



Checklist for Proband/Relatives

This checklist is to be completed by a staff person during the phone call to the proband or relative (parent). It is a guideline to be used to obtain information from volunteers on their status regarding complications of diabetes and their willingness to go to the nearest GoKinD clinic. If the date, time, month or number of months is unknown, use 00. Complete the entire checklist for each person called, regardless of the information you learn. Send original to the COC in the GoKinD mailing.

A. IDENTIFYING INFORMATION

- 1. Clinic Number: Clinic
2. Family ID Number: Family
3. Proband/Relative Code: Relcode
4. Proband/Relative Initials: Relinit
5. Proband/Relative Birthdate: Bodobdt
6. Date of this contact: Boformdt
7. Gender: Bosex
8. Predominant Race/Ethnicity: Borace
9. Is the proband/ relative a twin? Botwin

- b) Please indicate the proband/Relative Code of the twin: Botwin2
B. DIABETES HISTORY (brief): Complete this section for all probands. [If relative does not have diabetes, go to H]
1. What date was diabetes diagnosed? Bdiabdt
2. Have you ever taken oral drugs for diabetes? Booral1
3. Are you currently taking insulin? Boinsul1
4. When did you begin uninterrupted use of insulin? Boinsul4
5. What is your current total daily dose of insulin? Boinsul5
6. Are you currently taking oral drugs and insulin? Boinsul6
7. Number of episodes of DKA requiring hospitalization in the past YEAR: Bohosp1

Family ID: _____

Proband/ Relative Code: **Bohosp2**

8. Number of hospitalizations for hypoglycemia in past YEAR: _____

(Hospitalization implies overnight admission to the hospital; an emergency ward visit that did not result in hospitalization does not apply.)

9. How many times during the past YEAR did the volunteer experience hypoglycemia of such severity that the volunteer: **Bohyppg1**

a) Lost consciousness without seizure **Bohyppg2**

b) Lost consciousness with seizure _____

10. On the average, how many times per day does the volunteer monitor his/her blood for glucose? (IF ZERO, WRITE 00) **Bogluc4** _____

11. Does the volunteer adjust his/her insulin dose based on the results of self blood glucose monitoring? **Boinsadi** NO YES (1) (2)

C. EYE COMPLICATIONS

Have you ever been told by a health care professional that you have or had:

1. Any diabetes related eye problems? **Boeye1** NO YES UNKNOWN (1) (2) (3)
a) If YES, specify: _____ **boeye2**

2. Laser Treatment for retinopathy? NO YES UNKNOWN
a) Focal Laser Treatment for macular edema **Boeye4** (1) (2) (3)
1) Year of First Treatment: **Boeye4a** _____

b) Pan-retinal Laser Treatment for retinopathy **Boeye5** (1) (2) (3)
1) Year of First Treatment: **Boeye5a** _____

3. Impairment of vision? **Boeye6** (1) (2) (3)

4. Cataracts? **Boeye7** (1) (2) (3)

5. Detached retina? **Boeye8** (1) (2) (3)

D. KIDNEY COMPLICATIONS

Have you ever been told by a health care professional that you have or had:

1. Diabetic kidney problems? **Bokidn1** NO YES UNKNOWN (1) (2) (3)

2. Protein or albumin in the urine? **Bokidn2** (1) (2) (3)

a) Year of first protein or albumin in the urine: **Bokidn3** _____

3. Have you ever had kidney dialysis? **Bodial** NO YES UNKNOWN (1) (2) (3)
If yes:

a) 1st Kidney dialysis? **Bodial1** (1) (2) (3)

b) What year? **Bodial2** _____

c) 2nd Kidney dialysis? **Bodial3** (1) (2) (3)

d) What year? **Bodial4** _____

e) 3rd Kidney dialysis? **Bodial5** (1) (2) (3)

f) What year? **Bodial6** _____

4. Have you ever had a kidney transplant? **Botrans** (1) (2) (3)
If YES:

a) 1st Kidney transplant? **Botrans1** (1) (2) (3)

b) What year? **Botrans2** _____

c) 2nd Kidney transplant? **Botrans3** (1) (2) (3)

d) What year? **Botrans4** _____

e) 3rd Kidney transplant? **Botrans5** (1) (2) (3)

f) What year? **Botrans6** _____

5. Have you ever had a pancreas transplant? **Bopancr** (1) (2) (3)
If yes:

a) 1st Pancreas transplant? **Bopancr1** (1) (2) (3)

b) What year? **Bopancr2** _____

E. CARDIOVASCULAR COMPLICATIONS

Have you ever been told by a health care professional that you have or had:

1. Any problems with heart or blood vessels? **Boheart1** NO YES UNKNOWN (1) (2) (3)

a) If YES, specify: **Boheart2** _____

Have you ever been hospitalized for: NO YES UNKNOWN

2. Heart pains or angina? **Boheart3** (1) (2) (3)

3. Heart attack or myocardial infarction? **Boheart4** (1) (2) (3)

a) Year of first myocardial infarction: **Boheart5** _____

Family ID: _____

Proband/ Relative Code: _____
NO YES UNKNOWN

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NO YES UNKNOWN

- 4. Coronary bypass surgery or angioplasty? **Boheart6** (1) (2) (3)
 - a) Year of first surgery or angioplasty: **Boheart7** _____
- 5. Stroke/TIA? **Bostrok1** (1) (2) (3)
 - a) Year of first event: **Bostrok2** _____
- 6. High blood pressure? **Bohprt1** (1) (2) (3)
- 7. Drug treatment for high blood pressure or hypertension? **Bohprt2** (1) (2) (3)
 - a) If YES, are you currently receiving drug treatment? **Bohprt3** (1) (2) (3)

F. NEUROPATHY

Have you ever been told by a health care professional that you have or had: NO YES UNKNOWN

- 1. Neuropathy (nerve damage) due to diabetes? **Boneurp1** (1) (2) (3)
- 2. Do you have a tingling in your arms or legs? **Boneurp2** (1) (2) (3)
- 3. Are you unable to feel your feet when you walk? **Boneurp3** (1) (2) (3)

G. PERIPHERAL VASCULAR COMPLICATIONS

Have you ever been told by a health care professional that you have or had: NO YES UNKNOWN

- 1. Any trouble with circulation in legs? **Bopvc1** (1) (2) (3)
- 2. Foot ulcers? **Bopvc2** (1) (2) (3)
- 3. Gangrene? **Bopvc3** (1) (2) (3)

Have you ever had:

- 4. Non-traumatic amputation? **Bopvc4** (1) (2) (3)

H. AUTOIMMUNE DISEASES

Have you ever been told by a health care professional that you have or had:

- 1. Addison's disease **Boad-ad** (1) (2) (3)
- 2. Ulcerative colitis **Boad-uc** (1) (2) (3)
- 3. Crohn's disease **Boad-cd** (1) (2) (3)
- 4. Systemic lupus erythematosus **Boad-sle** (1) (2) (3)
- 5. Rheumatoid arthritis **Boad-ra** (1) (2) (3)
- 6. Juvenile rheumatoid arthritis **Boad-jra** (1) (2) (3)
- 7. Multiple sclerosis **Boad-ms** (1) (2) (3)
- 8. Celiac sprue **Boad-cs** (1) (2) (3)
- 9. Grave's disease (Hyperthyroid) **Boad-gd** (1) (2) (3)
- 10. Hashimoto's disease (Hypothyroid) **Boad-hd** (1) (2) (3)
- 11. Pernicious anemia **Boad-pa** (1) (2) (3)
- 12. Vitiligo (depigmentation) **Boad-v** (1) (2) (3)
- 13. Alopecia (baldness) **Boad-a** (1) (2) (3)
- 14. Other **Boad-oth1** (1) (2) (3)

a) If other, specify: _____

I. OTHER MAJOR MEDICAL DISEASES

- 1. Do you have any serious medical problems not mentioned yet? **Boother** (1) (2) (3)

a) Specify: **Boother1** _____

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J. WILLINGNESS TO PARTICIPATE

Explain that the next step is to schedule an appointment for the clinical assessments and discuss what time commitment would be necessary. Reiterate general information about the examination. Determine the location of the nearest GoKinD center to this person.

1. How far do you live from the nearest GoKinD clinic? **Boalive** _____ miles

2. Would you have transportation problems getting to a **Botran1** GoKinD center? NO YES
(1) (2)

a) Specify: **Botran2** _____

3. Will you agree to come to the GoKinD clinic located in: **Boagree1** NO YES UNCERTAIN
_____ **Boagree3** (1) (2) (3)
for the examinations?

a) If NO, would alternative arrangements be acceptable to you? NO YES UNCERTAIN
Boagree2 (1) (2) (3)

1. Yes, if remote site **Boagree4** (1) (2)

2. Yes, if CTI **Boagree5** (1) (2)

Name of person completing this form:

4. What times are most convenient for you to come to the center?

Boconv

5. What times will it be impossible for you to come to the center?

Boimpos

Certification No. (if any) **Bocert**

_____ - _____