

RADIANT Questionnaire Section 1

Please answer the questions below about your diabetes diagnosis, medical history, and family history. This information will help us determine if you qualify for further participation in the RADIANT study.

Note: If you are completing this questionnaire on behalf of the study participant, “you” means “the study participant”.

<p>1. Are you pregnant now?</p> <p><i>Individuals who are pregnant are not able to participate in RADIANT.</i></p> <ul style="list-style-type: none"> • <i>If you are pregnant now: You will not be able to participate in the study now. If you are otherwise eligible for the study, you may participate in the study after your pregnancy.</i> • <i>If you are not pregnant now or are not sure: You may participate in the study at this time, if you meet the other eligibility criteria based on your responses in this questionnaire section. If you become pregnant while in the study, please let the RADIANT study team know; you will need to stop your study participation while pregnant.</i> 	<p><input type="radio"/>Yes <input type="radio"/>No</p>
<p>2. Have you been diagnosed with diabetes?</p>	<p><input type="radio"/>Yes <input type="radio"/>No <input type="radio"/>Don't Know</p> <p><i>*If No, skip questions 4a-14.</i></p>
<p>3. Do you take diabetes medications (e.g., insulin, metformin, other)?</p>	<p><input type="radio"/>Yes <input type="radio"/>No <input type="radio"/>Don't Know</p>
<p>4. Have you ever had diabetic ketoacidosis (DKA)?</p>	<p><input type="radio"/>Yes <input type="radio"/>No <input type="radio"/>Don't Know</p>
<p>a. If yes, did you have DKA at the time your diabetes was diagnosed?</p>	<p><input type="radio"/>Yes <input type="radio"/>No <input type="radio"/>Don't Know</p>
<p>5. What age were you when you were diagnosed with diabetes (years)?</p>	
<p>6. Do you remember the date you were diagnosed with diabetes?</p>	<p><input type="radio"/>Yes <input type="radio"/>No <input type="radio"/>Don't Know</p>
<p>a. If yes, what date you were diagnosed with diabetes?</p>	<p>___ / ___ / _____ Month/ Day / Year</p>

7. Have you been continuously treated with insulin since diagnosis (i.e., you have not been off insulin for longer than one week)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
8. Have you ever been tested in the past for diabetes autoantibodies? Autoantibody examples: GAD65, ICA, IA2/ICA512, Insulin/IAA, ZnT8.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
a. If yes, what was the result of the antibody testing?	<input type="radio"/> Positive: I had antibodies (typically consistent with type 1 diabetes) <input type="radio"/> Negative: I did not have antibodies <input type="radio"/> Don't Know
9. Was your diabetes diagnosed during pregnancy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
a. If yes, did the diabetes stay, or come back at any time, after you were pregnant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
10. Were you on corticosteroids (e.g., prednisone, hydrocortisone, dexamethasone, etc.) by mouth or injection for a month or longer at the time when you were diagnosed with diabetes?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
a. If yes, did the high blood sugars continue or come back after steroid treatment was stopped?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
11. Did you have a pancreatectomy (surgery to remove all or most of the pancreas) before you were diagnosed with diabetes?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
12. Did you have chronic pancreatitis (repeated episodes of the pancreas getting inflamed) before you were diagnosed with diabetes?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
13. Were you undergoing chemotherapy before you were diagnosed with diabetes?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
14. Did you have HIV or take medications for HIV before you were diagnosed with diabetes?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
15. Do you have cystic fibrosis?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
16. Do you have hemochromatosis (a condition where too much iron accumulates in blood)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know

17. Do you have Cushing's syndrome (too much cortisol in the body)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
18. Do you have acromegaly (too much growth hormone in the body)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
19. Do you have alternating periods of both high blood sugars (hyperglycemia) and low blood sugars (hypoglycemia) when you are not taking diabetes medications?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
20. How many biological parents, siblings, or children with diabetes do you have? <i>'Biological' means family members related to you by blood</i>	<input type="radio"/> None <input type="radio"/> One <input type="radio"/> Two <input type="radio"/> Three or more <input type="radio"/> Don't Know
21. Have you been told by a physician that your diabetes is atypical, rare or cannot be classified?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
a. If yes, which physician told you this?	<input type="radio"/> Ashok Balasubramanyam <input type="radio"/> Mary Ann Banerji <input type="radio"/> Liana Billings <input type="radio"/> John Buse <input type="radio"/> Carmella Evans-Molina <input type="radio"/> Jose Florez <input type="radio"/> Robin Goland <input type="radio"/> Siri Greeley <input type="radio"/> Irl Hirsch <input type="radio"/> Sue Kirkman <input type="radio"/> Christine Lee <input type="radio"/> Elif Oral <input type="radio"/> Lou Philipson <input type="radio"/> Cate Pihoker <input type="radio"/> Andrea Ramirez <input type="radio"/> Neda Rasouli <input type="radio"/> Maria Redondo <input type="radio"/> Elizabeth Streeten <input type="radio"/> Miriam Udler <input type="radio"/> Fumi Urano <input type="radio"/> Hilary Whitlatch <input type="radio"/> None of these doctors
b. If yes, please describe what they said about your diabetes:	

22. Why do you think that you qualify for this study on atypical or rare cases of diabetes? Is there any additional information (ex. additional medical history information, unique diagnosis experience) not captured in your previous responses that you think makes you a good fit for this study?

23. How did you hear about RADIANT? (Check all that apply)

My doctor or diabetes care provider told me about this study.

Name of the doctor or diabetes care provider: _____

I received a letter telling me about this study.

I heard through my involvement in an existing research study.

Which research study?

- University of Chicago Monogenic Diabetes Registry or other University of Chicago study
- University of Maryland Personalized Diabetes Medicine Program (PDMP)
- University of Michigan Lipodystrophy Tissue and Blood Biorepository study or the Natural History Study (LD-Lync)
- Washington University Wolfram Registry
- Baylor College of Medicine Ketosis Prone Diabetes Registry
- SEARCH for Diabetes in Youth
- TODAY study
- Other study, please specify: _____
- Don't Know

I saw a news report.

I saw a RADIANT Study flyer posted on social media (Facebook, Twitter, etc).

I saw a RADIANT study flyer posted near my doctor's office or near where I live.

Through a friend or family member

Other; please describe how you heard about RADIANT: _____

Don't Know

24. Were you referred by a RADIANT Study Clinical Site?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
a. If yes, which RADIANT Study Clinical Site?	<input type="radio"/> Baylor College of Medicine <input type="radio"/> Columbia University <input type="radio"/> Indiana University <input type="radio"/> Massachusetts General Hospital <input type="radio"/> Seattle Children's <input type="radio"/> SUNY Downstate Health Science University <input type="radio"/> University of Chicago <input type="radio"/> University of Colorado <input type="radio"/> University of Maryland <input type="radio"/> University of Michigan <input type="radio"/> University of North Carolina <input type="radio"/> University of Washington <input type="radio"/> Vanderbilt University <input type="radio"/> Washington University
25. Are you related to someone else who is participating in the RADIANT study?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
a. If yes, did the RADIANT team give you an enrollment code for this questionnaire? <i>(It is okay if you did not receive a code. Only some family members will receive a code to write here, depending on how they were referred to RADIANT.)</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know
i. If yes, please write the code:	

Thank you for completing these questions!