

# TEDDY Protocol

**Table 2. Follow-up Schedule**

	Age in Months																									
	Screening		Follow-Up																							
Sampling Frequency	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																						
<b>Blood**</b>	X*	X*			X+			X+			X+			X+	X+	X+	X+	X+			X+#			X+#		
<b>Stool</b>					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				X (until 10 years)	X (at 10 years)		
<b>Tap Water</b>										X										Collected every 2 years beginning at the 36 month visit						
<b>Toenail Clippings</b>																	X			Collected every 2 years beginning at the 24 month visit; Starting May 2017 collected every 1 year						
<b>Salivary Cortisol</b>																				Collected when child is 3.5, 4.5 and 5.5 years of age						
<b>Nasal Swab</b>										X			X	X	X	X	X	X		X#				X#		
<b>Urine</b>																					X (begins at 3 years)			X		
<b>Primary Tooth</b>	Collect when tooth naturally falls out - ages will vary																									
<b>Weight and Length/Height Measurements; Body composition on some subjects</b>					X			X			X			X	X	X	X	X	X			X#		X#		
<b>Diet Questionnaires</b>					X																					
-maternal pregnancy diet					X																					
-3 day diet record					X			X			X			X	X	X	X					X		X		
<b>Environmental Exposure Questionnaires</b>																										
-maternal pregnancy/birth questionnaire					X																					
- parent questionnaire					X			X						X					X						Annually after 27 mos	
- child questionnaire																									X (begins at 10 years)	
<b>Demographic/Family History/Other questionnaire</b>										X										Demographic data will be updated every 2 years thereafter; Family History data will be updated every 4 years thereafter						
<b>TEDDY Book Extraction</b>					X			X			X			X	X	X	X	X		X#				X#		
<b>Child Behavior Checklist/ Strengths and Difficulties Questionnaire</b>																				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						
<b>Physical Activity Assessment</b>																									X (begins at 5 years)	
<b>Pubertal Status Assessment</b>																									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.