

T1DGC Conversion to Case Form
(Administered to Participant or Guardian)

Page 1 of 9

Participant ID

pid

Clinic ID

Secondary ID

centercnc
psid

COMPLETE THIS FORM FOR ANY MINORITY PROBAND OR MINORITY AFFECTED SIBLING WHOSE FAMILY IS INELIGIBLE DUE TO MISSING CORE MEMBERS.

1. Case was previously a:

- Trio Proband 1
- Minority ASP Proband 2
- Minority ASP Affected Sibling 3

convert

2. Interview date

		-		-				
Day			Month		Year			

d_examcc

3. How was this form completed?
 MARK ALL THAT APPLY.

- Phone interview 1
- Face-to-face interview 1
- From existing records 1

ex_phonecc
ex_facecc
ex_recordcc

4. 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 1
- Biological Mother for Case 2
- Biological Father for Case 3
- Other Guardian for Case 4

sourcecnc

5. Is your (*your 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
- (STOP-INELIGIBLE) None of the above 9

origin

(NORTH AMERICA ON NEXT PAGE)

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5. Is your (*your child's*) origin of birth, or primary ethnic origin one of the following?
 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 | <input type="checkbox"/> | 9 |

(origin)

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.

THE FOLLOWING QUESTIONS APPLY TO THE CASE'S CHILDREN.

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

Yes	<input type="checkbox"/>	1
(SKIP TO QUESTION 7.) No	<input type="checkbox"/>	2
(SKIP TO QUESTION 7.) Question not asked	<input type="checkbox"/>	3
(SKIP TO QUESTION 7.) *Don't know	<input type="checkbox"/>	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

*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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THE FOLLOWING QUESTIONS APPLY TO THE CASE'S MATERNAL RELATIVES.

7. a. Which of your (*your child's*) 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 | |
| | | No | <input type="checkbox"/> | 2 | |
| | | *Don't know | <input type="checkbox"/> | 9 | |
| | | | | | |
| 2. | Maternal Grandmother
(mother's mother) | Yes | <input type="checkbox"/> | 1 | |
| | | No | <input type="checkbox"/> | 2 | |
| | | *Don't know | <input type="checkbox"/> | 9 | |
| | | | | | |
| 3. | Maternal Grandfather
(mother's father) | Yes | <input type="checkbox"/> | 1 | |
| | | No | <input type="checkbox"/> | 2 | |
| | | *Don't know | <input type="checkbox"/> | 9 | |

gen2mt1

gen3mmt1

gen3mft1

7. b. Which of your (*your child's*) following biological relatives have been diagnosed with another type of diabetes?

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

gen2mod

gen3mmod

gen3mfod

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7. c. Do you (*Does your child*) have any full aunts and uncles on your (*child's*) mother's side?

Yes 1
 (SKIP TO QUESTION 8.) No 2
 (SKIP TO QUESTION 8.) *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

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THE FOLLOWING QUESTIONS APPLY TO THE CASE'S PATERNAL RELATIVES.

8. a. Which of your (*your child's*) 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 | <input type="checkbox"/> | 1 | |
| | | No | <input type="checkbox"/> | 2 | |
| | | *Don't know | <input type="checkbox"/> | 9 | |
| | | | | | |
| 2. | Paternal Grandmother
(father's mother) | Yes | <input type="checkbox"/> | 1 | |
| | | No | <input type="checkbox"/> | 2 | |
| | | *Don't know | <input type="checkbox"/> | 9 | |
| | | | | | |
| 3. | Paternal Grandfather
(father's father) | Yes | <input type="checkbox"/> | 1 | |
| | | No | <input type="checkbox"/> | 2 | |
| | | *Don't know | <input type="checkbox"/> | 9 | |

gen2ft1

gen3fmt1

gen3fft1

8. b. Which of your (*your child's*) following biological relatives have been diagnosed with another type of diabetes?

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

gen2fod

gen3fmod

gen3ffod

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8. c. Do you (*Does your child*) have any full aunts and uncles on your (*child's*) father's side?

Yes		1	
(SKIP TO QUESTION 9.) No		2	gen2avf
(SKIP TO QUESTION 9.) *Don't know		9	

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

--	--

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.

--	--

gen2avft1

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

--	--

gen2avfod

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

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gen2avfun

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THE FOLLOWING QUESTIONS APPLY TO THE CASE'S SIBLINGS.

9. 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 10.) No 2
 (SKIP TO QUESTION 10.) *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

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

Yes 1
 (SKIP TO QUESTION 11.) No 2
 (SKIP TO QUESTION 11.) *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?

gen1hsmod

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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<p>11. Do you (<i>Does your child</i>) have any half siblings with the common parent being your (<i>child's</i>) father?</p> <p style="text-align: right;">Yes <input type="checkbox"/> 1 (SKIP TO QUESTION 12.) No <input type="checkbox"/> 2 (SKIP TO QUESTION 12.) *Don't know <input type="checkbox"/> 9</p> <p>a. How many half brothers and sisters do you (<i>does your child</i>) have with the common parent being your (<i>child's</i>) father? <input style="width: 40px;" type="text"/></p> <p>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. <input style="width: 40px;" type="text"/></p> <p>c. How many of them have another type of diabetes? <input style="width: 40px;" type="text"/></p> <p>d. How many of them are not affected or you don't know if they are affected with any type of diabetes? <input style="width: 40px;" type="text"/></p>	<p>gen1hsibf</p> <p>gen1hsfn</p> <p>gen1hsft1</p> <p>gen1hsfod</p> <p>gen1hsfun</p>
<p>12. In what region do you live, or to what tribe do you belong? HAND PARTICIPANT CUE CARD AND RECORD PARTICIPANT'S RESPONSE.</p> <p style="text-align: right;"><input style="width: 60px;" type="text"/></p> <p style="text-align: right;">(Thailand and North American Network) Not applicable <input type="checkbox"/></p>	<p>tribe</p>
INTERVIEWER COMPLETED	
<p>13. Interviewer ID <input style="width: 100px;" type="text"/></p>	<p>code2ic</p>
<p>14. ID of person editing this form <input style="width: 100px;" type="text"/></p>	<p>code2ec</p>

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