

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

Page 1 of 4

Case ID

pid

Clinic ID

Secondary ID

e102center  
psid

<b>COMPLETE THIS FORM IF GUARDIAN'S CONSENT REQUIRED FOR CASE.</b>																			
1. Interview date	<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="text-align: center; padding: 0 5px;">-</td> <td style="border: 1px solid black; width: 60px; height: 20px;"></td> <td style="text-align: center; padding: 0 5px;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; padding: 2px;">Day</td> <td></td> <td></td> <td style="text-align: center; padding: 2px;">Month</td> <td></td> <td style="text-align: center; padding: 2px;">Year</td> <td></td> <td></td> <td></td> </tr> </table>			-		-					Day			Month		Year			
		-		-															
Day			Month		Year														
2. How was this form completed? MARK ALL THAT APPLY.	<table style="width: 100%; border: none;"> <tr> <td style="padding-right: 10px;">Phone interview</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;">1</td> </tr> <tr> <td>Face-to-face interview</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;">1</td> </tr> <tr> <td>From existing records</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;">1</td> </tr> </table>	Phone interview	<input type="checkbox"/>	1	Face-to-face interview	<input type="checkbox"/>	1	From existing records	<input type="checkbox"/>	1									
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Face-to-face interview	<input type="checkbox"/>	1																	
From existing records	<input type="checkbox"/>	1																	
3. Who is completing this form? ONLY ONE GUARDIAN IS INTERVIEWED.	<table style="width: 100%; border: none;"> <tr> <td style="padding-right: 10px;">Biological Father</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;">1</td> </tr> <tr> <td>Biological Mother</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;">2</td> </tr> <tr> <td>Other Guardian</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;">3</td> </tr> </table>	Biological Father	<input type="checkbox"/>	1	Biological Mother	<input type="checkbox"/>	2	Other Guardian	<input type="checkbox"/>	3									
Biological Father	<input type="checkbox"/>	1																	
Biological Mother	<input type="checkbox"/>	2																	
Other Guardian	<input type="checkbox"/>	3																	
4. Has this child been diagnosed with Type 1 diabetes?	<table style="width: 100%; border: none;"> <tr> <td style="text-align: right; padding-right: 10px;">Yes</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;">1</td> </tr> <tr> <td style="text-align: right; padding-right: 10px;">(STOP - INELIGIBLE) No</td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> <td style="text-align: right;">2</td> </tr> </table>	Yes	<input type="checkbox"/>	1	(STOP - INELIGIBLE) No	<input checked="" type="checkbox"/>	2												
Yes	<input type="checkbox"/>	1																	
(STOP - INELIGIBLE) No	<input checked="" type="checkbox"/>	2																	
5. Is this child's origin of birth, or primary ethnic origin one of the following? IN ASIA-PACIFIC OR EUROPEAN NETWORK, READ CHOICES AND RECORD PARTICIPANT'S RESPONSE.	<table style="width: 100%; border: none;"> <tr> <td style="padding-right: 10px;">Cameroon</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;">1</td> </tr> <tr> <td>China</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;">2</td> </tr> <tr> <td>India</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;">3</td> </tr> <tr> <td>Thailand</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;">4</td> </tr> <tr> <td style="padding-top: 10px;">(STOP-INELIGIBLE) None of the above</td> <td style="text-align: right; padding-top: 10px;"><input checked="" type="checkbox"/></td> <td style="text-align: right; padding-top: 10px;">9</td> </tr> </table>	Cameroon	<input type="checkbox"/>	1	China	<input type="checkbox"/>	2	India	<input type="checkbox"/>	3	Thailand	<input type="checkbox"/>	4	(STOP-INELIGIBLE) None of the above	<input checked="" type="checkbox"/>	9			
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India	<input type="checkbox"/>	3																	
Thailand	<input type="checkbox"/>	4																	
(STOP-INELIGIBLE) None of the above	<input checked="" type="checkbox"/>	9																	
IN NORTH AMERICAN NETWORK, READ CHOICES AND RECORD PARTICIPANT'S RESPONSE.	<table style="width: 100%; border: none;"> <tr> <td style="padding-right: 10px;">Mexican-American</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;">5</td> </tr> <tr> <td>African-American</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;">6</td> </tr> <tr> <td>Both</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;">7</td> </tr> <tr> <td style="padding-top: 10px;">(STOP-INELIGIBLE) None of the above</td> <td style="text-align: right; padding-top: 10px;"><input checked="" type="checkbox"/></td> <td style="text-align: right; padding-top: 10px;">9</td> </tr> </table>	Mexican-American	<input type="checkbox"/>	5	African-American	<input type="checkbox"/>	6	Both	<input type="checkbox"/>	7	(STOP-INELIGIBLE) None of the above	<input checked="" type="checkbox"/>	9						
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(STOP-INELIGIBLE) None of the above	<input checked="" type="checkbox"/>	9																	

d\_elig

rc\_phone  
rc\_face  
rc\_record

sourcee

t1as

origin

SECONDARY ID: Case = CAS

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(Administered to Guardian)**

