

**T1DGC ASP Eligibility Form**  
**(Administered to Guardian)**

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Family ID

famid

Clinic ID





e2center

**COMPLETE THIS FORM IF GUARDIAN'S CONSENT REQUIRED FOR PROBAND.**

1. Interview date  -  -

Day                      Month                      Year

d\_elig

2. How was this form completed?  
 MARK ALL THAT APPLY.

Phone interview  1  
 Face-to-face interview  1  
 From existing records  1

rc\_phone  
 rc\_face  
 rc\_record

3. Who is completing this form?  
 ONLY ONE GUARDIAN IS INTERVIEWED.

Biological Father  1  
 Biological Mother  2  
 Other Guardian  3

sourcee

4. Have you or any of your immediate family members previously participated  
 in any of the following genetic studies?  
 READ/SHOW PARTICIPANT CUE CARD.

(STOP-INELIGIBLE) Yes  1  
 No  2  
 (PENDING) \*Don't know  9

gstudy

5. Have two or more of your children who are not identical  
 twins been diagnosed with Type 1 diabetes?

Yes  1  
 (STOP-INELIGIBLE) No  2

t1as

6. Do both of these children have the same parents (that is,  
 the same biological mother and same biological father)?

Yes  1  
 (STOP-INELIGIBLE) No  2

t1as

\*Continue with form for all responses marked with an asterisk. Clinic staff to follow-up with appropriate individuals within 10 days in order to collect information not known at time of interview. Participants may need to contact physicians or other family members to obtain information. All "PENDING" responses refer to eligibility criteria and must be resolved before form is forwarded to the Regional Network Center.



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<p>11. What is this child's current age?          CHILDREN LESS THAN 12 MONTHS CAN BE INCLUDED AFTER FIRST BIRTHDAY.</p> <p style="text-align: right;">(PENDING) *Less than 12 months</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding-left: 5px;">Years</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding-left: 5px;">00</td> </tr> </table>			Years			00	<p>agee</p>		
		Years								
		00								
<p>12. Does this child have a specific genetic disorder or disease that caused his/her diabetes? This would include maturity onset diabetes of youth (MODY).          IF YES OR DON'T KNOW, READ/SHOW PARTICIPANT CUE CARD.</p> <p style="text-align: right;">(STOP-INELIGIBLE) Yes          No          (PENDING) *Don't know</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; background-color: #cccccc;"></td> <td style="padding-left: 5px;">1</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding-left: 5px;">2</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding-left: 5px;">9</td> </tr> </table>		1		2		9	<p>modyoth</p>		
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	9									
<p>13. Are you willing to have this child participate in this study?          READ BRIEF DESCRIPTION OF THE STUDY TO PARTICIPANT FROM CUE CARD.</p> <p style="text-align: right;">(STOP-INELIGIBLE) Yes          No          Has signed consent          (PENDING) *Don't know</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding-left: 5px;">1</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; background-color: #cccccc;"></td> <td style="padding-left: 5px;">2</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding-left: 5px;">3</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding-left: 5px;">9</td> </tr> </table>		1		2		3		9	<p>willing</p>
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<p>The next questions refer to the second child diagnosed with Type 1 diabetes in your family.</p>										
<p>14. How old was this child when he/she was diagnosed with Type 1 diabetes?          (If age of diagnosis 35 years or older, STOP-INELIGIBLE.)</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding-left: 5px;">Years</td> </tr> </table>			Years	<p>onset</p>					
		Years								

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15.	Did this child use insulin within 6 months of being diagnosed?  (SKIP TO QUESTION 16.) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	insulin
a.	Is there any other information to suggest that this child has Type 1 (insulin dependent) diabetes?  (APPLY TO ELIGIBILITY COMMITTEE. - PENDING) *Yes <input type="checkbox"/> 1 (STOP-INELIGIBLE) No <input checked="" type="checkbox"/> 2	qtype1
16.	Once this child started using insulin, did he/she ever stop using insulin for a period of 6 months or more for reasons other than a pancreas transplant?  (STOP-INELIGIBLE) Yes <input checked="" type="checkbox"/> 1 No <input type="checkbox"/> 2 (Diagnosis < 6 months ago) Not applicable <input type="checkbox"/> 3	stoptx
17.	What is this child's date of birth? <div style="display: flex; align-items: center; justify-content: center;"> <input style="width: 30px; height: 30px; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 30px; margin-right: 5px;" type="text"/> <span style="margin: 0 10px;">-</span> <input style="width: 100px; height: 30px; margin-right: 5px;" type="text"/> <span style="margin: 0 10px;">-</span> <input style="width: 30px; height: 30px; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 30px; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 30px; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 30px;" type="text"/> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Day</span> <span>Month</span> <span>Year</span> </div> Can not collect <input type="checkbox"/> 8	dbey d_birthe
18.	What is this child's current age? CHILDREN LESS THAN 12 MONTHS CAN BE INCLUDED AFTER FIRST BIRTHDAY.  (PENDING) *Less than 12 months <input type="checkbox"/> 00	agee

\*Continue with form for all responses marked with an asterisk. Clinic staff to follow-up with appropriate individuals within 10 days in order to collect information not known at time of interview. Participants may need to contact physicians or other family members to obtain information. All "PENDING" responses refer to eligibility criteria and must be resolved before form is forwarded to the Regional Network Center.

