

T1DGC Case Exam Form
(Case 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"/> <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. Who is completing this form? CASE IS THE PERSON/CHILD DIAGNOSED WITH TYPE 1 DIABETES. IF GUARDIAN COMPLETING FORM, READ ITALICIZED TEXT. ONLY ONE GUARDIAN IS INTERVIEWED.	Case <input type="checkbox"/> 1 Biological Mother for Case <input type="checkbox"/> 2 Biological Father for Case <input type="checkbox"/> 3 Other Guardian for Case <input type="checkbox"/> 4	sourcex
4. (<i>Your child's</i>) Gender	Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	sex
5. What is your (<i>child's</i>) 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"/> <input type="text"/> <input type="text"/> <input type="text"/>	d_birth mon_birth year_birth
	Day - Month - Year	
	Can not collect <input type="checkbox"/> 8	
6. What is your (<i>child's</i>) current age?	<input type="text"/> <input type="text"/>	age
	Years	

Secondary ID: Case = CAS

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<p>7a. Are you (<i>Is your child</i>) Latino, Hispanic or of Spanish origin?</p>	<p>Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Not applicable <input type="checkbox"/> 3</p>	<p>hisp</p>
<p>7b. Which of the following best describes your (<i>child's</i>) race (or ethnic origin)? HAND PARTICIPANT CUE CARD AND RECORD PARTICIPANT'S RESPONSES.</p>	<p>Primary <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>race1</p> <p>race2</p> <p>race3</p>

<p>8. Do you (<i>Does your child</i>) have any of the following diseases? HAND PARTICIPANT CUE CARD AND MARK ALL REPORTED RESPONSES.</p>	<table style="width: 100%;"> <tr><td style="width: 80%;">a. Multiple sclerosis</td><td style="width: 5%; text-align: center;"><input type="checkbox"/></td><td style="width: 15%; text-align: right;">1</td></tr> <tr><td>b. Celiac disease</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: right;">1</td></tr> <tr><td>c. Thyroid disease</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: right;">1</td></tr> <tr><td>d. Myasthenia gravis</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: right;">1</td></tr> <tr><td>e. Pernicious anemia</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: right;">1</td></tr> <tr><td>f. Lupus or SLE</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: right;">1</td></tr> <tr><td>g. Rheumatoid arthritis</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: right;">1</td></tr> <tr><td>h. Inflammatory Bowel Disease</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: right;">1</td></tr> <tr><td>i. Vitiligo</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: right;">1</td></tr> <tr><td>j. Addisons Disease</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: right;">1</td></tr> <tr><td>k. Psoriasis</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: right;">1</td></tr> <tr><td>l. None of the above</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: right;">8</td></tr> <tr><td>m.*Don't know</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: right;">9</td></tr> </table>	a. Multiple sclerosis	<input type="checkbox"/>	1	b. Celiac disease	<input type="checkbox"/>	1	c. Thyroid disease	<input type="checkbox"/>	1	d. Myasthenia gravis	<input type="checkbox"/>	1	e. Pernicious anemia	<input type="checkbox"/>	1	f. Lupus or SLE	<input type="checkbox"/>	1	g. Rheumatoid arthritis	<input type="checkbox"/>	1	h. Inflammatory Bowel Disease	<input type="checkbox"/>	1	i. Vitiligo	<input type="checkbox"/>	1	j. Addisons Disease	<input type="checkbox"/>	1	k. Psoriasis	<input type="checkbox"/>	1	l. None of the above	<input type="checkbox"/>	8	m.*Don't know	<input type="checkbox"/>	9	<p>ms</p> <p>celiac</p> <p>thyroid</p> <p>mgravis</p> <p>panemia</p> <p>sle</p> <p>ra</p> <p>ibd</p> <p>vitiligo</p> <p>add_dx</p> <p>psor</p> <p>nonedx</p> <p>dkdx</p>
a. Multiple sclerosis	<input type="checkbox"/>	1																																							
b. Celiac disease	<input type="checkbox"/>	1																																							
c. Thyroid disease	<input type="checkbox"/>	1																																							
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*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 (his/her) body size as thin, medium or heavy?

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

habitus

FAMILY HISTORY

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

QUESTION 10 REFERS TO THE CASE'S CHILDREN.

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

Yes		1
(SKIP TO QUESTION 11.) No		2
(SKIP TO QUESTION 11.) Question not asked		3
(SKIP TO QUESTION 11.) Don't know		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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QUESTIONS 11a-11c REFER TO THE CASE'S MATERNAL RELATIVES.

11. a. Which of the following biological relatives have been diagnosed with 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. | Mother | Yes | <input type="checkbox"/> | 1 | gen2mt1 |
| | | No | <input type="checkbox"/> | 2 | |
| | | *Don't know | <input type="checkbox"/> | 9 | |
| 2. | Maternal Grandmother
(mother's mother) | Yes | <input type="checkbox"/> | 1 | gen3mmt1 |
| | | No | <input type="checkbox"/> | 2 | |
| | | *Don't know | <input type="checkbox"/> | 9 | |
| 3. | Maternal Grandfather
(mother's father) | Yes | <input type="checkbox"/> | 1 | gen3mft1 |
| | | No | <input type="checkbox"/> | 2 | |
| | | *Don't know | <input type="checkbox"/> | 9 | |

11. b. Which of the following biological relatives have been diagnosed with another type of diabetes?

