



Genetics of Kidneys in Diabetes Study

April 6, 2001

Form 202.2GK

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### Personal Information on Proband/Relative

This form is to be completed for every relative seen at the GoKinD Clinic. Send original to the GoKinD Coordinating Center and retain a copy of this form at the clinic.

#### A. IDENTIFYING INFORMATION

1. Clinic Number **Clinic** \_ \_ \_
2. Family ID Number **Family** \_ \_ \_ \_ \_
3. Proband/Relative Code **Relcode** \_ \_
4. Proband/Relative's Initials **Relinit** \_ \_  
F M L
5. Date Form Completed **BBformdt** \_ \_ / \_ \_ / \_ \_  
Month Day Year

#### B. PROBAND/RELATIVE INFORMATION

1. Proband/Relative's full name: a) LAST: **BBRlast** b) FIRST: **BBRfirst** c) MIDDLE: **BBRmid**  
**BBlast**
2. Last name of proband/relative's father (enter even if it's the same as the patient's last name: \_\_\_\_\_)
3. Date of birth: **BBDobDT** \_ \_ / \_ \_ / \_ \_  
Month Day Year
4. Place of birth: a) CITY **BBCITY** b) STATE OR PROVINCE **BBSTATE**
5. Sex: Male (1) Female (2) **BBSEX** **BBSSN**  
No Yes
6. Does the proband/relative have a Social Security # or, for Canadians, a Social Insurance Number? (1) (2)  
**BBSSN1**
- a) If YES, enter Social Security (or Social Insurance) Number: \_\_\_\_\_
7. Does the proband/relative have a driver's license number? No Yes  
(1) (2) **BBLicen** **BBLicen1**
- If YES, (a) enter license number (may be the same as Social Security Number): \_\_\_\_\_  
**BBLicen2**
- (b) from which state or province was the driver's license granted? \_\_\_\_\_

Family ID: \_ \_ \_ \_ \_ Proband/Relative Code: \_ \_

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8. Proband/Relative's home address: a) NUMBER AND STREET **BBSTREET**  
b) CITY **BBCITY1** c) STATE OR PROVINCE **BBSTATE1** d) ZIP CODE **BBZIP**
9. Proband/Relative's state or province of legal residence **BBLEGAL**  
(enter even if it's the same as given in Question 8): **BBEMAIL**
10. E-mail address(optional): \_\_\_\_\_
11. Phone Number (home): **BBPHONE1**  
(work\*): **BBPHONE2**  
\*optional- only if you wish to be contacted at work
12. Is the proband/relative married? NO YES  
(1) (2) **BBMARRY**
- If YES, enter full name of spouse:  
a) LAST **BBSLAST** b) FIRST **BBSFIRST** c) MIDDLE **BBSMID**

Signature of person who completed this form:

Certification Number (if any)

**BBCERT**

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