

Table 2. Follow-up Schedule

As of: 22 October 2014

Sampling Frequency	Age in Months																							
	Screening		Follow-Up																					
	Birth	<4	2	3	4	5	6	7	8	9	10	11	12	15	18	21	24	27	12-48 mo Monthly Test	24-48 mo Every 3 mo Tests	24-48 mo Every 6 mo Tests	>48 mo Every 3 mo Tests	>48 mo Every 6 mo Tests	>48 mo Annual Tests
			Inform Parents of child's HLA risk	Mail initial enrollment and questionnaire packet																				
Blood**	X*	X*			X+		X+			X+		X+	X+	X+	X+	X+	X+	X+		X+#				X+#
Stool					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			X (until 10 years)	X (at 10 years)
Tap Water										X										Collected every 2 years beginning at the 36 month visit				
Toenail Clippings																	X			Collected every 2 years beginning at the 24 month visit				
Salivary Cortisol																				Collected when child is 3.5, 4.5 and 5.5 years of age				
Nasal Swab									X			X	X	X	X	X	X	X		X#				X#
Urine																					X (begins at 3 years)			X
Weight and Length/Height Measurements					X			X					X	X	X	X	X	X		X#				X#
Diet Questionnaires																								
-maternal pregnancy diet						X																		
-3 day diet record					X			X					X		X		X					X		X
Environmental Exposure Questionnaires																								
-maternal pregnancy/birth questionnaire						X																		
- parent questionnaire						X			X					X										Annually after 27 mos
- child questionnaire																								X (begins at 10 years)
Demographic/Family History/Other questionnaire										X										Demographic data will be updated every 2 years thereafter; Family History data will be updated every 4 years thereafter				
TEDDY Book Extraction					X			X		X			X	X	X	X	X	X		X#				X#
Child Behavior Checklist/Strengths and Difficulties Questionnaire																				CBCL completed when child is 3.5, 4.5 and 5.5 years of age; SDQ completed by both parent and child when child is 11.5 and 13.5 years of age				
Physical Activity Assessment																								X (begins at 5 years)
Pubertal Status Assessment																								X (begins at 8 years)

*If cord blood is not available at birth for HLA typing then capillary blood should be drawn.
 + If venous blood is not available at every three month office visit, then capillary blood should be taken.
 ** A blood sample will be obtained by the 24 month visit from mothers who have type 1 or 2 diabetes or gestational diabetes as well as from a mother whose child is shown to be autoantibody positive at three or six months of age. An optional venous blood draw of the mother is obtained at 12-14 weeks of pregnancy, and at the birth of the baby.
 #Children four years of age and older who have been deemed persistent autoantibody positive will remain on the three month visit schedule; this sample/form will be collected/completed at these visits