

Dear DAISY Family,

When your child was born at St. Joseph's Hospital in Denver you agreed to have him/her screened for gene markers for juvenile-onset diabetes. Even though you are not actively participating in our ongoing research, we are still interested in knowing how many of the children we screened and their family members develop diabetes or other diseases. To do so we would like to send you a questionnaire such as this once a year. Such information will help us and you better understand the link between the genetics of diabetes and other diseases. Please answer the following questions:

1) Please tell us the name of the person completing this questionnaire _____

2) Has the child whose name appears on the address label of this questionnaire developed diabetes? Yes ___ No ___

3) Has either of the child's parents or brothers or sisters developed diabetes? Yes ___ No ___

4) Please list any serious diseases that have developed in any of your family members since we last contacted you:

<i>Name/Relation to Child</i>	<i>Diseases</i>	<i>Name/Relation to Child</i>	<i>Diseases</i>
_____	_____	_____	_____
_____	_____	_____	_____

5) If you answered "Yes" to any of the questions above, please mark whether we may contact you for more information.
___ Yes, and you may contact us at the following telephone number () _____ - _____ Best time: _____
___ No

6) Is your current address the same as the one on the front of this questionnaire?
___ Yes ___ No, our new address is _____
Address

City/State/Zip

7) Do you anticipate your address changing in the next year? ___ Yes ___ No
If "Yes" please provide us with the name and telephone number of someone who will know your address a year from now. _____ () _____ - _____

8) We are interested in any comments you may have pertaining to this study.
Comments _____

9) Please refold this questionnaire so that our return address to DAISY is the only thing showing on the outside and staple or tape closed before placing in your mailbox. No postage is necessary.

If you have any questions about the importance of this follow-up information please call our clinic at (303) 315-7852. On behalf of the DAISY researchers thank you for helping us to learn more about this serious disease.

Marian Rewers, M.D., Ph.D.
Assoc. Professor of Preventive Medicine and Pediatrics
Principal Investigator, DAISY

If for some reason you do not wish to receive this questionnaire in the future please mark here. ___

**NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES**

BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 2815 DENVER, CO

POSTAGE WILL BE PAID BY ADDRESSEE

**UNIVERSITY OF COLO HEALTH SCI CNTR
DAISY DIABETES STUDY
4200 E 9TH AVENUE C245
DENVER CO 80220-9862**

**University of Colorado Health Sciences Center
Department of Preventive Medicine – DAISY
4200 E Ninth Ave., Box C-245
Denver, CO 80262**

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