

**T1DGC Trio Eligibility Form**  
**(Administered to Proband)**

Page 1 of 4

Family ID

famid

Clinic ID





e1center

**COMPLETE THIS FORM IF PROBAND CAN CONSENT SELF.**

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. 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		1
No		2
(PENDING) *Don't know		9

gstudy

4. Have you been diagnosed with Type 1 diabetes?

Yes		1
(STOP-INELIGIBLE) No		2

t1as

5. At what age were you diagnosed with Type 1 diabetes?

(If age of diagnosis 35 years or older, STOP-INELIGIBLE.)

Years	

onset

\*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 2 of 4

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6.	Did you use insulin within six months of being diagnosed?	(SKIP TO QUESTION 7.) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	insulin																
a.	Is there any other information to suggest you have Type 1 (insulin dependent) diabetes?	(APPLY TO ELIGIBILITY COMMITTEE. - PENDING)*Yes <input type="checkbox"/> 1 (STOP-INELIGIBLE) No <input type="checkbox"/> 2	qtype1																
7.	Once you started using insulin, did you ever stop using insulin for a period of 6 months or more for reasons other than a pancreas transplant?	(STOP-INELIGIBLE) Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (Diagnosis < 6 months ago) Not applicable <input type="checkbox"/> 3	stoptx																
8.	What is your date of birth?	<table style="display: inline-table; border-collapse: collapse;"> <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="padding: 0 5px;">-</td> <td style="border: 1px solid black; width: 60px; height: 20px;"></td> <td style="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> </tr> <tr> <td colspan="2" style="text-align: center;">Day</td> <td></td> <td style="text-align: center;">Month</td> <td></td> <td colspan="3" style="text-align: center;">Year</td> </tr> </table>			-		-				Day			Month		Year			dbey d_birthe
		-		-															
Day			Month		Year														
		Can not collect <input type="checkbox"/> 8																	
9.	What is your current age?	<table style="display: inline-table; border-collapse: collapse;"> <tr> <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 colspan="2" style="text-align: center;">Years</td> </tr> </table>			Years		agee												
Years																			

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Page 3 of 4

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<p>10. Do you have a specific genetic disorder or disease that caused your diabetes? This would include maturity onset diabetes of youth (MODY).                  IF YES OR DON'T KNOW, 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>	modyoth
<p>11. Are you willing to 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
<p>12. Is your biological father living?</p>	<p>Yes <input type="checkbox"/> 1                  (STOP-INELIGIBLE) No <input checked="" type="checkbox"/> 2                  (PENDING)* Don't know <input type="checkbox"/> 9</p>	flive
<p>13. Is your biological mother living?</p>	<p>Yes <input type="checkbox"/> 1                  (STOP-INELIGIBLE) No <input checked="" type="checkbox"/> 2                  (PENDING)* Don't know <input type="checkbox"/> 9</p>	mlive

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Page 4 of 4

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**INTERVIEWER COMPLETED**

14. Is this family eligible to participate in this study?

(SKIP TO QUESTION 16.) Yes  1  
(SKIP TO QUESTION 16.) No  2  
(ANY PENDING RESPONSES) Pending  3

elig

15. Is an application to the Eligibility Committee required?

Yes  1  
No  2

apply

16. Interviewer ID

code1i

17. ID of person editing this form

code1e

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

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

Yes  1  
No  2

ok

19. Date Eligibility Committee decision received by clinic

-  -   
Day Month Year

d\_dec