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<p>19. Does this child have a specific genetic disorder or disease that caused his/her diabetes? This would include maturity onset diabetes of youth (MODY).                  IF YES OR DON'T KNOW, READ/SHOW PARTICIPANT CUE CARD.</p> <p style="text-align: right;">(STOP-INELIGIBLE) Yes <input checked="" type="checkbox"/> 1                  No <input type="checkbox"/> 2                  (PENDING) *Don't know <input type="checkbox"/> 9</p>	modyoth	
<p>20. Are you willing to have this child participate in this study?</p> <p style="text-align: right;">Yes <input type="checkbox"/> 1                  (STOP-INELIGIBLE) No <input checked="" type="checkbox"/> 2                  Has signed consent <input type="checkbox"/> 3                  (PENDING) *Don't know <input type="checkbox"/> 9</p>	willing	
<p><b>IF BIOLOGICAL FATHER COMPLETING FORM:</b>                  21a. Are you willing to participate in this study?</p> <p><b>IF BIOLOGICAL MOTHER OR OTHER GUARDIAN COMPLETING FORM:</b>                  21b. Is the biological father of these children living?</p> <p style="text-align: right;">Yes <input type="checkbox"/> 1                  No <input type="checkbox"/> 2                  Has signed consent <input type="checkbox"/> 3                  *Don't know <input type="checkbox"/> 9</p>		willing
<p><b>IF BIOLOGICAL MOTHER COMPLETING FORM:</b>                  22a. Are you willing to participate in this study?</p> <p><b>IF BIOLOGICAL FATHER OR OTHER GUARDIAN COMPLETING FORM:</b>                  22b. Is the biological mother of these children living?</p> <p style="text-align: right;">Yes <input type="checkbox"/> 1                  No <input type="checkbox"/> 2                  Has signed consent <input type="checkbox"/> 3                  *Don't know <input type="checkbox"/> 9</p>		willing

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These final questions refer to the two oldest children in your family who have not been diagnosed with any type of diabetes.

23. Do these children with diabetes have a full brother or sister who does not have diabetes? This includes Type 1, Type 2, and MODY. Full brothers and sisters are those that have the same biological mother and same biological father.

Yes  1  
(SKIP TO QUESTION 28.) No  2

unaffsib

24. What is the current age of the oldest child who does not have diabetes?  
CHILDREN LESS THAN 12 MONTHS CAN BE INCLUDED AFTER FIRST BIRTHDAY.

  
Years

agee

(SKIP TO QUESTION 28.) Less than 12 months  00

25. Are you willing to have this child participate in this study?

Yes  1  
No  2  
Has signed consent  3  
\*Don't know  9

willing

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<p>26. What is the current age of the next oldest child who does not have diabetes?          CHILDREN LESS THAN 12 MONTHS CAN BE INCLUDED AFTER FIRST BIRTHDAY.</p> <p style="text-align: right;">(SKIP TO QUESTION 28.) Less than 12 months          (SKIP TO QUESTION 28.) Don't have one</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 30px; border: 1px solid black;"></td> <td style="width: 20px; height: 30px; border: 1px solid black;"></td> <td style="padding-left: 5px;">Years</td> </tr> <tr> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="padding-left: 5px;">00</td> </tr> <tr> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="padding-left: 5px;">8</td> </tr> </table>			Years			00			8	<p>agee</p>
		Years									
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		8									
<p>27. Are you willing to have this child participate in this study?</p> <p style="text-align: right;">Yes No Has signed consent *Don't know</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="padding-left: 5px;">1</td> </tr> <tr> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="padding-left: 5px;">2</td> </tr> <tr> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="padding-left: 5px;">3</td> </tr> <tr> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="padding-left: 5px;">9</td> </tr> </table>		1		2		3		9	<p>willing</p>	
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<p><b>INTERVIEWER COMPLETED</b></p>											
<p>28. Is this family eligible to participate in this study?</p> <p style="text-align: right;">(SKIP TO QUESTION 30.) Yes          (SKIP TO QUESTION 30.) No          (ANY PENDING RESPONSES) Pending</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="padding-left: 5px;">1</td> </tr> <tr> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="padding-left: 5px;">2</td> </tr> <tr> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="padding-left: 5px;">3</td> </tr> </table>		1		2		3	<p>elig</p>			
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<p>29. Is an application to the Eligibility Committee required?</p> <p style="text-align: right;">Yes          (SKIP TO QUESTION 30.) No</p> <p>a. Is this for the proband, affected sibling or both?</p> <p style="text-align: right;">Proband Affected Sib Both</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="padding-left: 5px;">1</td> </tr> <tr> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="padding-left: 5px;">2</td> </tr> <tr> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="padding-left: 5px;">3</td> </tr> </table>		1		2		3	<p>apply</p> <p>appfor</p>			
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30. Interviewer ID

code1i

31. ID of person editing this form

code1e

**COMPLETED ONLY IF APPLICATION TO ELIGIBILITY COMMITTEE REQUIRED.**

32. Did the Eligibility Committee approve inclusion in the study?

Yes  1  
(SKIP TO QUESTION 33.) No  2

ok

a. Was approval received for the proband, affected sibling or both?

Proband  1  
Affected Sib  2  
Both  3

okfor

33. Date Eligibility Committee decision received by clinic

-  -   
Day Month Year

d\_dec