

**T1DGC ASP Exam Form**  
**(Affected Sibling Data from**  
**Participant or Guardian)**

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Participant ID

pid

Clinic ID





Secondary ID




xcenter  
psid

1. Interview date	<input type="text"/> - <input type="text"/> - <input type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Day</span> <span>Month</span> <span>Year</span> </div>	d_exam
2. How was this form completed? MARK ALL THAT APPLY.	<div style="display: flex; justify-content: flex-end;"> <div style="margin-right: 10px;">Phone interview</div> <input type="checkbox"/> 1         </div> <div style="display: flex; justify-content: flex-end;"> <div style="margin-right: 10px;">Face-to-face interview</div> <input type="checkbox"/> 1         </div> <div style="display: flex; justify-content: flex-end;"> <div style="margin-right: 10px;">From existing records</div> <input type="checkbox"/> 1         </div>	ex_phone ex_face ex_record
3. Who is completing this form? AFFECTED SIBLING IS THE SECOND CHILD DIAGNOSED WITH TYPE 1 DIABETES. IF GUARDIAN COMPLETING FORM, READ ITALICIZED TEXT. ONLY ONE GUARDIAN IS INTERVIEWED.	<div style="display: flex; justify-content: flex-end;"> <div style="margin-right: 10px;">Affected Sibling</div> <input type="checkbox"/> 1         </div> <div style="display: flex; justify-content: flex-end;"> <div style="margin-right: 10px;">Biological Mother for Affected Sibling</div> <input type="checkbox"/> 2         </div> <div style="display: flex; justify-content: flex-end;"> <div style="margin-right: 10px;">Biological Father for Affected Sibling</div> <input type="checkbox"/> 3         </div> <div style="display: flex; justify-content: flex-end;"> <div style="margin-right: 10px;">Other Guardian for Affected Sibling</div> <input type="checkbox"/> 4         </div>	sourcex
4. ( <i>Your child's</i> ) Gender	<div style="display: flex; justify-content: flex-end;"> <div style="margin-right: 10px;">Male</div> <input type="checkbox"/> 1         </div> <div style="display: flex; justify-content: flex-end;"> <div style="margin-right: 10px;">Female</div> <input type="checkbox"/> 2         </div>	sex
5. What is your ( <i>child's</i> ) date of birth?	<input type="text"/> - <input type="text"/> - <input type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Day</span> <span>Month</span> <span>Year</span> </div> <div style="text-align: right; margin-top: 10px;">           Can not collect <input type="checkbox"/> 8         </div>	d_birth mon_birth year_birth
6. What is your ( <i>child's</i> ) current age?	<input type="text"/> <input type="text"/> Years	age

Secondary ID: Affected Sibling = AS2; Additional Affected Siblings = AS3, AS4, AS5

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7a. Are you (*Is your child*) Latino, Hispanic or of Spanish origin? Yes  1 hisp  
 No  2  
 Not applicable  3

7b. Which of the following best describes your (*child's*) race (or ethnic origin)? Primary    race1  
 HAND PARTICIPANT CUE CARD AND RECORD  
 PARTICIPANT'S RESPONSES.    race2  
   race3

8. Do you (*Does your child*) have any of the following diseases?  
 HAND PARTICIPANT CUE CARD AND  
 MARK ALL REPORTED RESPONSES.

a. Multiple sclerosis	<input type="checkbox"/> 1	ms
b. Celiac disease	<input type="checkbox"/> 1	celiac
c. Thyroid disease	<input type="checkbox"/> 1	thyroid
d. Myasthenia gravis	<input type="checkbox"/> 1	mgravis
e. Pernicious anemia	<input type="checkbox"/> 1	panemia
f. Lupus or SLE	<input type="checkbox"/> 1	sle
g. Rheumatoid arthritis	<input type="checkbox"/> 1	ra
h. Inflammatory Bowel Disease	<input type="checkbox"/> 1	ibd
i. Vitiligo	<input type="checkbox"/> 1	vitiligo
j. Addisons Disease	<input type="checkbox"/> 1	add_dx
k. Psoriasis	<input type="checkbox"/> 1	psor
l. None of the above	<input type="checkbox"/> 8	nonedx
m. *Don't know	<input type="checkbox"/> 9	dkdx

\*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.

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9. At the time you were (*your child was*) diagnosed with diabetes, would you consider your (*their*) body size as thin, medium or heavy?

- |             |   |         |
|-------------|---|---------|
| Thin        | 1 | habitus |
| Medium      | 2 |         |
| Heavy       | 3 |         |
| *Don't know | 9 |         |

**FAMILY HISTORY**

In this section, we wish to obtain information about all of your (*child's*) biological children.

QUESTION 10 REFERS TO THE AFFECTED SIBLING'S CHILDREN.

10. Do you (*Does your child*) have any children? Exclude any adopted children or stepchildren.

- |   |   |      |
|---|---|------|
| Yes                                       | 1 | gen0 |
| (SKIP TO QUESTION 11.) No                 | 2 |      |
| (SKIP TO QUESTION 11.) Question not asked | 3 |      |
| (SKIP TO QUESTION 11.) Don't know         | 9 |      |

a. How many children do you (*does your child*) have?


gen0n

b. How many of them have Type 1 diabetes? That is, diagnosis before 35 years old, insulin use within 6 months of diagnosis without stopping for 6 months or more.


gen0t1

c. How many of them have another type of diabetes?


gen0od

d. How many of them are not affected or you don't know if they are affected with any type of diabetes?


gen0un

\*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.

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11. Have you (*Has your child*) participated in any of the following regional, national or international studies?  
READ/SHOW PARTICIPANT CUE CARD.

Yes  1 *rstudy*  
(SKIP TO QUESTION 12.) No  2  
(SKIP TO QUESTION 12.) Don't know  9

a. In which studies have you (*has your child*) participated?  
RECORD MAXIMUM OF FIVE STUDY CODES.

*rstudy1*

*rstudy2*

*rstudy3*

*rstudy4*

*rstudy5*

12. Interviewer ID

*code2i*

13. ID of person editing this form

*code2e*