

# T1DGC Case Eligibility Form

(Administered to Participant)

Page 1 of 4

Case ID

pid

Clinic ID

Secondary ID

CAS

e101center  
psid

## COMPLETE THIS FORM IF CASE CAN CONSENT SELF.

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 been diagnosed with Type 1 diabetes?

Yes  1  
(STOP-INELIGIBLE) No  2

t1as

4. Is your origin of birth, or primary ethnic origin one of the following?  
IN ASIA-PACIFIC OR EUROPEAN NETWORK, READ CHOICES  
AND RECORD PARTICIPANT'S RESPONSE.

Cameroon  1  
China  2  
India  3  
Thailand  4  
(STOP-INELIGIBLE) None of the above  9

IN NORTH AMERICAN NETWORK, READ CHOICES  
AND RECORD PARTICIPANT'S RESPONSE.

Mexican-American  5  
African-American  6  
Both  7  
(STOP-INELIGIBLE) None of the above  9

origin

Secondary ID: Case = CAS

**T1DGC Case Eligibility Form**  
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Case ID

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Page 2 of 4

Clinic ID

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Secondary ID

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5. 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**

6. At what age were you diagnosed with Type 1 diabetes?

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Years

**onset**

(If age of diagnosis is 35 years or older, STOP-INELIGIBLE.)

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

(SKIP TO QUESTION 8.) Yes  1  
 No  2

**insulin**

a. Is there any other information to suggest you have Type 1 (insulin dependent) diabetes?

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

**qtype1**

8. Once you started using insulin, did you ever stop using insulin for a period of six months or more for reasons other than a pancreas transplant?

(STOP-INELIGIBLE) Yes  1  
 No  2  
 (Diagnosis < 6 months ago) Not applicable  3

**stoptx**

\*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.

**T1DGC Case Eligibility Form**  
**(Administered to Participant)**

Case ID

Page 3 of 4

Clinic ID

Secondary ID

C	A	S
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9. What is your date of birth?

		-		-				
Day			Month		Year			

dbey  
d\_birthe

Can not collect  8

10. What is your current age?

Years	

agee

11. 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.

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

modyoth

12. Are you willing to participate in this study?  
 READ BRIEF DESCRIPTION OF THE STUDY TO PARTICIPANT FROM CUE CARD.

Yes  1  
 (STOP-INELIGIBLE) No  2  
 Has signed consent  3  
 (PENDING) \*Don't know  9

willing

13. In what region do you live, or to what tribe do you belong?

IN CAMEROON, CHINA OR INDIA, HAND PARTICIPANT CUE CARD AND RECORD RESPONSE.

tribe

(North America and Thailand only) Not applicable  3

\*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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Page 4 of 4

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--	--	--	--

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**INTERVIEWER COMPLETED**

14. Is this person eligible to participate in this study?

(SKIP TO QUESTION 16.) Yes

	1
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**elig**

(SKIP TO QUESTION 16.) No

	2
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(ANY PENDING RESPONSES) Pending

	3
--	---

15. Is an application to the Eligibility Committee required?

Yes

	1
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**apply**

No

	2
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16. Interviewer ID

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**code1i**

17. ID of person editing this form

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**code1e**

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

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

Yes

	1
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**ok**

No

	2
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19. Date Eligibility Committee decision received by clinic

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Day

--

Month

--	--	--	--

Year

**d\_dec**