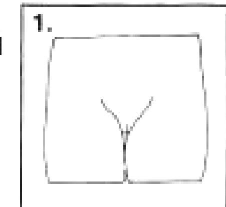
Only the nipple sticks out beyond the breast

16.02

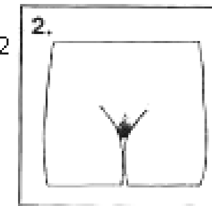
- **Please put a tick in the box that most looks like the child now**

☐ 1

No hairs

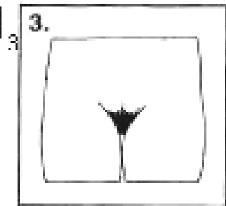


☐ 2



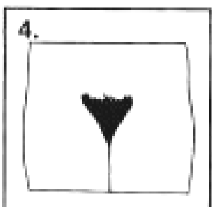
Very little hair

☐ 3



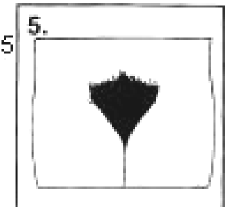
Quite a lot of hair

☐ 4



The hair has not spread over the thighs

☐ 5



The hair has spread over the thighs

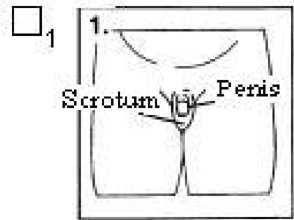
PROBIT III

17 Boys' pubertal development report

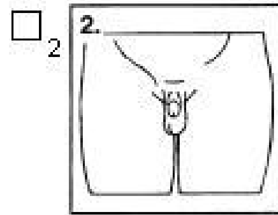
PROBIT III

17.01

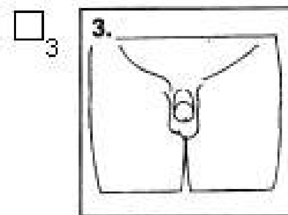
- **Please look at the Penis and Scrotum only in these pictures**
- **Please put a tick in the box that most looks like the child now**

☐ 1


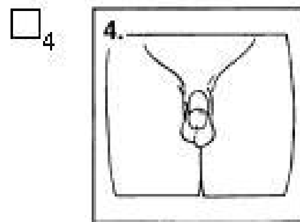
Scrotum and Penis same size as when child was younger

☐ 2


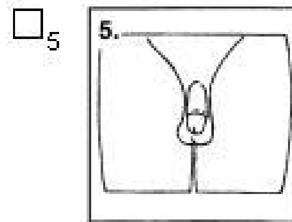
The Scrotum has lowered a bit and the Penis is a little larger

☐ 3


The Penis is longer and the Scrotum is larger

☐ 4


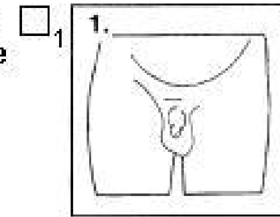
The Penis is longer and wider. The Scrotum is darker and bigger than before

☐ 5


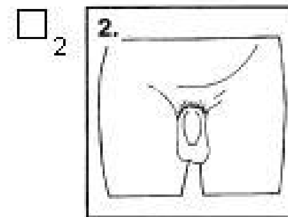
The Penis and Scrotum are the size and shape of an adult

17.02

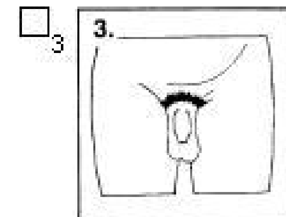
- **Please look at the Pubic hair only in these pictures**
- **Please put a tick in the box that most looks like the child now**

