

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

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Participant ID

pid

Clinic ID

Secondary ID

xcenter
psid

1. Interview date

- -

Day Month Year

d_exam

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

Phone interview 1

Face-to-face interview 1

From existing records 1

ex_phone
ex_face
ex_record

3. Who is completing this form?
 UNAFFECTED SIBLING IS A CHILD WHO HAS NOT BEEN
 DIAGNOSED WITH DIABETES. IF GUARDIAN COMPLETING
 FORM, READ ITALICIZED TEXT. ONLY ONE GUARDIAN
 IS INTERVIEWED.

Unaffected Sibling 1

Biological Mother for Unaffected Sibling 2

Biological Father for Unaffected Sibling 3

Other Guardian for Unaffected Sibling 4

sourcex

4. (*Your child's*) Gender

Male 1

Female 2

sex

5. What is your (*child's*) date of birth?

- -

Day Month Year

Can not collect 8

d_birth
mon_birth
year_birth

6. What is your (*child's*) current age?

Years

age

Secondary ID: Unaffected Sibling 1 = UN1; Unaffected Sibling 2 = UN2

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7a. Are you (*Is your child*) Latino, Hispanic or of Spanish origin?

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	2
Not applicable	<input type="checkbox"/>	3

hispanic

7b. Which of the following best describes your (*child's*) race (or ethnic origin)?

Primary

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race1

HAND PARTICIPANT CUE CARD AND RECORD PARTICIPANT'S RESPONSES.

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race2

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race3

8. Have you (*Has your child*) ever been diagnosed with diabetes?

(PARTICIPANT INELIGIBLE; SKIP TO QUESTION 12.) Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	2
(PARTICIPANT INELIGIBLE; SKIP TO QUESTION 12.) Don't know	<input type="checkbox"/>	9

diabetes

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9. 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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FAMILY HISTORY

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

QUESTION 10 REFERS TO THE UNAFFECTED SIBLING'S CHILDREN.

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

- | | | |
|---|--------------------------|---|
| Yes | <input type="checkbox"/> | 1 |
| (SKIP TO QUESTION 11.) No | <input type="checkbox"/> | 2 |
| (SKIP TO QUESTION 11.) Question not asked | <input type="checkbox"/> | 3 |
| (SKIP TO QUESTION 11.) Don't know | <input type="checkbox"/> | 9 |

gen0

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

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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
(SKIP TO QUESTION 12.) No 2
(SKIP TO QUESTION 12.) Don't know 9

rstudy

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