

**T1DGC ASP Exam Form
(Parent Data from Participant)**

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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"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day Month Year	d_exam
2. How was this form completed? MARK ALL THAT APPLY.	Phone interview <input type="checkbox"/> 1 Face-to-face interview <input type="checkbox"/> 1 From existing records <input type="checkbox"/> 1	ex_phone ex_face ex_record
3. Gender	Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	sex
4. 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 Can not collect <input type="checkbox"/> 8	d_birth mon_birth year_birth
5. What is your current age?	<input type="text"/> <input type="text"/> Years	age

Secondary ID: Father = FA; Mother = MO

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6a. Are you Latino, Hispanic or of Spanish origin?

- Yes 1
No 2
Not applicable 3

hisp

6b. Which of the following best describes your race
(or ethnic origin)?

HAND PARTICIPANT CUE CARD AND RECORD
PARTICIPANT'S RESPONSES.

- Primary

race1

race2

race3

7. Have you been diagnosed with diabetes?

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

diabetes

8. What type of diabetes do you 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. 1
Another type of diabetes 2
*Don't know 9

type

*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 what age or on what date were you diagnosed with diabetes?

a. Age

Years

onset

onset_t2

OR

b.

Day

Month

Year

doy

d_onset

c. *Don't know

 9

10. Did you use insulin within six months of being diagnosed?

Yes

 1

insulin

(SKIP TO QUESTION 12.) No

 2

11. 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?

Yes

 1

stoptx

No

 2

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12. Do you 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 |

FAMILY HISTORY

In this section, we wish to obtain information about living and deceased members of your family. We are only interested in your biological relatives.

13. Have any of the following biological relatives - mother, father, sister(s) or brother(s) - ever been diagnosed with diabetes? Yes 1 gen2
- (SKIP TO QUESTION 17.) No 2
- (SKIP TO QUESTION 17.) Don't know 9

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14. Does/did your biological mother have diabetes?

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

gen3m

a. What type of diabetes does/did she 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. 1

gen3mtype

Another type of diabetes 2
*Don't know 9

15. Does/did your biological father have diabetes?

Yes 1
(SKIP TO QUESTION 16.) No 2
(SKIP TO QUESTION 16.) Don't know 9

gen3f

a. What type of diabetes does/did he 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. 1

gen3ftype

Another type of diabetes 2
*Don't know 9

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16. Do you have any full brothers/sisters? Full brothers and sisters are those that have the same biological mother and same biological father.

Yes 1
(SKIP TO QUESTION 17.) No 2
(SKIP TO QUESTION 17.) Don't know 9

gen2av

a. How many full brothers/sisters do you have?

gen2avn

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.

gen2avt1

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

gen2avod

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

gen2avun

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17. Have you participated in any of the following regional, national or international studies?
READ/SHOW PARTICIPANT CUE CARD.

Yes 1
(SKIP TO QUESTION 18.) No 2
(SKIP TO QUESTION 18.) Don't know 9

rstudy

a. In which studies have you participated?
RECORD MAXIMUM OF FIVE STUDY CODES.

rstudy1

rstudy2

rstudy3

rstudy4

rstudy5

18. Interviewer ID

code2i

19. ID of person editing this form

code2e