☐ 1


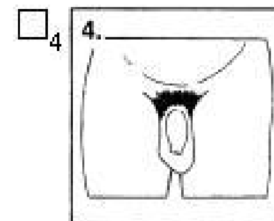
No hairs

☐ 2


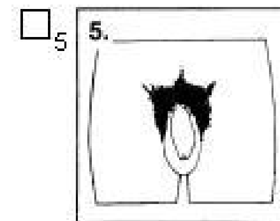
Very little hair

☐ 3


Quite a lot of hair

☐ 4


The hair has not spread over the thighs

☐ 5


The hair has spread over the thighs

PROBIT III

18 Examiner details

18.01 Initials of examiner |__|__|

18.02 Date physical examination completed |__|__|*dd* |__|__|*mm* 20|__|__|*yy*

19 CHART REVIEW QUESTIONNAIRE

PROBIT III

PROBIT III

PART 1 For all children

Hospitalizations since 7 years of age

Hospitalizations for gastrointestinal infection since the age of 7 years:

19.01 |__|__|*dd* |__|__|*mm* |__|__|__|__|*yyyy* **19.02** |__|__|*dd* |__|__|*mm* |__|__|__|__|*yyyy*

19.03 |__|__|*dd* |__|__|*mm* |__|__|__|__|*yyyy* **19.04** |__|__|*dd* |__|__|*mm* |__|__|__|__|*yyyy*

Hospitalizations for pneumonia since the age of 7 years:

19.05 |__|__|*dd* |__|__|*mm* |__|__|__|__|*yyyy* **19.06** |__|__|*dd* |__|__|*mm* |__|__|__|__|*yyyy*

19.07 |__|__|*dd* |__|__|*mm* |__|__|__|__|*yyyy* **19.08** |__|__|*dd* |__|__|*mm* |__|__|__|__|*yyyy*

Hospitalizations for asthma since the age of 7 years

19.09 |__|__|*dd* |__|__|*mm* |__|__|__|__|*yyyy* **19.10** |__|__|*dd* |__|__|*mm* |__|__|__|__|*yyyy*

19.11 |__|__|*dd* |__|__|*mm* |__|__|__|__|*yyyy* **19.12** |__|__|*dd* |__|__|*mm* |__|__|__|__|*yyyy*

PART 2

To be only completed for those children who did NOT participate in PROBIT II

Heights and weights from 12 months to 7 years of age

	Standing Heights (cm)		Dates (*dd mm yyyy*)
S1.01	|__|__|__|.|__|	**S1.02**	|__|__| |__|__| |__|__|__|__|
S1.03	|__|__|__|.|__|	**S1.04**	|__|__| |__|__| |__|__|__|__|
S1.05	|__|__|__|.|__|	**S1.06**	|__|__| |__|__| |__|__|__|__|
S1.07	|__|__|__|.|__|	**S1.08**	|__|__| |__|__| |__|__|__|__|
S1.09	|__|__|__|.|__|	**S1.10**	|__|__| |__|__| |__|__|__|__|
S1.11	|__|__|__|.|__|	**S1.12**	|__|__| |__|__| |__|__|__|__|
S1.13	|__|__|__|.|__|	**S1.14**	|__|__| |__|__| |__|__|__|__|

PROBIT III

Weights (kg)		Dates (*dd mm yyyy)*
S2.01	|__|__|__|.|__|	**S2.02** |__|__| |__|__| |__|__|__|__|
S2.03	|__|__|__|.|__|	**S2.04** |__|__| |__|__| |__|__|__|__|
S2.05	|__|__|__|.|__|	**S2.06** |__|__| |__|__| |__|__|__|__|
S2.07	|__|__|__|.|__|	**S2.08** |__|__| |__|__| |__|__|__|__|
S2.09	|__|__|__|.|__|	**S2.10** |__|__| |__|__| |__|__|__|__|
S2.11	|__|__|__|.|__|	**S2.12** |__|__| |__|__| |__|__|__|__|
S2.13	|__|__|__|.|__|	**S2.14** |__|__| |__|__| |__|__|__|__|

PROBIT III

<u>Weaning</u>

Age at weaning (complete cessation of breastfeeding) if still breastfeeding at 12 months (*in completed months)*

