

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

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Control ID

pid

Clinic ID

Secondary ID

e112center  
psid

**COMPLETE THIS FORM IF GUARDIAN'S CONSENT REQUIRED FOR CONTROL.**

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. Who is completing this form?  
ONLY ONE GUARDIAN IS INTERVIEWED.

Biological Father		1
Biological Mother		2
Other Guardian		3

sourcee

4. Has this child ever been diagnosed with Type 1 diabetes, Type 2 diabetes, or maturity onset diabetes of youth (MODY)? (STOP-INELIGIBLE) Yes

	1
	2

t1as

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.

Cameroon		1
China		2
India		3
Thailand		4

origin

(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

SECONDARY ID: Control = CON

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C	O	N
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6.	<p>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>(STOP-INELIGIBLE) Yes <input checked="" type="checkbox"/> 1                  No <input type="checkbox"/> 2                  (PENDING) *Don't know <input type="checkbox"/> 9</p>	gstudy
7.	<p>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?</p>	<p>(STOP-INELIGIBLE) Yes <input checked="" type="checkbox"/> 1                  No <input type="checkbox"/> 2                  (PENDING) *Don't know <input type="checkbox"/> 9</p>	cc_evidfam
8.	<p>Does this child have any of the following diseases?                  READ/SHOW PARTICIPANT CUE CARD.</p>	<p>(STOP-INELIGIBLE) Yes <input checked="" type="checkbox"/> 1                  No <input type="checkbox"/> 2                  (PENDING) *Don't know <input type="checkbox"/> 9</p>	autoim
9.	<p>Are you willing to have this child participate in this study?                  READ BRIEF DESCRIPTION OF THE STUDY TO PARTICIPANT FROM CUE CARD.</p>	<p>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>	willing

\*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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C O N

10. What is this child's date of birth?

Day

-

Month

-

Year

Can not collect  8

**d\_birth**  
**mon\_birth**  
**year\_birth**

11. What is this child's current age?  
 CHILDREN LESS THAN 12 MONTHS CAN BE  
 INCLUDED AFTER FIRST BIRTHDAY.

Years

(PENDING) \*Less than 12 months  00

**age**

12. What is this child's gender?

Male  1  
 Female  2

**sex**

13a. Is this child Latino, Hispanic or of Spanish origin?

Yes  1  
 No  2  
 Not applicable  3

**hisp**

13b. Which of the following best describes this child's race  
 (or ethnic origin)?

Primary

**race1**

HAND PARTICIPANT CUE CARD AND RECORD  
 PARTICIPANT'S RESPONSES.

**race2**

**race3**

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.

**tribe**

(North America and Thailand only) Not applicable  3

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15. Has this child participated in any of the following regional, national or international studies?

READ/SHOW PARTICIPANT CUE CARD.

Yes  1  
(SKIP TO QUESTION 16.) No  2 **rstudy**  
(SKIP TO QUESTION 16.) Don't know  9

a. In which studies has this child participated?  
RECORD MAXIMUM OF FIVE STUDY CODES.

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**rstudy1**

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**rstudy2**

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**rstudy3**

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**rstudy4**

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**rstudy5**

**INTERVIEWER COMPLETED**

16. Is this child eligible to participate in this study?

Yes  1 **elig**  
No  2  
(ANY PENDING RESPONSES) Pending  3

17. Interviewer ID

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**code1i**

18. ID of person editing this form

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**code1e**