- | | | | | | |
|----|---|-------------|--------------------------|---|----------|
| 1. | Mother | Yes | <input type="checkbox"/> | 1 | gen2mod |
| | | No | <input type="checkbox"/> | 2 | |
| | | *Don't know | <input type="checkbox"/> | 9 | |
| 2. | Maternal Grandmother
(mother's mother) | Yes | <input type="checkbox"/> | 1 | gen3mmod |
| | | No | <input type="checkbox"/> | 2 | |
| | | *Don't know | <input type="checkbox"/> | 9 | |
| 3. | Maternal Grandfather
(mother's father) | Yes | <input type="checkbox"/> | 1 | gen3mfod |
| | | No | <input type="checkbox"/> | 2 | |
| | | *Don't know | <input type="checkbox"/> | 9 | |

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11. c. Do you (*Does your child*) have any full aunts and uncles on your (*child's*) mother's side? Yes 1
(SKIP TO QUESTION 12.) No 2
(SKIP TO QUESTION 12.) *Don't know 9 gen2avm

1. How many full aunts and uncles on your (*child's*) mother's side do you (*does your child*) have? gen2avmn

2. 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. gen2avmt1

3. How many of them have another type of diabetes? gen2avmod

4. How many of them are not affected or you don't know if they are affected with any type of diabetes? gen2avmun

QUESTIONS 12a-12c REFER TO THE CASE'S PATERNAL RELATIVES.

12. a. Which of the following biological relatives have been diagnosed with 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. Father Yes 1
No 2
*Don't know 9 gen2ft1

2. Paternal Grandmother (father's mother) Yes 1
No 2
*Don't know 9 gen3fmt1

3. Paternal Grandfather (father's father) Yes 1
No 2
*Don't know 9 gen3fft1

*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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12. b. Which of the following biological relatives have been diagnosed with another type of diabetes?

- | | | | | | |
|----|---|-------------|---|---|----------|
| 1. | Father | Yes | <input style="width: 15px; height: 15px;" type="checkbox"/> | 1 | gen2fod |
| | | No | <input style="width: 15px; height: 15px;" type="checkbox"/> | 2 | |
| | | *Don't know | <input style="width: 15px; height: 15px;" type="checkbox"/> | 9 | |
| | | | | | |
| 2. | Paternal Grandmother
(father's mother) | Yes | <input style="width: 15px; height: 15px;" type="checkbox"/> | 1 | gen3fmod |
| | | No | <input style="width: 15px; height: 15px;" type="checkbox"/> | 2 | |
| | | *Don't know | <input style="width: 15px; height: 15px;" type="checkbox"/> | 9 | |
| | | | | | |
| 3. | Paternal Grandfather
(father's father) | Yes | <input style="width: 15px; height: 15px;" type="checkbox"/> | 1 | gen3ffod |
| | | No | <input style="width: 15px; height: 15px;" type="checkbox"/> | 2 | |
| | | *Don't know | <input style="width: 15px; height: 15px;" type="checkbox"/> | 9 | |

c. Do you (*Does your child*) have any full aunts and uncles on your (*child's*) father's side? Yes 1
(SKIP TO QUESTION 13.) No 2
(SKIP TO QUESTION 13.) *Don't know 9

- | | | |
|---|---|-----------|
| 1. How many full aunts and uncles on your (<i>child's</i>) father's side do you (<i>does your child</i>) have? | <input style="width: 20px; height: 20px;" type="text"/> | gen2avfn |
| | | |
| 2. 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. | <input style="width: 20px; height: 20px;" type="text"/> | gen2avft1 |
| | | |
| 3. How many of them have another type of diabetes? | <input style="width: 20px; height: 20px;" type="text"/> | gen2avfod |
| | | |
| 4. How many of them are not affected or you don't know if they are affected with any type of diabetes? | <input style="width: 20px; height: 20px;" type="text"/> | gen2avfun |

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13. Do you (*Does your child*) have any full brothers and sisters?

Full brothers and sisters are those that have the same biological mother and same biological father.

Yes 1
 (SKIP TO QUESTION 14.) No 2
 (SKIP TO QUESTION 14.) Don't know 9

gen1full

a. How many?

--	--

gen1sib

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.

--	--

gen1st1

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

--	--

gen1sod

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

--	--

gen1sun

14. Do you (*Does your child*) have any half siblings with the common parent being your (*child's*) mother?

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

gen1hsibm

a. How many half brothers and sisters do you (*does your child*) have with the common parent being your (*child's*) mother?

--	--

gen1hsmn

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.

--	--

gen1hsmt1

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

--	--

gen1hsmo

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

--	--

gen1hsmun

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15. Do you (*Does your child*) have any half siblings with the common parent being your (*child's*) father?

Yes	<input type="checkbox"/>	1
(SKIP TO QUESTION 16.) No	<input type="checkbox"/>	2
(SKIP TO QUESTION 16.) Don't know	<input type="checkbox"/>	9

gen1hsibf

a. How many half brothers and sisters do you (*does your child*) have with the common parent being your (*child's*) father?

--	--

gen1hsfn

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.

--	--

gen1hsft1

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

--	--

gen1hsfod

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

--	--

gen1hsfun

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16. 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 17.) No 2 **rstudy**
(SKIP TO QUESTION 17.) 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

17. Interviewer ID

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code2i

18. ID of person editing this form

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code2e