Page 2 of 4

Case ID

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Clinic ID

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Secondary ID

C	A	S
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<p>6. Has this child or any of his/her immediate family members previously participated in any of the following genetic studies?                  READ/SHOW PARTICIPANT CUE CARD.</p> <p style="text-align: right;">(STOP-INELIGIBLE) Yes <input type="checkbox"/> 1                  No <input type="checkbox"/> 2                  (PENDING) *Don't know <input type="checkbox"/> 9</p>	gstudy
<p>7. How old was this child when he/she was diagnosed with Type 1 diabetes?                  (If age of diagnosis is 35 years or older, STOP-INELIGIBLE.)</p> <p style="text-align: right;"><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>                  Years</p>	onset
<p>8. Did this child use insulin within six months of being diagnosed?                  (SKIP TO QUESTION 9.) Yes <input type="checkbox"/> 1                  No <input type="checkbox"/> 2</p> <p>a, Is there any other information to suggest that this child has Type 1 (insulin dependent) diabetes?                  (APPLY TO ELIGIBILITY COMMITTEE. - PENDING) *Yes <input type="checkbox"/> 1                  (STOP-INELIGIBLE) No <input type="checkbox"/> 2</p>	insulin  qtype1
<p>9. Once this child started using insulin, did he/she ever stop using insulin for a period of six months or more for reasons other than a pancreas transplant?</p> <p style="text-align: right;">(STOP-INELIGIBLE) Yes <input type="checkbox"/> 1                  No <input type="checkbox"/> 2                  (Diagnosis &lt; 6 months ago) Not Applicable <input type="checkbox"/> 3</p>	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.

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Page 3 of 4

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Clinic ID

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Secondary ID

C	A	S
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<p>10. What is this child's date of birth?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;"> <table border="1" style="width: 20px; height: 20px;"> <tr><td style="width: 10px;"></td></tr> <tr><td style="width: 10px;"></td></tr> </table> </td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; text-align: center;"> <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 100%;"></td></tr> </table> </td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 35%; text-align: center;"> <table border="1" style="width: 40px; height: 20px;"> <tr><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td></tr> </table> </td> </tr> <tr> <td style="text-align: center;">Day</td> <td></td> <td style="text-align: center;">Month</td> <td></td> <td style="text-align: center;">Year</td> </tr> </table> <p style="text-align: right;">Can not collect <input type="checkbox"/> 8</p>	<table border="1" style="width: 20px; height: 20px;"> <tr><td style="width: 10px;"></td></tr> <tr><td style="width: 10px;"></td></tr> </table>			-	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 100%;"></td></tr> </table>		-	<table border="1" style="width: 40px; height: 20px;"> <tr><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td></tr> </table>					Day		Month		Year	<p style="color: red;">dbey d_birthe</p>
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Day		Month		Year														
<p>11. What is this child's current age? CHILDREN LESS THAN 12 MONTHS CAN BE INCLUDED AFTER FIRST BIRTHDAY.</p> <p style="text-align: right;"> <table border="1" style="width: 40px; height: 20px;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table>  Years                 </p> <p style="text-align: right;">(PENDING) *Less than 12 months <input type="checkbox"/> 00</p>			<p style="color: red;">agee</p>															
<p>12. Does this child have a specific genetic disorder or disease that caused his/her diabetes? This would include maturity onset diabetes of youth (MODY).</p> <p>IF YES OR DON'T KNOW, READ/SHOW PARTICIPANT CUE CARD.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 20%; text-align: center;">(STOP-INELIGIBLE) Yes</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> 1</td> <td style="width: 15%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">No</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">(PENDING) *Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 9</td> <td></td> </tr> </table>		(STOP-INELIGIBLE) Yes	<input checked="" type="checkbox"/> 1			No	<input type="checkbox"/> 2			(PENDING) *Don't know	<input type="checkbox"/> 9		<p style="color: red;">modyoth</p>					
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	No	<input type="checkbox"/> 2																
	(PENDING) *Don't know	<input type="checkbox"/> 9																
<p>13. Are you willing to have this child participate in this study? READ BRIEF DESCRIPTION OF THE STUDY TO PARTICIPANT FROM CUE CARD.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 20%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> 1</td> <td style="width: 15%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">(STOP - INELIGIBLE) No</td> <td style="text-align: center;"><input checked="" type="checkbox"/> 2</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Has signed consent</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">(PENDING) *Don't know</td> <td style="text-align: center;"><input type="checkbox"/> 9</td> <td></td> </tr> </table>		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 style="color: red;">willing</p>	
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	Has signed consent	<input type="checkbox"/> 3																
	(PENDING) *Don't know	<input type="checkbox"/> 9																
<p>14. In what region does this child live or to what tribe does this child belong? IN CAMEROON, CHINA OR INDIA, HAND PARTICIPANT CUE CARD AND RECORD RESPONSE.</p> <p style="text-align: right;"> <table border="1" style="width: 40px; height: 20px;"> <tr><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td></tr> </table> </p> <p style="text-align: right;">(North America and Thailand only) Not applicable <input type="checkbox"/> 3</p>					<p style="color: red;">tribe</p>													

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Page 4 of 4

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**INTERVIEWER COMPLETED**

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

(SKIP TO QUESTION 17.) Yes  1  
(SKIP TO QUESTION 17.) No  2  
(ANY PENDING RESPONSES) Pending  3

elig

16. Is an application to the Eligibility Committee required?

Yes  1  
No  2

apply

17. Interviewer ID

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code1i

18. ID of person editing this form

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code1e

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

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

Yes  1  
No  2

ok

20. Date Eligibility Committee decision received by clinic

		-		-				
Day			Month		Year			

d\_dec