

RADIANT Questionnaire Section 2

The RADIANT Questionnaire includes 5 sections. You are on Section 2.

This section asks questions about you and your physicians. Please answer the questions and then continue to the next section.

Thank you!

About the Person Completing This Questionnaire

Who is filling out this questionnaire for the RADIANT participant?

- Self
- Mother
- Father
- Grandparent
- Aunt or uncle
- Brother or sister
- Spouse or significant other
- RADIANT study staff

RADIANT study staff name: _____

- Other

If Other: What is the relationship of the person filling out this questionnaire to the participant? Example: Legal Guardian. ****Please do not write the person's name.****

About the RADIANT Study Participant

The RADIANT study aims to have a group of diverse individuals from throughout the United States participate to allow better understanding of the causes and best management of atypical diabetes. Atypical diabetes and how it presents can be impacted by several features about a person, including their sex, ancestral origin and their age at diagnosis. Providing answers to the following questions will help as we seek to increase understanding of atypical diabetes.

Note: If you are completing this questionnaire on behalf of the RADIANT study participant, "you" and "your" in the following questions means "the RADIANT study participant".

What was your biological sex assigned at birth?

- Female
- Male
- Intersex
- None of these describe me, and I want to specify

Please specify your biological sex assigned at birth: _____

- Prefer Not to Answer

In what country were you born? _____

- Don't Know
- Prefer Not to Answer

Do you identify as Hispanic, Latino, or of Spanish origin?

- Yes
- No
- Don't Know
- Prefer Not to Answer

If Yes: Please provide country or countries of origin (ex: Mexico, Spain, Guatemala, etc.): _____

Please choose the option(s) that you identify as. You may select one or more if applicable.

- American Indian or Alaska Native – a person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment
- Asian – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- Black or African, African American, Afro-Caribbean – a person having origins in any of the black racial groups of Africa
- Native Hawaiian or other Pacific Islander – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White – a person having origins in any of the original peoples of Europe, the Middle East, or North Africa
- Don't Know
- Prefer Not to Answer

If American Indian or Alaska Native – Please provide tribal affiliations or community attachment(s) if known:

If Asian – Please provide country or countries of origin if known (ex: Cambodia, China, India, the Philippine Islands, etc.):

If Black or African, African American, Afro-Caribbean – Please provide country or countries of origin if known (ex: Ethiopia, Nigeria, etc.):

If Native Hawaiian or other Pacific Islander – Please provide place(s) of origin if known (ex: Hawaii, Guam, Samoa, etc.):

If White – Please provide country or countries of origin if known (ex: Israel, Germany, Greece, etc.):

Which do you consider to be your primary ancestry? Select one.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Don't Know
- Prefer Not to Answer

Are you a member of any of the following communities? Check all that apply.

- Ashkenazi Jewish
- Mennonite
- Amish
- Other
- None
- Don't Know
- Prefer Not to Answer

If Other: Please specify the community: _____

Your Current Diabetes Physician

Who is your current diabetes physician (the doctor you currently see about your diabetes)?

Physician name: _____

Hospital/clinic name: _____

Street address 1: _____

Street address 2: _____

City: _____

State: _____

Zip code: _____

Country: _____

Phone number: _____

Fax number: _____

Physician Email address: _____

- Don't Know
- Prefer Not to Answer

I give permission for my doctor to provide RADIANT with information regarding my diabetes:

- Yes
- No

Did this physician initially diagnose you with diabetes?

- Yes, this physician initially diagnosed me with diabetes
- No, a different physician initially diagnosed me with diabetes
- Don't Know
- Prefer Not to Answer

If “No, a different physician initially diagnosed me with diabetes”:

Physician Who Diagnosed You with Diabetes

Do you know the name of the physician who initially diagnosed you with diabetes?

- Yes
- No
- Prefer Not to Answer

If Yes: Please enter any information you have about this physician:

Physician name: _____
Hospital/clinic name: _____
Street address 1: _____
Street address 2: _____
City: _____
State: _____
Zip code: _____
Country: _____
Phone number: _____
Fax number: _____
Physician Email address: _____

Your Other Physicians

Are there any other physicians who help you with your diabetes management?

- Yes
- No
- Don't Know
- Prefer Not to Answer

If Yes: Please write below any information you have about the physician(s):

Physician name: _____
Hospital/clinic name: _____
Street address 1: _____
Street address 2: _____
City: _____
State: _____
Zip code: _____
Country: _____
Phone number: _____
Fax number: _____
Physician Email address: _____

If there are additional physicians who help you with your diabetes management, please write the name and contact information for each physician on a separate sheet of paper and attach it to this questionnaire.

If you are eligible to be referred to a site for further testing please indicate the site that is most convenient to you (select one):

- Baylor College of Medicine (Houston, TX)
- Columbia University (New York, NY)
- Indiana University (Indianapolis, IN)
- Massachusetts General Hospital (Boston, MA)
- Seattle Children's Hospital (Seattle, WA)
- State University of New York (SUNY Downstate) (Brooklyn, NY)
- University of Chicago (Chicago, IL)
- University of Colorado Denver (Denver, CO)
- University of Maryland (Baltimore, MD)
- University of Michigan (Ann Arbor, MI)
- University of North Carolina (Chapel Hill, NC)
- University of Washington (Seattle, WA)
- Vanderbilt University (Nashville, TN)
- Washington University (St. Louis, MO)

Thank you for completing this section! Please continue to the next section.