

T1DGC Trio Exam Form
(Proband 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"/> Day	-	<input style="width: 100%;" type="text"/> Month	-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year	
							d_exam
2.	How was this form completed? MARK ALL THAT APPLY.			Phone interview	<input type="checkbox"/>	1	ex_phone
				Face-to-face interview	<input type="checkbox"/>	1	ex_face
				From existing records	<input type="checkbox"/>	1	ex_record
3.	Who is completing this form? IF GUARDIAN COMPLETING FORM, READ ITALICIZED TEXT. ONLY ONE GUARDIAN IS INTERVIEWED.			Proband	<input type="checkbox"/>	1	
				Biological Mother for Proband	<input type="checkbox"/>	2	sourcex
				Biological Father for Proband	<input type="checkbox"/>	3	
				Other Guardian for Proband	<input type="checkbox"/>	4	
4.	<i>(Your child's)</i> Gender			Male	<input type="checkbox"/>	1	sex
				Female	<input type="checkbox"/>	2	
5.	What is your <i>(child's)</i> date of birth?	<input type="text"/> <input type="text"/> Day	-	<input style="width: 100%;" type="text"/> Month	-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year	d_birth mon_birth year_birth
				Can not collect	<input type="checkbox"/>	8	
6.	What is your <i>(child's)</i> current age?	<input type="text"/> <input type="text"/> Years					age

Secondary ID: Proband = AS1

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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>	<p>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>	<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>

*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 (*their*) body size as thin, medium or heavy?

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

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 PROBAND'S CHILDREN.

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

- | | | |
|---|---|------|
| Yes | 1 | gen0 |
| (SKIP TO QUESTION 11.) No | 2 | |
| (SKIP TO QUESTION 11.) Question not asked | 3 | |
| (SKIP TO QUESTION 11.) Don't know | 9 | |

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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11. Do you have any full brothers/sisters? Full brothers and sisters are those that have the same biological mother and same biological father.

Yes 1

(SKIP TO QUESTION 12.) No 2

(SKIP TO QUESTION 12.) Don't know 9

gen1full

a. How many full brothers and sisters do you (*does your child*) have?

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

Yes 1

(SKIP TO QUESTION 13.) No 2

(SKIP TO QUESTION 13.) 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

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

Yes 1

(SKIP TO QUESTION 14.) No 2

(SKIP TO QUESTION 14.) Don't know 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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14. 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 15.) No

2

(SKIP TO QUESTION 15.) Don't know

9

rstudy

a. In which studies have you (*has your child*) participated?

RECORD MAXIMUM OF FIVE STUDY CODES.

rstudy1

rstudy2

rstudy3

rstudy4

rstudy5

15. Interviewer ID

code2i

16. ID of person editing this form

code2e