

## Module 15

We would like to ask you a few questions about whether or not other people in your child's family have diabetes. Please provide information about your child's mother, father, brothers and sisters.

This refers to your child's biological or natural parents (not stepparents or adoptive parents) and your child's full or half brothers and sisters, not those who were adopted or who are stepbrothers or stepsisters. Please include information for relatives who are living and those who are deceased.

### 1. Does/did your child's biological mother have diabetes? {motherdiab}

Yes →

How old was she when she was diagnosed with diabetes?

{mothdiabage}

years

{mothdiabagedk}  
Don't know

What type of diabetes does she have? {mothdiabtype}

Type 1     Type 2     Other (specify) {mothdiabtypesp}     Don't know

No

Don't know

### 2. Did your child's biological mother have any form of diabetes when she was pregnant with the child? This includes Type 1 diabetes, Type 2 diabetes, gestational diabetes, or other types of diabetes. {mothpregdiab}

Yes →

If yes, what type? {mothpregtype}

Type 1

Other (specify) {mothpregtypespec}

Type 2

Don't know

Gestational diabetes (diabetes only while pregnant)

No

Don't know

### 3. Does/did your child's biological father have diabetes? {fatherdiab}

Yes →

How old was he when he was diagnosed with diabetes?

{fatherdiabage}

years

{fatherdiabagedk}  
Don't know

What type of diabetes does he have? {fatherdiabtype}

Type 1     Type 2     Other (specify) {fatherdiabtypespec}     Don't know

No

Don't know

4. Does your child have any full or half brothers? {fullbrothers}

1  Yes →

<b>How many full or half brothers does your child have?</b> {brothercnt} <input type="text"/> <input type="text"/> # of brothers <input type="checkbox"/> {brothercntdk} Don't know
<b>How many full or half brothers have diabetes?</b> {brotherdiab} <input type="text"/> <input type="text"/> # of brothers <input type="checkbox"/> {brotherdiabdk} Don't know
<b>If one or more has diabetes, what type of diabetes do(es) your child's brother(s) have? (Check all that apply)</b> {brotherdiabt1}    {brotherdiabt2}    {brotherdiaboth}    {brotherdmtypepk} <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Other (specify) {brotherdiabothsp} <input type="checkbox"/> Don't know

2  No

3  Don't know

5. Does your child have any full or half sisters? {fullsisters}

1  Yes →

<b>How many full or half sisters does your child have?</b> {sistercnt} <input type="text"/> <input type="text"/> # of sisters <input type="checkbox"/> {sistercntdk} Don't know
<b>How many full or half sisters have diabetes?</b> {sisterdiab} <input type="text"/> <input type="text"/> # of sisters <input type="checkbox"/> {sisterdiabdk} Don't know
<b>If one or more has diabetes, what type of diabetes do(es) your child's sister(s) have? (Check all that apply)</b> <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Other (specify) {sisterdiabothsp} <input type="checkbox"/> Don't know {sisterdiabt1}    {sisterdiabt2}    {sisterdiaboth}    {sisterdmtypepk}

2  No

3  Don't know