

T1DGC ASP Eligibility Form
(Administered to Proband)

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Family ID

famid

Clinic ID

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e1center

COMPLETE THIS FORM IF PROBAND CAN CONSENT SELF. CONFIRM THAT PARTICIPANT WAS FIRST CHILD DIAGNOSED WITH TYPE 1 DIABETES.

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. 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

4. Have you been diagnosed with Type 1 diabetes?

Yes		1
(STOP-INELIGIBLE) No		2

t1as

5. At what age were you diagnosed with Type 1 diabetes?
 (If age of diagnosis 35 years or older, STOP-INELIGIBLE.)

Years	

onset

*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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6. Did you use insulin within six months of being diagnosed? (SKIP TO QUESTION 7.) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2		insulin
a. Is there any other information to suggest you have Type 1 (insulin dependent) diabetes? (APPLY TO ELIGIBILITY COMMITTEE. - PENDING)*Yes <input type="checkbox"/> 1 (STOP-INELIGIBLE) No <input type="checkbox"/> 2		qtype1
7. Once you started using insulin, did you ever stop using insulin for a period of 6 months or more for reasons other than a pancreas transplant? (STOP-INELIGIBLE) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (Diagnosis < 6 months ago) Not applicable <input type="checkbox"/> 3		stoptx
8. What is your date of birth?	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day Month Year	dbey d_birthe
Can not collect <input type="checkbox"/> 8		
9. What is your current age?	<input type="text"/> <input type="text"/> Years	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>10. Do you have a specific genetic disorder or disease that caused your diabetes? This would include maturity onset diabetes of youth (MODY). IF YES OR DON'T KNOW, READ/SHOW PARTICIPANT CUE CARD.</p>	<p>(STOP-INELIGIBLE) Yes <input type="checkbox"/> 1 No <input checked="" type="checkbox"/> 2 (PENDING) *Don't know <input type="checkbox"/> 9</p>	<p style="color: red;">modyoth</p>
<p>11. Are you willing to participate in this study? READ BRIEF DESCRIPTION OF THE STUDY TO PARTICIPANT FROM CUE CARD.</p>	<p>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>	<p style="color: red;">willing</p>
<p>These questions refer to your sibling who was next diagnosed with Type 1 diabetes.</p>		
<p>12. Do you have a living full brother or sister who is not your identical twin who has been diagnosed with Type 1 diabetes? Full brothers and sisters are those that have the same biological mother and same biological father.</p>	<p>Yes <input type="checkbox"/> 1 (STOP-INELIGIBLE) No <input checked="" type="checkbox"/> 2 (STOP-INELIGIBLE) Don't know <input type="checkbox"/> 9</p>	<p style="color: red;">t1as</p>
<p>13. At what age was your brother/sister diagnosed with Type 1 diabetes? (If age of diagnosis 35 years or older, STOP-INELIGIBLE.)</p>	<p><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Years (PENDING) *Don't know <input type="checkbox"/> 9</p>	<p style="color: red;">onset</p>

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14. Did your brother/sister use insulin within 6 months of being diagnosed?

(SKIP TO QUESTION 15.) Yes 1
 No 2
 (PENDING) *Don't know 9

insulin

a. Is there any other information to suggest that your brother/sister has Type 1 (insulin dependent) diabetes?

(APPLY TO ELIGIBILITY COMMITTEE. - PENDING) *Yes 1
 (STOP-INELIGIBLE) No 2

qtype1

15. Once your brother/sister 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 1
 No 2
 (Diagnosis < 6 months ago) Not applicable 3
 (PENDING) *Don't know 9

stoptx

16. What is your brother's/sister's date of birth?

		-		-				
Day			Month		Year			

dbey
d_birthe

Can not collect 8
 *Don't know 9

*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>17. What is your brother's/sister's current age? CHILDREN LESS THAN 12 MONTHS CAN BE INCLUDED AFTER FIRST BIRTHDAY.</p>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>Years</p>			<p>agee</p>				
<p>(PENDING) *Less than 12 months *Don't know</p>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">00</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">9</td> </tr> </table>		00		9			
	00							
	9							
<p>18. Does your brother/sister 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>(STOP-INELIGIBLE) Yes No (PENDING) *Don't know</p>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px; background-color: #cccccc;"></td> <td style="width: 20px; height: 20px;">1</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">2</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">9</td> </tr> </table> <p>modyoth</p>		1		2		9
	1							
	2							
	9							
<p>19. Is your biological father living?</p>	<p>Yes No Don't know</p>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">1</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">2</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">9</td> </tr> </table> <p>flive</p>		1		2		9
	1							
	2							
	9							
<p>20. Is your biological mother living?</p>	<p>Yes No Don't know</p>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">1</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">2</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">9</td> </tr> </table> <p>mlive</p>		1		2		9
	1							
	2							
	9							

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

21. Do you have any living full brothers/sisters who do 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 24.) No 2
 (SKIP TO QUESTION 24.) Don't know 9

unaffsib

22. What is the current age of your oldest brother/sister who does not have diabetes?
 CHILDREN LESS THAN 12 MONTHS CAN BE INCLUDED AFTER FIRST BIRTHDAY.

Years	

agee

(SKIP TO QUESTION 24.) Less than 12 months 00
 *Don't know 9

23. What is the current age of your next oldest brother/sister who does not have diabetes?
 CHILDREN LESS THAN 12 MONTHS CAN BE INCLUDED AFTER FIRST BIRTHDAY.

Years	

agee

Less than 12 months 00
 Don't have one 8
 *Don't know 9

*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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INTERVIEWER COMPLETED

24. Is this family eligible to participate in this study?

- (SKIP TO QUESTION 26.) Yes 1
(SKIP TO QUESTION 26.) No 2
(ANY PENDING RESPONSES) Pending 3

elig

25. Is an application to the Eligibility Committee required?

- Yes 1
(SKIP TO QUESTION 26.) No 2

apply

a. Is this for the proband, affected sibling or both?

- Proband 1
Affected Sib 2
Both 3

appfor

26. Interviewer ID

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code1i

27. ID of person editing this form

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code1e

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COMPLETED ONLY IF APPLICATION TO ELIGIBILITY COMMITTEE REQUIRED.

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

Yes 1
(SKIP TO QUESTION 29.) No 2

ok

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

Proband 1
Affected Sib 2
Both 3

okfor

29. Date Eligibility Committee decision received by clinic

- -
Day Month Year

d_dec