S3.01 |__| years **S3.02** |__|__|months

<u>Hospitalizations since 12 months to 7 years of age</u>

Hospitalizations for gastrointestinal infection:

S4.01 |__|__|*dd* |__|__|*mm* |__|__|__|__|*yyyy* **S4.02** |__|__|*dd* |__|__|*mm* |__|__|__|__|*yyyy*

S4.03 |__|__|*dd* |__|__|*mm* |__|__|__|__|*yyyy* **S4.04** |__|__|*dd* |__|__|*mm* |__|__|__|__|*yyyy*

Hospitalizations for pneumonia:

S5.01 |__|__|*dd* |__|__|*mm* |__|__|__|__|*yyyy* **S5.02** |__|__|*dd* |__|__|*mm* |__|__|__|__|*yyyy*

S5.03 |__|__|*dd* |__|__|*mm* |__|__|__|__|*yyyy* **S5.04** |__|__|*dd* |__|__|*mm* |__|__|__|__|*yyyy*

Hospitalizations for asthma:

S6.01 |__|__|*dd* |__|__|*mm* |__|__|__|__|*yyyy* **S6.02** |__|__|*dd* |__|__|*mm* |__|__|__|__|*yyyy*

S6.03 |__|__|*dd* |__|__|*mm* |__|__|__|__|*yyyy* **S6.04** |__|__|*dd* |__|__|*mm* |__|__|__|__|*yyyy*

Please go back and check you have answered <u>all</u> the questions.

Thank you

PROBIT III

PROBIT III
INTERVIEW QUESTIONNAIRE
SECOND BLOOD COLLECTION
ISRCTN37687716

Only complete this form if you were unsuccessful in collecting the minimum number of blood spots at the first attempt and the child returns for a repeat of the procedure. Please make sure the blood spot card is marked, in the top right hand corner, with the letter 'R', if this is the second card you are sending to the Centre for this child.

PROBIT III

1 Child identifying information

1.01 Hospital number |___|___| **1.02** Subject number |___|___|___|___|

1.03 Child's last name_________________ **1.04** Child's first names_________________

1.05 Child's date of birth |__|__|*dd* |__|__|*mm* |__|__|__|__|*yyyy*

20 Second attempt at blood collection

20.01 Glucometry measured at first visit ❑1 Yes ❑2 No

20.02 Number of blood spot circles filled at first visit |__|

When was the last time the child ate or drank anything other than plain water?

20.03 Date: |__|__|*dd* |__|__|*mm* 20|__|__|*yy* **20.04** Time |__|__|:|__|__| (24 hour clock)

Date and time blood collected:

20.05 Date: |__|__|*dd* |__|__|*mm* 20|__|__|*yy* **20.06** Time |__|__|:|__|__| (24 hour clock)

Glucometry (If not already done)

20.07 Internal Quality Control value: Level 1: |__|__|.|__| mmol/l

20.08 OK on screen? ❑1 Yes ❑2 No

20.09 Internal Quality Control value: Level 2: |__|__|.|__| mmol/l

20.10 OK on screen? ❑1 Yes ❑2 No

20.11 Test strip lot number: LOT |__| |__| |__| |__| |__| |__|

20.12 Test strip expiry date: |__|__|*mm* 20|__|__|*yy*

20.13 Was a glucometer reading obtained? ❑1 Yes ❑2 No

20.14 Blood glucose reading: |__|__|.|__| mmol/l

PROBIT III

	Blood spots		
20.15	Number of blood spot circles filled	|__|	
20.16	Any problems taking blood?	❑1 Yes	❑2 No
	If Yes, tick all that apply		
20.17	Poor blood flow	❑1 Yes	❑2 No
20.18	Child uncooperative	❑1 Yes	❑2 No
20.19	Whole blood diluted by tissue fluid	❑1 Yes	❑2 No
20.20	Other problem	❑1 Yes	❑2 No
20.21	Initials of blood taker	|__|__|	

PROBIT III

PROBIT III