

T1DGC Control Eligibility Form Control ID
(Administered to Control)

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pid

Clinic ID

Secondary ID

C

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e111center
psid

COMPLETE THIS FORM IF CONTROL CAN CONSENT SELF.

1. Interview date

-

-

Day
Month
Year

d_elig

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

rc_phone
rc_face
rc_record

3. Have you ever been diagnosed with Type 1 diabetes, Type 2 diabetes, or maturity onset diabetes of youth (MODY)?

(STOP - INELIGIBLE) Yes 1

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	<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 9

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

Mexican-American	<input type="checkbox"/>	5
African-American	<input type="checkbox"/>	6
Both	<input type="checkbox"/>	7

(STOP-INELIGIBLE) None of the above 9

origin

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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 <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (PENDING) *Don't know <input type="checkbox"/> 9	gstudy
6.	Has any one of the following biological relatives - father, mother, brother(s), sister(s) or children ever been diagnosed with Type 1 diabetes, Type 2 diabetes, or MODY?	(STOP - INELIGIBLE) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (PENDING) *Don't know <input type="checkbox"/> 9	cc_evidfam
7.	Do you have any of the following diseases? READ/SHOW PARTICIPANT CUE CARD.	(STOP - INELIGIBLE) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (PENDING) *Don't know <input type="checkbox"/> 9	autoim
8.	Are you willing to participate in this study? READ BRIEF DESCRIPTION OF THE STUDY TO PARTICIPANT FROM CUE CARD.	Yes <input type="checkbox"/> 1 (STOP - INELIGIBLE) No <input type="checkbox"/> 2 Has signed consent <input type="checkbox"/> 3 (PENDING) *Don't know <input type="checkbox"/> 9	willing
9.	What is your date of birth?	<div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; justify-content: space-between; align-items: center;"> </div> Day - <div style="border: 1px solid black; width: 60px; height: 20px;"></div> Month - <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; justify-content: space-between; align-items: center;"> </div> Year </div>	<div style="background-color: yellow; padding: 2px;"> d_birth mon_birth year_birth </div> Can not collect <input type="checkbox"/> 8

*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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10. What is your current age?	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 30px;"></div>	age
	Years	
11. What is your gender?	Male <input style="width: 20px; height: 20px;" type="checkbox"/> 1 Female <input style="width: 20px; height: 20px;" type="checkbox"/> 2	sex
12a. Are you Latino, Hispanic or of Spanish origin?	Yes <input style="width: 20px; height: 20px;" type="checkbox"/> 1 No <input style="width: 20px; height: 20px;" type="checkbox"/> 2 Not applicable <input style="width: 20px; height: 20px;" type="checkbox"/> 3	hisp
12b. Which of the following best describes your race (or ethnic origin)?	Primary <div style="border: 1px solid black; display: inline-block; width: 60px; height: 30px;"></div>	race1
HAND PARTICIPANT CUE CARD AND RECORD PARTICIPANT'S RESPONSES.	<div style="border: 1px solid black; display: inline-block; width: 60px; height: 30px;"></div>	race2
	<div style="border: 1px solid black; display: inline-block; width: 60px; height: 30px;"></div>	race3
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.	<div style="border: 1px solid black; display: inline-block; width: 60px; height: 30px;"></div>	tribe
	(North America and Thailand only) Not applicable <input style="width: 20px; height: 20px;" type="checkbox"/> 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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14. Have you participated in any of the following regional, national or international studies?
READ/SHOW PARTICIPANT CUE CARD.

Yes

	1
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(SKIP TO QUESTION 15.) No

	2
--	---

(SKIP TO QUESTION 15.) Don't know

	9
--	---

rstudy

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

--	--	--

rstudy1

--	--	--

rstudy2

--	--	--

rstudy3

--	--	--

rstudy4

--	--	--

rstudy5

INTERVIEWER COMPLETED

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

Yes

	1
--	---

No

	2
--	---

(ANY PENDING RESPONSES) Pending

	3
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elig

16. Interviewer ID

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code1i

17. ID of person editing this form

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code1e